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Response to the HPC consultation on the potential statutory regulation of psychotherapists and counsellors

Andy Rogers, MBACP September 2009

Please note: None of my responses below should be taken to suggest that a change in the proposals on a specific issue would make HPC regulation acceptable. I do not share the assumption of the consultation questions that the Register and the standards of proficiency should exist.

1. Do you agree that the Register should be structured to differentiate between psychotherapists and counsellors? If not, why not?

The proposed differentiation between psychotherapists and counsellors is just one example (of many) demonstrating that regulation by the HPC is inappropriate and likely to have a negative overall impact on the field.

The specific error here is that at the level of actual practice – which presumably the Register and standards are principally concerned with – there are too many similarities between practitioners using different titles and, equally, too many *differences* between those using the *same* title, that it is impossible to meaningfully separate the titles themselves. Two 'psychotherapists' will quite feasibly have much *less* in common than might be found between a 'counsellor' and a 'psychotherapist' because issues of 'modality', practice context and the personal idiosyncrasies of the therapists in question will be far more significant in differentiating their work (and in accounting for differing client experiences) than their choice of title.

To treat the terms 'counsellor' and 'psychotherapist', then, as if they refer to distinct professional disciplines with clear demarcation is to ignore this central issue. The proposal, like many others in the draft, misunderstands the field and risks misinforming clients about the key choices in selecting a therapist.*

Furthermore, the proposed differentiation will legally sanction a hierarchy that currently exists only as a *disputed interpretation* of the structure of the profession. This present situation, where issues of professional identity can be debated and different viewpoints allowed to co-exist, is surely preferable to the proposal, which cements *in legislation* one view, one interpretation and one set of meanings, so that this one perspective becomes the pseudo-legitimate 'truth' even though many of us who use the titles in question would dispute its credibility. Here as elsewhere, the

proposed regulation is at odds with the core values of the activity it seeks to regulate, against the wishes of a substantial portion of practitioners, an imposition rather than a 'working with' and, in the end, entirely unnecessary.

2. Do you agree that the Register should not differentiate between different modalities? If not, why not?

I do not accept the need for this type of register at all, but the proposal does reveal something else. By recommending not differentiating between 'modalities' – with their radically differing ethics, philosophies, values, practices, conceptions of the person and understandings of distress (such that many therapists would consider themselves to be doing something *fundamentally different* from those using other 'modalities') – and yet insisting on differentiating between counsellors and psychotherapists (where the apparent differences are complex, unclear and strongly contested), the proposals show themselves to be far removed from the realities of the profession, preferring a simplistic analysis suited to making regulation happen, rather than a genuine assessment of whether the form proposed is *suitable for* and *representative of* the field.

That said, neither would I wish to see an HPC Register that *does* differentiate between modality. The project of HPC regulation is founded on too many errors, misunderstandings and anti-therapeutic values to be redeemed by such a change.

4. Do you agree that 'psychotherapist' should become a protected title? If not, why not?

5. Do you agree that 'counsellor' should become a protected title? If not, why not?

No. I do not support either title becoming protected under the proposed system of regulation through the HPC. In many respects, to oppose the current draft proposals is the more 'values congruent' and therefore more *ethical* position for a large number of practitioners. Counselling and psychotherapy are not health professions, nor are they ancillary in most cases to medicine or healthcare. HPC is inappropriate – as briefly articulated in my other responses here – and the damage likely to be done to the field by this form of regulation far outweighs any possible benefit. *There is no substantive case nor evidence* to support the assertion that regulation of this type will sufficiently protect the public as claimed, while there are a number of full-length books that strongly suggest otherwise. (Postle D. *Regulating the Psychological Therapies: From Taxonomy to Taxidermy*, PCCS Books, Ross-on-Wye, 2007; Hogan D.B. *The Regulation of Psychotherapists*, Ballinger, 1979; Mowbray R. *The Case Against* proposed regulation is at

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Autonomy in Psychotherapy and Counselling, PCCS Books, Ross-on-Wye, 1997; Bates Y. & House R. (eds) *Ethically Challenged Professions*, PCCS Books, Ross-on-Wye, 2004; Parker I. & Revelli S. (eds) *Psychoanalytic Practice and State Regulation*, Karnac, London, 2008.)

On the specific issue of protecting 'counsellor', we should remember that the word 'counselling' was coined for the work by Carl Rogers (founder of the Person-Centred Approach and pioneer of humanistic psychology) precisely to facilitate a move away from the medicalised practices and professionalised bureaucracies of psychology and psychiatry. Rogers sought to humanise therapy both by reducing the power and status of the therapist as 'registered professional expert' and by demedicalising our understanding of distress – using the word 'counselling' was an essential part of that strategy.

To now appropriate the term, some half a century later, for a state registered 'health profession' that must conform to medicalised standards of proficiency is to attack the values that inspired this shift in the first place, and to steer counselling away from its client-centredness and back towards 'profession-centredness'.

So the HPC/PLG proposals are clearly not identifying what 'counselling' *is*, rather they are stating what they think it *should be*, replacing one cluster of meanings with another more rigid definition, which is opposed to the word's implied values in the professional context under consideration here. In so doing it changes fundamentally what it means to be a 'counsellor', despite the many thousands of practitioners who have trained and work using the term's original sense. Is this really within the remit of the HPC/PLG?

Further to these concerns, the unnecessary and fundamental shift that the proposed regulation entails – being redefined as a 'health profession' – has particular resonance in my own work as a counsellor in education, where many of us do not remotely consider ourselves to be health professionals, and the change threatens to radically alter our job descriptions, the values of our work and the way our students and staff perceive our services. It risks repositioning us to a degree that managers of our institutions could reasonably (but erroneously) consider us to be occupying the same practical territory (i.e. 'doing the same thing') as, say, an IAPT service.

Set the proposed regulation's redefining of counselling and psychotherapy in this broader professional context of NICE guidelines and the expanding IAPT scheme, which jointly discriminate against therapies with different research methodologies and evaluative philosophies (such as humanistic approaches which have a strong presence in student counselling), and enormous pressure could be exerted on college and university services to adopt evaluation procedures and therapeutic practices which are in

conflict with their counsellors' core values – values proven to be uniquely suited to the character and demands of the educational setting.

Ultimately, as college and university management teams witness both the results of the steam-rolling of student counselling's unique character (homogeneity imposed upon a formerly diverse profession) and the parallel rise of community services that are highly problematic but nonetheless suited to the government's agenda and are superficially 'free' to the institution (e.g. IAPT), they could cut counselling services entirely. None of which would be a good thing for practitioners or the profession as a whole but, more importantly, *students* would lose out on having the *choice* of an accessible, embedded service with an invaluable depth of experience in the very context in which they find themselves.

11. Do you think that the standards support the recommendation to differentiate between psychotherapists and counsellors?

No. (Also see response to question 1.) The standards themselves are deeply flawed. Many psychotherapists *and* counsellors would take issue with both the medical model assumptions of the psychotherapist-specific standards ('disorder', 'treatment', 'symptoms') and the 'mental health' and 'wellbeing' model evident in the counsellor-specific standards.

In my own approach, the expression 'mental health' would not be considered sufficient for the subjects of counselling, which might be seen more usefully as existentially, relationally and/or socially derived, for example, rather than being considered matters of individual psychology (as 'mental health' implies). 'Well-being' is also not to be accepted uncritically, meaning as it does in most definitions, 'comfort', 'health' and 'happiness'. While these might be the prime concerns for some clients they are not for all, and counsellors would be naïve – if not unethical – to promise them as outcomes or even to promote them as states worth aspiring to. Each concept will in any case have a range of different meanings for different clients and different cultures.

With regard to the 'psychotherapist' standards, as a 'counsellor' it seems I would not (need to) be proficient in the 'diagnosis [and treatment] of severe mental disorders', but like many other therapists I would still tend towards a philosophical/political rejection of the underlying approach to human experience which these words and practices signify when they are attached to both distress and the professional responses that distress elicits or inspires. As Pete Sanders has written, a portion of person-centred therapists (psychotherapists and counsellors alike) advocate a 'principled and strategic opposition to the medicalisation of distress and all of its apparatus.' (Chapter in Joseph & Worsley, *Person-Centred Psychopathology*, PCCS Books, 2005)

12. Do you think the standards are set at the threshold level for safe and effective practice? If not, why not?

Notions of efficacy and safety are controversial in many approaches to counselling and psychotherapy. Some therapies reject the very idea that therapy should aim for 'effectiveness', which implies the instrumental application of techniques to achieve specific results. Instead, in this view, therapy is understood as a *principled space* for dialogue, encounter and exploration, a unique relationship with infinite possible 'outcomes', a *cultural* practice rather than a health-oriented one. (See Grant, B. The Imperative of Ethical Justification in Psychotherapy: The special case of client-centred therapy. *Person-Centred & Experiential Psychotherapies (PCEP)*. 2004; 3 (3): 152–165; Howard, A. *Counselling and Identity – Self-Realisation in Therapy Culture*. Basingstoke: Palgrave Macmillan, 2005.)

On the question of safety, it is highly suspect to claim that any conversation or relationship can be 'safe' at all. It should also be noted that what might seem 'safe' to a regulator such as HPC – e.g. standards of proficiency and adversarial 'fitness to practise' hearings – might in fact be *damaging* to the authenticity of the person-to-person encounter in therapy and therefore potentially harmful to the client. The level of (oppressive) external authority imposed upon the relationship risks it being dominated by fear, or at least extreme caution, rather than the genuineness and openness to experience which might otherwise be aspired to. This in turn erodes the client's chances of, in person-centred language, 'internalising the locus of evaluation' – that is, trusting their own experiencing rather than deferring to external authority when making value judgements.

Most therapies have sufficient explanatory mechanisms to articulate how the professional and social environment can manifest in this way – as noxious influences in the psychological/relational experiences of the participants in therapy. That this has not been central to the work of the PLG is a disgrace.

13. Are the draft standards applicable across modalities and applicable to work with different client groups?

See my other responses with regard to the generally negative impact of such standards. In any case, we might well ask what 'client groups' are being referred to here? Some therapies, including person-centred therapy, do not see the categorisation or grouping of clients into types as particularly useful. Counsellors and psychotherapists of this kind prefer to see their clients (and therefore people generally) as unique and as having unique relationships with the socially or in some other way defined groupings or categories that might impact upon their experience.

14. Do you think there are any standards which should be added, amended or removed?

The whole standardisation process as proposed here is damaging to the practice of counselling and psychotherapy, therefore all the standards should be removed and the regulatory project in this particular form (HPC) abandoned. With others I call for a complete review of the entire regulation project to this point.

15. Do you agree that the level of English language proficiency should be set at level 7.0 of the International English Language Testing System (IELTS) with no element below 6.5 or equivalent? (Standard 1b.3)

No (but neither do I think that changing this will make the standards as a whole acceptable). There are counsellors and psychotherapists who work mainly in a language other than English. I recently referred someone with little English themselves to a Polish counsellor, via an intermediary community organisation. The level of that counsellor's ability to speak English would have been irrelevant to their 'proficiency' with that client.

16. Do you agree that the threshold educational level for entry to the Register for counsellors should be set at level 5 on the National Qualifications Framework? If not, why not?**17. Do you agree that the threshold educational level for entry to the Register for psychotherapists should be set at level 7 on the National Qualifications Framework? If not, why not?**

My own counselling qualification is a *post-graduate diploma*, which is at the level required of those entering the proposed Register as a 'psychotherapist'. This highlights the error of differentiating counselling and psychotherapy on the basis of academic achievement. These thresholds also threaten to further restrict access to the professions for those experiencing social/economic disadvantage. Furthermore, there is *no evidence* that the educational level of the therapist correlates with the 'outcome' of therapy, nor with its 'safety' and 'efficacy' (even if we accept these terms uncritically). Why then should these levels be set at all? What purpose is served?

18. Do you have any comments about the potential impact of the PLG's recommendations and the potential impact of statutory regulation?**19. Do you have any comments about the potential implications of this work on the future regulation of other groups delivering psychological therapies?**

20. Do you have any further comments?

See all previous responses.

Andy Rogers
September 2009

* As is common in the literature, I use the term 'therapist(s)' to refer to both 'counsellor(s)' and 'psychotherapist(s)';