



Consultation on the Regulation of Counselling & Psychotherapy in Ireland 2016

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

The landscape of psychotherapy practice around the world reflects the rich tapestry of human society within which it is practiced. In western society the hegemony of the medical model influences how we view counselling and psychotherapy, but it is not the only model. The concept of “problems-in-living” is another way of conceiving of psychological, emotional, physical, spiritual, relational and social distress (Wampold and Imel, 2015). Within the broad landscape of ways of conceptualising human distress and dealing with it therapeutically, there arises the question of how best to ensure that the vulnerable public is well served. Whether the interests of the public are best served by statutory regulation, regulation by professions, or “regulation” by market forces is a contested domain. A further point for consideration is whether regulation should be based on minimum standards and specific competencies or the pursuit of excellence, “best practice” and contextual sensitivity to clients’ needs.

In the UK the profession of psychotherapy has argued successfully for the non-statutory, voluntary regulation of psychotherapists by their professional bodies. This may have arisen because of the dominant Jeffersonian political philosophy of the decision-makers in the UK at the time. In Ireland the state tends to take a more centralised role in social affairs and a cohesive strong voice against centralised state regulation has not emerged here. The current free-for all situation whereby anyone can legally “put up their shingle” has generated problems, as Dan Neville, former Health Minister Varadkar and others have often pointed out. Whilst the current voluntary regulation of psychotherapy by the various professional bodies carries weight in the public perception, there is anecdotal evidence that people with poor training and poor competence are offering their services to the public. It would therefore seem that statutory registration of psychotherapists is necessary to ensure minimum standards. However professional validation by professional bodies is also necessary to promote excellence and the pursuit of “best practice”. This submission therefore advocates for statutory regulation of psychotherapy. It also advocates that the statutory regulation body set as one of its requirements for registrants that each registrant be a professional member in good

standing of the relevant professional body. The distinction between the maintenance of minimum standards and the pursuit of best practice is attested in the Canadian system of regulation (College of Registered Psychotherapists of Ontario).

It should be noted that in Ireland psychotherapy is predominantly undertaken in voluntary sector organisations and in private practice, where the hegemony of the medical model of distress does not dominate. It will be important that the regulatory authority understands that psychotherapy operates under contextually sensitive models of social care, and only sometimes under the medical model.

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

This submission advocates for statutory regulation under CORU as it is the only regulatory authority that is likely to be contemplated by the Department of Health.

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.

The interchangeability of the terms counselling and psychotherapy is a contested domain internationally (Cooper and McLeod 2012). In some countries the two terms are used interchangeably (Elton-Wilson and Symes 2006) whereas in others they mean somewhat different, but overlapping, things. A common thread in descriptions of psychotherapy is the use of the therapeutic relationship as a central facet of what psychotherapy is about (Carr 2008, Wampold and Imel 2015, Duncan *et al* 2010). Research evidence supports that psychotherapy is a contextual practice in which the therapeutic relationship is foregrounded and in which the client's personal experience is privileged. (Wampold and Imel 2015; Carr 2008). Research evidence suggests that psychotherapy is effective when the relationship between the client and therapist is tightly aligned with the client's layered needs and resources. Counselling as a term is a much broader church and encompasses problem-focused counselling, counselling for medical problems, short-term counselling, relationship counselling, spiritual counselling etc. It can be argued that at higher levels of training and with advanced experience, counselling can overlap with psychotherapy to a degree (Psychotherapy and Counselling Federation of Australia, online).

This submission advocates for differentiating psychotherapy and counselling in terms of (a) the nature of the practice and (b) the minimum NFQ level required to achieve the necessary learning outcomes. Turning to the nature of the practice, psychotherapy is a contextually-sensitive relational practice and it requires that the psychotherapist is able to work with complex and novel client material. As such, psychotherapy practitioners require at a minimum the attributes of postgraduate-level practice (aligned with the level 9 learning outcomes specified in the QQI Standards for Counselling and Psychotherapy). Counsellor attributes are more in keeping with the QQI level 8 Learning Outcomes. As two distinct, if overlapping practices, psychotherapy and counselling should be on separate registers. Cooper and McLeod (2012) advocate for pluralism in both counselling and psychotherapy and they suggest that this involves effective attention to what is distinctive and what

is similar. The risk in having a joint registration council for two distinct practices is that similarity will be emphasised for the sake of expediency, whilst what is distinct will be overlooked. This risk is particularly strong if a joint registration council with one psychotherapist and one counsellor member is envisaged. In the event that only one board is created for two registers, two psychotherapists and two counsellors at least should be appointed to the council. It can be argued that the counsellor members should not vote on matters related to the psychotherapist register and that psychotherapist members should not vote on matters related to the counsellor register.

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

This submission advocates that the registration council require registrants to have dual registration on the statutory register and on a professional register. This will ensure minimum standards of practice and the pursuit of excellence and best practice. Professional registration on the voluntary register is itself a very high bar to achieve. The statutory registration council(s) could set professional body registration as its benchmark for grandparenting . There are a number of established professional bodies with similarities but also differences in what they require of their registrants. The new statutory registration council would need to evaluate the registration criteria of the various professional bodies. Those that are found to have criteria that stand up to international standards could then have their members grandparented without the need to evaluate each practitioner individually. This would be somewhat similar to the “trusted provider” status conferred on certain educational institutions by QQI. Effectively the registration council(s) would be treating professional bodies as “trusted accreditors” for the purpose of grandparenting.

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

Psychotherapy and counselling can be differentiated in terms of (a) the nature of the practice and (b) the minimum NQF level required to achieve the necessary learning outcomes. Psychotherapy is a contextually-sensitive relational practice working with clients who present complex and often novel constellations of, usually, adverse experience. Counselling, at its more foundational levels of practice, tends to work with problems, treatment protocols and the quest for solutions. It is accepted that at more advanced levels of practice the overlap between psychotherapy and counselling may be greater. In terms of setting minimum criteria for professional training, psychotherapy qualifications need to be at level 9. Level 9 attributes focus on critically evaluating forefront knowledge, analytic thinking, linking systems of knowledge and practice in a coherent way and understanding the complex interactions of different professionals (Schon 1987). Counselling practice can be more procedural and instrumental in nature (Rowan 2005). Level 8 is therefore an appropriate minimum qualification level for counsellors. Level 8 requires significant conceptual and skills knowledge and a basic ability to engage with these critically. What is being addressed here is the minimum level of qualification.

A related issue is the entry requirements for programmes of training in both counselling and psychotherapy. Psychotherapy can be conceptually characterised as dealing with problems of living through meaningful engagement in a therapeutic relationship. Cooper and McLeod (2012) advocate for a pluralistic approach to this kind of therapy in which difference is valued. The entry requirements for level 8, and particularly for level 9 programmes of study, often have the effect of creating a one-dimensional cohort of graduates, often characterised as educated, advantaged, white and middle-class (Lago and Smith 2010). In proposing that the exit award level for psychotherapy be set at level 9, and that the exit award level for counselling be set at a minimum of level 8, this submission also advocates for flexible entry levels in which Recognition of Prior Learning (RPL) is esteemed. This is likely to lead to a more diverse cohort of qualified practitioners more suited to the broad spectrum of troubled clients who present for psychotherapy and for counselling.

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

In the light of the above this submission proposes that two separate titles be protected, that of psychotherapist and that of counsellor.

Summary

This submission advocates for psychotherapy and counselling as two distinct practices requiring separate protected titles. It proposes the requirement of dual statutory and professional registration on two separate registers, preferable under two registration councils. In the event of a joint registration council, this submission proposes an exceptional membership arrangement with two psychotherapists and two counsellors as members. It also suggests that the counsellor members be excluded from voting on matters restricted to the psychotherapist register and that psychotherapists be excluded from voting on matters restricted to the counsellors register. The minimum qualification level for psychotherapist should be level 9 on the NFQ and the minimum level for counsellor should be level 8. Finally this submission advises that the entry requirements for counsellor and psychotherapist should be as broad as possible and should include RPL so as to enhance the diversity of backgrounds for professional psychotherapists and counsellors working in an increasingly diverse society.

REFERENCES

Carr, A. (2008) What Works With Adults, Adolescents and Children: A review of the Research on the Effectiveness of Psychotherapy. London: Routledge.

Cooper, M. and McLeod, J. (2012) From either/or to both/and: Developing a pluralistic approach to counselling and psychotherapy, European Journal of Psychotherapy & Counselling, 14:1, 5-17, DOI: 10.1080/13642537.2012.652389.

Psychotherapy and Counselling Federation of Australia (online). www.pacfa.org.au [assessed 25th Nov 2016]

Duncan, B.L., Miller, S.D., Wampold, B.E. and Hubble, M.A. (2010) *The Heart and Soul of Change: Delivering What Works in Therapy* (2nd ed.). NY: American Psychological Association.

Elton-Wilson, J. and Symes, G. (2006). *Objectives and Outcomes: Questioning the Practice of Psychotherapy*. Maidenhead: McGraw-Hill.

Lago, C. and Smith, B. (2010) *Anti-Discriminatory Practice in Counselling and Psychotherapy* (2nd Ed.). London: Sage.

Rowan, J. (2005) *The Future of Training in Psychotherapy and Counselling*. London: Routledge.

Schon, D. (1987) *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass.

Wampold, B.E. and Imel, Z.E. (2015) *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work* (2nd Ed.). London: Routledge.

