

# **The Professional Competencies of a European Psychotherapist**

## **Qualitative Thematic Analysis**

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### **Introduction**

The European Association for Psychotherapy (EAP) undertook a research project in 2012 that endeavoured to investigate the ‘core competencies’ of their profession. The EAP define ‘core competencies’ as ‘those abilities which demonstrate what a psychotherapist is typically able to do, irrespective of their modality or country.’ (EAP, 2012).

A ‘Working Group’ was established within the organisation to determine a preliminary list of the core competencies, gleaned from a literature review, and then disseminated an optional questionnaire to all their individual European Certificate of Psychotherapy ‘holders’ and to their organisational members. 13 separate ‘domains of competency’ were identified, with 40 sections and 124 subsections within these domains.

These core competencies were then presented to EAP members across Europe, by means of the optional survey questionnaire, in an attempt to establish what psychotherapists considered ‘salient’<sup>1</sup> to their profession and conversely what competencies they considered to be less ‘salient’ to their profession. The questionnaire asked the psychotherapists and psychotherapy organisations to rate how they considered the ‘relevance’ of the competencies, the ‘importance’ of the competencies and the ‘frequency’ with which a given competency was performed. The rating system used a four-point Likert scale and these ratings were then analysed by quantitative measures.

The scores for relevance, importance and frequency of each sub-section were combined to give an overall score for the sub-section, ranging from a possible zero score to the highest possible score, 9. A score between 7-9 was ranked as ‘High’ in terms of salience, a score of 4-6 considered ‘Moderate’ in terms of salience, and a score of 1-3 considered ‘Low’ in terms of salience.

The quantitative report established that European psychotherapists generally considered 107 of the 124 sub-sections to be ‘High’ in terms of salience. Of the 124 sub-sections, 17 were ranked ‘Moderate’ in terms of salience. None of the sub-sections were considered ‘Low’ in terms of salience, and none of the sub-sections received a zero score. 47 individuals responded via questionnaire and these responses were anonymised.

The questionnaire was largely concerned with establishing a quantitative data set’ however, the Working Group had included space in the questionnaire for a ‘comments section’ and it is this data set that allows us to perform qualitative thematic analysis. There was, however, no requirement for respondents to leave comments, this was merely an option, that could be exercised or not, at the respondent’s discretion. As a result, many respondents didn’t exercise the option to leave a comment, and left the space blank.

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<sup>1</sup> ‘salient’ – particularly relevant

If this had been a requirement, we would have a much richer data set as a basis for the analysis, although enough comments were collected to perform an analysis. From the perusal of the questionnaires, it would appear less likely for a respondent to leave a comment when they were in strong agreement as to the relevancy of a given statement or sub-statement, that is if they generally assigned a “3” rating.

As stated, 107 of the 124 subsections were ranked ‘High’ in terms of salience and thus it was not considered prudent to perform a thematic analysis on these sub-sections, which had obviously been fairly well endorsed by the respondents. It was however considered prudent to analyse the 17 sub-sections that had been ranked as ‘Moderate’ and try to explicate further exactly why they had received this lower ranking.

### **Thematic Analysis**

The analysis only looked at each of the domains that contained ‘Moderate’ scores, taking these moderately scored subsections in sequence, and will also look for any over-arching themes that may emerge from that specific analysis, and constitute “key themes” in the data set. Merit lies in the fact that these sub-sections ranked moderately across all respondents, that is, there is some consensus among the psychotherapists that took part in this survey that these sub-sections are perceived to be less relevant, less salient, to the concept of psychotherapeutic competence, and this deserves our attention.

The comments present in the questionnaires from the moderately rated sub-sections have been logged and numbered in a separate document that constitutes the ‘data set’ for this analysis. Any comment referred to in this analysis will be referenced by its position in the data set, that is the line or multiple lines that it constitutes.

Respondents were more likely to make a comment on any given statement or sub-statement when they were being critical of the relevancy of the statements, and a large proportion of the comments were concerned with points of critique. Due to the non-specific aspect of the comment section, a fair proportion of the comments were not in relation to psychotherapeutic competencies, but instead detailed methodological gripes that some respondents had with the questionnaire.

As a result, the data set is somewhat limited in its scope and quite idiosyncratic in its focus; regardless of which, there are some significant patterns that emerge from the data set and attention has been drawn to these.

As there is no hypothesis or specific research question relating to the data set, we can refer to the description of the domains as stated in European Association for Psychotherapy’s website, to give a context to and to inform the analysis. Detailed descriptions of all the domains can be accessed here: <http://www.psychotherapy-competency.eu/Domains/index.php> (EAP, 2012)

### **Domain 1: Professional, Autonomous & Accountable Practice**

The section of Domain 1 that received a ‘Moderate’ rating from respondents was sub-section 1.1.5: “Liaise with other professionals” in terms of mediating continuing professional development. Respondents were asked to give ratings on these sub-sections:

- o establishing mutually agreed criteria for exchanging information (where appropriate);
- o ensuring these criteria are communicated to patients/clients appropriately;
- o recording information shared with and from other services appropriately;
- o ensuring that other services are aware of the ethos, methods, scope and practices of their service;
- o working cooperatively with other professionals and agencies;

Respondents were then given the option to freely comment on any of these sub-sections, the appropriateness of the titles or anything else they felt might be of relevance pertaining to their liaising with other professionals. Any comments or sections of comment are included verbatim.

Psychotherapists that commented on this section accepted that while on a theoretical level, at least, the concept of being in a mutually beneficial exchange between other professionals and agencies was desirable. Yet, in the day-to-day practice of their therapeutic work, the emphasis appeared more focused on “self-reliance”.

*“It is important but I don’t often work with other professionals or agencies”, (line 5).*

Respondents intimated that the same self-reliance should be evident in the other professions they might liaise with and, when probed about ensuring ethical and practical standards in other services, the comments belied a sense of individual responsibility within services and a need for some level of independence and self-support, for mutually beneficial relationships to exist:

*“How can I ensure this? This is their responsibility. My responsibility is that I cooperate with them only if these conditions are fulfilled”, (line 3-4).*

*“I don’t want to teach others how to do their job”, (line 1).*

It was intimated that relationships based on a healthy critique between autonomous entities was more desirable than services that were reliant on each other, and dependent in their functioning:

*“being critical in cooperation with agencies”, (line 6).*

One psychotherapist intimated the need for the profession, if required, to have the ability to defend itself from the over-involvement of agencies out with the private sphere, to be to some degree, independent and unified:

*“always protect the private sphere against trespasses by state or insurances”, (line 7).*

The sub-section 1.4.4., “Incorporate research knowledge findings” focused on psychotherapists relationships with current research and its integration into psychotherapeutic practice in relation to “professional development” specifically. This section also received a moderate rating, and seemed a contentious issue for the respondents in this survey. Research is given fuller attention in domain 11 and there, as here, it seems a contentious issue:

*“Research is not always a good information resource for clinical work”, (line 15)*

While respondents indicated a natural curiosity in research, they also expressed a sense of frustration, and lack of power, in actively incorporating it into practice:

*“much of the research I am interested in involves the use of pharmaceutical treatments, which I cant and don’t prescribe. I don’t have the authority to apply knowledge or research findings which may go against the referring psychiatrist or GP. This can be frustrating”*, (lines 9-12).

There is further “distrust” expressed in the validity of other services as dependable, self-reliant entities:

*“GPs are not themselves up to date on research”*, (line 14).

With no little self-awareness, respondents acknowledge that some psychotherapists could be better prepared for integrating research into practice.

*“not all psychotherapists have enough knowledge/training to estimate adequately a research description”*, ( lines 17-18).

Respondents note the lack of unifying framework specific to psychotherapy in the field of research, which, we could presuppose, would further strengthen notions of self-reliance, confidence and autonomy for the profession in a more general, theoretical sense:

*“a global association that gathers and updates all researches about psychotherapeutic issues”*, (lines 18-19).

Yet while the value of research is acknowledged, pre-eminence is given to practical practice and “hands on” interaction with clients as the priority for psychotherapy and the defining activity of the therapist. This seems to explain the sub-sections ‘Moderate’ ranking in relation to the notion of psychotherapeutic competencies. Research is important but is not a priority.

## Domain 2: The Psychotherapeutic Relationship

The sub-section 2.4.4: “Record the outcome of the psychotherapy” was the only section in Domain 2 to receive a moderate ranking from the respondents, very few comments were made on this sub-section to elucidate further why they found this sub-section less salient than the others in this domain, and it was not considered prudent to include these in this thematic analysis.

Follow-up studies, or focus group workshops, could perhaps further elucidate what motivated the psychotherapists to rank this sub-section as significantly lower than the other in this domain.

## Domain 3: Exploration (Assessment, Diagnosis & Conceptualization)

In Domain 3, sub-section 3.1.1: “Making use of assessment tools”, scored a moderate ranking across respondents. Again, themes concerning the “autonomous status” of

psychotherapy as a unique entity and distinct from other services, yet working in tandem with other services, come to the fore:

*“I think we should separate between psychotherapy (intervention) and formal assessment. We should leave the formal assessment (Psychological assessment) for psychologist, the same a (regular) psychologist, without specific formation in psychotherapy shouldn't act as a psychotherapist”, (lines 29-32).*

The notion and importance of formal assessment is evidenced on a theoretical level, and is more likely to be prioritised in an organisational context, yet in practice, especially in terms of private practice, this competency is not seen as a priority. One respondent comments of formal assessment that it is:

*“Not used very often”, (line 33).*

Another contends that when working with organisations, formal assessment was prioritized, and while, on some level, this informs private practice, such procedures are not utilized in the cut and thrust of dealing with individual cases:

*“In my private practice I don't use formal assessment procedures. In working with organisations I always do/did, and this informs my private practice first session, but I “do” it differently in private practice”, (line 26-28)*

Thus research and formal assessment are seen as theoretically desirable, but a more flexible idiosyncratic practice that adapts to the immediate needs of the client is of greater priority and salience to European psychotherapists:

*“Beside the theoretical background there must be enough space for improvisation, intuition, situative reaction”, (line 36-37)*

*“Theoretical Background is very good, but as humans are individuals, their living and problems are even more individual, you can't treat them like serial-produced machines”, (lines 34-35).*

*“A good Therapeut works with individual people and their special needs, not with methods!!!”, (line 40-41).*

Thematically having sufficient “power” and “authority” to make individual decisions based on individual cases seem emergent here along with previous themes of “self-reliance”.

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

In this Domain, only one sub-section 4.2.3 was ranked as ‘Moderate’ in the questionnaire. The statements concerned were discussing the various possibilities and strategies of psychotherapeutic approaches with the patient/client. From the comments made, it would seem that psychotherapists consider strategic direction to be the preserve of the therapist and question whether the patient/client has the necessary knowledge and motivation to engage actively with the therapist:

*“people at the beginning of psychotherapy do not have the energy and the clarity to make such fine discriminations”, (line 45-46).*

*“According to my experience not every client wants or needs this much discussion”, (line 42).*

Themes of “authority” and “power” again seem significant here, psychotherapists that responded feel confident in their training and abilities to be trusted in the conception and deliverance of any therapy to their clients.

These themes are further developed in the section of the questionnaire Domain 8: “Use of supervision, (Peer) Intervision and Critical Evaluation”. Specifically the notion of the “practice audit” received a moderate ranking and this could merit further analysis.

The concept of the practice audit seemed a contentious one to the psychotherapists involved in study:

*“Ideally, this would be good in serving our battle for recognition as an independent profession, but isn’t necessary in order to be a good psychotherapist”, (lines 62-63).*

The theme of “self-reliance” is again evidenced here. Also, respondents considered the practice audit to be of some significance, but one that varies dependent on context:

*“I think it needs to be recognized/acknowledged that the depth and level of engaging in practice audit will differ depending on the requirements of the practitioner / organization”, (lines 53-54).*

Again, the psychotherapists that commented on this section tended to place pre-eminence on the practicality of the client/therapist relationship, over the more theoretical considerations of the practice audit.

*“Many times clients are not open to participate in written questionnaires and consider it as a waste of their paying time”, (lines 51-52).*

*“in my world this is not humanistic or therapeutical thinking”, (line 61.)*

Respondents again alluded that “control”, along with the potential distrust of supervisory authorities, was a relevant theme in the data set, with respondents leaning more towards intervision between colleagues as preferable to practice audits or overly demonstrative supervisory processes:

*“sorry, I don’t like the idea of practice audits. Seems too much for me as to quantifying human processes. Instead, intervision might be emphasized a little bit more!” (lines 66-67).*

#### Domain 10: Management and Administration

The psychotherapists that commented on this domain seemed to make a clear distinction between what competencies are salient to their profession and those that are not. Most of what the EAP ‘Working Group’ established as potential competencies, in relation to ‘Management and Administration’, were endorsed by the psychotherapists who responded to the questionnaire. Yet, as evidenced by previous specific comments on

formal assessment, research and practice audits, there is some demarcation between what should be considered as priorities for therapists and what are considered extraneous and less salient:

*“As I have said I am uncomfortable with the inclusion of this section within the competencies of a psychotherapist. In my view they do not belong here and are legal, moral requirements of all of us in whatever profession – not all psychotherapists are self-employed or employed or running small business...”, (lines 72-75).*

Specifically sub-section: 10.2.3. “Ensure appropriate advertising” received a ‘Moderate’ ranking in the quantitative part of this study, although, due the scarcity of comments recorded, it is not possible to further elucidate the exact reasons why this is and thus it is not possible to investigate this further, in terms of thematic analysis.

The section 10.3: “Manage and administer employees in a small business” did however receive significant comments, specifically sub-sections 10.3.1. “Awareness of employment law and administration” and 10.3.2, “Manage and administer employees properly” received only ‘Moderate’ rankings from respondents.

Given that psychotherapy is a multi-faceted profession and psychotherapists can exist within organizations, or independently, as stand-alone private endeavours, if any one therapist works independently of an organisation, there is therefore no requirement to be ‘au fait’ with employment law and its idiosyncracies:

*“It doesn’t seem relevant to me. Of course if there are employees this would be expected, but this is not relevant to the profession per say”, (lines 90-91).*

*“...not much concerned as I work without any employees”, (line 88).*

*“I inserted a zero in 10.3.1 as I do not employ, manage or administer any employees”, (line 89).*

Moderate scores in these sub-sections then arise not so much from a lack of perceived salience, rather these scores seem to be evident due to lack of practical relevance for independent psychotherapists, who work out-with umbrella organisations.

### Domain 11: Research

Domain 11 focuses in greater detail on ‘Research’, and, as evidenced in our previous analysis of research, and the related comments, in sub-section ‘1.4.4’, this is a somewhat contentious issue for psychotherapists in this pan-European context. On some level, research is considered as informative and important in terms of evolving ongoing training, and is therefore reasonably salient to the profession:

*“It is also important to consider the development of personal and professional research skills of psychotherapists to be used to map the provision of training courses”, (lines 103-104).*

*“it is important to discuss the implications of these research competencies for training”, (line 105).*

*“It is important to be mindful of and reflect on how these competencies change over time and to include the need for the core competencies to be revised on a periodic basis”, (lines 107-108).*

However, the practicalities of weaving new discoveries into the day-to-day working life of the therapist is again questioned:

*“The depth and breadth of research a practitioner can realistically be expected to undertake and/or be involved in will vary greatly depending on their work setting, resources”, (lines 117-118).*

*“I find it very desirable that all psychotherapists engage in at least one small research project during their professional life, nevertheless that’s far away from what is our reality nowadays, I think!”, (lines 135-137).*

Respondents again make reference to an inner belief and confidence in psychotherapy as a ‘self-reliant’ entity that prioritises practical endeavours over the theoretical preoccupation of new research:

*“This is not really relevant to the profession per say. This is more a speciality that is of interest for some therapists, but should not be regarded as a must to be a proper European psychotherapist”, (lines 124-126).*

Sub-section 11.2: ‘Engage in appropriate research’ received a ‘Moderate’ ranking in the quantitative analysis, and, whilst considered relevant, was not considered as a ‘core’ psychotherapeutic competency to the therapist that commented in this section:

*“I don’t feel this area of competency can be viewed as a general competency requirement for all psychotherapists. Rather, I think it could be viewed as an area of speciality that an individual may take an interest in”, (lines 151-153).*

Comments on Sub-section 11.2.2: ‘Plan appropriate research’ again highlight that for the psychotherapists in this study, research was not central factor in determining their competence as psychotherapists

*“I do not think that a competent psychotherapist should know about planning research in order to be a competent psychotherapist”, (line 173-174).*

*“this competence is too specific and only slightly relevant to function as a competent professional and respond to the needs of the client could be omitted”, (lines 175-176).*

Psychotherapists that commented here seem quite confident and assured of what is salient to their profession, and what is relevant but not of core concern, and this confidence is advantageous when making assertions based on the data set, as to salience and relevance.

## Domain 12: Prevention & Education

In Domain 12, the sub-section 12.2 focused on the promotion of psycho-social development. Respondents considered that this was a relevant competence in terms of interactions with clients (12.2.1), however this was not so strongly evidenced when

considered in the more general context of influencing wider society (12.2.2). This sub-section mostly received a general score as respondents generally felt this was outside their remit:

*“do not think that it is necessary for a psychotherapist to do that, in order to be competent, unless he wants it. There are psychotherapists with a lot of social activity and others who are not willing to work with community”, (lines 206-208).*

*“I would like to add here that it is important that the psychotherapist has a talent and capacity to give such talks and presentation, not every psychotherapist is so gifted and after attending conferences, talks – some people ought not to do this work. To make this as a competency for all psychotherapists seems a bit silly to me”, (lines 211-214).*

In a similar vein, sub-section 12.2.3: ‘Actively engage in projects designed to reduce or prevent mental health problems’ received a ‘Moderate’ ranking from respondents in the questionnaire. Whilst important on a personal level, it was not considered ‘de rigueur’ in relation to the wider professional competencies of a European psychotherapist:

*“Why do we all need to be active environmentally, socially and politically? Surely these things are individual choices”, (lines 219-220).*

## **Conclusions**

This thematic analysis was concerned with the sections of the quantitative report that received a ‘Moderate’ rank from the psychotherapists and organisations that completed and returned the EAP’s practice analysis survey (PAS) into the Core Competencies of a European psychotherapist.

As stated, if the leaving of comments on the PAS forms had been a requirement, we would have a much richer data set as a basis for the analysis, although enough comments were collected to perform an analysis.

From analysis of the comments made on the 17 sub-sections that received moderate scores, certain key themes emerged. The relevance and form of the ‘practice audit’ is questioned. ‘Research’, ‘formal assessment’ and use of ‘assessment tools’ are considered as relevant in a wider, general context, but received ‘Moderate’ rankings when psychotherapists were pushed to consider what is fundamental to their competent functioning as psychotherapists.

‘Liaising with other professionals’ was revealing in understanding how European psychotherapists define their profession, and how they see it evolving and moving forward in the future. Key themes based around notions of the ‘self-reliance’ of the profession, in that it can take responsibility for its actions and assertions, appeared central to this analysis. Psychotherapists that commented on the questionnaire seemed assured that, by having the requisite power to exercise ‘autonomy’ apart from other service providers, such as general practitioners, psychiatrists and psychologists, and to be ‘independent’ and able to freely exercise this independence, could help all relevant parties in working towards a more productive future. The theme of ‘distrust’ in agencies out with the psychotherapeutic community seemed pronounced, even to the extent that psychotherapists appeared ‘protective’ of their profession.

It should be noted however that the relatively limited quantity of comments made by respondents, in relation to the amount of questionnaires returned, ultimately reduces the strength of the patterns found in the analysis. Thematic analysis on the 'Moderate' ranked sub-section in Domain 2 could not proceed due to there not being a sufficient quantity of comments. Future qualitative research conducted by the EAP may wish to stipulate explicitly that comments are required, rather than optional.

A proportion of the respondents' comments were concerned with small gripes with the questionnaire, which we could construe as a 'theme' of sorts, albeit it one generally unrelated to the concept of core competencies in psychotherapy. One respondent asked to give a overall rating for a section 8.1 of the questionnaire complained, "*It is too detailed*"; another respondent, asked to give a rating for the individual details of this sub-section, specifically concerned with identifying suitable criteria and evaluation tools for practice audit, claimed, "*I don't understand – what tools? Criteria for what?*"

Problems with understanding some aspects of the questionnaire may be symptomatic of differing standards of English language comprehension across this pan-European cross-section of respondents. Specific meanings may be obscured in translation, and this may interfere with the validity of certain responses.

The instructions in the questionnaire were quite long and could easily be misconstrued, especially if an individual is not adequately schooled in the language the questionnaire is written in. It would be prudent for questionnaires relating to future research, conducted on this pan-European scale, to be translated into the differing European languages, as and when required, thus eliminating this variable from distorting the data.

Regardless, the notion of 'trust/distrust in authority' is pronounced, worthy of further consideration, and constitutes a key theme in this analysis. The data set provided evidence of a need from within psychotherapy to garner sufficient "power" to stand alone and autonomous as an independent discipline, and fully to realise its potential.

Thus the goals of 'autonomy' and 'independence' are accepted by respondents as fundamental to establishing psychotherapy as a self-reliant entity in its own right.

The psychotherapists who took part in the survey appeared to be focused primarily on the needs of their clients. Whilst aware of the requirements to perform the more prosaic duties of practice audit, formal assessment, and possibly some research, they did not consider such endeavours as priorities, certainly in terms of the core professional competencies. Loyalty to the client came first and foremost. Psychotherapists also seemed focused on the practicalities of running a (private) practice efficiently, and thus both expected and endorsed a high degree of competency across the European psychotherapeutic community.

This focus, that psychotherapy should stand alone as a discipline and profession, would appear to be of notable relevance, salience and significance to the psychotherapists that commented on the questionnaire, especially as it as fundamental goal of the EAP.

## **Qualitative Data Set: Comments for sub-sections that received a 'Moderate' rating**

### **Domain 1: Professional autonomous and accountable practice**

#### **1.1.5 Liaise with other professionals**

01. *I don't want to teach others how to do their job*

**... ensuring that other services are aware of the ethos, methods, scope and practices of their service;**

03. *How can I ensure this? This is their responsibility. My responsibility is that I co-operate*

04. *with them only if these conditions are fulfilled.*

05. *It is important but I don't often work with other professionals or agencies*

06. *being critical in cooperation with agencies and*

07. *always protect the private sphere against trespasses by state or insurances*

08. *it is too detailed*

#### **1.4.4. Incorporate research knowledge findings**

09. *Incorporate where possible is key here: much of the research I am interested in involves the use of*

10. *pharmaceutical treatments, which I can't and don't prescribe. I don't have the authority to apply*

11. *knowledge or research findings which may go against the referring psychiatrist or GP. This can*

12. *be frustrating. What I do where possible though is discuss meds with GPs, the ones that are*

13. *willing to discuss such matters with a psychotherapist. Furthermore, I find that many or most(?)*

14. *GPs are not themselves up to date on research.*

15. *Research is not always a good information resource for clinical work. There is a huge amount of*

16. *researches with different results and many methodological limitations/problems/ mistakes that*

17. *they are not given in public. And not all psychotherapists have enough knowledge/training to*

18. *estimate adequately a research description. There is also not a global association that gathers*

19. *and updates all researches about psychotherapeutic issues.*

20. *Maintain and development seem contradictory. Would prefer "engage in". Same with word*

21. *"remaining"; it's a process not a state. How about "keeping up to date with..."?*

22. *Depends what is meant by research here. Perhaps different sorts of research could be identified*

23. *and then marked against. I would score high on frequency for some research, low on other sorts.*

### **Domain 2: The psychotherapeutic relationship**

#### **2.4.4. Record the outcome of the psychotherapy**

24. *give the possibility to the clients to get a so called katamnestic session about 6 month later to*

25. *evaluate the results of given therapeutic treatments.*

26. *I disagree with this because the outcome is decided through the client!*

### **Domain 3: Exploration (assessment, diagnosis and conceptualization)**

#### **3.1.1. Make use of assessment tools**

26. In my private practice I don't use formal assessment procedures. In working with organisations I  
27. always do / did, and this informs my private practice first session, but I "do" it differently in  
28. private practice.

29. COMMENT: I think we should separate between psychotherapy (intervention) and formal  
30. assessment. We should leave the formal assessment (Psychological assessment) for psychologist,  
31. the same a (regular) psychologist without specific formation in psychotherapy shouldn't act as a  
32. psychotherapist.

33. Not very often used

**... ensuring these are consistent with aims, ethos and objectives of organisation and theoretical perspective;**

34. Theoretical Background is very good, but as humans are individuals, their living and problems  
35. are even more individual, you can't treat them like serial-produced machines with prefixed  
36. methods. Beside the theoretical background there must be enough space for improvisation,  
37. intuition, situative reaction etc. (But anyway – for newcomers a prefixed method is opportune, if  
38. experience and intuition -as internalised experience or even as a transpersonal phenomenon- is not  
39. yet grown.) Contrary to the currently practised trend of specification of methodes and  
40. separation of methodes in working I would really prefer a method-integrating style of working!  
41. A good Therapeut works with individual people and their special needs, not with methods!!!

#### **Domain 4: Contracting: Developing goals, plans, strategies**

##### **4.2.3. Decide on psychotherapeutic approach or strategy**

42. According to my experience not every client wants or needs this much discussion. Of  
43. course it is necessary understanding and mutual agreement of strategies, but usually  
44. people come with little or not at all experience of this kind of thinking. More over,  
45. sometimes, people at the beginning of psychotherapy do not have the energy and the  
46. clarity to make such fine discriminations.

47. Hasn't all this been said already?

48. The clients current strategies of life/problem-managing may have brought him/her in this  
49. very difficulties, wherefore s/he came to your praxis. So it is sometimes difficult to  
50. assess the strategy, founded on this current preferences

#### **Domain 8: Use of supervision, peer intervision and critical evaluation**

##### **8.1.4: Engage in Practice Audit**

51. Many times clients are not open to participate in written questionnaires and consider it  
52. as a waste of their paying time.

53. I think it needs to be recognized/acknowledged that the depth and level of engaging in  
54. practice audit will differ depending on the requirements of the practitioner/organization,  
55. for example, working as a therapist in a NHS Adult  
56. Mental Health Team I engaged considerably more in practice audit (i.e.,  
57. satisfaction questionnaires and follow-up studies, etc) than I do now as a  
58. therapist in a medium-sized private practice

59. *I don't understand – what tools? Criteria for what?*
60. *The answers are relevant to the therapeutic practice in Greece*
61. *in my world this is not humanistic or therapeutical thinking*
62. *Ideally, this would be good in serving our battle for recognition as an*
63. *independent profession, but isn't necessary in order to be a good psychotherapist*
64. *this kind of additional workload is only appropriate in a paid, private clinical environment.*
65. *It is not usual in public health services or private practices and will not be paid actually*
66. *Sorry, I don't like the idea of practice audits. Seems too much for me as to quantifying human*
67. *processes. Instead, intervision might be emphasized a little bit more!*
68. *Ideally this would be prioritised in private practice, however its not something I have time*
69. *for in my day to day practice*

### **Domain 10: Management and Administration**

70. *.....I somewhere put 0 for the frequency rating, because a statement is not applicable to my*
71. *practice – no state regulation yet etc*
72. *As I have said I am uncomfortable with the inclusion of this section within the*
73. *competencies of a psychotherapist. In my view they do not belong here and are legal, moral*
74. *requirements of all of us in whatever profession – not all psychotherapists are self-employed or*
75. *employed or running small business...*

#### **10.2.3. Ensure appropriate advertising**

76. *I would like this section to specify that testimonials from clients are not acceptable but I am not*
77. *sure what the position is with this in other European countries.*

#### **10.3 Manage and administer employees in a small business**

78. *most of the psychotherapists in Germany are being part of an institution...there is only a small*
79. *group, which work as self-employers ... so this answers are coming up more of my ones experience*
80. *as an bodypsychotherapist self-employer for about 30(!)years*
81. *How about working in a clinic – there are psychological or medical psychotherapists*
82. *working as leaders of departments in psychosomatic and psychotherapeutic clinics in*
83. *Europe?*
84. *Most of the colleagues need to work in a clinic for their psychotherapeutic trainings in*
85. *Germany, Bulgaria and Romania to fulfill the criteria. How about these capacities of the*
86. *therapist – we might think of this in future.*

##### **10.3.1. Awareness of employment law and administration**

87. *It doesn't seem relevant to me per say to the profession*
88. *not much concerned as I work without any employees.*
89. *I have inserted a zero in 10.3.1 as I do not employ, manage or administer any employees.*

### **10.3.2. Manage and administer employees properly**

90. *Same as above. It doesn't seem relevant to me. Of course if there are employees this would be expected, but this is not relevant to the profession per say*

92. *I have no employees*

93. *ensuring that 'dual relationships' are not created;*

94. *Re point 3, perhaps this needs "where possible, and if it is not possible, managing these appropriately"*

96. *I do not employ anybody*

97. *it is administratively overloaded for a small business e.g. handbook*

### **Domain 11: Research**

98. *I think this provides an initial framework to be developed – it is important to have this*

99. *Research domain included at the appropriate level – I suggest that you also differentiate*

100. *between knowledge-base competence and skills-base competence*

101. *It also important to identify the competencies (skills and knowledge sets) that a*

102. *psychotherapist should have or develop during their training programme.*

103. *It is also important to consider the development of personal and professional research*

104. *skills of psychotherapists to be used to map the provision of training courses – it is*

105. *important to discuss the implications of these research competencies for training*

106. *programmes. A couple more points;*

107. *It is important to be mindful of and reflect on how these competencies change over time*

108. *and to include the need for the core competencies to be revised on a periodic basis.*

109. *One aspect which I feel is missing in these survey is a key competence – 'work*

110. *collaboratively in multidisciplinary teams to understand theoretical and conceptual*

111. *models of research and practice and to use knowledge to develop innovative research*

112. *and practice.'*

113. *Hope this helps!!!!!! Good luck with taking this to next steps!!!!!!*

114. *Whilst I consider research to be an important competence, I also believe there needs to be*

115. *a distinction drawn between those practitioners working in private practice and those in*

116. *larger organizations such as the NHS or teaching institutions. The depth and breadth of*

117. *research a practitioner can realistically be expected to undertake and/or be involved in*

118. *will vary greatly depending on their work setting, resources, etc.*

119. *I think that research in psychotherapy is quite a controversial theme, so the most*

120. *important ability I think is the ability to discriminate what is useful and what not, and*

121. *not be blindly following whatever comes up in the research*

122. *literature.*

### **11.2 Engage in appropriate research**

123. *seems not that important to me, concerning being a good therapist. it is nice to be familiar with*

124. *it, though*

125. *This is not really relevant to the profession per say. This is more a speciality that is of interest*

126. *for some therapists, but should not be regarded as a must to be a proper European*

127. *psychotherapist.*

128. *there is always the problem with randomized studies...they are well accepted, but in German*

129. *society of bodypsychotherapy we discuss several times, that the evidence of the*  
130. *psychotherapeutic relation between client and therapist have to be understood more clear and*  
131. *studies have to be designed, which find out more about this*  
132. *issues!*

133. *I think it's not necessary that every therapist takes part in research, those who feel obliged*  
134. *should do it*

135. *I find it very desirable that all psychotherapists engage in at least one small research project*  
136. *during their professional lives, nevertheless that's far away from what is our reality nowadays, I*  
137. *think!*

138. *Metanoia Institute would query the extent to which ECP holders need to meet the competencies*  
139. *and at what level and in what time frame – i.e. at registration or post-five year qualification.*  
140. *Culturally, different training routes exist. Within the UK, student psychotherapists begin to see*  
141. *clients after a year of training, whereas in Austria this does not take place until 3 years of*  
142. *clinical training has been completed.*  
143. *As part of the UK experience, the Quality Assurance Agency for Higher Education has set*  
144. *humanistic competencies which are core to UK academic training programmes.*

145. *International experience in the psychotherapeutic fields I am working in (psychodynamic,*  
146. *positive and humanistic therapy) shows that only few people, mostly in the age between 25 and*  
147. *40, are able and willing to initiate, organize, work in and review research. About 10 % of my*  
148. *colleagues would be able, and about up to 5% are ready to participate actively and responsibly*  
149. *such projects. I believe we have to accept to have “the practitioners” and “the scientists”, and*  
150. *we need a well constructed bridge between the two fractions.*

151. *I don't feel this area of competency can be viewed as a general competency requirement for all*  
152. *psychotherapists. Rather, I think it could be viewed as an area of speciality that an individual*  
153. *may take an interest in and should be encouraged to do. I think the skill level required to do*  
154. *research is not within current trainings as I am familiar with. The need for research of course*  
155. *is important I am not undermining that by my comment, rather am trying to locate correctly*  
156. *where this competency*  
157. *belongs*

158. *I think the “Appropriateness” of titles and sub-titles should come after the questions, once*  
159. *people know what is in the question and can reply as to appropriateness*

### **11.2.1. Take part in appropriate research**

160. *Comment – “Engage in”, ‘appropriate **research**’ - need to define what these mean and how*  
161. *one will demonstrate competence (ie. Able to explain / describe, or able to analyse?)*  
162. *You also need to differentiate between ‘engage in’ and ‘engage with’*

163. *For example – other competencies to be included*  
164. *Know how to apply all aspects of the research process and develop specific research skills*  
165. *Know how to apply a broad understanding of the context in which research takes place*  
166. *(at the national and international level)*  
167. *Ensure the ethical and responsible conduct of research*

168. *Glad to participate to your questionnaire. Going to participate to a research programme with*  
169. *interest.*

170. *Metanoia Institute has not rated the remaining two phrases of 11.2.1. as we believe they are*  
171. *only slightly relevant to function professionally or to respond to the needs of the client and*  
172. *should be omitted from this competency.*

### **11.2.2 Plan appropriate research**

173. *I do not think that a competent psychotherapist should know about planning research in order to*  
174. *be a competent psychotherapist.*

175. *Metanoia Institute believes this competence is too specific and only slightly relevant to*  
176. *function as a competent professional and respond to the needs of the client, could be omitted.*  
177. *Metanoia does support the conduct of single case study research project which involves a*  
178. *comprehensive reflective inquiry into completed psychotherapy with an individual client.*  
179. *As a training organisation we include this competency within all of our psychotherapy training*  
180. *programmes and expect our graduates to demonstrate this competency in order to gain*  
181. *qualification.*

### **11.2.3. Conduct psychotherapy research**

182. *The usual terminology these days is participants, not subjects. Apparently it is more respectful!*  
183. *Some people do get very agitated about this so it would be as well to change it.*

184. *\* comment – ‘sympathetically’, ‘appropriate body / appropriate format ’ - need to define*  
185. *what these mean and how one will demonstrate competence (ie. able to explain / describe,*  
186. *or able to analyse?)*  
187. *instead of ‘Plan appropriate research’ could be ‘Effectively select and design a research*  
188. *study to address specific research questions’*  
189. *\* instead of ‘consulting with and checking with any superior or supervisory bodies’ could be*  
190. *Understand the importance of working in collaboration with supervisors, organizations and*  
191. *communities to plan and conduct systematic research.*

192. *For example – other competencies to be included*  
193. *Ensure the ethical and responsible conduct of research in all stages of the research (i.e.*  
194. *design, implementation, dissemination)*

195. *To add: being aware of the cultural and diversity parameters involved in any research*  
196. *project and ensuring these are followed;*

197. *instead of ‘Conduct appropriate research’ could be ‘conduct systematic research’*

198. *Until now, I have never undertaken a small scale research programme...in psychotherapy, but*  
199. *will participate in the coming months.*

200. *Metanoia Institute does not regard this as a relevant function of a competent psychotherapist.*

201. *Writing articles and/or books based on research*  
202. *Presenting concepts, schemas, etc based on research*

## **Domain 12: Prevention and intervention**

### **12.2.2. Promote psycho-social development**

203. *being informed is not the same as being willing to communicate via public talks Perhaps these*  
204. *should be listed separately*

205. *In Ireland , liaison with other professionals can be difficult, practically*  
206. *do not think that it is necessary for a psychotherapist to do that, in order to be competent,*  
207. *unless he wants it. There are psychotherapists with a lot of social activity and others who are*  
208. *not willing to work with community*

209. *To be able to reflect the own position ... (own view of mankind, smoking or drinking, own*  
210. *religious or political beliefs etc.)*

211. *I would like to add here that it is important that the psychotherapist has a talent and capacity*  
212. *to .give such talks and presentation, not every psychotherapist is so gifted and after attending*  
213. *conferences, talks – some people ought not to do this work. To make this as a competency for*  
214. *all psychotherapists seems a bit silly to me. It is of course great work to be done but only if*  
215. *able to do so – I would dread the idea of all therapists believing the should be doing it. I also*  
216. *find myself reacting to the idea that we should be openly condemning behaviours, systems,*  
217. *institutions that are clearly abusive – I think this needs a lot of thought and reflection and*  
218. *wisdom to discern. Again saying it ought to be a competency????*

### **12.2.3. Actively engage in projects designed to reduce or prevent mental health problems**

219. *Why do we all need to be active environmentally, socially and politically? Surely these things*  
220. *are individual choices.*

221. *Metanoia Institute believes the wording of bullet point one could be adjusted to read as follows:*  
222. *Awareness of cultural and political contexts, theories, beliefs and practices should be*  
224. *demonstrated.*