



The Professional Competencies of a European Psychotherapist

A Project of the European Association of Psychotherapy (EAP)

A Report to the EAP Board: Rome, Oct. 2011

and

A DRAFT VERSION OF

**The Core Competencies
of
A European Psychotherapist**

This is a combination of the 'draft' Core Competencies in all 13 Domains.

The Professional Competencies of A European Psychotherapist: An EAP Project

Introduction

This Project has been accepted and funded by the EAP. Full details of the Project are now on the Project website: www.psychotherapy-competency.eu and this report is just an interim report to the EAP Board for the Board meeting in Rome in October 2011 as to the current stage of the Project.

The Working Group, a sub-section of the European Trading Standards Committee (ETSC), consists of: **Traudl Szyszkowitz**: Austria: Chairperson of ETSC: EAP Individual Member; **Reneé Oudijk**: The Netherlands: Co-Chairperson ETSC; **Peter Schulthess**: Switzerland: Member ETSC: President EAGT & Swiss Charter for Psychotherapy; **Courtenay Young**: Scotland, UK: Member ETSC: EAP Individual Member. The Working Group reports back regularly to the ETSC, which reports to the EAP Board. The Working Group has met on a number of occasions: (see later).

Report of the Working Group to the EAP Board

Over the last 12 months (since Oct 2010), the priority has been to develop a working set of ‘draft’ **Core Competencies** – competencies that would reasonably be expected of every (any) professional European Psychotherapist – from whatever country, and whatever modality – and then to develop a system by which these ‘draft’ Core Competencies can be evaluated.

Various ‘Domains’ of competency were already established, and these were tested out by a simple questionnaire to all EAP organisations, and then modified according to that feedback (Nov 2009 - Feb 2010). Having established the various 13 Domains, the basis for the rest of the Project, the website and the different types of Competency were worked on (Feb 2010 – Feb 2011), and, this year, the draft Core Competencies were developed from an extensive **Literature Review** and from our own collective (and considerable) international experience (Feb 2011 – Sept 2011). These draft **Core Competencies** have now been posted on the Project website.

At the same time, all the NUO/NAOs, EWO/EWAOs, Individual EAP Members and people on the ECP Register were informed. As a result, a number of ‘Participants’ (currently nearly 70) have signed up – we are also hoping for a lot more (people & organisations) to sign up in the near future – and these Participants are beginning to examine the draft Core Competencies in detail and evaluating them via a **Practice Analysis Survey (PAS)**. We have been assured that this is the ‘proper’ way to do this (from the experience of other professions in Europe & USA establishing

their competencies), and then – when we have a satisfactory number of survey responses – we will hand the results over to an **Expert Panel** to evaluate these responses and determine what the final set of **Core Competencies** are, or should be. (See website: Project / The Process of the Project).

This final set of **Core Competencies** should be ready by about July 2012 – or Oct 2012, at the latest. They will be presented, in good time, to the ETSC and the EAP Board, for final endorsement. There may need to be a wider ‘workshop’ process or symposium-type discussion about these **Core Competencies**, possibly as a part of the July 2012, or the October 2012, EAP meetings.

We have also developed good contacts with **Prof. Bernhard Strauss**, Jena University, Germany and are developing contacts with **Prof. Leslie Greenberg**, York University, Toronto, Canada. We hope for some other independent ‘experts’ to form the **Expert Panel**. We are beginning to contact people in EWAOs & NAOs about the **Specific Competencies** in the different modalities and in the different countries. A few people are being contacted about forming the **Specialist Competencies**.

In the meantime (from October 2011 – July 2012), the various European Wide Accrediting Organisations (EWAO) and National Umbrella and National Awarding Organisations (NUO / NAO) will start to determine what **Specific Competencies** are appropriate to them – specific to each ‘modality’ in psychotherapy – and specific to the various different countries, i.e. what they might require of psychotherapists working in that country.

In due course, the **Specialist Competencies** for (say) particular client groups (e.g. psychotherapy with ... children, adolescents, psychotics, people with learning difficulties, addicts, the aged, etc.); or in certain special settings (e.g. psychotherapy in ... psychiatric hospitals, prisons, refugee camps, groups, etc.); or to perform certain specialist functions in psychotherapy (e.g. training, supervision, service management, etc.) will also be developed.

Finally, a **Knowledge base, Measurement methods & Assessment criteria**, will be developed for all the Competencies, so that they can start to form the new basis of European Psychotherapy Training Criteria for a professional European Psychotherapist. Please remember, it will be necessary for a person to be able to demonstrate that they have these competencies, and if a person has so demonstrated these professional competencies, then – according to this definition – they become (or are) a professional European Psychotherapist.

Furthermore, these professional competencies are definitive: they can be shown to be clearly different from the professional competencies of (say) a psychiatrist, or a psychologist, or a

counsellor; but – if a psychiatrist or psychologist or counsellor can demonstrate these professional competencies – they would also be considered as a psychotherapist.

This is the overall scope and aim of the Project: to define the profession of psychotherapy in Europe by establishing the professional competencies of a European psychotherapist.

In the Working Group, we have also established a protocol that any contributions, comments, amendments, or additions etc. from people are always included, if suitable, – as long as the contributors are ‘signed up’ as Participants, so that people can see who they are and who they represent, and can contact them, via the **Participants’ List** on the website.

The budget for the Project for 2010-2011 was accepted by the Board and at the AGM in Bucharest in July 2010. A budget for the Project for 2011-2012 was given to the EAP Treasurer in Jan. 2011, but unfortunately this could not be included into the EAP 2011 AGM financial report (given in Feb 2011) for technical reasons. The Working Group has therefore been working with the hope and trust that all their expenses will be covered and a moderate level of remuneration will be paid for. Further annual budgets will be produced as desired, and voted on by the Board, as required.

To date (mid-Sept 2011), the Project is ‘on-track’ whereby: the **website** is up and functional; all the draft **Core Competencies** have been completed; there is complete **transparency** of input; nearly 70 **Participants** have signed up; the first **PAS** forms have been completed; a **PowerPoint presentation** was made for the WCP Congress in Sydney, Australia (Aug 2011) and various numbers of **PAS results** are being processed.

We have recently requested some additional help for the actual processing of these results, ideally a couple of psychotherapy research students from two different universities, so that the assessment and analysis is processed a little more cheaply, but much more thoroughly, more transparently and more independently. This would also allow the Working Party to concentrate on the next stage.

What follows now, by request, is an extract of some of the pages of the Project website, showing only the ‘draft’ **Core Competencies** in the various 13 Domains. A small sample of a PAS form is also given.

For further information, please consult the Project website: www.psychotherapy-competency.eu

That’s It for the Moment! Thank You!

Working Group on Professional Competencies: committee@psychotherapy-competency.eu

The following pages in this document are based on some of the website pages currently on:

www.psychotherapy-competency.eu

Outline of the Professional Competencies: Domains and Categories of Competency Domains

There are several different 'domains' of activity (or areas of functioning) that relate to the work of a professional psychotherapist. Each of these domains include a number of different competencies. A professional European psychotherapist would have to be able to demonstrate their competencies for each of these domains:

1. [Professional, Autonomous & Accountable Practice](#)
2. [The Psychotherapeutic Relationship](#)
3. [Exploration \(Assessment, Diagnosis & Conceptualization\)](#)
4. ['Contracting' \(Goals, Plans & Strategies\)](#)
5. [Various Techniques and Interventions](#)
6. [Completion & Evaluation](#)
7. [Collaboration with Other Professionals](#)
8. [Use of Supervision, \(Peer\) Intersession and Critical Evaluation](#)
9. [Ethics, Standards and Sensitivities](#)
10. [Management & Administration](#)
11. [Research](#)
12. [Prevention & Education](#)
13. [Management of Change, Trauma & Crisis Work](#)

Categories of Competency

There are three main 'categories' of professional competencies for a European psychotherapist:

1. The '**Core**' **Competencies** that are considered necessary and essential (fundamental) for any professional person practicing any type of psychotherapy, in any method, in any situation, and/or in any country.

The 'draft' Core Competencies in the various Domains have now been completed.

2. '**Specific**' **Competencies** are those that are additionally specified, either:
 1. as necessary by a particular type of mainstream, modality or method of psychotherapy, or;
 2. are those that may be specified as necessary by a particular country, according to their national regulations or laws.

The Specific Competencies in the various Domains will start to be developed in Oct. 2011.

3. '**Specialist**' **Competencies** that are those that are needed only when practicing psychotherapy with:
 1. particular client groups (e.g. psychotherapy with ... children, adolescents, psychotics, people with learning difficulties, addicts, the aged, etc.), or;
 2. in certain special settings (e.g. psychotherapy in ... psychiatric hospitals, prisons, refugee camps, groups, etc.), or;
 3. to perform certain specialist functions in psychotherapy (e.g. training, supervision, service management, etc.)

The Specialist Competencies in the various Domains will start to be developed probably in 2012.

‘Draft’ Core Competencies of A European Psychotherapist

Domain 1: Professional, Autonomous & Accountable Practice

A European Psychotherapist is competent to: -

§1.1: Establish a Professional Practice

- **1.1.1: Behave professionally:** which involves – ensuring that you are clean, sober and presentable; conducting themselves as a professional psychotherapist with regards to appropriate behaviour towards clients, colleagues & other persons; conforming to all national and local statutory regulations and registrations; ensuring – as far as possible – a lack of on-going stress, regular supervision, healthy self-maintenance, etc.; ensuring there is appropriate cover or arrangements, when away, or on holiday, or in emergencies; having a ‘therapeutic executor’; being a member of a professional association; etc.
- **1.1.2: Build an independent practice, or become a member of a professional team:** which involves – maintaining proper professional insurance, as required; complying with all relevant legislation, codes of ethics and practice, practice guidelines and service parameters; demonstrating a clear understanding of the roles and responsibilities of a professional psychotherapist; being clear and transparent about training, education and experience; demonstrating use of personal initiative in contact with other professionals & agencies; etc.
- **1.1.3: Work according to accepted professional standards:** which involves - being aware of and conforming to appropriate codes of ethics and practice; working under an agreed complaints procedure; having the knowledge and understanding of how professional policies, principles and guidance are expressed and translated into action through a number of different methods; handling problems in a manner relevant and appropriate to their professional practice and to their method of practice; etc.
- **1.1.4: Record information appropriately:** which involves - preparing and maintaining a record keeping system; keeping proper and appropriate records (case notes) of all psychotherapy sessions with patients/clients, in accordance with ethical, legal and organisational requirements; recording all relevant information and any actions undertaken; ensuring that all records are maintained confidentially, using relevant guidance, information & systems to do so; ensuring that patients/clients know that records are being kept and the boundaries of confidentiality; having sufficient facilities to store these records securely for an appropriate length of time; ensuring proper arrangements are made to ensure the safety of any records in the event of the psychotherapist’s illness or death; etc.
- **1.1.5: Liaise with other professionals:** which involves - establishing mutually agreed criteria for exchanging information (where appropriate); ensuring these criteria are communicated to patients/clients appropriately; recording information shared with and from other services appropriately; ensuring that other services are aware of the ethos, methods, scope and practices of their service; working cooperatively with other professionals and agencies; etc. (see also §7)
- **1.1.6: Recognise difficulties in others in the professional environment:** which involves - being aware of any possible symptoms; discussing any concerns with the people involved, and also (if necessary) with others; taking appropriate action, particularly if there is no change in the circumstances; etc.

- **1.1.7: Monitor, evaluate and review the caseload:** which involves - ensuring the patients/clients in their caseload (and their issues) are within the area of competence; working to maximum efficiency, without undue stress; reviewing the caseload appropriately and regularly (with peers / line manager / supervisor); identifying challenges and any unfilled needs for further training or development; consulting with experts, where appropriate; etc.
- **1.1.8: Maintain their fitness-to-practice in a variety of ways:** which involves - identifying and recognising any limitations, conflicts or unresolved issues; seeking appropriate help, support or guidance, when having any difficulties, which might include thinking about stopping professional practice for a while, if necessary; ensuring that additional proper training and awareness is undertaken in any new areas of work; etc.

§1.2: Provide an Appropriate Environment

- **1.2.1: Provide a safe working situation:** which involves - conforming to all legal requirements for a psychotherapy space or clinic (e.g. local council, health & safety, insurance, etc.); being consistent with procedures to follow in the event of any threat or danger (to patient/client, self or others); adopting proper policies and procedures in relation to risk and error management; being aware of procedures to follow, in the event of any threats to peoples' safety (evacuation or emergency procedures, etc.); etc.
- **1.2.2: Provide a psychotherapeutic environment:** which involves - showing an awareness of the needs of the patients/clients; creating and maintaining a suitable environment in which the psychotherapy can take place, which is safe, welcoming, consistent with the ethos of the psychotherapy, and – as far as possible – meets the needs of the patients/clients; ensuring that the patients/client's first contact is positive, welcoming and professional; providing the right physical setting, efficient administration, hygienic facilities, waiting facilities (if necessary), appropriate communications; developing and maintaining the proper ambiance; etc.
- **1.2.3: Make clear arrangements:** which involves - developing a procedure for arranging appointments that includes providing information about any waiting times and waiting lists; ensuring recipients are informed in good time about any changes to their appointments; ensuring the patient/client is fully informed about costs and/or fees, the possibility of public or private health insurance, and any special arrangements or discounts or low cost provisions; developing cancellation policies and policies on payment for 'no shows'; providing relevant information about the patient/client's issues, expected duration of psychotherapy, and the type of psychotherapy being offered; etc.

§1.3: Engage in Quality Assurance

- **1.3.1: Routinely evaluate practice:** which involves - evaluating the practiced model(s) of psychotherapy; systematically monitoring practice and outcomes in consistent, coherent and appropriate ways; being aware of relevant (other) methodologies and identifying suitable criteria and tools of evaluation; attending supervision (personal, peer, group or other) as appropriate; utilising feedback from managers, supervisors, other professionals, and patients/clients, adapting one's practice appropriately; etc.
- **1.3.2: Review practice:** which involves - considering the effect of one's own value systems, beliefs, attitudes and behaviours on one's professional work; managing a practice that is

open to appropriate scrutiny; participating in clinical practice audit and quality assurance; engaging in appropriate Continuous Professional Development (CPD); etc.

§1.4: Maintain Professional Development

- **1.4.1: Maintain appropriate Continuing Professional Development (CPD):** which involves - conforming to the CPD requirements of any national or methodological professional associations; personally committing to CPD and exploring ways to grow professionally; remaining aware of on-going developments (theory, practice &/or research) in psychotherapy; becoming involved, when and where appropriate, in professional conferences, symposia, associational meetings, seminars, teaching and presenting and writing professionally; etc.
- **1.4.2: Practice professional qualities:** which involves - reflecting on the choice, flexibility and appropriateness of one's professional work and interventions; considering the impact of these on the patient/client and how suited these were to their needs and process; adapting one's professional work to suit different patient/client's needs and issues; etc.
- **1.4.3: Reflect on self and professional work:** which involves – considering, in between sessions, the scope and impact of one's self and one's professional work, so as to review and revise one's psychotherapeutic approach and strategy; utilising supervision, (peer) intervention, feed-back, experience, knowledge and skills, and any regular critical evaluation appropriately; etc.
- **1.4.4: Incorporate research knowledge findings:** which involves – maintaining an awareness of current research; and incorporating any relevant findings appropriately into one's practice; etc.

§1.5: Maintain Personal Development

- **1.5.1: Develop the personal qualities that make a good professional psychotherapist:** which involves - always acting in responsible, moral and ethical ways; developing qualities of personal straightforwardness, honesty, coherence, a capacity for resilience, and the ability to manage complex or unpredictable feelings; recognising and coping with uncertainty appropriately; maintaining a feeling of calm, inner security and clarity; being aware of one's own identity, origins and personality; developing the capacity for a patient/client to feel secure in one's presence; developing the capacity to be empathic and understanding, the capacity to treat others with respect, and the capacity to work with other people's concerns without being threatened or diminished; developing the capacity to make decisions, manage these, articulating one's reasons; taking appropriate action in the face of known fears, risks and uncertainties, when required to do so; applying sound judgment based on psychotherapeutic and/or clinical knowledge, and/or experience, and/or research to inform one's practice; etc.
- **1.5.2: Engage in appropriate self-development:** which involves - engaging in self-directed learning, personal growth and interests; developing an awareness of 'Self', and identifying ways of monitoring changes in 'Self' and evaluating these; using personal psychotherapy, supervision, feedback and other opportunities to reflect on personal issues, growth & development and for the resolution of any personal issues or conflicts; maintaining an openness to acquiring and integrating new knowledge about themselves and their professional work; identifying their own personal needs and find ways to ensure that these

are met clearly outside of the psychotherapeutic relationship; critically appraising theories underpinning personal development; etc.

Domain 2: The Psychotherapeutic Relationship

A European Psychotherapist is competent to: -

§2.1: Establish a Psychotherapeutic Relationship

- **2.1.1: Communicate clearly:** which involves – using language that is accessible and appropriate for the patient/client; explaining any terms and issues that may not be familiar; discussing the ethos and intent of the psychotherapy, including any significant differences in cultural values; explaining the theoretical framework and any different or other methods and theories (as appropriate); encouraging the patient/client’s active participation and feedback; providing clear and transparent information about the service, including details of any forms of assessment and other conditions; ensuring that the patient/client’s first contact is positive, welcoming and professional; etc.
- **2.1.2: Define the psychotherapist’s role and the client’s role:** which involves – discussing the psychotherapist’s role in the psychotherapy [as a professional facilitator, supporter, provider, guide, etc.]; clarifying the differences between ‘patient’ and ‘client’ as 'recipient' or as being actively involved; identifying clearly the boundaries of the psychotherapeutic relationship; describing and explaining any limitations to confidentiality; covering the possibility of any potential issues or difficulties between the psychotherapist and patient/client, including any dual roles; describing possible issues of difference and diversity - class, cultural, race, religion, diversity, gender preferences, rank, status or power imbalances; informing the patient/client about ethics and complaints procedures (see also Domain 9); etc.
- **2.1.3: Identify and start working towards mutually agreed and achievable aims or goals:** which involves – addressing the patient/client’s needs (as appropriate); assisting the patient/client towards self-empowerment, independence, autonomy and a relief of (negative) symptoms, where possible; defining the possibilities, limitations, contra-indications, and (any) risks or the parameters of the psychotherapy, including clarifying any issues around assumptions and/or expectations; recognising the autonomy of the patient/client; and – even where the psychotherapy is more of a ‘treatment’ – respecting the patient’s position and obtaining their informed consent; etc.
- **2.1.4: Agree responsibilities:** which involves – discussing responsibilities with the patient/client, including session times, frequency, expected length of psychotherapy, methodology, any financial issues (adjusted – if possible – to the recipient’s resources), cancellation policies, contact arrangements, holiday arrangements, etc.; mentioning any legal requirements and duties; discussing other details of the psychotherapeutic ‘contract’ (see also Domain 4); obtaining (where possible) the patient/client’s informed consent in writing; etc.
- **2.1.5: Establish a relevant set of perspectives:** which involves – understanding things from the patient/client’s perspective in a number of different ways; exploring the subjective world of the patient/client; being aware of significant aspects of their physical, social, and

cultural environment; understanding something of the dynamics of their family of origin; and understanding something of their ideas or belief systems (religious & spiritual); etc.

- **2.1.6: Express empathy and understanding:** which involves – understanding background of the symptoms, difficulties and behaviours; understanding internal frames of reference, or subjective position of the patient/client; being empathic about the patient/client's issues; demonstrating a genuine concern for their welfare; identifying (emotional, as well as physical) safety and security issues; reinforcing the autonomy, self-esteem and independence of the other person; respecting their boundaries, preferences, cultural differences and sensitivities; respecting their present position, thoughts and feelings; etc.
- **2.1.7 Establish a psychotherapeutic presence:** which includes – being present for the patient/client, in a coherent, non-judgmental, positive way; not feeling that (as a psychotherapist) one has to respond in any particular way to the various interjections of the patient/client; knowing that the essence of the psychotherapy is for the patient/client (somehow) to meet themselves, through their own processes, reflected by the un-intrusive presence of the therapist; enabling the patient/client to be able to internalise a positive therapeutic perspective of an accepting, enquiring attention to and understanding of their own internal processes; etc. (see also §5.2.2)

§2.2: Manage & Maintain A Psychotherapeutic Relationship

- **2.2.1: Maintain the psychotherapeutic relationship:** which involves – using language that is familiar to the patient/client and explaining any concepts, interventions or dynamics, as appropriate; being consistent, listening, and supportive; being empathic and caring; maintaining an appropriate psychotherapeutic presence at all times; getting regular feedback from recipient and discussing the process and progress of the sessions; providing and receiving highly complex, sensitive and/or possibly contentious information; etc.
- **2.2.2: Respect and value the psychotherapeutic relationship:** which involves – allowing the patient/client time and space to determine what is appropriate for them; following, rather than leading, the pace and direction of the patient/client's process; being there for the patient/client as much as a support, a sounding board, a guide, a human resource, than as being a psychotherapist providing a treatment; learning from the patient/client, rather than teaching them; respecting their progress to date, rather than their lack of progress; appreciating their difficulties and discussing how these can be dealt with appropriately; etc.
- **2.2.3: Establish self-awareness in relationship:** which involves – engaging in rigorous self-examination, monitoring thoughts, feelings sensations and behaviour; demonstrating a mature approach to the patient/client's issues and choices; drawing on relevant life experiences; making appropriate use of the 'Self' in the psychotherapy, including relevant self-disclosure; in the event of personal difficulties with the patient/client, being resilient, non-retaliatory and responding appropriately and professionally; recognising unresolved emotional conflicts in one's own life and guarding patient/clients from these; managing one's own emotions appropriately; maintaining appropriate boundaries in the psychotherapeutic relationship; etc.
- **2.2.4: Communicate appropriately:** which involves – communicating about the relationship and the patient/client's progress, back to the them, and also to any other relevant persons (e.g. referrer, consultant, doctor, team, other professionals, members of family, where appropriate; etc.); communicating in a fashion and language that is appropriate for the patient/client and that can be clearly understood by them; using a translator, where appropriate; etc.

- **2.2.5: Evaluate the psychotherapeutic relationship:** which involves – reviewing it regularly and appropriately; utilising suitable assessment criteria to monitor the quality and progress of the relationship; evaluating the communication, process and methodologies used with patient/client; where appropriate, engaging the patient/client in collaborative team work to explore their issues; utilising clinical supervision for on-going reflection of the patient/client’s process; keeping up to date with current professional opinions and research in any relevant ‘treatment’ methods or new approaches; reporting to and seeking others’ opinions, where appropriate (e.g. from line managers, referrers, specialists, team meetings, other professionals, etc.); etc.
- **2.2.6: Manage the process of change:** which involves – reviewing and managing the psychotherapeutic process of change throughout the course of the psychotherapy; demonstrating competence in appropriate interventions; using inputs that are familiar and understood, informed by and coherent with in-depth theoretical perspectives; working consistently with guidelines, standards, ethics, and sensitivities; working in line with the desires and needs of the patient/client; encouraging and enabling disclosures of their concerns, expression of their deeper feelings, and working with their intellectual, emotional and behavioural expressions; acknowledging changes that have already happened, and anticipating probably future changes; (see also Core Competency §5.1.4) etc.
- **2.2.7: Manage out-of-session contact:** which involves – discussing with the patient/client such contact, which might include e-mail, letters, texts, telephone, visits and casual or unexpected encounters; developing a pre-determined policy that has been communicated to the patient/client appropriately and integrated into the psychotherapeutic relationship; determining an appropriate policy for contact between sessions, or when the patient/client misses sessions, or terminates psychotherapy abruptly; being alert for possible danger signals, especially in repeated out-of-session or unwanted contact with the patient/client; considering the implications of any invitation or request to meet the patient/client outside of the normal psychotherapy situation and acting appropriately; etc.
- **2.2.8: Manage breaks and holidays appropriately:** which involves – giving the patient/client substantial notice of forthcoming events; determining a policy and making a clear agreement with the patient/client; making appropriate arrangements for patient/clients to receive emergency support during any absences, if necessary; recognising ways in which breaks and holidays can interfere with the psychotherapeutic relationship and discussing these with the patient/client appropriately; planning for regular breaks and holidays to enhance one’s own well-being; etc.

§2.3: Manage any Difficulties in the Psychotherapeutic Relationship

- **2.3.1: Manage the process of change:** which involves – reviewing and managing the psychotherapeutic process of change throughout the course of the psychotherapy; demonstrating competence in appropriate interventions; using inputs that are familiar and understood, informed by and coherent with in-depth theoretical perspectives; working consistently with guidelines, standards, ethics, and sensitivities; working in line with the desires and needs of the patient/client; encouraging and enabling disclosures of their concerns, expression of their deeper feelings, and working with their intellectual, emotional and behavioural expressions; acknowledging changes that have already happened, and anticipating probably future changes; (see also § 5.1.4) etc.
- **2.3.2: Recognise difficulties:** which involves – recognising difficulties as and when they occur; engaging with the patient/client to explore these (in as much as they may be relevant to the psychotherapy); having the competency, skills, awareness and ethical understanding

to negotiate (explore and respond to) any difficulties appropriately for the patient/client; recognising any personal (psychological, emotional, behavioural and physical) responses within the psychotherapist towards the patient/client, or towards their issues; recognising any personal, professional or experiential limitations and seeking to overcome these; making suitable changes, or using a different approach or other relevant methodologies, if appropriate; or – perhaps - finding an appropriate way to end that (current) psychotherapeutic relationship and referring the patient/client on to a more suitable professional; etc.

- **2.3.3: Manage any difficulties:** which involves – being able to manage sometimes significant barriers to acceptance; where the patient/client perceives themselves (or their situation) negatively, challenging or assisting them to re-evaluate these perceptions more realistically; working clearly within the framework of the psychotherapeutic alliance; identifying and analysing these difficulties, as they arise; managing any interventions that may cause confusion, embarrassment, anxiety or offense; managing situations where the patient/client feels distress or discomfort at values, beliefs or behaviours in others (including the psychotherapist); working with patients/clients that may be potentially hostile, antagonistic, manipulative or highly emotionally charged; having an awareness of any limitations of the patient/client due to possible personality problems or psychopathologies; recognising when only supportive interventions are appropriate; facilitating self-awareness, self-help, self-empowerment and problem-solving, where appropriate; acknowledging where the psychotherapy is challenged by the patient/client – sometimes by lack of cooperation, or by silence – and responding appropriately; assessing the situation with respect to any risks, to the patient/client, the psychotherapist, or others; being prepared to acknowledge and apologise for any deficiencies, or even mistakes; exploring any personal or theoretical limitations, especially with non-dominant cultures; monitoring and checking frequently with the patient/client as to their understanding of the process of the psychotherapy; being flexible with interventions, phrasing and timing (brief, medium or long-term psychotherapy and with different frequency of sessions, where needed); being aware of and assessing any ethical difficulties, as well as any appropriate policies, procedures or formalised responses in the event of difficulties; contacting other relevant health professionals (or supervisors) to help support, or give advice to the patient/client, or oneself and ensuring that appropriate support is in place, so that the patient/client remains committed and engaged; recognising when the patient/client moves out of difficulties into a crisis or emergency situation, and responding appropriately; reviewing and debriefing any others involved, once the immediate crisis situation is over (see also: Core Competency 5.1.5 and Domain 13); etc.
- **2.3.4: Manage out-of-session contact:** which involves – discussing with the patient/client such out-of-session contact, which might include e-mail, letters, texts, telephone, visits and casual or unexpected encounters; developing or having a pre-determined policy for such contact that has been communicated to the patient/client appropriately and integrated into the psychotherapeutic relationship; determining an appropriate policy for any contact between sessions, or for when the patient/client misses sessions, or terminates psychotherapy abruptly; being alert for possible danger signals, especially like repeated out-of-session contact, or unwanted contact, or an abrupt cessation of contact with the patient/client; considering the implications of any invitation or request to meet the patient/client outside of the normal psychotherapy situation and acting appropriately; etc.
- **2.3.5: Manage breaks and holidays appropriately:** which involves – giving the patient/client substantial notice of any forthcoming events, disruptions, or breaks in the pattern of continuity of sessions; determining a policy and making a clear agreement with the patient/client about breaks and holidays; making appropriate arrangements for

patient/clients to receive emergency support during any absences, if necessary; recognising ways in which breaks and holidays can interfere with the psychotherapeutic relationship and discussing these with the patient/client appropriately; planning for regular breaks and holidays to enhance one's own well-being and to encourage the patient/client's ability to cope independently; etc.

§2.4: Conclude a Psychotherapeutic Relationship

- **2.4.1: Recognise an approaching conclusion:** which involves – in consultation with the patient/client, deciding when and how to conclude the psychotherapeutic relationship; negotiating an end-date, allowing sufficient time for the patient/client to process the ending in accordance with a consistent, coherent and in-depth theoretical perspective; being flexible with this end-date, if necessary or possible; in the case of a fixed number of sessions, ensuring the psychotherapy ends satisfactorily on the agreed date; recognising any 'attachment' style, considering how it makes an impact on the relationship, and taking this into account when ending; analysing and processing any aspects of the patient/client's life history where an ending is significant; facilitating the patient/client in any mourning or grieving process about the ending of the psychotherapeutic relationship; etc.
- **2.4.2: Manage sudden endings:** which involves – where the psychotherapeutic relationship ends at short notice, and especially if against the patient/client's wishes, discussing the implications with the patient/client and recognising their feelings; discussing these issues with the psychotherapist's line manager, or supervisor, following any existing policy / guidance; informing the patient/client of, and negotiating with them, any possible alternatives, or onward referrals; etc.
- **2.4.3: Conclude the Psychotherapeutic Relationship:** which involves - negotiating an appropriate ending with the patient/client, when the therapy seems sufficient and the patient/client seems ready; using the ending phase to review the patient/client's progress and achievements over the course of the psychotherapy; developing strategies to 'cope' with the end of therapy or for the change of being without the therapeutic relationship; discussing plans for action that take into account their current social situation and other relationships; exploring any options for referral, ongoing support and information, or any other therapeutic interventions should the need arise; examining thoughts, feelings and identifying other experiences, as well as otherwise unprocessed material about other 'endings', 'leaving' or 'loss', 'abandonment', 'being alone', etc. as relevant; considering also one's own attachment to the therapy, the patient/client, and feelings about endings and discussing these with one's supervisor; etc. (see also §6.1.2)
- **2.4.4: Record the outcome of the psychotherapy:** which involves – recording an appropriate summary, attached to the case notes, including any assessments or tests, satisfaction / dissatisfaction surveys, onward referrals, and post-ending follow-ups; etc.

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Domain 3: Exploration (Assessment, Diagnosis & Conceptualization)

A European Psychotherapist is competent to: -

§3.1: Make an Assessment

- **3.1.1 Make use of assessment tools:** which involves - developing a clear policy, and/or implementing agency procedure, for assessment; ensuring these are consistent with aims, ethos and objectives of organisation and theoretical perspective; developing and/or implementing pre-assessment tools; providing clear and transparent information to the potential patient/client about the psychotherapy and forms of assessment; where appropriate, using any pre-assessment information in the initial assessment interview to inform the process and outcome of the interview; etc.
- **3.1.2 Conduct an assessment interview:** which involves - ensuring the assessment process is transparent and clearly understood; undertaking an assessment interview in a manner consistent with aims, ethos and objectives of organisation and theoretical perspective; discovering – as far as possible – the patient/client’s issues, problems, insights and difficulties; discovering and recording any significant historical events, or previous history of psychological problems, or significant periods of stress; asking about previous experience of psychotherapeutic help; keeping a detailed record of the assessment; etc.
- **3.1.3 Conduct a risk assessment:** which involves - being familiar with any agency/service risk assessment procedures and making use of any tools or guidelines, including ethical ones; recognising language used by the patient/client that might imply harm to self or others; asking direct questions about any intention to harm self or others; facilitating the patient/client’s ability to talk about specific suicide plans and quantifying the likelihood of these being implemented; discussing and assessing the patient/client’s general support system; involving the patient/client in the process using a straightforward, empowering and sensitive approach; etc.

§3.2: Formulate a Diagnosis * *(Note: The word ‘diagnosis’ here is used more in a general sense, rather than in a precise medical or psychiatric sense.)*

- **3.2.1 Recognise any possible mental health / illness issues:** which involves - remaining alert to possible indications of mental health needs, or of mental illness, or of disorders; assessing or diagnosing whether the patient/client has any social, relational, somatic and/or emotional problems related to mental health / psychic illness and disorders; using previous awareness, training and experience in psychopathology; involving the patient/client in the mental health assessment process; ensuring that any assessment or diagnosis conforms to any organisational policies and procedures, is in accordance with aims, ethos and objectives of one’s theoretical / methodological perspective, and is in accordance with any national medical/psychiatric guidelines; etc.
- **3.2.2 Respond to mental health / illness needs:** which involves - discussing possible outcomes or strategies with the patient/client, as far as is possible; recognising any need for advice, support, or for a second opinion, from supervisor, manager or mental health consultant; responding promptly to any indications of mental health needs in order to ensure that an appropriate intervention is made; assessing any immediate risk to the client, self or others that may result from worsening/declining mental health / psychic illness and disorders and taking appropriate action, if necessary; recognising indications of drug/alcohol/substance misuse (including prescribed or over-the-counter drugs) and taking

appropriate action, if necessary; working in conjunction with other mental health specialists and in accordance with the aims, ethos and objectives of one's theoretical perspective and in accordance with any national medical/psychiatric guidelines; etc.

§3.3: Conceptualize and decide upon an approach

- **3.3.1 Make use of clinical experience, theoretical & methodological insights, and assessment tools:** which involves - developing a clear policy, and/or implementing agency procedure, for assessment; ensuring its relevance to the patient/client's needs and to an on-going professional psychotherapeutic relationship; conducting the assessment process in a manner suitable for the patient/client and consistent with the ethos of the psychotherapy; integrating any pre-assessment information and identifying any relevant issues; etc.
- **3.3.2 Conceptualize the patient/client's needs:** which involves - identifying potential problem areas, including (i) (positive or negative) situations clarified by, or as part of, the assessment process, (ii) the patient/client's motivation, (iii) different individual needs, relating for example to culture, faith, ethnicity, language, sexuality, disability, age etc., (iv) any areas of potential risks (suicide, self-harm, aggressive or violent behaviour to others), (v) possible negative transference, etc.; using critical appraisal skills and developing a critical understanding of the patient/client's presenting problems; 'diagnosing' if there might be any underlying or long-term issues that might require further (possibly specialist) assessment; evaluating and discussing whether the type of psychotherapy offered, or whether the particular service, might be suitable and beneficial for the patient/client, and if not, making constructive and informed suggestions for an appropriate referral; etc.
- **3.3.3 Make decisions based on assessment:** which involves - making a concise formulation of the patient/client's presentation; analysing and interpreting all forms of information collected in the assessment process; using all available information (including patient/client's presentation and responses in the assessment interview) to come to a conclusion about possible appropriate interventions; discussing with the patient/client the outcome of the assessment, ensuring language is appropriate and that the person understands; making an estimate of the amount, frequency and extent of any psychotherapy and/or implementing any competent 'care plan', or contract, or referral within the service; being clear about other possibilities for the patient/client's needs to be met; making an external referral, if appropriate, and explaining the reasons clearly; consulting with other colleagues/health professionals, especially if there are indications of potential risk; etc.
- **3.3.4 Conclude the assessment:** which involves - in the event of mutually agreeing to proceed with psychotherapy, discussing and being open with the patient/client about their expectations, responsibilities, agreements, payments, etc.; where appropriate, providing an opportunity for the patient/client to review and feedback their experience of the assessment process; and recording the outcome of the assessment process; etc.

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Domain 4: ‘Contracting’ (Developing Goals, Plans & Strategies)

A European Psychotherapist is competent to: -

§4.1: ‘Contract’ with a Patient/Client

- **4.1.1: Formulate the main issues:** which involves - reflecting on the assessment (and the sometimes contradictory information therein) and information from other sources; being able to integrate all these perspectives; articulating the patient/client’s core issues and the possible origins of these; and presenting (or reflecting back) these perspectives to the patient/client in a sufficiently appropriate and sensitive way that they can understand and accept; checking the accuracy of these formulations; and discussing the parameters behind these formulations; ensuring that this formulation is reasonably consistent with the modality’s main ethos and theoretical understanding; etc.
- **4.1.2: Identify appropriate and achievable goals, plans & strategies:** which involves - including prior history, the patient/client’s economic, social, emotional, intellectual and psychological capacities; identifying any potential contra-indications or any risk assessments or factors; discussing the length, frequency, cost, environment and external parameters (including the patient/client’s external relationships) around any planned course of interventions; discussing any confidentiality issues; and distinguishing what is reasonably achievable and what may not be so within the patient/client’s process; etc.
- **4.1.3: Discuss the patient/client’s motivation:** which involves - understanding their desire and motivation for change and the factors that might have brought them to this point; recognising the level of the patient/client’s awareness of themselves and others; acknowledging that there are (probably) several factors that might also hinder their capacity to engage fully in the psychotherapeutic process; recognising their ability to recognise and understand their level of psychological functioning; and their ability to take responsibility for their own individual process; etc.
- **4.1.4: Decide upon the amount or extent of the psychotherapy:** which involves – having made a clear assessment about the nature of the patient/client’s core issue; having clearly explained any limits to the provision of sessions (by an agency or health insurance, etc., if relevant); having explained the process of regular review at various stages, if a more open-ended ‘contract’ seems appropriate; making an informed and mutually agreeable decision about whether brief psychotherapy is appropriate, or – if not, the expected number of sessions; etc.
- **4.1.5: Make a ‘contract’:** which involves – taking into account the patient/client’s circumstances; negotiating mutually agreeable terms and conditions with the patient/client; identifying cancellation or ‘no show’ policies, holiday & illness policies, fees and cost implications of the course of psychotherapy, the cancellation of any sessions, frequency of sessions, and possibly even strategies or referral possibilities if the ‘contract’ fails; etc.
- **4.1.6: Moderate the ‘contract’:** which involves – revising the ‘contract’ and re-assessing the goals at regular stated intervals; listening to the patient/client’s feelings and experiences; checking with supervisors and line managers (where appropriate); taking into account changing circumstances in the patient/client’s circumstances and in the psychotherapist’s practice; etc.

- **4.1.7: Give opportunities for referral on:** which involves – checking with the patient/client that they are reasonably happy with you as their psychotherapist; being clear about the likelihood of the patient/client’s needs being successfully met; being open about offering them other choices and explaining these choices; facilitating any referral on to another psychotherapist or other mental health professional; discussing other alternatives; etc.

§4.2: Plan the Psychotherapy

- **4.2.1: Make use of evidence of effective practice:** which involves – becoming familiar with appropriate and effective treatments for the particular issues facing one’s patient/client; providing information to the patient/client about recommended strategies; ensuring that one’s particular methodology has a sufficient evidence-base for the patient/client’s particular issue; etc.
- **4.2.2: Draw on psychotherapeutic theory:** which involves – utilising the theoretical perspectives of one’s modality that relate and may be helpful to the patient/client’s general situation, whilst also being aware of other theoretical perspectives; utilising theoretical perspectives that relate to the patient/client’s particular issues; explaining all these to the patient/client in easily understandable terms; outlining the implications of these as these pertain towards developing a strategy for the psychotherapy; etc.
- **4.2.3: Decide on the psychotherapeutic approach or strategy:** which involves – discussing the various possibilities with the patient/client; explaining the pros and cons of the various strategies; using clinical experience and research to suggest possible strategies with reasonably successful outcomes; deciding mutually on what seems the most appropriate approach or strategy for the patient/client and their particular issues; building-in, or encouraging, an on-going self-reflective component, from both sides, that monitors and develops the strategy; etc.
- **4.2.4: Moderate the plan or strategy:** which involves – utilising the experience of being a key component in the psychotherapeutic process itself to influence those aspects of theory and practice that become more relevant at any one moment; utilising the self-reflective aspects of clinical experience, professional practice, own therapy and supervision to guide and moderate one’s ‘affect’ and especially one’s choice of interventions as a psychotherapist [N.B. the extent to which this self-reflective component guides or manages the course of the psychotherapy depends largely on theory of the modality within which one practices as a psychotherapist]; being sensitive and flexible to the patient/client’s current situation and emotional state, and allowing this to influence one’s choice in the moment, without necessarily deviating from the overall plan; etc.

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Domain 5: Various Techniques & Interventions

A European Psychotherapist is competent to: -

§5.1: Utilise ‘Standard’ Techniques & Interventions

- **5.1.1: Establish a Functional ‘Working’ Alliance:** which involves – utilising the contractual elements and the planned strategies; re-assuring the patient/client that, whilst they might currently be feeling unwell or having a crisis, they may not be ‘mentally ill’, and that they can or will probably get better (i.e. there will probably be a reduction in distressing symptoms); that distressing symptoms may be indicative of an underlying process that needs resolution; and that there may be even a form of ‘healing’ in their underlying problems) as a result of these sessions; generally engaging the patient/client in collaborative team work to explore and resolve their difficulties; listening carefully to what the patient/client has to express and occasionally & appropriately reflecting back what you have heard and/or understood; seeing the patient/client as a “person” and not as a ‘set’ of symptoms; utilising one’s empathy and resonance towards the patient/client, whilst retaining a professional position; recognising the autonomy of the patient/client and respecting their boundaries, whilst balancing this with one’s professional knowledge skills and experience; dealing with any transference phenomena; centring any work around the wants and needs of patient/client; utilising feedback constructively; monitoring, positively supporting and reflecting back on their progress; being aware of any social and/or cultural diversity issues, and/or potential power and equality issues, and working with these constructively; supporting hopes for improvement; etc.
- **5.1.2: Identify which techniques or interventions are appropriate:** which involves – utilising the previously performed assessment of the patient/client’s problems or difficulties and deciding which of the ‘standard’ techniques or interventions may be appropriate for that person with those problems (for example: a depressed person may need motivational techniques, and an anxious person may need relaxation techniques); being aware of any contra-indications for those ‘standard’ techniques or interventions; informing the patient/client about these techniques and interventions, and exploring those that seem appropriate for them; affirming the patient/client’s strengths and supporting progress with their difficulties; remembering that it will almost certainly not be one single technique and/or intervention that is appropriate or successful, but that there will probably be a series, or several layers of application, uniquely applied for that patient/client; etc.
- **5.1.3: Identify which modes of interaction are appropriate:** which involves – being flexible in one’s approach; being able to modify or adapt one’s approach; sometimes being supporting and reassuring, sometimes being more directive or educational, and sometimes even confronting the patient/client, all as and when appropriate; finding a healthy balance between professional intervention and the patient/client’s own self-empowerment – a balance that will constantly change with time and circumstances; being aware of the differences between the traditional ‘medical model’ of a patient requiring treatment and the more ‘humanistic model’ of client choosing to utilise your professional services; etc.
- **5.1.4: Monitor and manage the process of change:** which involves – being aware of the patient/client’s development and process, and of their different needs at different times; acknowledging changes that have already happened, and anticipating possible future changes; being flexible with strategies and interventions, as appropriate in a changing process and environment; working consistently with guidelines, standards, ethics, and sensitivities; (see also §2.2.6) etc.

- **5.1.5: Manage any difficulties:** which involves - working clearly within the framework of the psychotherapeutic alliance; identifying and analysing any difficulties, as they arise; managing any interventions that may cause confusion, embarrassment, anxiety or offense; managing situations where the patient/client feels distress or discomfort at values, beliefs or behaviours in others (including the psychotherapist); being flexible with interventions, phrasing and timing (brief, medium or long-term psychotherapy and with different frequency of sessions, where needed); being aware of other possible techniques and interventions, and exploring the possibility of utilising these; (see also §2.2.7) etc.

§5.2: Manage the Emotional Content of the Sessions

- **5.2.1: Facilitate the Processing of Emotions:** which involves – acknowledging the patient/client’s emotions, at many different levels; assisting them to overcome inhibitions and resistances in expressing feelings, where and when relevant and appropriate; helping them to contain any emotional levels that are too high or too low for sustained comfort; dealing with emotional issues that interfere with the therapeutic relationship or the process of the therapy (e.g. anxiety, hostility, excessive anger, avoidance of affect, etc.); assisting the patient/client to experience and explore emotions in a way that facilitates their process; encouraging the patient/client to differentiate emotions that are repetitive, negative or unproductive; assisting the patient/client to integrate their emotions in comprehensive and productive ways; etc.
- **5.2.2: Maintain a Psychotherapeutic 'Presence':** which involves – being 'present' for the patient/client in whatever emotional state that they are in at any one moment; not being caught up into any of the patient/client's emotional complications; having a reasonable degree of one’s own sensory and bodily receptivity; being aware, alert and focused; being available and not being distracted by one’s own internal processes or concerns; not necessarily responding to any specific patient/client interjections; remaining - as far as possible - in a present (in-the-moment), non-judgmental, accepting, empathic 'state' of being; being as authentic (non-defensive; congruent) as possible; trying to ensure that one's own emotional 'presence' does not impinge upon the patient/client's - or to find a healthy balance with (between) one's own emotional state with that of the patient/client's; etc.
- **5.2.3: Handle Extreme Emotions:** which involves – being able to make a risk assessment; having an awareness what to do if a patient/client becomes hyper-manic, panicky, violent or suicidal; getting appropriate training if working in situations where patients/clients experience extreme emotions regularly; etc.

§5.3: Utilise ‘Other’ Techniques & Interventions

- **5.3.1: Use research-based techniques and interventions:** which involves – being aware of up-to-date developments in psychotherapy, new methodologies and approaches, and research studies on the effectiveness and efficacy of these; utilising only those techniques and interventions that seem appropriate to this patient/client and their situation; ensuring that these are only using in a proper and professional manner, from a sound basis of training, supervision and experience; etc.
- **5.3.2: Ensure proper training & supervision in these:** which involves – where appropriate, engaging in additional training from proper training courses and getting supervision from appropriately qualified supervisors in these new and/or different techniques and interventions, so that they can be applied professionally and safely; etc.

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Domain 6: Completion & Evaluation

A European Psychotherapist is competent to: -

§6.1: Work towards a Completion of the Psychotherapy

- **6.1.1: Prepare for completion of the psychotherapy:** which involves - discussing (at appropriate times during the course of the psychotherapy) the possibility of completion; helping the patient/client to review the process of the psychotherapy, in relation to their aims and goals at the outset and in relation to any subsequent changes in aims and goals; helping them identify achievements and/or avoid disappointments; working with the patient/client to identify when they may be ready to end the psychotherapy; assessing the readiness of the patient/client of moving towards a completion; helping the patient/client to remain aware of the inevitability of an ending of the psychotherapy sessions, and the implications of this; etc.
- **6.1.2: Explore feelings about endings:** which involves – looking at feelings, anxieties and unconscious fantasies about ‘endings’, ‘loss’, ‘separation’ or ‘abandonment’; trying to avoid any ‘acting out’ or any premature ending; looking at the processes of ‘individuation’, ‘independence’, ‘autonomy’ and/or ‘self-regulation’; etc.
- **6.1.3: Identify any possible risks or difficulties:** which involves – identifying when the individual is likely to be adversely affected by a termination of psychotherapy and any risks associated with this; looking at any transference (and counter-transference), any regression, and/or dependency issues that might postpone (or hasten) the completion of the psychotherapy; examine any possible premature endings and any (unconscious) issues that may be behind these; considering the patient/client’s future post-therapy needs, their needs for any follow-up sessions, or their needs to maintain some form of non-, or less than-, therapeutic contact; discussing the implications of planned (or unplanned) endings with one’s supervisor, line manager, as appropriate; etc.

§6.2: Manage the Conclusion of the Psychotherapy

- **6.2.1: Manage the conclusion:** which involves – enabling the patient/client to experience an end to the psychotherapy that is (a) negotiated, (b) at a time when the psychotherapy is reasonably sufficient for them, (c) in a way that reasonably protects them (and others) from risk or harm, (d) that is, as far as possible, relatively free from any ‘counter-transference’ influences about ‘loss’ or ‘endings’, (e) allows for any undisclosed material to emerge, and (f) allows ‘closure’ to unfold in an unforced manner; working collaboratively with the patient/client to identify a reasonably clear end to the psychotherapy; etc. (see also §2.4.3)
- **6.2.2: Review the process:** which involves – enabling the patient/client to review their psychotherapeutic process over the course of the therapy and any hopes and plans for the future; discussing any changes in their perceptions of themselves and others, of family, cultural and societal structures, of power and self-esteem issues in relationships, and of issues of attachment and independence; coming to terms with any possible unresolvable issues that will probably not be concluded in this course of therapy; etc.
- **6.2.3: Identify issues, thoughts and feelings:** which involves – discussing issues, thoughts, feelings and implications about other ‘endings’, ‘conclusions’, ‘separations’, or ‘terminations’, etc.; developing thoughts, plans and strategies for change with the patient/client, that take into account their current situation and relationships; exploring information about options for continuance of their process, possible referral, ongoing support and information, future therapeutic alternatives, should the need arise, etc.;

§6.3: Record and Evaluate the Course of the Psychotherapy

- **6.3.1: Record the process of the psychotherapy:** which involves – concluding (summarising), maintaining and storing clinical records in accordance with clinical, local, national and/or professional criteria; noticing and recording, in an appropriate way, any reduction of symptoms, other change indicators (stopping smoking or drinking alcohol, drug use, getting back to work etc.), any changes of circumstances, or satisfactory (or unsatisfactory) outcome as a result of the psychotherapy; etc.
- **6.3.2: Evaluate the psychotherapy:** which involves – utilising any outcome assessments, client satisfaction questionnaires, follow-up studies, etc. to help evaluate the effectiveness (or efficacy) of the psychotherapy; writing a summary or case history, if appropriate; reflecting on the process of the psychotherapy and evaluating one’s own performance, issues and practice; and discussing with one’s supervisor, line manager or peer (interview) group about any mistakes that might have been made, how they could have been avoided, the learning processes involved, and/or how any improvements could be made; etc. (see also §2.4.4)

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Domain 7: Collaboration with Other Professionals

A European Psychotherapist is competent to: -

§7.1: Collaborate with Other Professionals

- **7.1.1: Become familiar with the work of other professionals:** which involves – being aware of, and familiar with, the work of other professionals, especially those in the field of mental health (psychiatrists, specialist consultants, clinical psychologists, community psychiatric nurses, psychotherapists, counsellors, psychological therapists, carers, etc.); becoming familiar with the provision of provision of health services, the voluntary and private sector, and related fields; understanding the ‘pathways’ or ‘routes’ for the patient/clients to be able access local, national & specialist mental health services, via doctors, agency referrals, health insurance, etc.; having a good awareness of the different types of mental health resources and facilities in the area in which one works as a professional; and being aware of any difficulties and issues around access, cost, availability, resources, etc. (see also § 1.1.4)
- **7.1.2: Develop and sustain good working relationships with other professionals:** which involves – taking an active role within the professional community; meeting with other professionals on a regular basis, at peer group level, local events, regional forums, symposia, national and professional conferences; where appropriate and relevant, discussing work issues, problems and/or difficulties, and possibilities for collaboration and co-operation; engaging in supervision & intervision appropriately (see also §8); participating effectively in any inter-professional and multi-agency approaches to mental health; exchanging relevant contact information; encouraging and developing a healthy climate of mutual respect and co-operation; identifying resources and networks that could be used to the benefit of the service, practice and thus patient/clients; etc.
- **7.1.3: Communicate effectively with other professionals:** which involves – demonstrating effective and appropriate skills in communicating clearly any information, advice, instruction and/or professional opinions to colleagues and other professionals, as well as to patients/clients, their relatives and carers; being aware of, and being able to utilise, different communication skills, non-verbal behaviour and body language, especially where there are differences in education, culture, age, ethnicity, gender, religious beliefs, socio-economic status, ability, and language; being able to communicate clear and open (un-biased) information about different forms of treatment, styles of psychotherapy, approaches and interventions; etc.

§7.2: Function as a Team Member

- **7.2.1: Be part of a functioning team:** which involves (where appropriate) – being clear about specific roles and duties of oneself and other team members; negotiating the delegation of tasks and workloads with other team members; recognising power imbalances and taking collective steps to avoid any exploitation or abuse of these; avoiding, where possible, ‘dual relationships’ and taking active steps to ensure a minimisation of any conflicting roles; helping ensure that the team operates to maximise therapeutic outcomes; reflecting on, and discussing openly, the team’s performance and functioning; establishing frameworks for personal and professional support and obtaining advice, help and supervision, when necessary; behaving in a clear and respectful manner to each other, as well as to patients/clients and all other persons; adhering to an ethical framework and principles of good therapeutic practice; complying with all relevant legislation, codes of

practice, professional guidelines and internal operational principles; devising and following policies and strategies for liaising and working with other teams and agencies; etc.

- **7.2.2: React to team member / colleagues' misbehaviour appropriately:** which involves – approaching the colleague, in private and confidentially, with one's concerns about their professional behaviour, competence, any particular intervention, or any relationship that might lead to a possible misbehaviour, breach of ethical code, disrespect or abuse of power; in the event of further misgivings, or lack of an appropriate response from the colleague, approaching that person's superior, line manager or person charged with responsibility to investigate such concerns, and ensuring, as far as possible, that this is done without malice and in confidence; following relevant guidelines, ethics and codes of behaviour; not ignoring or tolerating any misbehaviour, abuse of power, disrespect or prejudice; etc.

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Domain 8: Use of Supervision, (Peer) Intervision and Critical Evaluation

A European Psychotherapist is competent to: -

§8.1: Undertake Routine Evaluation of Practice

- **8.1.1: Arrange Appropriate Supervision:** which involves – finding an appropriately qualified and experienced supervisor (or peer supervision [intervision] group); forming an explicit agreement about the parameters of the supervision / intervision (including frequency, respective roles, goals, confidentiality, (where appropriate) costs and accountability); being open about one's competence and needs from supervision; acknowledging that the purpose of supervision is to enhance the quality of psychotherapy that patient/clients receive; ensuring that the supervision / intervision conforms to all national, professional and agency guidelines; etc.
- **8.1.2: Engage in Supervision:** which involves – engaging in supervision systematically and at an appropriate level and frequency for the nature of the clinical work; demonstrating an ability to utilise the supervision effectively; reviewing the effect of one's own education, beliefs, attitudes and behaviour on one's clinical work and patient/client relationships; being reasonably open and transparent about the type and nature of one's clinical work to supervisor, peers and colleagues; presenting an open and honest account of clinical work; focussing on the most important and relevant material; engaging actively in frank discussions about clinical work; not becoming avoidant, aggressive or defensive; working collaboratively with supervisors (and/or peers); reflecting on the feedback and utilising insights and suggestions in the therapeutic process; actively learning from the supervision, using suggestions and any recommended reading; extending one's professional learning and development; etc.
- **8.1.3: Adapting the Supervision:** which involves – increasing (or reducing) supervision in relation to changes in work load; reflecting on the quality of the supervision and whether it is sufficient for one's personal and professional needs; getting additional specialised supervision when dealing with particularly complicated or unfamiliar clinical work, or if there are additional risks (to patients/clients or to oneself); getting additional supervision in the event of any personal difficulties, conflicts with patients/clients, dual relationships, complaints, etc.; changing one's supervisor / supervision arrangements if necessary or when appropriate, after suitable reflection and discussion; taking responsibility that one's professional supervision / intervision is at the highest possible standard readily available; etc.
- **8.1.4: Engage in Practice Audit:** which involves – (where appropriate) identifying suitable criteria and evaluation tools; routinely (at least annually) take part in systematic monitoring, patient/client outcomes, annual reviews (of number of sessions per patient/client), percentage of satisfaction questionnaires and follow-up studies; etc.

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Domain 9: Ethics and Cultural Sensitivities

A European Psychotherapist is competent to: -

- **§9.1: Work within an ethical framework**
 - **9.1.1: Knowledge of professional and ethical guidelines and codes of practice:** which involves – being aware of national legislation relevant to professional mental health practice; being aware of national and European codes of practice and statements of ethical principles (see Appendix 6) that apply to professional psychotherapy and good mental health practice; having been informed about and being aware of good ethical practice relevant to one’s particular modality of psychotherapy; etc.
 - **9.1.2: Apply professional and ethical guidelines:** which involves - being able to draw on knowledge and apply relevant professional and ethical guidelines, codes of conduct and practice; adhering to appropriate ethical, professional and contractual boundaries in one’s relationships with patients/clients; obtaining informed consent for interventions; safeguarding the interests of patients/clients, especially when working with other professionals, team members and members of their family; recognising any limits to one’s own competence, skill and experience and engaging in appropriate training and professional development to enhance these; maintaining patient/client confidentiality and knowing when it can be breached; ensuring one’s own practice conforms to best practice; maintaining appropriate standards of personal conduct; etc.
 - **9.1.3: Work with ethical difficulties:** which involves – recognising potential problems, ethical dilemmas, or contradictions between various codes of practice and conduct, or between ethical requirements and work requirements; recognising any problems in areas like dual relationships with patients/clients, colleagues, supervisees, trainees, employees or subordinates; using supervision, or appropriate consultation, to clarify issues or problems; analysing and discussing complex ethical dilemmas appropriately with supervisors, colleagues, or members of the ethics committee of one’s professional association; identifying and taking appropriate action (including consultation) in the event of malpractice by other therapists and colleagues; withdrawing from appropriate professional activities and seeking appropriate support, when one’s own limits are exceeded, or when there is any personal impairment, or when in an unethical situation; implementing appropriate changes to ensure one’s practice remains ethical; etc.
- **§9.2: Work with social & cultural differences**
 - **9.2.1: Awareness of cultural and social differences:** which involves – identifying one’s own cultural and social position and the assumptions, belief systems and values associated with that; being aware of possible cultural and social differences, and the effects of these, with particular patients/clients – especially if they come from different social and cultural positions; recognising social and cultural differences with respect to class, gender, ethnicity, origin, age, religion, politics, individualism, etc.; understanding ways in which different social and cultural systems can sometimes be confused with mental health issues; recognising how different social and cultural issue can impact on psychological well-being; understanding how traumatic historical events (e.g. war, migration, natural disasters, persecution, discrimination, etc.) can affect individuals differently; etc.
 - **9.2.2: Apply knowledge of cultural and social differences:** which involves – respecting the patient/clients’ personal goals, identity, and value systems and how one’s own therapeutic framework might impact upon that; exploring with patients/clients how they view and understand their relationship to their own, and to other, social and cultural issues

and value systems; supporting the patients/clients' perspectives and value systems, even though they may be different from your own; recognising one's own possible limitations when working with social and cultural differences; etc.

- **9.2.3: Work with social and cultural difficulties:** which involves - getting specific awareness, additional information and input, and (where appropriate) supervision, when working with significantly different cultural and social differences; recognising that some patient/client populations have experienced significant trauma as a result of discrimination and oppression; where appropriate, acknowledging that one's own social and cultural identity may have an impact on the patient/client; offering referral options to psychotherapists from their own social or cultural background, where appropriate; recognising where there may be social, cultural and political barriers to access psychotherapeutic services and promoting greater accessibility; working with social and cultural support groups, specialist workers, translators and other available resources to try to lessen social and cultural difficulties; etc.
- **§9.3: Social, cultural and political context of psychotherapy**
- **9.3.1: Awareness of the social, cultural and political context of psychotherapy:** which involves – understanding how the field of mental health fits into social, political and cultural contexts, and how this has been seen differently in different time periods and in different cultures; having an understanding of some of the social, cultural and political contexts of: mental health v. mental illness, social psychology and mental health/abnormal psychology, the 'medical' allopathic model v. the bio-psycho-social model v. the more 'holistic' complementary model, etc.; cross-cultural issues and debates around mental health, disability; etc.
- **9.3.2: Awareness of current trends in psychotherapy:** which involves - getting a sense of any current trends or debates in the provision of mental health services; being aware of changes in social, cultural and political thinking about psychotherapy (e.g. psychotherapy is an activity that can only be done by psychologists and psychiatrists v. psychotherapy is an independent profession parallel to psychology and psychiatry); being aware of 'post-modern' thinking about psychotherapy (e.g. solution-focused, strength-based, resiliency, externalizing the problem, etc.); being aware of the interplay of various theories: cognitive-behaviour v. psychodynamic v. human potential v. systemic; being aware of the increase in the demand for 'evidence-based' psychotherapies, the appropriate tools of measurement for psychotherapy, and the need for research in all fields of psychotherapy; being aware of the impact and the implications of findings in the field of neuroscience on psychotherapy; etc.

All these Core Competencies should be read in conjunction with the relevant sections of the EAP Statement of Ethical Principles.

There are more details and links on the relevant website pages.

Any suggestions for amendments or additions can only be considered via submissions on the Practice Analysis Survey (PAS) forms downloadable via the Project website.

Domain 10: Management & Administration

A European Psychotherapist is competent to: -

§10.1: Handle a professional practice

- **10.1.1: Manage a full working case load:** which involves – being aware of one’s own capacities; at the start of each session, being fresh, interested, centred and focussed; starting and closing the session and the process in good time; making appropriate notes and recording client information as one goes; giving sufficient time between sessions and not doing too many sessions in any one time period; when engaged in other non-professional activities or when involved in other activities & events, creating sufficient time and space for these, so that one’s professional practice remains clear; etc.
- **10.1.2: Maintain appropriate support systems:** which involves – engaging in appropriate supervision, case conferences and review of professional work with clients (see also Core Competencies: Domain 8); engaging regularly in appropriate discussion & contacts with colleagues; keeping in touch with developments in the profession and particularly in one’s own area of psychotherapy; attending professional seminars, symposia and conferences, appropriately; subscribing to professional journals, appropriately; undertaking appropriate Continuing Professional Development (CPD); maintaining one’s status with appropriate professional associations; etc.
- **10.1.3: Undertake regular self-management:** which involves - regularly engaging in active self-care and self-management; keeping reasonably fit and healthy; taking sufficient breaks, time-off, holidays and engaging in other types of activity; in times of personal or professional difficulty, getting increased supervision, consulting an appropriate colleague, or getting advice from a mentor; etc.

§10.2: Manage a self-employed or small business

- **10.2.1: Maintain good business practice, administration and accounting systems:** which involves – having an awareness of good business practice, administration systems and accounting systems and keeping up-to-date with these regularly; conforming with all local and national legal, accounting, tax and administrative regulations and requirements as a professional person in business; filing tax forms and paying VAT (where appropriate); paying bills and employees’ salaries on time; etc.
- **10.2.2: Apply appropriate regulations:** which involves - being aware of, and applying, appropriate health & safety, environmental & ecological regulations and considerations, especially with respect to office location and supplies; ensuring that appropriate insurance cover is maintained for patients/clients, employees (if appropriate) and members of the public; keeping up to date with any requirements of one's professional associations; etc.
- **10.2.3: Ensure appropriate advertising:** which involves - displaying appropriate professional name plate, logo or shield to identify professional practice clearly; ensuring that all advertising and promotional material (business cards, letterheads & leaflets, etc.) is accurate and ethical (see particularly EAP Statement of Ethical Principles: §7 Public Statements); etc.

§10.3: Manage and administer employees in a small business

- **10.3.1: Awareness of employment law and regulations:** which involves – where appropriate, employing people properly according to national employment law & regulations; being aware of and conforming to all health & safety standards; etc.
- **10.3.2: Manage & administer employees properly:** which involves - providing suitable working conditions; supervising or line managing them appropriately, or ensuring that this is done; ensuring that ‘dual relationships’ are not created; making sure that staff policies, contracts, administration and handbooks are up-to-date and fit-for-purpose; etc.

All these Core Competencies should be read in conjunction with the relevant sections of the EAP Statement of Ethical Principles.

There are more details and links on the relevant website pages.

Any suggestions for amendments or additions can only be considered via submissions on the Practice Analysis Survey (PAS) forms downloadable via the Project website.

Domain 11: Research

A European Psychotherapist is competent to: -

§11.1: Be aware of psychotherapy research

- **11.1.1: Awareness of psychotherapy research:** which involves – recognising the value of research in the systematic evaluation of psychotherapy practice; being aware of what psychotherapy research has been done and how it impacts on current practice; being aware of different research parameters and methodologies; being aware of appropriate research methods, especially for one’s own modality of psychotherapy; etc.
- **11.1.2: Make use of psychotherapy research:** which involves – having the ability to access sources of information from a wide range of resources (books, journals, internet, etc.) that can inform one’s practice; being able to evaluate research and other evidence to inform one’s own practice; utilising or adapting any significant and appropriate findings to improve one’s practice; changing one’s practice in the light of any newly evidenced developments; etc.

§11.2: Engage in appropriate research

- **11.2.1: Take part in appropriate research:** which involves – being able to contribute to practice-based research by evaluating one’s practice systematically and participating in audit procedures (see also §8.1); being able to conduct appropriate diagnostic or monitoring procedures as part of a research programme; being able to collect data and information systematically and appropriately to achieve research objectives; etc.
- **11.2.2: Plan appropriate research:** which involves - being able to plan a small research project; being aware of the ethical and safety parameters involved in any research project and ensuring these are followed; structuring the research to be able to demonstrate the purpose of the research effectively; consulting with and checking with any superior or supervisory bodies; etc.
- **11.2.3: Conduct psychotherapy research:** which involves - having undertaken (at least) one small-scale research programme in psychotherapy; throughout the research project, ensuring that all research subjects are treated sympathetically, without risk, with high respect and that full confidentiality is maintained; presenting or publishing the results of any research (even if negative) to an appropriate body, or in an appropriate format; etc.

All these Core Competencies should be read in conjunction with the relevant sections of the EAP Statement of Ethical Principles.

There are more details and links on the relevant website pages.

Any suggestions for amendments or additions can only be considered via submissions on the Practice Analysis Survey (PAS) forms downloadable via the Project website.

Domain 12: Prevention & Education

A European Psychotherapist is competent in: -

§12.1: Prevention & education with clients

- **12.1.1: Awareness of repetitive / dysfunctional patterns in patient/client's history:** which involves – being aware, from the patient/client's psychodynamic and psycho-social history, of particular repetitive patterns that can be or have become dysfunctional; being aware of the possibility that some of the presenting symptoms may cover a dysfunctional or repetitive pattern (or a personality disorder or an addiction, etc.) that needs to be addressed in order to prevent further distress; being aware of the background aetiology of many of the psychological and mental health issues and disorders; being aware of known and researched ways of assisting the patient/client with their issues and of prevention of problems; etc.
- **12.1.2: Education of patients/clients to avoid repetition:** which involves – working with the patient/client to understand all aspects of their issues or problems; working with the patient/client to experience any suppressed or underlying emotions that might affect their issues or problems; encouraging them to read up about their own particular issues or problems; recognising that their own patterns, issues or problems may be similar to other people's and yet also unique to them; presenting a normalisation perspective, rather than a pathological one, where appropriate; promoting both general and specific awareness and introspection; exploring both their difficulties and problems, as well as promoting positive self-esteem and individual well-being; encouraging resilience to any of the symptoms of mental health & psychological issues; helping and supporting patient/clients to change any dysfunctional behaviour patterns, and adopt more beneficial ones; emphasising support and/or prevention strategies, especially when working towards discharge or ending the therapeutic relationship; etc.
- **12.1.3: Help to promote change in patient/client and/with their immediate family & social environment:** which involves – helping the patient/client to recognise those aspects of their family structure, friendships, habitual patterns, and work & social environment are supportive or dysfunctional; exploring new and different attitudes and belief systems about themselves and others and seeing whether these could be beneficial; helping them to promote and consolidate a succession of positive changes and behavioural patterns; supporting them to inform - and educate - those around them about these changes; encouraging them to develop a better and more supportive psycho-social and familial network to support and reinforce these new changes; etc.

§12.2: Prevention & education with others

- **12.2.1: Awareness of aetiology of mental health problems:** which involves – understanding how people's thoughts, feeling and behaviours are influenced by the actual, imagined or implied presence of others; understanding how and why people might develop mental health problems; how rigid or pathological attitudes, adverse or detrimental social and/or political conditions, environmental or individual disasters, can consolidate into abusive or problematic influences; realising how detrimental everyday social factors - such as religion, alcohol, poverty, tradition, institutionalisation, industrialisation, negative social attitudes, power structures, belief systems, groupings, and the media, etc. - can be to individuals and communities; etc.

- **12.2.2: Promote psycho-social education:** which involves – being sufficiently informed, willing and able to communicate, give public talks, go into schools, or speak out (when appropriate) and explain basic mental health issues in simple and understandable terms; working with other professionals, especially nurses, allied health professionals, social workers, etc., to promote awareness of common problems, 'normalisation' of these and to help identify people with problems or issues much earlier; helping to de-pathologise and de-stigmatise common mental health problems; openly condemning behaviours, systems, institutions, practices and attitudes that are clearly abusive and/or harmful to peoples' mental health; etc.
- **12.2.3: Actively engage in projects designed to reduce or prevent mental health problems:** which involves – understanding the need for mental health professionals to be active environmentally, socially and politically; supporting, promoting or assisting appropriate local, national or international groups, voluntary organisations and charities dedicated to positive environmental, social, psychological and/or political change; actively engaging in the prevention of mental health and psychological problems and in the promotion of more positive changes; etc.

All these Core Competencies should be read in conjunction with the relevant sections of the EAP Statement of Ethical Principles.

There are more details and links on the relevant website pages.

Any suggestions for amendments or additions can only be considered via submissions on the Practice Analysis Survey (PAS) forms downloadable via the Project website.

Domain 13: Management of Change, Crisis & Trauma Work

A European Psychotherapist is competent to: -

§1: Manage change

- **13.1.1: Awareness of difficult moments:** which involves – being aware of difficult moments in the process of the patient/client’s psychotherapy (like anniversaries; particular triggers for emotional distress, etc.); being particularly sensitive and flexible at such times; being aware of the different phases, or the dynamics of change, in psychotherapy, so as to be able to guide the patient/client in their process; being aware that change is not always linear, gradual or continuous; being aware of theories about the dynamics of change; etc.
- **13.1.2: Management of change process:** which involves – helping the patient/client with insight and understanding as to their process; providing interventions appropriate to the patient/client’s particular phase; helping (perhaps more intensively) in particularly difficult phases or when the patient/client gets stuck in a particular phase; being aware of external, or socio-political and economic factors, that might be affecting the patient/client’s process (positively or adversely); suggesting possible courses of action to assist the patient/client’s process; etc.

§13.2: Work with people in crisis

- **13.2.1: Awareness of crisis intervention:** which involves – being aware of the principles and role of brief psychotherapy, crisis intervention and prevention; being aware of the different types of crisis and the different approaches and types of support needed for these; being aware of specialist crisis services, residential crisis centres and other possibilities; etc.
- **13.2.2: Working with people in crisis:** which involves – being able to respond appropriately to a patient/client in crisis; maintaining the therapeutic relationship, even though the patient/client is in crisis and may be being treated temporarily by a specialist service; re-forming the therapeutic relationship after the crisis, if necessary; helping to repair or restore relationships (with other people) and other contacts (if possible) after the crisis; helping the patient/client to understand the causes (or triggers) of their crisis, how to prevent any recurrence in the future, and looking at any lessons to be learnt from the crisis; etc.

§13.3: Work with traumatised people

- **13.3.1: Awareness of trauma work:** which involves – being aware of the possible causes and effects of trauma and the symptoms of post traumatic stress disorder; being aware of the parameters necessary for working with people with traumatic conditions; being aware of possible referral possibilities for patients/clients with trauma; etc.
- **13.3.2: Work with people with trauma:** which involves - being aware of one's own competencies and limitations in working with people with trauma; referring patients/clients with trauma on to (additional) specialist trauma services, where appropriate; undertaking, if necessary, specialist training to work with people with trauma; etc.

Example of A Practice Analysis Survey (PAS) form:



**The Professional Competencies of a European
Psychotherapist**

A Project of the European Association of Psychotherapy (EAP)

PRACTICE ANALYSIS SURVEY

**The Core Competencies
in**

**Domain 11:
Research**

There are other Core Competencies to survey in the 12 other Domains.

The following pages in this document are based on some of the website pages currently on:

www.psychotherapy-competency.eu

The Professional Competencies of A European Psychotherapist: An EAP Project

Practice Analysis Survey: Introduction

A Practice Analysis Survey needs to be conducted on the Core Competencies to be able to assess how 'Relevant', 'Important' and 'Frequent' these Core Competencies actually are to the practice of being a Professional European Psychotherapist. (see [Process of the Project](#))

1. Practice Analysis Survey

- To ensure that the profession has been properly consulted and involved and that the results are therefore relevant, at least (about) 80% of professionals (training schools, universities, practitioners, client groups, etc.) need to be informed and about 15% (or more) need to respond.
- **Rating scales used by respondents**
 - **Relevancy Rating**
How **relevant** is the competency ... to ensure that the practitioner can function professionally?
0 = Not relevant
1 = Somewhat relevant
2 = Moderately relevant
3 = Highly relevant
 - **Importance Rating**
How **important** is the competency ... to protect the interests of the public and/or to respond to the needs of the client or organization?
0 = Not important
1 = Slightly important
2 = Moderately important
3 = Highly important
 - **Frequency Rating**
How **frequently** do you perform the competency?
0 = Never
1 = Occasionally
2 = Moderately frequently
3 = Routinely

2. Process of identifying essential core competencies

A ranking scale needs to be developed: Each competency statement is then assigned a ranked value that is a composite of the relevancy, importance and frequency ratings. Scale of Rankings: High = 7-9; Moderate = 4-6; Low = 1-3. A ranking of 0 might mean that that particular competency should be eliminated or radically revised.

- Examples of rankings - and their use:
(High) Ensures the reliability of professional performance; technical information; protects public interest ... or ... Indicates use of knowledge and skills in workplace
(Moderate) Provides a background to professional work ... or ... Develops diagnoses, prognoses and plans
(Low) Advises on development of strategy ... or ... Advises on development of the profession

A 'blue-ribbon' panel of experienced professional and subject experts then reviews the rankings and differentiates "core" from "non-core", "required" from "optional" competencies.

What the expert panel should do:

- * Panel members review all ranked values
- * Discuss how well each competency represented the work of a newly-certified professional psychotherapist
- * Discuss how well each competency provided perspectives on current trends in practice
- * Discuss any 'core' v. 'non-core' and 'required' v. 'optional' decisions

3. Competencies revisited

Which competencies are now "required" or "desired" or "optional"

And possibly –

Which competencies relate to Technical Knowledge

Which competencies relate to Skills

Which competencies relate to Values.

More Information is on the Project website: www.psychotherapy-competency.eu

**PLEASE PRINT THIS PAGE OUT
AND KEEP IT WITH YOU FOR REFERENCE AS YOU GO THROUGH THE SURVEY**

Dear Participant

We ask you to involve yourself in a “Practice Analysis Survey” of the Core Competencies of a European Psychotherapist in several different domains. The Practice Analysis Survey forms are all on the website: www.psychotherapy-competency.eu

The survey system we use, which is fairly standard, is as below:

Rating scales to be used by participants

- **Relevancy Rating:** “How relevant is the competency ... to ensure that the practitioner can function professionally?”
 - 0 = Not relevant
 - 1 = Somewhat relevant
 - 2 = Moderately relevant
 - 3 = Highly relevant
- **Importance Rating:** “How important is the competency ... to protect the interests of the public and/or to respond to the needs of the client or organization?”
 - 0 = Not important
 - 1 = Slightly important
 - 2 = Moderately important
 - 3 = Highly important
- **Frequency Rating:** “How frequently do you perform the competency?”
 - 0 = Never
 - 1 = Occasionally
 - 2 = Moderately frequently
 - 3 = Routinely

We would like you to use these rating scales for all **13 domains**. Each domain is divided into main **sections** e.g. Domain 11, § 1.1 ... Each section is then divided in **subsections**: e.g. § 1.1.2 ... Each subsection is divided into **phrases** describing this subsection in what we think are important points.

You can perform this analysis in different ways: by clicking on the red marker ■ and inputting a number between **0 & 3**. You can first give us your feedback on the appropriateness of the title of the section or sub-section; and then:

EITHER - You can give us feedback on the Relevancy, Importance & Frequency of the sub-section as a whole, if you feel that everything is basically all right;

OR - You can feedback in a detailed, point-by-point analysis, for each phrase within each sub-section, on the three basic points concerning the Relevancy, Importance & Frequency of your use of these competencies.

AND then - You can add further comments, or suggest new competencies, etc.;

Please download the relevant MSWord files; do the analysis; save your results appropriately; and then send us the documents with your scores, as an attachment to an e-mail.

We will compile these together, ensure confidentiality, and pass these overall results on to a Specialist Panel.

That's It! Thank You!

Working Group on Professional Competencies: committee@psychotherapy-competency.eu

For each of the items below, please indicate the Relevancy (R), Importance (I) and Frequency (F) on a scale of 0 – 3 (see introduction) with 0 being Not (Relevant / Important / Frequent) and 3 being Highly (Relevant / Important / Frequent)

Domain 11: Research

(click [here](#) to see the fuller description of the Domain or [here](#) to see the relevant website page)

A European Psychotherapist is competent to: -

§11.1: Be aware of psychotherapy research

Appropriateness of the **title** of section §11.1: Put a rating between 0-3: ■

■ **11.1.1: Awareness of psychotherapy research:**

Appropriateness of the **title** of sub-section §11.1.1: Put a rating between 0-3: ■

EITHER

■ **11.1.1: Awareness of psychotherapy research:**

Ratings for the **whole** of this sub-section §11.1.1: R ■ / I ■ / F ■

OR – you can give a rating for the individual details of this sub-section:

- recognising the value of psychotherapy research in the systematic evaluation of practice;
 - Ratings: R ■ / I ■ / F ■
- being aware of what psychotherapy research has been done and how it impacts on current practice;
 - Ratings: R ■ / I ■ / F ■
- being aware of different research parameters and methodologies;
 - Ratings: R ■ / I ■ / F ■
- being aware of appropriate research methods, especially for one's own modality of psychotherapy;
 - Ratings: R ■ / I ■ / F ■
- *(insert any other competency that you think relevant in this section; or make comments about this section)*
-

Please Turn Over

- **11.1.2: Make use of psychotherapy research:**
Appropriateness of the **title** of sub-section §11.1.1: Put a rating between 0-3: ▪

EITHER

- **11.1.2: Make use of psychotherapy research:**
Ratings for the **whole** of this sub-section §11.1.1: Ratings: R ▪ / I ▪ / F ▪

OR – you can give a rating for the individual details of this sub-section:

- having the ability to access sources of information from a wide range of resources (books, journals, internet, etc.) that can inform one’s practice;
 - Ratings: R ▪ / I ▪ / F ▪
- being able to evaluate research and other evidence to inform one’s own practice;
 - Ratings: R ▪ / I ▪ / F ▪
- utilising or adapting any significant and appropriate findings to improve one’s practice;
 - Ratings: R ▪ / I ▪ / F ▪
- changing one’s practice in the light of any newly evidenced developments;
 - Ratings: R ▪ / I ▪ / F ▪
- *(insert any other competency that you think relevant in this section; or make comments about this section)*
-

§11.1: Be aware of psychotherapy research

Ratings for the **whole** of this section §11.1: Ratings: R ▪ / I ▪ / F ▪

Please make any comments you like about the whole of the section **§11.1: Be aware of psychotherapy research**

-
-
-
-

Please Turn Over

For each of the items below, please indicate the Relevancy (R), Importance (I) and Frequency (F) on a scale of 0 – 3 (see introduction) with 0 being Not (Relevant / Important / Frequent) and 3 being Highly (Relevant / Important / Frequent)

Domain 11: Research (continued: §2) (click [here](#) to see the fuller description of the Domain or [here](#) to see the relevant website page)

A European Psychotherapist is competent to: -

§11.2: Engage in appropriate research

Appropriateness of the **title** of section §11.2: Put a rating between 0-3: ■

■ **11.2.1: Take part in appropriate research**

Appropriateness of the **title** of sub-section §11.2.1: Put a rating between 0-3: ■

EITHER

■ **11.2.1: Take part in appropriate research**

Ratings for the **whole** of this sub-section §11.2.1: Ratings: R ■ / I ■ / F ■

OR – you can give a rating for the individual details of this sub-section:

- being able to contribute to practice-based research by evaluating one's practice systematically and participating in audit procedures (see also §8.1);
 - Ratings: R ■ / I ■ / F ■
- being able to conduct appropriate diagnostic or monitoring procedures as part of a research programme;
 - Ratings: R ■ / I ■ / F ■
- being able to collect data and information systematically and appropriately to achieve research objectives;
 - Ratings: R ■ / I ■ / F ■
- *(insert any other competency that you think relevant in this section; or make comments about this section)*
-

Please Turn Over

▪ **11.2.2: Plan appropriate research**

Appropriateness of the **title** of sub-section §11.2.2: Put a rating between 0-3: ■

EITHER

▪ **11.2.2: Plan appropriate research**

Ratings for the **whole** of this sub-section §11.2.2: Ratings: R ■ / I ■ / F ■

OR – you can give a rating for the individual details of this sub-section:

- being able to plan a small research project;
▪ Ratings: R ■ / I ■ / F ■
- being aware of the ethical and safety parameters involved in any research project and ensuring these are followed;
▪ Ratings: R ■ / I ■ / F ■
- structuring the research to be able to demonstrate the purpose of the research effectively;
▪ Ratings: R ■ / I ■ / F ■
- consulting with and checking with any superior or supervisory bodies;
▪ Ratings: R ■ / I ■ / F ■
- *(insert any other competency that you think relevant in this section; or make comments about this section)*
-

▪ **11.2.3: Conduct psychotherapy research**

Appropriateness of the **title** of sub-section §11.2.3 Put a rating between 0-3: ■

EITHER

▪ **11.2.3: Conduct psychotherapy research**

Ratings for the **whole** of this sub-section §11.2.3: Ratings: R ■ / I ■ / F ■

OR – you can give a rating for the individual details of this sub-section:

- having undertaken (at least) one small-scale research programme in psychotherapy;
▪ Ratings: R ■ / I ■ / F ■
- throughout the research project, ensuring that all research subjects are treated sympathetically, without risk, with high respect and that full confidentiality is maintained;
▪ Ratings: R ■ / I ■ / F ■
- presenting or publishing the results of any research (even if negative) to an appropriate body, or in an appropriate format;
▪ Ratings: R ■ / I ■ / F ■
- *(insert any other competency that you think relevant in this section; or make comments about this section)*
-

Please Turn Over

§11.2: Conduct appropriate research

Ratings for the **whole** of this section §11.2: Ratings: R ■ / I ■ / F ■

Please make any comments you like about the whole of the section **§11.2: Conduct appropriate research**

■
■
■
■

Please make any comments you like about the whole of the Core Competencies in **Domain 11: Research**

■
■
■
■
■

Thank You: for completing the questionnaire in the Practice Analysis Survey of the Core Competencies in Domain 11 of this Project: to establish the Professional Competencies of a European Psychotherapist.

Name: E-mail: Participant: Yes / No

Please now make sure:

- i) that you have saved this document on your computer
- ii) that you are registered as a 'Participant' in the Project and on the Participant's List (see [here](#)) and
- iii) that you have also sent it to us as an e-mail attachment (see below)

Thank you again.

Working Group on Professional Competencies: committee@psychotherapy-competency.eu

The Report to the EAP Board (Oct 2011) ends here:
more information is available on the Project website:
www.psychotherapy-competency.eu