



Report on the Project to Establish the Professional Competencies of a European Psychotherapist

February 2013

1. Progress of the Project July 2012-February 2013

Since the AGM in Valencia in July 2012, the ETSC Competency Working Group has carried on working towards completing Phase 1: the establishment of the Core Competencies. This work was done during many hours by **Courtenay Young**, UK, and / in close connection with, the other members of the Working Group: **Traudl Szyszkowitz** AT, **Renée Oudijk** NL, **Ansis Jurgis Stabingis** LV, and **Peter Schulthess** CH, connected by Skype (6 meetings) phone and e-mail contact.

- July-August 2012. The collection of feedback via the Practice Analysis Survey (PAS) forms ended at a breakdown of 43 completed sets of PAS forms. Responses were received from **20 different countries; 6 different EWOs; 4 different NAOs; 13 different institutes and 19 different individuals**.
- September-October 2012. All PAS forms were analysed by **Zsofia Anna Utry** (a Quantitative (Statistical Analyses) and **Robin Finnie** (a Qualitative Thematic Analyses): both are M.Sc. Graduates in Psychological Studies at Glasgow University.
- November 2012. These analyses, plus a ‘questionnaire’, were sent to an Expert Panel of three members: **Distinguished Research Professor Emeritus Leslie Greenberg** (LG) Dept. of Psychology, York University, Toronto, Canada; **Dr Jaap van Lakerveld** (JvL) Head of PLATO, Social Sciences Research Dept. of University of Leiden, Netherlands; **Dr. Ken Evans** (KE), Visiting Professor Psychotherapy University South East Europe.
- November 2012-January 2013. Each of the Panel Members has sent in a written report.
- January-February 2013. All reports were received in good time for evaluation as planned by the Working Group (Amsterdam, 26 Jan, 2013). From the Expert reports the Working Group evaluated on: (a) how the experts assessed the work what was done; (b) what needed to be changed; (c) what is still to do. From the Quantitative and Qualitative analysis of the PAS forms, and the three expert reports the Working Group corrected the initial draft set of core competencies. The new version is attached on the web site.

All this work has now created a total of 10 documents, over and above the (previous) ‘draft’ set of Core Competencies with the 13 different Domains. All of these new documents are available on the Project website www.Psychotherapy-Competency.EU, some are attached at this document.

2. Summary of the Statistical and Thematic Analyses and the Expert Panel’s reports

The statistical analysis results indicate that for the respondents most of the draft Core Competencies were acceptable and none were non-acceptable. Thematic Analysis was used to evaluate in depth those Competencies that had scored “Moderate”.

The Expert Panel expressed their appreciation of the work the Working Group (WG) has been done (see below: §6) and shared the view that some of the results from the analyses indicated that certain sections of the draft Core Competencies should and could be dropped. They also recommended some other changes. The WG paid attention in detail to these recommendations (see below: §7). Feedback of the Expert Panel focussed on the difference between performance criteria and content criteria (*competencies vs competences*). KE also warned that this set of Core Competencies could possibly be seen as being close to a set of “counselling” competencies, rather than a set of “psychotherapy” competencies. The WG felt that, with the changes made, and with proper attention

being paid to this point in the projected Phase 4 and Phase 5 of the Project, this concern could be met satisfactorily.

3. The Next Steps

This report – and most of its accompanying documents – will be posted on the Project website: www.psychotherapy-competency.eu and all the ‘participants’ of the Project will be suitably informed, as this Project adheres to the principles of openness and transparency at all levels.

The Working Group now invites all EAP Member Organisations, Individual Members and ECP Registrants to consider carefully the ‘revised’ set of Core Competencies of a European Psychotherapist (attached with this and also available here).

Main Questions to be discussed by the EAP Board Members, EAP organisations (including EAPTI’s), and finally to make a decision at the 2013 AGM, are:

1. *Do we wish to define and promote the ‘profession’ of psychotherapy in Europe by its professional competencies?*
2. *Will we do this by this particular set of Core Competencies?*
3. *Will the EAP, having accepted these Core Competencies, decide to continue with defining (a) a set of Specific Competencies for the psychotherapy mainstream modalities (EWOs) and for certain countries (NAOs) (Phase 2); (b) a set of Specialist Competencies (Phase 3); and (c) the development of Knowledge & Skills Criteria as well as Performance & Assessment Criteria for these competencies (Phase 4).*

Basically: In actuality, and according to our democratic processes, these ‘revised’ Core Competencies will have to be ‘voted on’ at the next set of EAP meetings in Moscow in July 2013, including at the EAP’s 2013 AGM. There may also need to be a vote on the future of this Project.

It is therefore proposed that all EAP Member Organisations (who are eligible to vote), as well as the Council of Individual Members and possibly even the Council of Ordinary Organisations (which could be a representative place for EAPTIs, etc.), consider, in depth, how they would like to vote on these Core Competencies.

Essentially, the four choices will be:

1. to accept the ‘revised’ Core Competencies – i.e. a simple “Yes”;
2. to reject them with a simple “No”;
3. to “Abstain” – which doesn’t count as a proper vote;
4. to submit a formal written ‘amendment’ to these revised Core Competencies.

The Working Group invites all those who are entitled to vote and wish to amend the ‘revised’ Core Competencies, to send their amendments to the Working Group and the EAP Head Office (before 31st May 2013), so that they can be circulated 4 weeks in good time before the EAP AGM (EAP Statutes: 9.3) along with any other documents or motions for the AGM.

EAP Member Organisations are reminded that amendments are always voted on first; and then the final (possibly amended) document is then voted on - whether to accept or reject it by a simple majority of those voting (which does not include people abstaining from voting).

If these revised Core Competencies are accepted by the EAP Governing Board and AGM, they will then become one of the formal EAP ‘documents’: along with the 1990 Strasbourg Declaration; the current EAP Statutes; the EAP Statement of Ethical Principles; the ‘15 Questions’ on the Scientific Validity of European-Wide modalities; the EAP 2009 Definition of Psychotherapy and the Template for a National Law; the current version of EAP’s ECP (Training Standards) document; and the Training & Accreditation Committee (TAC) document - a process for accrediting European Accredited Psychotherapy Training Institutes (EAPTIs).

4. Outlines of the Future of the Project

At this point, Phase 1 of this Project will have been soon completed – within a reasonable time-frame, only slightly over the original overall budget. The project is done to a reasonable level of scientific and procedural rigour, with transparency, a ‘bottom-up’ process with grass-roots consultation, as well as a ‘top-down’ determination of the structure and extent of these competencies. This, as formulated by the members of the Expert Panel, can be considered as a remarkable level of achievement.

After voting on the Core Competencies, the EAP Governing Board and the AGM will have to make a decision about the future of the Project:

1. The Project is continued – in some coherent, well projected way. As Ken Evans describes: “*So it will be necessary for the EAP to really get behind this project, own it and deliver it*” (KE: p. 4).
2. The Project stops here and the rest of the Phases are essentially cancelled.
3. The Project continues in some sort of an ‘ad hoc’, voluntary way, on a relatively undefined basis.

If the first option is preferred, this might mean:

- that further internal (and/or perhaps or probably external) funding needs to be actively sought;
- that the current Project Working Group becomes restructured for Phases 2 and 3 (where the main input is now coming from EWOs and NAOs – for the Specific Competencies - like modalities (Phase 2); and from ‘specialist’ working groups – like child psychotherapy, etc. for the Specialist Competencies (Phase 3); and

that also some considerable consideration is started to be given towards how to promote and engage with the ‘most important’ phase (Phase 4) – developing the knowledge and skills framework as well as the assessment and outcome criteria – for all these competencies; before the Project is finally handed back to the ETSC and the TAC to assist the implementation of all these competencies into the training courses run by the EAPTIs (Phase 5). These other Phases of the Project are outlined in a little more detail in Appendix 3: The Future of the Project (for Appendices see next page).

Vienna, Feb. 2013,

ETSC Working Group on Psychotherapy Competency,
Traudl Szyszkowitz, Renée Oudijk, Courtenay Young,
Ansis Jurgis Stabingis, Peter Schulthess.

PS1: As a recent spin-off, Peter Schulthess has made a *PsycheVisual Online Video* where he is talking about this topic and this Project (published 29/01/2013): it can be viewed [here](http://www.psychevisual.com/Video_by_Peter_Schulthess_on_Professional_Competencies_of_a_European_Psychotherapist.html):
(www.psychevisual.com/Video_by_Peter_Schulthess_on_Professional_Competencies_of_a_European_Psychotherapist.html)

PS2: More detailed information can be found at the next pages under point 5, 6, and 7 or on the website: www.psychotherapy-competency.eu

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5. Attached Documents or Appendices:

There are several documents that can be / have to be considered along with this report: these are therefore included as ‘Appendices’ to this report: These are all available via the Project website, as well as contained within a PDF file sent out with this report:

This report (in the PDF file) constitutes pages 1-8;
Appendix 1 is a description (in a little more detail) of where we are now (pp. 9-10);
Appendix 2 is the present and future budget implications, divided into different parts (pp. 11-13);
Appendix 3 outlines the Future of the Project, in a little more detail (pp. 14-16);
Appendix 4 is the Quantitative (Statistic) Analysis of Zsofia Anna Utry (pp. 17-35);
Appendix 5 is the Qualitative (Thematic) Analysis of Robin Finnie (pp. 36-50);
Appendix 6 (a) is the report of Professor Emeritus Leslie Greenberg (pp. 51-55);
Appendix 6 (b) is the report of Professor Jaap van Lakerveld (pp. 56-58);
Appendix 6 (c) is the report of Dr Ken Evans (pp. 59-64);
Appendix 7 is the ‘revised’ set of Core Competencies (pp. 65-97).

6. Expanded Summary of the Analyses and the Expert Panel’s reports:

We very much appreciated that all the 3 ‘experts’ particularly commented favourably on, and commended us about, our work on this Project: *“I congratulate the Committee on a job well done”*; *“very comprehensive and thorough”* (LG); *“Everything seems to have been done to establish a set of competencies based on theory and empirical data”* and *“It is a high quality list of competencies”* and *“The work as described on this EAP document impresses us as the most elaborate and rich document.”* (JvL); *“First I want to express my appreciation for the hard work, determination and patience of the Working Group in undertaking such an ambitious and demanding project for the benefit of the profession of psychotherapy in Europe.”* (KE).

We also particularly liked Prof. Lakerveld’s “educational perspective” and his fairly definitive look at the difference between ‘competence’ and ‘competency’ – some of which we have put into the website’s Glossary (Appendix 7) ([here](#)) and we also especially liked his opinion that we have effectively developed a fairly comprehensive set of “skills and behaviour” – *“formulated as actions”* (the ellipse in the diagram on page 2 of his report), with the “knowledge and values” and the “performance criteria” slightly outside of the actual “competencies”, but supporting and enhancing these.

There were also some comments about *“the only weakness”* being the lack in number of returned PAS forms. Whilst this total was perhaps less than ideal (we wanted about 150 responses), we consider that, whilst the comment is valid, the number of reports received was possibly just sufficient, comprising of responses from people in:

- 20 different countries: Austria, Belgium, Bosnia-Herzegovina, Canada, Croatia, Czech Republic, France, Germany, Greece, Ireland, Luxembourg, Netherlands, Romania, Russia, Serbia, Spain, Slovenia, Sweden, UK, & Ukraine;
- Representatives from several different European (EWO) modalities in psychotherapy: specifically Body Psychotherapy (EABP); Hypno-Psychotherapy (EAHP); Integrative Psychotherapy (EAIP); Psychosynthesis (EFPP); and Psychodrama (FEPTO);
- Representatives from several different (NAO) countries: specifically Croatia (SPUH), Greece (NOPG), Austria (ÖBVP); and Slovenia (SKZP);
- Representatives from many different institutes (most of them EAPTIs): specifically the Center of Positive Psychotherapy (Russia), Institute for Gestalt Therapy (Czech Rep.), Institute for Adlerian Psychology and Psychotherapy (Romania), Wisbaden Academy of Psychotherapy (Germany), Institute for Existential Sophrology, (France), Castlebar Psychotherapy Institute (Ireland), Gestalt Foundation (Greece), International Council of Psycho-Corporal Trainers (Germany), UK National College of Hypno-Psychotherapy, Art

& Psychotherapy Centre (Greece), Metanoia Institute (UK), Academy for Integrative Psychotherapy (Netherlands), School of Psychodrama (Netherlands);

- As well as 19 individual psychotherapists of many different persuasions and from many different countries (all ECP registered).

There was also a comment (from LG) about possibly getting more data on gender, age and country, but this perhaps could be done another time.

7. The Revised Core Competencies:

The following more detailed points now all refer to revisions in the set of 'revised' Core Competencies (see attached and also available here):

Note: suggested additions or changes are **in blue text**, and points that are been omitted are in **strikethrough red text**: all are appropriately footnoted:

- A)** Both Ken Evans and Leslie Greenberg felt that more emphasis should put on elements of, and the quality of, the psychotherapeutic relationship: *"I think it is important to mention 'form an alliance' and 'collaboration' as aspects of the relationship"* (LG: p. 1); and Ken Evan's whole section on: *"Greater content regarding the therapeutic relationship."* (p. 3). We therefore felt that we needed to add in some greater emphasis into **Domain 2: The Psychotherapeutic Relationship** and especially in to §2.1.3. This we did.
- B)** There was a very important critique (not a criticism) of the 'level' of the competencies, which Ken Evans was specifically asked to comment about. His (in our minds) totally correct view is that competency is **not** just about function, but is also about the 'level' of competence. He outlined 3 fairly standard 'levels' of academic competence: 1st degree level; Masters degree level; and Doctoral level, and felt that greater emphasis should be made about psychotherapy being at the Master's degree level: this effectively distances psychotherapy (at an academic level) from counselling (usually set at Certificate or Diploma level). We have therefore taken up his very welcome suggestion for an introductory paragraph: *"All the following psychotherapy competencies are practiced at a professional level commensurate with a Master's degree level or equivalent, emphasising the psychotherapist's capacity for critical reflection and evaluation of their professional practice."* (This is similar to a previous sentence, which is also largely retained: *"These competencies are also to be practiced in accordance with the EAP's Statement of Ethical Principles and with the psychotherapist's professional training being in accordance with that outlined in the EAP's European Certificate of Psychotherapy (ECP) document."*) We have also gone through the text again and added in to a few of the descriptor comments to the competencies and sub-competencies to reinforce this differentiation. In terms of further generic differentiations between psychotherapy and counselling, these will be mainly evidenced at the level of "knowledge and understanding" and the "performance and outcome criteria" that will be established at Phase 4.
- C)** Both Ken Evans and Jaap van Lakerfeld also critiqued the need to differentiate between "knowledge and understanding" and "performance and outcome criteria" – *"what matters is not only what we know about things, but also, most importantly, what we are able to do with this knowledge, and whether we are able to go on developing our abilities"*. Ken Evans states: *"... what we need to know should be followed by what we need to do in order to demonstrate what we claim ...[to be]"* (KE: p. 2). We agree with these perspectives totally. These are identified as being separate and necessary adjuncts to the "action statements" in JvL's report diagram (JvL: p. 2): When we originally wrote these competencies, they were written primarily from a 'functional' perspective, even though some 'knowledge' components have crept in, which might have caused some little confusion, even though most of the 'comments' from the Qualitative Thematic Analysis didn't seem to bear this out. Once these Core Competencies have been properly established (Phase 1), the knowledge and skills necessary for these competencies can be identified and the level of performance criteria

and assessment outcomes would be established. However, we have decided not to implement this point any further - at this moment in time - because these points were fully planned to be taken into consideration in Phase 4 of the Project.

The implementation of these knowledge & skills, as well as the assessment of the psychotherapist's performance & outcome, would then be introduced and established within the psychotherapy training courses of the institutes and schools, in accordance with the Core Competencies and the ECP document, by the ETSC and the TAC; all of which was planned for Phase 5.

- D)** We feel that, with regards to Ken Evans' 3rd critique about "Greater content regarding the psychotherapy relationship" (KE: p. 3), that this point has been addressed in a number of small ways and we have increased the number of competency descriptors, specifically in §2.2.1, §2.2.2 & §2.2.3, and, by that, we feel that we have also significantly 'deepened' Domain 2: The Psychotherapeutic Relationship.
- E)** At the end, of his report, Jaap van Lakerfeld states: "... *it seems as if the person of the therapist remains undefined ...*" and "... *more and broader information about the necessary background of therapists and of the key qualities a therapist would need as a person.*" We feel that this is certainly true for most of the psychoanalytical, person-centred and humanistic psychotherapies, but perhaps it is considered somewhat less necessary for the systemic and cognitive behavioural therapies. We therefore would like this point to be addressed – where relevant – more precisely by the "Specific Competencies" of the various modalities (in Phase 3).
- F)** Looking at the competencies that scored "Moderate" in the Quantitative (Statistical) Analysis, and particularly looking at the comments about these in the Qualitative (Thematic) Analysis, and given the support from Leslie Greenberg, "... *elements of the research domain and the managing practice domain may be de-elevated: in general, these domains, as they are currently presented, are, in my view, not as important as the rest as core competencies*" (LG: p. 2), we decided to "take out" some of the sections or sub-sections in the draft Core Competencies that scored "Moderate": specifically in Domain 10: Management and Administration: comprising §10.2.3: Ensuring appropriate advertising; and §10.3: Manage and administer employees in a small business (including §10.3.1: Awareness of employment law and regulations and §10.3.2: Manage and administer employees properly). These sections could possibly be included later within a set of Specialist Competencies (Phase 3) for "Management & Administration of a Psychotherapy Service", or something similar.
- G)** We also decided – for similar reasons – to "take out" some of the sections and sub-sections that scored "Moderate" in Domain 11: Research: specifically §11.2: Engage in appropriate research; comprising §11.2.1: Take part in appropriate research and §11.2.2: Plan appropriate research. These competencies should probably be, or could be, included in a set of Specialist Competencies (Phase 3) for "Psychotherapy Research".
- H)** With regards to the other competencies that scored "Moderate", we consulted the Qualitative (Thematic) Analysis document for the reasons why people seemed to have marked these 'down' – so that their mean score fell below 7.00: i.e. outside of the "High" band. These are now enumerated below. We did not take any of these out with one exception: If you want you can follow our thoughts below:

§1.1.5: Liaise with other professionals: (The 'mean' score was 6.99 – just a fraction below the "High" band: Standard Deviation (SD) was 0.31). Comments appeared to indicate that respondents were worried about their autonomy and independence when in contact with other professionals (particularly doctors & psychiatrists ?), or that this competency was not performed very frequently: "... *it is important but I don't often work with other professional or agencies*".

We feel that this is a very important competency, but that the fears are increasingly less relevant, especially when psychotherapists become more confident in defining their own professional competencies alongside the other professions. For these reasons, we felt that no change in this competency was needed.

§1.4.4: Incorporate research knowledge findings: (Mean score: 6.76; SD: 0.14) Comments indicated that not all research (e.g. medical) was appropriate to clinical practice and there were some ignorance, fears or distrust about some research and some types of research.

We decided to add the word ‘psychotherapy’ into the descriptor for this section, and – since there is a world-wide debate of the suitability (or lack of it) to some types of research for psychotherapy, we would otherwise leave this competency unchanged.

§2.4.4: Record the outcome of psychotherapy: (Mean score: 6.79; SD: 0) This was the only sub-section in this particular Domain 2: The Psychotherapeutic Relationship to receive a “moderate” ranking and there were very few comments to elucidate why this was marked ‘down’.

We have to assume therefore that some therapists don’t like this type of ‘record keeping’, especially as §3.1.1: Make use of assessment tools and §8.1.4: Engage in a practice audit were also marked down. However, we also feel that this is becoming an increasingly important competency, especially as there is a general demand to ensure that psychotherapy – and the various modalities within psychotherapy – is/are all demonstrably effective and efficacious. So, we decided to keep this competency in, as it is, unchanged.

§3.1.1: Make use of assessment tools: (Mean score: 6.97; SD: 0.24) There was some small reaction against this competency as well. Comments indicated a degree of feeling against ‘formal’ assessments; possibly more the domain of psychologists, or used in organisations, but not generally privately; or, possibly, that it diminishes – in some way – the patient/client’s individuality).

However, since the mean was only very slightly below the 7.0 cut-off point, and since the competency is ‘modified’ by one of the descriptors, “*ensuring that these are consistent with aims, ethos and objectives of organisation and theoretical perspective*”, it was decided to keep this competency as it is, unchanged.

§4.2.3: Decide on psychotherapeutic approach or strategy: (Mean score: 6.74; SD: 0.31) Some ‘decision’ about the psychotherapeutic approach or strategy with any particular client is nearly always made, implicitly, if not explicitly; unconsciously, if not consciously; and these ‘strategies’ are usually explored in supervision, or modified by later developments in the course of the psychotherapy.

The comments about this sub-section were considered not to be sufficiently ‘negative’ to indicate that a change here was really necessary, but we are certainly open to any suggestions.

§8.1.4: Engage in a practice audit: (Mean score: 5.71; SD: 0.18) There was also quite a considerable level of ‘resistance’ against this competency – and it was marked down considerably – and some comments stated that: “... *clients are not open to participate in written questionnaires and consider it a waste of their paying time*”; “*In my world, it is not humanistic or therapeutical thinking*”; “*Sorry, I don’t like the idea of practice audits*”; “*Ideally this would be prioritised in private practice, however it is not something that I have time for in my day-to-day practice*”; etc.

The comment that: “*this kind of additional workload is only appropriate in a paid, private clinical environment, it is not usual in public health services ...*” is considered (frankly) as being ‘wrong’ and possibly the opposite is true. It was also felt by the thematic analyst, and supported by Working Group, that this ‘sort of thing’ – along with §2.4.4 and §3.1.1 – actually represents part of the “future direction” of psychotherapy in that it is becoming recognised that we have to be slightly more ‘scientific’ and ‘accountable’, and whilst some people might react against this, at this point in time, times may change.

We therefore feel that we could not decide definitively about this point and so left it in, by default. We are also open to the results of any future debate about this particular direction or to any specific written amendments.

§12.2.2: Promote psycho-social education: (Mean score: 6.68; SD: 0.1) and **§12.2.3: Actively engage in projects designed to reduce or prevent mental health problems:** (Mean score: 6.56; SD: 0.04) Both these sub-sections scored “Moderate”, though not significantly too low below the cut-off point.

Comments related to a slight ‘resistance’ in being socially and politically open and proactive about this topic, and that, whilst this could be considered important, “... *not every psychotherapist is so gifted*” – so that “*to make this a competency for all psychotherapists seems a bit silly ...*”.

The Working Group took this on board, and so the competency **§12.2.2** has been suitably ‘moderated’ by the exclusion of the first descriptor (perhaps more suited to §12.2.3) and given some ‘softening’; and **§12.2.3** has been cut out completely.

- I)** All the other sections and sub-sections in the ‘draft’ Core Competences have been retained and left unchanged as their Mean scores were all in the “High” (7-9) range: this means that they scored above about 78% of the highest possible scoring. This level of coherence and compliance is felt to be very significant. With these safeguards, we feel that we can ensure “the reliability of professional performance; a reasonable level of technical information; and professional performance at a level that protects the public interest”, as well as “indicating a good use of knowledge and skills in the workplace”: all within the original definition of the PAS survey. This completes our revision of the ‘draft’ Core Competencies and these modifications now go to form the ‘revised’ Core Competencies that we – the Working Party – formally present to you.