
Irish Council for Psychotherapy's Submission
Paper to the Department of Health on the proposed
Statutory Regulation of Psychotherapy and
Counselling under the Health and Social Care
Professionals Act 2005

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Association for Psychoanalysis and Psychotherapy in Ireland (APPI), Cognitive Behavioural Psychotherapy Ireland (CBPI), Family Therapy Association of Ireland (FTAI), Irish Analytical Psychology Association (IAPA), Irish Association of Humanistic and Integrative Psychotherapy (IAHIP), Irish Constructivist Psychotherapy Association (ICPA), Irish Forum for Child and Adolescent Psychoanalytic Psychotherapy (IFCAPP), Irish Forum for Psychoanalytical Psychotherapy (IFPP), Irish Group Analytic Society (IGAS), Irish Psychoanalytic Association (IPAA), Northern Ireland Institute of Human Relations (NIIHR).

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Executive Summary

The Irish Council for Psychotherapy (ICP) welcomes the decision of the Minister to regulate the professions of Psychotherapy and Counselling as an important step in offering protection to the public.

ICP represents more than 1,500 psychotherapists, five psychotherapeutic approaches or disciplines and eleven member organisations. It is the National Awarding Organisation of the European Association for Psychotherapy (EAP) and is a signatory to the Strasbourg Declaration on Psychotherapy (1990) which is the bedrock of ICP's commitment to the highest Irish and European standards.

Psychotherapy is an independent scientific discipline, practiced at an advanced, qualified and scientific level. It covers a range of approaches and methods based on a well-established body of theory, methodology and research.

ICP holds that the professions of Psychotherapy and Counselling should be subject to State regulation and that CORU is the appropriate regulatory body. It is ICP's position that the two professions be registered separately, under either one or two Boards.

In relation to *grand parenting* ICP proposes that practitioners currently on the ICP register should be offered grand parenting as they have already reached the high standards expected by ICP, which are on a par with the highest European-wide standards.

ICP supports the retention of the current accepted academic, clinical training, accreditation and professional standards which are in line with the European Association for Psychotherapy standards.

Finally, it is ICP's position that two separate titles need to be protected i.e. that of Psychotherapist and Counsellor based on the fact that there are significant differences between the professions in terms of the education, training and scope of practice. Protecting both titles will allow the public to accurately assess which services they need.

Introduction

The Irish Council for Psychotherapy (ICP) welcomes the decision of the Minister to regulate the professions of Psychotherapy and Counselling under the Health and Social Care Professionals Act 2005. ICP supports the Minister's position that the statutory protection of the titles of Psychotherapist and Counsellor, which distinguishes the level and scope of practice under each title, offers an important protection to the public. We are pleased to have the opportunity, in this submission, to address the questions raised by the Minister, as part of the preliminary phase in the process.

The Irish Council for Psychotherapy

The Irish Council for Psychotherapy (www.psychotherapycouncil.ie) was founded in 1990 in Dublin. It unites psychotherapy organisations into a common association which organises individual psychotherapists of different approaches in Ireland on the basis of the "Strasbourg Declaration of Psychotherapy 1990".¹ ICP, as the national umbrella body, represents five psychotherapeutic approaches or disciplines, eleven professional organisations and more than 1,500 psychotherapy practitioners who operate to rigorous standards of competence and professionalism.

The main objectives of ICP are:

- To promote the wider provision of psychotherapy to the public.
- To contribute to public health by encouraging high standards of training, practice and ongoing education of ICP registered psychotherapists.
- To encourage the exchange and understanding of the different theories and practices within psychotherapy.
- To encourage education and research in psychotherapy in order to more fully inform the professional field and the public.
- To establish and monitor both a National Register and a European Register of accredited psychotherapists in Ireland and make these registers available to the general public for purposes of regulation and advertisement.

The achievement of these objectives requires ICP to:

¹ ref. Appendix 1

- Act as a voice for the growing profession of psychotherapy in Ireland
- Meet with Government and other agencies to further this aim
- Publish a register of fully trained psychotherapists in the country
- Liaise with other national and European bodies to promote the standardisation of psychotherapy practice in Europe.

ICP registered psychotherapists work in a variety of settings including the Health Service Executive, psychiatric and general hospitals, child and adolescent centres, private practice and voluntary groups.

ICP was awarded the status of National Awarding Organisation for the European Certificate for Psychotherapy (ECP)² by the European Association of Psychotherapy (EAP)³ in 2000. The criteria for the ECP award forms the minimum training standards and entry criteria for all practitioners in ICP. ICP is also the national representative body to the European Association for Psychotherapy (EAP). This is the representative body for Psychotherapy throughout Europe.

ICP is represented on the Governing Board, Executive, training standards committee, research and influential training accreditation committee of the EAP. It has been represented and influential in its involvement since the beginning of the EAP and continues to be a strong force in its development.

EAP currently brings together nearly 200 organisations, from 40 European countries, with both national organisations and European-wide organisations in many different modalities and more than 120,000 psychotherapists. EAP and its 120,000 members upholds the Strasbourg Declaration on Psychotherapy.

The ICP aims to promote excellence in psychotherapy practice, and to safeguard the public, by promoting the highest standards of training, research and ethics. ICP holds the national register of psychotherapists, listing those practitioner members who meet exacting standards and training requirements. Full details of ICP training and accreditation standards are presented in Appendix 4.

² ref. Appendix 2

³ <http://www.europsyche.org/>

Members have diverse backgrounds, some from the core professions of social work, psychology and medicine, and others from professions such as nursing, education and the humanities.

The psychotherapy approaches or disciplines⁴ represented by ICP are:

- Psychoanalytic psychotherapies
- Constructivist psychotherapies
- Humanistic Integrative psychotherapies
- Family and Systemic psychotherapies
- Cognitive Behavioural psychotherapies

The Council, representing more than 1,500 fully qualified and accredited psychotherapists from across Ireland, supports the proposed regulation of Psychotherapists and Counsellors under the Health and Social Care Professionals Act 2005.

The Strasbourg Declaration on Psychotherapy of 1990

The Strasbourg Declaration on Psychotherapy of 1990 is a foundational document of the EAP which ICP has signed. It is the bedrock of ICP and EAP's commitment to establishing a unified and independent profession of psychotherapy across Europe. Every EAP affiliated training and psychotherapy organisation adheres to this declaration.

This manifesto, signed on October 1990 by the representatives of 14 countries, and since, signed by all 40 National Awarding Organizations, remains the cornerstone of the EAP. It states:

1. Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.
2. Training in psychotherapy takes place at an advanced, qualified and scientific level.
3. The multiplicity of psychotherapeutic methods is assured and guaranteed.

⁴ ref. Appendix 3

4. A full psychotherapeutic training covers theory, self-experience, and practice under supervision. Adequate knowledge of various psychotherapeutic processes is acquired.
5. Access to training is through various preliminary qualifications, in particular in human and social sciences.

What is Psychotherapy?

The term Psychotherapy covers a range of approaches and methods; they all involve a psychological (as distinct from medical or pharmacological) treatment for a range of psychological, emotional and relationship difficulties and disorders. Each approach within ICP is based on a well-established body of theory, methodology and research, grounded in a philosophy of person and the human condition.

Psychotherapy may be short-term or long-term. Some approaches focus on treating and resolving symptoms and addressing overt behaviour and cognition. Other approaches aim for change in personality and emotional development by taking into consideration aspects of the inner world of which the person may be unaware and helping them understand and change deep and often unconscious emotional and relationship problems. Different approaches may be indicated or appropriate according to the presenting problem or client preference. However, the lack of accessible psychotherapy services in the current health system may mean patients are offered little choice, if they are offered psychotherapy at all.

Psychotherapy provides an effective treatment for people with serious psychological disorders. People may seek help for specific reasons such as early childhood trauma, eating disorders, psychosomatic conditions, suicidal ideation, post-traumatic stress disorder, obsessional behaviour, or phobic anxieties. At other times help is sought because of more general underlying feelings of depression or anxiety, difficulties in concentrating, dissatisfaction in work or inability to form satisfactory relationships. However, the value of psychotherapy is not limited to those with mental health problems. Many people who experience feelings of emptiness or meaninglessness in their lives or who are seeking a greater sense of fulfilment may be helped by psychotherapy. Psychotherapy can benefit adults, adolescents, children and families.

The relationship with the psychotherapist is a crucial element in the therapy. The psychotherapist offers a confidential and private setting in which difficult experiences may be explored and worked through. Current theoretical and empirical research confirms the importance of the therapeutic relationship as a critical factor influencing successful psychotherapy outcome.

The relationship between the client and the psychotherapist (otherwise known as the therapeutic alliance) is probably the most studied process within psychotherapy research (Bordin, 1979; Gelso and Carter, 1985; Clarkson, 1995; Marziali & Alexander, 1991; Bachelor & Horvath, 1999; Hubble et al., 1999; Maroda, 1991, 1995 and 1998; Horvath & Bedi, 2002, Orlinsky et al., 2004; Cooper, 2008; Carr, 2009; Duncan et al., 2009 and Robinson, 2009). In general, theoretical and empirical research findings indicate that the therapeutic alliance, especially as experienced by the client, is a “significant predictor of psychotherapy outcome” (Ladislav, 2011: 11). Outcome(s) refer specifically to psychotherapy outcome(s) meaning psychotherapeutic change and is best understood to signify the degree to which the psychotherapist and the client form a bond and achieve their co-created and collaborative tasks and goals.

The mechanism by which this bond occurs is often implicit and depends upon a blend of the psychotherapist’s capacity to demonstrate genuine empathy and the extent to which the client feels understood and supported. Psychotherapy training involves a minimum commitment of 250 hours personal psychotherapy or equivalent reflective practice throughout training to address these dynamic forces and processes as outlined above in relation to the therapeutic alliance. This commitment by psychotherapists to understand and know themselves, which begins during their extensive training, continues throughout their ongoing professional life.

Psychotherapy has also benefitted from newer developments in attachment theory and the findings from both affective and cognitive neuroscience. Psychotherapists have been actively engaged with colleagues from neuroscience in these new emerging fields. Particularly relevant, among many studies, are the findings from the ACE (Adverse Childhood Experience) studies which have enabled research and intervention protocols to be put in place to address how ‘fear based’ childhood responses have a cumulative effect on adult formation and development.

Should the professions of counsellor and/or psychotherapist be subject to State regulation?

Yes, the Irish Council for Psychotherapy has long advocated for statutory regulation of the profession of psychotherapy as a means of protecting the public and to promote excellence in the profession. Currently, the member organisations of ICP are regulated on a voluntary basis.

ICP sees statutory registration as providing many advantages for the public, psychotherapists and employers, not least increased confidence in the profession. Crucially, only those practitioners that have achieved the necessary standards as accredited psychotherapists will be able to practice, thereby protecting the public.

Since ICP believes that the professions should be regulated, is the Health and Social Care Professionals Act 2005 appropriate?

Yes, it is appropriate to use the Health and Social Care Professionals Act 2005 as a basis for the regulation since it, along with its Registration Boards, has given way to the national multi-profession health regulator, CORU. In its own words CORU is designed ‘...to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals.’⁵ This important step is about ensuring public safety through State regulation which will require practitioners to have achieved certain minimum standards in order to use the title of ‘psychotherapist’. As a result, it is hoped that the current, unclear usage of the title will cease.

At present ICP’s registered and accredited psychotherapists are robustly regulated on a voluntary basis by ICP Member professional associations. The Council fully supports the introduction of statutory regulation through CORU, the Health and Social Care Regulator, as a way of ensuring that the current high standards and voluntary regulation of the profession are supported.

⁵ https://www.coru.ie/en/about_us/what_is_coru

Would it be appropriate to regulate one or two professions under one registration Board?

ICP holds that it is essential that the two professions, of psychotherapy and counselling, be registered separately. The Council supports the Minister's position in relation to two registers but reserves judgement on whether it should be one or two Boards given the need for relevant expertise in relation to two distinct professions. There are clear distinctions between psychotherapy and counselling including the length and depth of training, the length required for personal reflective practice, the ability to work with deep seated problems including mental illness and personality disorders and the length of the therapy itself. The length, depth and breadth of psychotherapy training and professional formation ensures that the psychotherapist is skilled and competent to manage complexity in clinical practice.

Regulating the two professions as one would require lowering the current (voluntary) minimum accreditation standards for psychotherapists, thereby bringing the profession out of line with current European standards. It is clear that failure to draw a distinction between the two professions in Ireland would create confusion and a misunderstanding of the practice of the profession of Psychotherapy accepted throughout Europe.

Further, it is the Council's view that by not holding to the distinction between the two professions, the protection of the public is thereby undermined, as clarity in relation to clinical training, academic qualifications and professional intent would be blurred. Examples from other professions may be helpful to consider. While professions such as a solicitor and a barrister, an architect and a quantity surveyor, a doctor and a nurse are allied professions, there is nevertheless a clear distinction between them in terms of the scope of practice and preparation for such professions, which is clearly understood by the public.

What is the appropriate level of “grand parenting” qualifications to be set for existing practitioners having regard to the QQI award standards?

In relation to psychotherapists, ICP maintains a voluntary register of fully qualified and accredited practitioners.⁶ To be registered as a fully accredited ICP registrant, applicants are put forward by their respective Section as having completed the required training, particularly within the theoretical approach of their particular modality, adhere to ethical codes and have agreed to ongoing continuous professional development.

ICP proposes that those practitioners currently on the ICP register should be offered grand parenting as they have already been accredited in line with the ICP training standards. Therefore they are deemed eligible to be listed on the ICP register of accredited members.

The total duration of the training is not less than 3,200 hours spread over a minimum of seven years, with the first three years being the equivalent of a relevant university degree. The later four years must be in a training specific to psychotherapy.⁷ Within those four years outlined above, it is possible to achieve a level of academic attainment at QQI level 9 and the third and fourth years lead to the necessary professional qualification for becoming a psychotherapist. The current QQI standard is set at level 9, but it is crucial to note that the QQI level represents the minimum academic standard, which is only one component of training, and that professional accreditation requires, in addition, a rigorous programme of clinical training, full details of which are provided in Appendix 4.

All the modalities or approaches represented by ICP have a method which is well defined and has a clear theoretical basis in the human sciences. They have clearly defined areas of enquiry, application, research and practice which deal with emotional, psychosocial, psychosomatic and behavioural issues. In focusing on the potential and dynamics of human relationships, psychotherapy aims to alleviate emotional suffering, prevent mental illness and improve the quality of life and well-being.

⁶ <http://www.psychocouncil.ie/find/>

⁷ ref. Appendix 4

What is the appropriate level of qualifications to be set for future applicants for registration having regard to the QQI award standards?

As previously stated, ICP accredited psychotherapists are currently on a par with the highest European wide standards for psychotherapy, as evidenced by their eligibility for the European Certificate for Psychotherapy. In order to be granted the ECP a psychotherapist has to fulfil a set of criteria in relation to level of training, supervision and practice.⁸

Each individual candidate for the ECP is successively examined by three different national and European bodies:

1. The National Awarding Organization (NAO), a national federation of psychotherapists, formed by qualified professionals practicing diverse modalities;
2. The appropriate European Wide Accrediting Organization (EWAO), the official European Association that represents the specific modality practiced. These European modality associations must be officially recognized as being based on scientific research, the object of publications in several professional journals, and need to be taught in at least six European countries.
3. The Registration Committee of the EAP.

ICP argues for the retention of these current academic, clinical training and accreditation standards, in order to maintain excellence in psychotherapy practice, to sustain the current high standing of Irish psychotherapy in the European context, and to ensure the continued development of the profession in Ireland.

Level 9 on the National Framework of Qualifications, or its equivalent, represents the minimum current academic qualification for ICP and ECP accredited Psychotherapists. It would be an extraordinary paradox if regulation of a profession resulted in lowering the standards of training rather than preserving current rigorous and internationally recognised standards.

We operate increasingly in a European context – professionally, economically, politically and socially. Numerous countries, like Russia, Ukraine, and many Eastern European

⁸ ref. Appendix 2

countries, are working with energy and commitment to develop psychotherapy training standards in line with the EAP standards. To lower minimum training standards here would undermine, isolate and entirely dismantle the gains made and recognition earned internationally for the profession in Ireland and abroad.

What are the titles that should be protected for the exclusive use of registrants?

ICP believes that the two titles needing to be protected are:

1. Psychotherapist
2. Counsellor

A number of key areas distinguish psychotherapy from counselling. Psychotherapy is a post-graduate profession. Psychotherapists undergo four years of specific modality based training at a postgraduate level. Such further academic study provides a significant depth and breadth of training. As stated above, this includes the attainment of a level 9 academic qualification and clinical training before eligibility for professional accreditation.⁹

ICP accredited psychotherapists are trained to work with deep-seated problems, including mental illnesses, personality disorders and with problems that lead to the risk of suicide. The postgraduate modality based theoretical training of psychotherapists involves up to *800* hours of academic study augmented by up to *600* hours of clinical practice under close supervision (on a ratio of 1:4 hours).

There is also a focus on personal therapy or equivalent reflective practice accounting for *250* hours. In addition, psychotherapists are committed to rigorous standards of continuous development and supervision. As an advanced practitioner, a psychotherapist must demonstrate a breadth and depth of knowledge and psychotherapeutic skills. Furthermore s/he must be able to demonstrate the ability to establish a sound therapeutic relationship and the ability to critically reflect on her/his own experience and process.

⁹ Appendix 4

This rigorous training means that a psychotherapist engages in ongoing assessment and conceptualisation of the presenting problem(s). Conceptualisation is the art and science of psychotherapy; it is the lynch-pin that holds theory and practice together (Butler, 1998). It is a high level conceptual skill that requires expertise. It is a way of explaining and understanding the relationship between a person's inner life and their outer life that is a product of their personal history (Perry et al, 1987). This deep, rich understanding of a person's experience facilitates insight and awareness and promotes growth and change. This clarity and understanding enables the person identify unhelpful patterns in relationships and how they engage with the world.

One of the core principles of the Strasbourg Declaration on Psychotherapy mentioned above is the acknowledgement of psychotherapy as a scientific discipline. Embracing international standards for psychotherapy and adapting such an approach opens the field up to scientific scrutiny, to research and to studies which allow for the efficacy of approaches to be evaluated. Clearly such a rigorous approach to research and evaluation protects the public further, which is the central aim of regulation. ICP contends that it is much more difficult to implement international research on treatment for mental health issues if the treatment and training standards which apply in Ireland are different to the standards of treatment and training under which research is carried out internationally. It is therefore vital that the standards we apply are internationally accepted.

In the interest of all concerned the protection of the titles of both psychotherapists and counsellors needs to take place in order to avoid the 'terminological confusion' already identified by our counterparts in the United Kingdom due to '... the common practice of denoting all psychological therapy delivered in primary care as 'counselling'. In fact, a number of 'counsellors' employed in primary care are qualified psychotherapists.'¹⁰

Protecting both titles will allow the public to accurately assess which services they need and the standards, training and scope of practice of the two professions.

¹⁰ Treatment Choice in Psychological Therapies and Counselling Evidence Based Clinical Practice Guideline, led by the British Psychological Society Centre for Outcomes Research and Effectiveness, page 8

Effectiveness of Psychotherapy

Psychotherapy is an effective intervention for a wide range of mental health problems in people of all ages; the average success rate for treated cases range from 65 to 72%.¹¹ There is a benefit for clients who receive effective treatment and there is also a cost benefit to the state and the taxpayer due to the relatively low cost / high value structure.

There is ample evidence from studies going back 40 years that individuals, couples and families who participate in psychotherapy fare better in terms of managing their issues in the short to long term than approximately 75% of people who do not participate in psychotherapy (Carr, 2012). There is also evidence that people who use psychotherapeutic services use fewer medical services, including hospital services. In research over a 30 year period, it was demonstrated that in 90% of cases surveyed, the cost offset was actually greater than the cost of the psychotherapy provided (Caldwell, Woolley & Caldwell, 2007).

The objectives of psychotherapy are more than the alleviation of troublesome symptoms. Within the psychotherapeutic relationship the client has an opportunity to experience more of who they are, increased self-awareness, a greater capacity for self-regulation and a more satisfying life.

ICP, has accumulated considerable experience over the past 26 years in dealing with the (voluntary) regulation of the profession of psychotherapy, including training standards and accreditation, ethics, CPD and maintaining a register, and has links with the relevant international psychotherapy bodies. We look forward to being part of any further consultations, and to offer any assistance possible in the next stages of the movement towards statutory regulation.

¹¹ The Effectiveness of Psychotherapy (Carr, 2012)

Appendices

Appendix 1

The Strasbourg Declaration on Psychotherapy of 1990

<http://www.europsyche.org/download/cms/100510/EAPLogo-Strassburg-Dele-2105.pdf>

or

See PDF Attachment 1 with ICP Online Submission.

Appendix 2

The European Certificate of Psychotherapy

http://www.europsyche.org/download/cms/100510/ECP-document-version-6-0-voted-AGM-Vienna-Feb-2016_fin-o.pdf

or

See PDF Attachment 2 with ICP Online Submission.

Appendix 3

Psychotherapy Disciplines represented by the Irish Council for Psychotherapy¹²

Cognitive Behavioural Psychotherapy Ireland

Cognitive Behavioural Psychotherapy Ireland is the professional body for Cognitive Behavioural Psychotherapy (CBT) in Ireland. Our role is to maintain professional standards by accrediting psychotherapists, supervisors and training programmes. Additionally our role is to promote and represent CBT both nationally and internationally. Fundamental research in psychology going back over many years has helped us understand some of the basic processes involved in learning, remembering and thinking. This research has revealed the part that we as human beings play in constructing our perception of the world around us. Modern CBT is derived from the legacy of behaviour therapy (with its emphasis on the importance of *behaviour change* in overcoming mental health problems), and cognitive therapy (with its emphasis on understanding and changing the *meaning* of events).

The fundamental principle of CBT is how an individual interprets or makes meaning of their world i.e. their thinking or cognitive processes, impacts on their emotional, physiological and behavioural responses. These four systems of thoughts, feelings, behaviours and emotions, together with personality, historical and environmental factors, play a role in how we experience the world and respond to it. It is this unique personal response, which is shaped by our beliefs about ourselves, the world and others that explains how individuals may respond to the same events in different ways. This philosophy stems back to the ancient philosophers such as Epictetus who said “people are not disturbed by events but by the view they take of them”. In addition, it is important to recognise that different kinds of psychological problems have different characteristic cognitions, in content, style or both – e.g. in anxiety there is a preoccupation with threat, and associated biases toward perceiving threat.

¹² <http://www.psychotherapycouncil.ie/members/disciplines/>

In attending to a client's needs, Cognitive Behavioural Psychotherapy relies heavily on a process of case conceptualisation – working towards a psychological explanation of a presenting problem(s) that has treatment utility, which is fluid. Reflecting, with the client, on these issues and the challenges they impose is helpful both to the psychotherapist and the client. Following rigorous training, a Cognitive Behavioural Psychotherapist engages in ongoing assessment and conceptualisation of the presenting problem(s). Conceptualisation is the art and science of psychotherapy; it is the 'lynchpin' that holds theory and practice together. It is a high-level conceptual skill that requires training and expertise. It seeks to explore possible predisposing factors, precipitating factors and what maintains the problem(s). This deep, rich understanding of a person's experience facilitates insight and awareness and promotes growth and change and alleviation of distressing symptoms. There is a wealth of research demonstrating the efficacy and effectiveness of CBT across a range of presenting problems such as depression, eating disorders, obsessive compulsive disorder, generalised anxiety and panic, trauma, etc. In summary, CBT is a collaborative, structured, time-limited, problem-solving, approach with an emphasis on 'guided discovery', helping a client clarify his/her thoughts and beliefs, and work out for themselves alternative perspectives, thus enabling them to live more fulfilled lives.

Family Therapy Association of Ireland (FTAI)

Family Therapy is a term used to describe a range of psychotherapeutic approaches which seek to bring about change in close relationships. Family Therapy, also called Systemic Psychotherapy, addresses the problems people present within the context of their relationships with significant persons in their lives and their social networks. Systemic psychotherapists are trained to work with individuals, couples, children, or family or other network groups, and to move between one setting and another as the needs of the therapeutic relationship demand. Because of this, systemic psychotherapy is uniquely placed to offer a therapeutic response which can involve engaging with all those involved in the issue which is being brought to therapy. This might happen, for example, when parents/guardians and children are brought together to seek solutions to problems which concern and distress them. It can achieve this because it is primarily concerned with the family system as a social unit, in contrast to other psychotherapy approaches which focus more on the individual.

This systemic perspective – which underpins the practice of most family therapists – views the problems of an individual in relation to the different contexts in which this individual lives; this might be as a partner in a couple relationship, or as a family member, or a person with particular cultural and/or religious allegiances. It does this while also taking into account socio-economic circumstances and social and psychological processes. Systemic practice considers ‘context’ as being of paramount significance for an individual’s development and emotional well-being. Family therapy and systemic practice is a broad field; there are different schools and models that share several principles and guiding assumptions. Some of the commonly shared goals of Family Therapy might be for example: improvement of family functioning and communication on different levels, enhancement of mutual understanding and emotional support among family members, development of coping skills and problem-solving strategies in various life dilemmas and situations.

The evidence base for Family Therapy is clear; It is an effective treatment modality for most common mental health issues, it works in two out of three cases, it is cost effective, and often briefer than other psychotherapies, and, given that it operates from evidence-based practices, it can be easily incorporated into any community or team-based treatment approach, adding to its versatility and making effective mental health treatment available in a flexible and cost-effective manner.

Irish Association of Humanistic and Integrative Psychotherapy (IAHIP)

Humanistic and integrative psychotherapy (HIP) emphasises that persons are self-regulating, self-actualising and self-transcendent beings, who are responsible for themselves. While recognising the tragic dimensions of human existence, it emphasises the ability of persons to grow and change and realise their true nature more fully. Its focus is on individuals seeking fuller integration of body, feelings, intellect, psyche and spirit, both within themselves and in their relationships with other people and with the wider society. Based on a phenomenological view of reality, the emphasis is on experience and the therapeutic relationship is seen as a meaningful contact between equals. In their training the Humanistic Integrative Psychotherapist will work experientially to reach a depth of self-awareness in order that they may work at depth and in relationship with their client.

In discussing HIP from an ethical standpoint, it is important to distinguish between psychotherapy and counselling. Whereas counselling is situational and aims at resolving specific personal problems, psychotherapy looks at underlying patterns in behaviour that may have become problematic, and works WITH the individual client to assist her/him to achieve self-regulated wellbeing, self-actualization and integration. This requires psychotherapists to engage in a contact with the client that recognizes the client's autonomy and accountability. To do so places a number of ethical obligations on the psychotherapist. Among others, these include: Professional competence, in training, practice, ongoing professional development and supervision; Adherence to a strict code of ethical behaviour to ensure that the highest standards of care for the client are observed; Understanding of the limitations of the approach in certain diagnoses, and a willingness to refer; Insight into one's own limitations and strengths; A highly developed ability to self-regulate; Experiential understanding of the processes of psychotherapy; Absolute compliance with the laws governing reporting and child protection.

As part of IAHIP's function of accreditation, it continually works to provide and apply a framework of professional conduct and competence, enshrined in its Bye-Laws, protected by a robust Complaints Procedure supported by sanctions up to and including removal of accreditation, and an Internal Grievance Procedure. IAHIP aims to achieve the highest levels of professional competence for its members, and monitors the professional and ethical behaviour of its members stringently.

The Irish Constructivist Psychotherapy Association (ICPA)

The clearest hallmark of Constructivist and related schools of therapy is an invitational mode of enquiry, which assists clients in making sense of their experience. George Kelly, founder of Personal Construct Psychology, articulated in 1965, a fundamental belief of therapists who work from a Constructivist perspective, "no one needs to be a victim of their biography".

When clients seek psychotherapy, they have a story to tell. It may be a troubled, hurt or angry narrative of a relationship, or of a life in distress. A therapist working from a Constructivist standpoint will be informed by the philosophies and practices of Personal Construct Psychology and Constructivist philosophies.

The therapist aims to understand the anticipations, both conscious and unconscious, which clients are expressing in their lives and which may be problematic for them. The therapist works with the client(s) in a joint experiment, to develop alternative, less problematic anticipations and ways of behaving. Constructivist therapists work in a variety of settings with individuals, couples, families, and in organisations.

Psychoanalytic Section of ICP

Association for Psychoanalysis and Psychotherapy in Ireland (APPI), Irish Analytical Psychology Association (IAPA), Irish Forum for Child and Adolescent Psychoanalytic Psychotherapy (IFCAPP), Irish Forum for Psychoanalytical Psychotherapy (IFPP), Irish Group Analytic Society (IGAS), Irish Psychoanalytic Association (IPAA), Northern Ireland Institute of Human Relations (NIIHR).

Psychoanalytic theory and practice is essentially an enquiry into the human condition from psychopathology to the broader philosophical, social and cultural context. It is a qualitative enquiry into the deeper layers of human life and its meaning. Psychoanalysis and Psychoanalytic Therapy is the psychotherapeutic application of psychoanalytic theory and the specific knowledge gained by the psychoanalytic method. It endeavours to facilitate understanding of the underlying, often unconscious, sources of a person's distress or disturbance by increasing awareness of their inner world and its influence over relationships, both past and present. The *therapeutic setting* is considered to be of central importance as it provides support and containment for the processing of difficult emotions and experiences. It facilitates the exploration and expression of aspects of a person's problems or conflicts which may be outside everyday conscious awareness, and which often originate from early experiences and ways of coping which adversely influence current life.

Psychoanalysis as a clinical activity is essentially a special form of dialogue. It is a method for experiencing and observing the unconscious processes going on in the mind. Psychoanalysis emerges out of observations gained by this method and the theories developed out of the conclusions made upon these observations. Psychoanalytic Psychotherapy comprises several psychotherapeutic approaches in different settings for different groups of human beings with different problems and disorders. Psychoanalytic Psychotherapy takes place with individuals, groups and with children.

The approaches represented in the psychoanalytic section include Freudian, Jungian, Lacanian and both Group analysis and Child and Adolescent Psychoanalytic Psychotherapy.

Whilst psychoanalytic psychotherapies aim to help people with serious psychological disorders to understand and change complex, deep-seated behaviours, their role is not limited only to those with mental health problems. Many people who experience a loss of meaning in their lives or who are seeking a greater sense of fulfilment also benefit from Psychoanalytic Psychotherapy. Often, it is about discovering how life might be different in peoples' inner emotional lives and relationships; how to understand the past in order to go differently into the future. Generally speaking Psychoanalytic Psychotherapy is best considered as a long-term treatment involving considerable commitment for both patient and therapist.

Appendix 4

The Training Accreditation Committee (TAC)

http://www.europsyche.org/download/cms/100510/TAC-Procedures_voted-Board-Vienna-Feb2012_official.pdf

or

See PDF Attachment 3 with ICP Online Submission.