The Functional Competencies of the Psychological Professions: A Method of Description and of Differentiation

COURTENAY YOUNG

Abstract

This article examines the concept of the functional competencies of the psychological professions, and psychotherapy in particular. This concept is the new 'gold standard' by which professions are being described, defined, delineated, separated and identified. The 'functional competencies' for psychotherapy are defined – in outline only. In time, people will need to prove or demonstrate that they have these competencies, and these will replace the concept of 'Training Standards'.

There are a number of psychological professions, but – for the purposes of this article – I am going to concentrate on four of them: Psychiatry, Psychology, Psychotherapy and Counselling. Immediately some people will argue that the first two are properly established professions (which is true) and the second two are not: they are, they claim, more like 'activities' that can done by the first two professions, or other, suitably qualified professionals. Whilst this statement has a little truth in it - and is even enshrined in law in some European countries – it does not represent the only position.

For over 15 years, the European Association for Psychotherapy (EAP) and the World Council for Psychotherapy (WCP), have been establishing the parameters of the profession of psychotherapy: as an independent, scientific profession, according to the principles of the Strasbourg Declaration (EAP, 1990). The EAP represents 128 organisations (28 national umbrella associations, 17 European-wide associations for psychotherapy and about 80 training schools) from 41 European countries, and, by that, more than 120.000 psychotherapists. More than 5,000 psychotherapists have demonstrated that they meet the standards of the European Certificate for Psychotherapy (ECP). The EAP has a clear set of training standards that establish a 4-year, post-graduate, professional training in psychotherapy, irrespective of the type of psychotherapy. To date, about 20 different types of psychotherapy have demonstrated and established the 'scientific validity' of their 'modalities' or 'mainstreams' by answering, at length, a standard set of 15 Questions.

Whilst this is commendable and necessary, it still does not tell us what 'psychotherapy;' actually is, and what a 'psychotherapist' is really capable of doing, that is different from a psychiatrist, a psychologist, or a counsellor.

We must remember the archetypal story of the four blind men all examining different parts of an elephant. Their descriptions would not be contradictory if each were to say: *"This part feels like … a tree, a hose, a whip, or a fan."* When we describe something, we must also differentiate what we say from what we don't say. If I look at an object, like a sheet of paper, I can say that I see a thin,

white line (edge on) or a white rectangle (one face), but whilst these statements about both those perspectives are correct, neither tells me anything about the important information is that is written on the other side of the paper. The person who looks at the written side and says this is a … (poem) … is also unaware of what might or might not be true from other perspectives. They are therefore descriptive, but not very 'functional' perspectives. Most descriptions of psychotherapy and the psychological professions are similarly descriptive. Significantly, they do not say much about what these professions and the associated professionals can actually do.

In Europe, and now in many other countries, the competency of a professional is determined by a set of functional abilities, and these differentiate that profession from another similar profession. The need for this is apparent and crucial. The European Union determines what a profession or trade is, in terms of the European Union's primary raison d'être, the free movement of labour, by considering the 'functional competencies' of that profession or trade. If a plumber can fix a boiler and a leaking radiator in Lithuania, he is equally capable of fixing a similar boiler or leaking radiator in France. If, in another country, the 'plumbers' are called 'central heating engineers', they can be assessed by whether they are competent to perform the established 'function' of a 'plumber'. If someone who might have originally trained and qualified as an electrician (or a historian), but who claims that he can also do, and wants to do, plumbing professionally, can properly demonstrate that he can fix a boiler and a leaking radiator competently (etc.), then he should be allowed to work as a professional plumber, irrespective of his background or training. This form of assessment and differentiation is relatively simple and foolproof. Someone may have trained as a plumber in the best school in Europe, but if he cannot fix a boiler and a leaking radiator, then he should not be practising as a plumber. Thus the 'competency' is not just functionally 'descriptive', it can also be used as an assessment of competency.

So, one of the main 'problems' facing these mental health professions at the moment is that nobody has yet come up with a clear set of 'functional competencies' for these three or four groups of skilled professionals (or professional activities), and – until this is done – we will not know, and therefore no-one will know, whether they are different professions or activities, or whether they are the same ones seen from different perspectives, and whether, and how, they are functionally different from each other, sufficient to be able to discriminate and say, *"Yes, I can see there are enough significant differences to make this a different profession."* No-one has done this piece of work yet, and so all arguments and descriptions about the work of professionals within psychiatry, psychology psychotherapy and counselling is so much 'hot air' as there is no proper 'yard-stick' or measurement criteria. We are like the blind men with the elephant; all convinced that our description from our own perspective, is the correct one. Why is this?

> *In Britain and North America, however, the professional associations have commonly acted as the main regulatory institutions as well as being highly visible advocates for and defenders of the perceived interests of their members. Through their licensing and*

> *registration systems, they have controlled numbers and limited access to professional practice positions. They have conducted their own disciplinary procedures against recalcitrant professionals and in some cases their own hearings in disputes between professionals and clients. They have assessed and accredited education and training courses giving their stamp of approval only to those which they deem to meet their requirements. In general the traditional professions, such as law and medicine, have been* ***self****-regulating and in some cases have acquired a state-sanctioned monopoly over the supply and provision of professional services. The professional associations have developed and operated these self-regulatory systems thereby enabling registered and licensed professionals to enjoy autonomy, security and high rewards from their practice, rewards not usually available to non-professional practitioners.* (Evetts, 1999)

If the EAP really wishes to establish itself as an independent profession of psychotherapy in Europe, then it must demonstrate what the 'functional competencies' of psychotherapy are – what a psychotherapist can actually and practically do – and it must also demonstrate that these 'competencies' are different from the functional competencies of a psychiatrist, and of a psychologist, and of a counsellor.

The current descriptions that exist may be accurate, but they are not helpful in this process of determining what the profession really is and discriminating it from any other professions. Furthermore, the descriptions have largely been written for people inside the profession, and the current descriptions do not really help anyone from outside (an EU lawyer, or a member of the public) make any accurate assessment of these differences. They are too much within the current professional mind-set and caught up in somewhat esoteric language and descriptors.

In attempts in trying to establish a differentiated, independent, defined and recognised profession, one can come at these issues from a number of different perspectives. In EAP, we have established 'training standards' that are substantial (about 1,400 hours over at least 4 years); that are at a particular level (the equivalent of a Masters degree); that are relevant to us and that we can all agree on within the profession (containing both 'this', and 'that'); and that there is an appropriate established and uniform process for someone to get the European Certificate of Psychotherapy (ECP) and thus to become registered as a European Psychotherapist. This has been the task of the last 10 years and has been done remarkably well. This particular 'model' has even been 'exported' to Asia and South America.

But from a perspective outside of the profession, this can also be seen as a form of restrictive practice ("*You can only call yourself a 'psychotherapist' if you have done 'this' and 'this', in 'that' institute, for 'this' number of hours or years.*"). This does not mean the standards are bad, only that anyone who does not fit these self-selected criteria can come into the accepted 'club' of European registered psychotherapists. This criticism is sometimes levelled at the EAP and, from within various countries, at EAP-type organisations and professional association. However, it is not a particularly significant criticism, unless you want to call yourself a 'registered' psychotherapist, and haven't done

‘this’ or ‘that’. Most Registers, like the European Register of Psychotherapists (ERP) are ‘voluntary’ registers. One or two countries have accepted these ‘registers’ and have made them ‘statutory’, or are in the process of so doing, which would mean that you cannot call yourself a ‘psychotherapist’ unless you fulfil their criteria and are accepted on the ‘Register’. A couple of other countries have created a law that forms a ‘register’ of ‘psychotherapists’ in that country but have only allowed registered psychiatrists and psychologists to go on this new register. However it is likely that this ‘law’ will not stand testing in the courts and can be seen, from a European-wide perspective, as a ‘restrictive practice.

However good the motives (usually quoted as being “for the protection of the public), the main criticism is that this particular set of criteria does not address the competency of the person who might have gone through this training process: despite their training, they still might not be able to do the job properly, neither does it address the competency of a person who may have trained elsewhere (in another country) and can do the job adequately, but isn’t ‘allowed’ to do so.

In our example above: the plumber may have a flashy piece of paper, but after they have left the boiler still doesn’t work and the radiator still leaks – and who has probably charged higher fees than the plumber from another country who may not have trained in an institute recognised in that country, but the boiler works and the radiator does not leak.

So, with an established set of functional competencies, - the demonstrated ability to ‘this’ and ‘that’ - one can also then determine a set of ‘efficacies’, or measurements of efficiency in our particular profession. This set of efficacies is also being asked for.

It might be a wonderful experience if I (or you) – with our years of training and lovely pieces of paper - can do ‘this’ and ‘that’ (listening, talking, or waving our hands in the air) – and we may be able to do it very well (according to whatever criteria are determined for the purpose of assessment) – but does this actually help the person, who is coming to see my professional performance, consistently, and in a useful, measurable and replicable way: (Example: does the boiler and the radiator stay working, and without leaks, for ‘x’ number of years).

The final task, given the determination of these functional competencies, and the establishment of efficacy, we can now go back and re-determine what the proper content of the professional training should be, so as to give these competencies and produce these efficacies.

It might be nice to have a ‘plumber’ (for example) who knows about Nietzsche’s *‘will to power’* and wishes, not just to earn enough money to stay alive, but to grow and expand their business, and maybe even take over the work of the ‘Biodynamic’ plumber in the next street. You could like their ideas and admire their determination and not like their competitor, but – if your boiler still doesn’t work, after they are supposed to have fixed it – forget it! The techniques of a different method of ‘plumbing’ might be more efficient, and then those are what should be put into a training course for functionally competent and efficacious ‘plumbers’.

All this has a beautiful, logical simplicity to it. That is why the European Union uses it as a rule of measurement. However, any particular 'school' of 'plumbing', or psychotherapy, will really hate having to put themselves under such an objective analysis – and maybe that is why we have not done this particular process to date. However, others, if not by ourselves, will soon be doing this process, and so we had better bite the bullet and get on with it, especially if we wish to stay in business. Let us please drop 'philosophy' and our traditional (and possibly restrictive) practices and perspectives, and become a little bit more pragmatic.

The final exhortation refers back to the original contrasting viewpoints between psychotherapy as an independent profession, and psychotherapy only as an activity that is done by other professionals. If these 'other' professionals (psychiatrists, psychologists, and counsellors) manage to write down *their* set of functional competencies for *their* professions and that these happen to include many of the functional competencies of what we would write as a set of functional competencies for the profession of psychotherapy (as has already happened in the UK, with the BACP writing a document of 'functional competencies' (or national occupational standards) for "counselling" that runs into over 100 pages and includes many of the 'functional competencies' for psychotherapists) we could find that we do not have a proper basis for an independent profession: that the 'ground' of what we actually do, and can do, has been 'poached' or 'stolen' away from us.

I therefore propose that all European psychotherapists should begin to address this issue, and the ramifications of this 'exercise' of establishing the 'functional competencies', the 'efficacies' (measurement criteria) and the 'professional profile' of psychotherapy.

A Professional Profile

An 'occupational profile', or a 'professional competency profile', describes the work tasks to be carried out within the framework of a specific occupational or professional activity, as well as the related knowledge, skills and abilities that lie behind those tasks. It builds into a functional 'map' of that particular occupation, or profession, and can become an important instrument for assessment, as well as for the elaboration of any vocational education or professional training programmes. A professional competency 'profile' can thus provide the basis for training, qualification, recruitment, selection, and professional development.

However, because of the rapidly developing economic and political situation in the last 20 years, there are a number of different ways of determining such a profile: and here we can both get into difficulties, and the way can also become considerably smoother. Currently there is no uniformly accepted model to develop occupational or professional competency profiles. Of those that exist, most start with analysing what people in certain jobs actually do. In spite of this common basis, the methods of analysis differ considerably, and so inevitably do the profiles that result from these analyses. Therefore there is a tendency to keep these reasonably general, and not become too precise.

We are looking for: *"the ability to perform activities common to a occupation (or profession) within an acceptable range."* (Fretwell et al., 2001) This seminal paper mentions three methods: a job / task analysis; DACUM (Developing a Curriculum); and a functional analysis. All can be relevant and all can add to the complex multi-dimensional picture of a profession.

Job analysis helps establish occupational or professional skills and divides and sub-divides jobs and tasks into their constituent parts. It is used fairly extensively in industry, especially to differentiate who does what where, but it may not be that suitable, in its detailed form, here for a profession. Perhaps it should be kept, however, as an overview, to help differentiate between the related mental health professions.

DACUM uses a guided group discussion where an outside trained facilitator leads a small, but representative, group in a discussion of what they actually do on a day-to-day basis. This 'brainstorming' approach identifies the major duties of a profession, and then the tasks that constitute those duties. These are then checked with others in the occupation or profession. Once you have established these tasks, it then identifies what people have to be trained in, in order to be able to perform those tasks. This is the method that was used in the late 1990s to try to establish the functional competencies of psychotherapy in the UK.

The third method, functional analysis, starts with the identification of the main purposes of an profession in the major areas where it is operates, and then identifies its main functions, breaking these in turn down into sub-functions until outcomes for each function can be identified, following a strictly logical sequence. A mixed methodology can also be used, as these three methods are not mutually exclusive.

Such a methodology consists of five phases: firstly an observational unit is identified (in this case, either individually, a psychotherapist in practice, or more widely, the 'field' or 'sector' of mental health services. The second phase involves an extended and in-depth preparation for a 'conference' to establish the profile and formulate an information document that will form guidelines. This preparation is done by distilling profiles from other sources, interviewing experts, and visiting individuals actually practising in different areas. A task analysis is then developed, sub-divided into 'executive tasks' (the core functions), 'preparatory tasks' (those that proceed the core functions) and 'supportive tasks' (organisational tasks outside of the individual: i.e. referral agencies, institutes and professional bodies, etc.). The third phase is the 'conference' itself. The participants (diverse members of the profession) develop and refine the intended product on the basis of the prepared information document. The 'conference' also identifies any professional attitudes required for the job. The fourth phase is the orientation towards the future. In this phase, the impact of plausible changes is estimated, what legislation or regulations would be affected (or would need to be changed) and future training standards and methods of assessment of the competencies can be identified. Finally, in the fifth phase, the 'draft' profile will be validated by presenting it to a number

of people familiar with the occupation or profession, but also outside of it, to give it that external validation and reference point.

It is clear that the EAP probably and ultimately needs to go in this last direction, with a considerable degree of expert help and facilitation, and this could be (possibly) a theme to develop for the planned meetings in July 2008 in Brussels, and subsequently. The Respect Project used this mixed methodology to draw up professional and ethical guidelines for the conduct of European socio-economic research (www.respectproject.org). I am indebted to their clear presentation of these different methods and stages. With their links in the University of Sussex, Brighton, UK and the Facultés Universitaires Notre-Dame de la Paix, in Namur, Belgium, and to other 'experts' in Germany, Hungary, Vienna and London, they could be an excellent contact for external assistance and guidance.

Functional Competencies

So, how can we differentiate between a psychiatrist or a clinical psychologist practicing psychotherapy (psychotherapy as an activity done by other professionals), and the distinct and differentiated, independent professional practice of psychotherapy. What might these functional competencies for psychotherapy actually look like? I will now try and answer these two questions.

In 2004, after the Congress at Vilnius, I wrote a draft internal paper for the EAP on 'Functional Competencies" (Young, 2004), where I said:

> "Given the "functional competency" and occupational standards method of definition & delineation, it is possible that both positions might be valid: psychotherapy **is** a practice that can be done professionally by qualified psychiatrists or clinical psychologists; and psychotherapy **is** also an independent professional practice –*[and here is the key point]* – **if** the professional (functional) competencies of psychotherapy have been clearly established, and **if** these different occupations and professions all train people in these professional competencies."

I would like to see us, in the EAP, clearly "claiming the ground" for these professional competencies and activities, as a part of its move towards establishing a professional 'Platform' with the EU. It also seemed as if the Brussels lawyer, Mrs Anik Verdere, who came to the EAP Board meeting in Vienna in February 2007, is asking us to do something very similar to this.

So I would suggest that we, in the EAP, should move forward, steadily and yet with haste. We will have to continue our very interesting 'dialogue' with the other main professions, as we have started to do in the symposium, *"Psychiatry – Psychology – Psychotherapy: Common Aspects and Differences"* that happened in Vienna (Feb 16th 2007), and which is planned to be continued in a variety of ways, but we do need – as well – to focus internally on the activities that are specific to our profession and to identify them clearly. I fully recognise that this is not the only task, as we also have to supply the EU with other information about whether people moving from one country to another are being prevented from practicing, and so forth. However, we can only really establish the clear

description and differentiation (specific identification) that is needed, by agreeing to and establishing the functional competencies of a professional psychotherapist. It is then up to the other professions to say, *"Oh! We do this as well."* or whatever, and we can agree, or disagree, and other professionals and experts can assist us in this.

From outside of the EAP – and this is the main audience that I am addressing in this particular article, we – as European psychotherapists – need to recognise that our 'profession' is under a considerable external threat. This is not a form of paranoia. The European 'psychiatrists' and 'psychologists' currently derive a lot of their income from 'heath-care' patients, where their 'fees' are paid by the state. For another 'profession' to be able to access these patients and also be paid these fees, is very threatening.

There have been several attempts in different countries over the last 15 years to try: (i) to create a 'law' in that country that 'excludes' current psychotherapists and 'restricts' the labelling of 'psychotherapy' to the practice of psychiatrists and psychologists, but whether these 'laws' will be able to stand the test of time, and the decisions of internal courts and 'superior' European courts, is very questionable, especially as a recent court case in Italy supported an Austrian psychotherapist <u>not</u> having to re-train for 4 years; (ii) to 'defame' psychotherapists in that country and use other means to stop them practicing: there was a case a few years ago where a number of Spanish psychotherapists listed in the local (Barcelona area) phone book were 'arrested' as they were deemed to have misrepresented themselves as psychologists [they hadn't and were soon released]; (iii) political and peer-pressure can be applied: all psychologists who 'supported' the EAP and the Strasbourg Declaration in 1999 were 'excluded' from the European professional association for psychology for a time. These are just three examples.

In the UK, we have the main, well-established and powerful professional association for counsellors 'refusing' to differentiate between counselling and psychotherapy, and thus preventing happening something like this exercise of defining the professional functional competencies of both counselling and psychotherapy, and then several years later, commissioning an external organisation to 'establish' the competencies of counselling that considerably overlaps with the as-yet-undefined functional competencies of psychotherapy.

I am convinced that there are many other examples of obfuscation and different power games in the various European countries and between the various professions that can be used to illustrate this point. I would be interested in any other examples that people know of.

The definition of Functional Competencies

The final question, for the moment, is about what might these professional functional competencies actually look like. In my 2004 paper, I went into considerable detail, gleaned from the 'mapping'

work that had been done in the UK in (about) 1997. Firstly, there are three types of professional competences:

- **Core Competencies** considered necessary and essential for any person practicing any type of professional psychotherapy in any situation or in any country. This is what would be the main part of the draft document coming out of the 'conference' in the 'mixed method' process mentioned above.
- **Specific Competencies** that are additionally specified, either as necessary by a particular modality or method within psychotherapy (i.e. Body-Psychotherapy, as distinct from Hypno-Psychotherapy), or that may be specified as necessary by a particular country according to its particular regulations (i.e. acceptance from the 'beirat' of the Austrian Ministry for Health).
- **Specialist Competencies** that are only needed with particular client groups (as with children), or in certain settings (as in hospital), or to perform special functions (as with reducing addictions).

There is already quite a lot of information already on professional or functional competencies in psychotherapy available to be consulted: the UK Advice, Counselling & Psychotherapy Lead Body exercise & draft for the professions of Psychotherapy, Counselling & Guidance (which was uncompleted in 1997) has been picked up again and is partially reincarnated in a UKCP document (UKCP, 2006). Also, in the UK, the National Health Service has put forward an "Agenda for Change" process that essentially 'maps' the competencies of all grades and levels of professional work across all health professions against the new salary structures.

The European Association of Transactional Analysis (EATA) has developed its 'Core Competencies of Transactional Analysis'. There are training outcomes and measurement indices that can be taken from various University Master degree courses in psychotherapy in the UK, European countries and the USA, and I have just learnt that in the Netherlands, the NAP (National Awarding Organisation: NAO) has developed a document on the core competencies of psychotherapists. We need many more such examples from all over Europe and I hope that this article will promote thinking and shared resources about this point.

So I believe it is essential to start this process on a European-wide level and to map out the main differences between the four substantive mental health professions: psychiatry, psychology, psychotherapy and counselling, taking psychotherapy as our natural starting point. There are other professions, of course, like psychiatric nurses, that are extremely relevant and I do not want to diminish any of these by excluding a mention of them, and there are all the new, complementary or alternative therapies that may (or may not) be psychotherapeutic, as well as new professions like 'life coaches' that seem to be coming into this area.

These professions may all have to do a similar mapping process themselves, in due course, in order to achieve any semblance of legitimacy. But I believe that we need to make a start, here and now, with the profession of psychotherapy and not just for the benefit of our members and registrants, nor for the nominal 'public interest'. This exercise will have a considerable influence on

the various governments, civil servants, health services, insurance companies, voluntary agencies, researchers, allied health professionals, complementary therapists, as well as on any of the more public perspectives.

Author

Courtenay Young is a psychotherapist and counsellor working in the UK National Health Service in Edinburgh, Scotland, as well as having a private practice. He has been a Board Member of the EAP since 1996, representing the European Association of Body-Psychotherapy, and helping to write the EAP Training Standards, the ECP document, the EAP Statement of Ethical Principles, the EAP Policies & Procedures, as well as writing the 'scientific validation' for Body-Psychotherapy. He has also been on the boards of several other professional associations, holding a variety of positions. He is currently Co-Chairperson of the EAP European Training Standards Committee and Deputy Editor of the International Journal of Psychotherapy.

He can be contacted by e-mail: courtenay@courtenay-young.com

References

EAP (1990) *The Strasbourg Declaration on Psychotherapy.* www,europsyche.org

EVETTS, J. (1999) *Regulation of Professions in Global Economies: dimensions of acquired regulation.* Wisconsin, SASE Conference,

FRETWELL, D., LEWIS, M.V., DEIJ, A. (2001) *A framework for defining and assessing occupational and training standards in developing countries.* Washington, DC, World bank Human Development Network Education Dept. No. 386 www.cete.org/acve/docs/fretwell/fretwell1.pdf

RESPECT PROJECT (2002) Socio-Economic Research in the Information Society: A user's guide from the RESPECT Project.

UKCP (2006) Report to the Department of Health: A regulatory and competency framework for the UKCP, its colleges and its registrants.

YOUNG, C. (2004) The EAP definition of psychotherapy and the professional competencies of psychotherapy.