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Dear Sir or Madam,

**Response from IABCP:**

We are writing on behalf of the Irish Association for Behavioural and Cognitive Psychotherapies (IABCP). We are the largest branch of the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and represent members across the island of Ireland. Since forming in 1981 we have been the lead organisation in promoting CBT. Our aim is to promote and disseminate evidence based Cognitive Behavioural Psychotherapy across Ireland and to encourage training programmes throughout Ireland to adhere to the organisations minimum training standards. We have 235 members in Northern Ireland and 152 members in the Republic of Ireland. We are also associate members of the European Association of Behavioural and Cognitive Psychotherapists. CBT has an extensive evidence base and we are committed to ensuring that clinical practice is underpinned by clinical empiricism. We welcome the opportunity to take part in discussions about this important issue and have responded to your questions as requested. The IABCP parent organisation the BABCP sets minimum training standards and accreditation standards for training institutions across Ireland, England, Scotland and Wales. It also sets practice standards and individual practitioner accreditation for members across Ireland and the UK. We are not a regulatory body but when appropriate report breaches of our professional code of conduct to the relevant statutory regulatory body in the UK or Ireland. In terms of protecting the public we are keen to support the statutory protection of psychotherapy and counselling titles.

**1. Whether the professions of counsellor and/or psychotherapist ought to be subject to State regulation?**

The IABCP believe that this would be beneficial to ensure clarity about terms and to ensure that the public is protected. However, we consider it important that any state regulation ensures that the range of counselling and psychotherapy titles are specifically protected in order to ensure

that the public can confidently identify that practitioners have been adequately trained in their particular treatment modality. There are 4 internationally recognized modalities of counselling and psychotherapy (Cognitive Behavioural Psychotherapies, Psychodynamic Psychotherapies, Person Centred Psychotherapies and Systemic Psychotherapies). Each of these modalities have a clear set of competencies that are usually taught by educational institutions. The recognition of psychotherapy and counselling as a specific professional grouping and the state regulation of that profession in the Republic of Ireland is clearly an important step in helping protect the public from unscrupulous or inadequately trained practitioners and other professionals claiming to deliver complex and potentially harmful treatments.

## **2. If so, whether the professions ought to be regulated under the Health and Social Care Professionals Act 2005 or otherwise?**

This act appears to be designed to encompass a range of practitioners, therefore it appears logical that counselling and psychotherapy would be included within this act. We would agree with CORU's position on this:

***“A health or social care profession is any profession in which a person exercise skill or judgement relating to any of the following health or social care activities***

***(a) The preservation or improvement of the health or wellbeing of others;***

*The aim of Counsellors and Psychotherapists is to improve the health and wellbeing of others.*

***(b) the diagnosis, treatment or care of those who are injured, sick, disabled or infirm;*** *Generally people attending are referred from other professions, such as medical practitioners, where a diagnosis may have been made. However, members of the public can refer themselves directly to counsellors/psychotherapists. Some counsellors and psychotherapists are involved in offering treatment and care to people who may be recovering from injury, sickness, disability or infirmity.*

***(c) the resolution, through guidance, counselling or otherwise of person, social or psychological problems.***

*This describes the aims of Counsellors and Psychotherapists' work.*

***(d) the care of those in need of protection, guidance or support***

*Clearly members of the public attending counsellors or psychotherapists require care, as they attend these professionals, to seek guidance, support and possibly in some cases, protection.*

However we would add that it is vital that standards are upheld, it is not sufficient for a practitioner to simply acquire core training to meet accreditation standards. They must also maintain their skills through ongoing supervision, CPD, and clinical practice. Any statutory regulatory body must ensure that minimum training standards are met so that practitioners can enter the profession and that those standards are maintained and regularly reviewed to ensure practice competency is maintained. As each of the main psychotherapy modalities have specific competencies regulation would need to reflect this.

## **3. If the professions are to be regulated under the 2005 Act whether it would be appropriate to regulate one or two professions under one registration board?**

We would suggest that the four specific modalities (Cognitive Behavioural Psychotherapies, Psychodynamic Psychotherapies, Person Centred Psychotherapies and Systemic Psychotherapies) as detailed above should be regulated.

## **4. The appropriate level of “grand parenting” qualifications to be set for existing practitioners having regard to the QQI Awards standards**

Accredited CBT practitioners would meet criteria for NFQ level 9, of the Standards for Educational and Training awards in counselling and psychotherapy as presented by [Quality and Qualifications Ireland](#) (QQI) in May 2014.

**5. The appropriate level of qualifications to be set for future applicants for registration having regard to the QQI Awards standards.**

NFQ level 9, of the Standards for Educational and Training. Minimum training standards for each modality should be informed by relevant and widely recognised bodies currently concerned with standard setting.

**6. The title or titles that ought to be protected for the exclusive use of registrants**

We would argue that there is a need to recognise specific training modalities (Cognitive Behavioural Psychotherapies, Psychodynamic Psychotherapies, Person Centred Psychotherapies and Systemic Psychotherapies) so that it is not possible to state a specific area of skill unless a recognised training programme has been undertaken. Therefore consideration should be given to a framework that goes beyond simply referring to someone as a counsellor or a psychotherapist but one which actually recognises the specific therapy modality underpinning the training. Not all psychotherapies have equivalent efficacy and also no psychotherapy modality offers everything to all clients therefore distinction between the 4 major modalities is necessary so clients and referrers can make meaningful and informed choices depending on the client's needs.

On behalf of the IABCP membership we look forward to taking part in further discussions around this very important issue. Although we are not a regulating body the BABCP have a well recognised and widely used set of minimum training standards and a robust set of standards of conduct, performance and ethics which we have included for your perusal.

Yours sincerely,

Stephen Herron  
Chairperson IABCP

**Appendix One**

**BABCP MINIMUM TRAINING STANDARDS For the Practice of Cognitive Behavioural Therapy (CBT), 2012**

The BABCP has Minimum Training Standards (MTS) detailing the minimum level of training, experience and practice that therapists are required to achieve in order to practice at an agreed standard of competency. These standards are used to assess applicants for Practitioner and Course Accreditation by BABCP and are used as standards for registration on the CBT Register UK.

The standards aim to:

- Provide individuals seeking training with the core standards they are expected to meet within their overall training in Cognitive and Behavioural Therapies
- Provide CBT training courses with a guide to the training needs which will need to be met by their training programme
- Provide the Accreditation and Registration Committee of BABCP with a standard against which to decide if an applicant has received the desired level of training necessary to practice CBT at an agreed standard of competency
- Provide employers with a benchmark of standards in Cognitive and Behaviour Therapies
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## **1. BASIC REQUIREMENTS**

1.1 Therapists will usually have an approved basic professional qualification in an appropriate profession (e.g. psychology, psychiatry, nursing, counselling, occupational therapy, social work, education). They will usually be registered with a professional, regulatory body and will usually have undertaken a minimum period of two years post qualification training and experience.

1.2. Therapists will have experience in working in a therapeutic role with clients.

1.3. Therapists will demonstrate personal qualities that make them suitable for the practice of Cognitive and Behavioural Therapies.

1.4. Therapists will use Cognitive and/or Behavioural Therapy in line with the available evidence base as their main, or one of their main therapeutic models.

## **2. LENGTH OF TRAINING**

2.1 Training, including Basic Professional Training and experience and relevant Cognitive and/or Behavioural Therapy training, will usually have been over at least a four-year period.

## **3. THEORETICAL AND SKILLS TRAINING**

3.1 The period of training will include the acquisition of a critical understanding of the relevance of studies of Human Development, Psychopathology, Psychology, Social context and evidence based practice.

3.2 Therapists will have covered a minimum curriculum that has provided a broad based understanding of the theoretical basis of Cognitive and/or Behavioural Therapies and their application across a range of problem areas. Specialist courses in a particular model of Cognitive and/or Behavioural Therapies, or in a specialist area of its application, may focus on a specific area of interest. However, the basic conditions should still be met.

3.3 Skills training is an essential component of the acquisition of knowledge and experience of CBT and should not comprise less than 50% of a therapist's total training programme.

3.4 Theoretical knowledge and skills will have been acquired through structured teaching and self-directed study. The minimum number of hours study required in the Cognitive/Behavioural

elements of training is 450 hours of which 200 hours should be provided directly by recognised trainers, with documented expertise in CBT through a recognised course or other programme of study. This will usually be a Postgraduate course, delivered by a higher education institution. Demonstration of these requirements would normally be required through a mandatory, training log which specifies the length of study, content, number of taught hours and a record of the lecturers, tutors or mentors participating in a therapist's training.

3.5 Where training is received in alternative formats from face to face teaching, the minimum amount of the 200 hours of face to face teaching required can be delivered by other media but this should total no more than 20% of the total taught content. All alternative teaching formats are required to allow either some sort of interactive teaching or opportunity for discussion/questioning/exploration and should meet all other Minimum Training Standards required (i.e. delivered by BABCP accredited practitioner or recognised equivalent). Self directed study i.e. watching a DVD, unfacilitated chat rooms or other material online is not be counted here although can be included under the 250 hours of self-directed study required.

Examples of acceptable, alternative teaching formats are:

- a. Skype/video conference teaching
- b. DVD or video teaching which is facilitated by a BABCP Accredited practitioner and is accompanied by discussion etc

3.6 Therapists should achieve the skills to be able to understand and interpret research relevant to the outcome and effectiveness of Cognitive and/or Behavioural Therapy. This would usually be achieved during the formal study requirements outlined above.

#### **4. SUPERVISED CLINICAL PRACTICE**

4.1 Therapists should have conducted a minimum of 200 hours of supervised assessment and therapy during training in addition to that specified in 3.4 above.

4.2 All therapists will have received face to face individual and/or group supervision during the period of training for both assessment and therapy, carried out by a Cognitive and/or Behavioural Therapist who meets the BABCP criteria for Practitioner or Supervisor Accreditation. Where supervision was predominantly carried out in a group format, the opportunity for personal and individual supervision should have been available during training. Supervision will have consisted of regular feedback and discussion of case work on CBT. Some of this should be in the form of intensive, close supervision which will have involved the use of live, audio or video materials of the trainee conducting therapy.

Supervision delivered in a non face to face medium is allowed e.g. by telephone or by video conference. For the former, telephone supervision should not have formed the majority of the supervision hours. However, this should have also met the Minimum Training Standards of being delivered by an Accredited BABCP practitioner or recognised equivalent.

4.3 A minimum of 8 clients will have been assessed and treated under supervision using CBT approaches by the trainee during the period of training before a therapist is regarded as having completed their training. These cases will cover at least 3 different types of mental health conditions (such as anxiety disorder, depression etc) or related problems and, a minimum of three cases will have been closely supervised as defined under 4.2. In order to monitor the quality and quantity of this, details of supervised clinical practice and case mix should have been recorded in a mandatory training log.

4.4 Supervised practice will have been subjected to formal assessment with four case studies written up (approximately 2000 – 4000 words), which meet the academic standards stated by BABCP Registration and Accreditation Committee; 'Criteria for Evaluating Academic Case Studies, 2013' (available from BABCP).

It is possible for these case studies to have been presented and examined in an alternative format. For example, some CBT courses allow trainees to present a 'live' case report which is discussed and evaluated as part of a mandatory course assessment. If this is used, the trainee should have accompanied this by written support in order to ensure that the trainee can demonstrate that they are able to accurately reflect their case work in a written form for the purpose of report writing or case note records. This can be in the form of a short summary, detailed PowerPoint presentation etc. it is expected that only two of the case studies would be presented in this alternative format.

## **5. PERSONAL DEVELOPMENT**

5.1 Therapists must have ensured and continue to ensure that they can identify and manage their personal involvement in the process of Cognitive and/or Behavioural Therapy appropriately.

5.2 Therapists must have developed an ability to recognise when they should seek additional professional advice and supervision.

## **6. ASSESSMENT OF CBT KNOWLEDGE AND COMPETENCY**

There is some flexibility in relation to the Minimum Training Standards in demonstrating knowledge and competency in addition to those experiences described above. These are as follows:

6.1 Therapists are expected to have demonstrated an understanding of the theoretical aspects of Cognitive and/or Behavioural Psychotherapy and its application by the production of a formal assessment essay, exam or research project. Where training has been in more than one therapeutic orientation (e.g. Doctorate in Clinical Psychology courses), these assessments should include CBT specific content which it is mandatory for trainees to complete.

6.2 An understanding of evidenced-based practice should have been evaluated using the following:

1. An extended case report that critically discusses the Cognitive/Behavioural Therapy research evidence or,
2. A CBT relevant research dissertation; or,
3. a CBT relevant research paper to which they have contributed to, and/or published in a peer review journal.

## **7. ACCREDITATION OF COGNITIVE AND/OR BEHAVIOURAL PSYCHOTHERAPISTS**

To apply to be accredited by BABCP as Practitioner Cognitive and/or Behavioural Psychotherapist, therapists would usually have two years experience since qualification in their Core Profession, meet all the Minimum Training Standards, maintain an agreed level of continuing professional development in Cognitive and/or Behavioural Therapy, receive regular clinical supervision and adhere to the BABCP 'Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies'

## **Appendix Two**

### **YOUR DUTIES AS A MEMBER OF BABCP**

#### **The standards of conduct, performance and ethics you must keep to**

1. You must act in the best interests of service users
2. You must maintain high standards of assessment and practice
3. You must respect the confidentiality of service users
4. You must keep high standards of personal conduct
5. You must provide (to us and any other relevant regulators and/or professional bodies) any important information about your conduct and competence
6. You must keep your professional knowledge and skills up to date
7. You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner
8. You must communicate properly and effectively with service users and other practitioners
9. You must effectively supervise tasks that you have asked other people to carry out
10. You must get informed consent to give treatment (except in an emergency)
11. You must keep accurate records
12. You must deal fairly and safely with the risks of infection
13. You must limit your work or stop practising if your performance or judgement is affected by your health
14. You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession
15. You must make sure that any advertising you do is accurate