



Many psychotherapists and counsellors are disturbed and unconvinced by current proposals for state regulation through the Health Professions Council (HPC). Nearly 3000 have already signed a petition to that effect. Many feel that, for the sake of the profession and of their clients, they will be unable to comply with such regulation and will not join the proposed register. This is a message to the entire profession, inviting you to join with us in a cross-modality alliance to fight these plans. There are a number of reasons for opposition to HPC regulation, which are partly independent of each other: you need not agree with all of them in order to share our concerns about the implications of the proposed system.

- The argument *for* regulation by a state-sponsored body has never been made, but is simply assumed. There is no solid research demonstrating widespread abuse by practitioners; nor is there either research or argument to show that such regulation lessens abuse (doctors, for example, have been so regulated for many years, but shocking cases still occur regularly). Yet 'protection of clients' is still cited as the main grounds for state regulation. Despite the emphasis on 'evidence-based practice' which accompanies the demand for regulation, that demand is itself not evidence-based.
- Although many counsellors and psychotherapists work in medical settings, their work is not a branch of medicine nor an activity ancillary to medicine. Most forms of therapy do not focus exclusively on the relief of symptoms, but emphasise creating and exploring a relationship. If there is a goal, it is a general improvement in the quality of life (so that client satisfaction, rather than the improvement of an isolated symptom, is the appropriate measure of effectiveness). Regulation through the HPC implies medical values and criteria which are in many ways antithetical to psychotherapy and counselling.
- A majority of practitioners work full or part time in private practice. Their clients make decisions as responsible adults to come to them and to continue in therapy or to leave, and are able to seek advice or redress from a number of self-regulating professional bodies or from the legal system; they are in effect the practitioner's employer. State regulation is clearly inappropriate for an activity contracted voluntarily between adults. We support extending the private client's autonomy and freedom of choice to NHS and voluntary sector clients, rather than the reverse.
- Many practitioners see their work as more an art than a science: a series of skilled improvisations in a relational context, where each client, and indeed each session, offers unique issues and demands unique responses. Such an activity cannot be captured by a list of 'competences', however elaborate; at best, such a list can offer only a parody of therapeutic practice. Yet regulation by civil servants, who themselves know nothing of the field they are regulating, demands an 'objective' version of our practice, even if this falsifies its nature. The inconvenient reality is that the field consists of many groups and individuals doing *some* of the same things in *some* of the same ways, but with many small and significant differences and with constant invention and variation – which has always driven advances in practice.
- The therapeutic field is a rich and complex ecology, built up of many different approaches. This diversity is intrinsically valuable – since clients and their issues are equally varied – and is part of what we want to protect; however, from a regulatory point of view it is awkward and inconvenient, and needs to be ironed out. Good training helps the practitioner to develop their own unique style of work, rather than making them conform to a supposed 'best practice'. The proposed regulation bids fair to flatten this rich ecology into a monoculture, with devastating consequences for the profession and for its clients.
- Any attempt to impose a quasi-objective framework of standards and competences not only stifles creativity in the field, it also damages the therapeutic work with the client. In trying to apply a predetermined set of external principles to a particular individual, the practitioner must override the client's individuality and sacrifice the therapeutic process to the demands of a fixed technique. This is ethically unacceptable for the practitioner as well as therapeutically ineffective for the client.
- The initiative to regulate psychotherapy and counselling is itself a symptom of our tick-box society: of an obsession with 'safety', a compulsion to monitor every activity, an illusory belief that everything can be brought under control. In many ways, psychotherapy and counselling inherently expose this illusion: they support us in tolerating uncertainty, difference, risk, and the unknown.
- Like many important activities, psychotherapy and counselling, though usually helpful, are inherently 'risky'; they cannot be made to conform to safety-first culture. HPC regulation will only strengthen the existing trend towards defensive practice – that is, practice which is more concerned to protect the practitioner from complaint than to help the client's growth and self-understanding.
- The proposals for HPC regulation cannot be separated from the creation of National Occupational Standards for the field; the recent Skills for Health initiative to determine 'competences'; NICE clinical guidelines privileging a single form of 'evidence-based' therapy over all other modalities; and the so-called Improved Access to Psychological Therapies scheme. Between them, all of these developments promise to reduce access to long-term, relationally oriented therapy and counselling; to reduce client choice; to medicalise the field; and to rigidify training and inflate its cost, and hence the cost of therapy, making access even more difficult for the economically disadvantaged. HPC regulation is also likely to exclude from practice many part-timers and volunteers, as well as making it harder for counselling services using volunteers to survive.

HPC regulation could only be justified if the benefits could be shown to outweigh the drawbacks. For the reasons cited above, we believe that the damage caused to psychotherapy and counselling will be profound, and the benefits dubious and minor. There are clear alternatives available – some of them in concrete existence in the USA and Australia - which avoid the noxious elements of current proposals; but no effort has been made to examine them. In this situation we are unable to stay silent. Our political, professional and personal conscience compels us to become guardians of the diversity and independence of psychotherapy and counselling, and to speak out on behalf of our own right to practise ethically and according to our best judgement; of the rich traditions of the discipline and of future generations of practitioners; and also of the clients who might seek to use our services now and in the future – their right of choice and their autonomy and responsibility. We will therefore do everything we can to oppose HPC regulation, and to alert others to the dangers involved. If these proposals become a reality, we do not expect to be able to consent, and are considering a position of principled non-compliance. **Anyone who wants to find out more about the Alliance for Counselling and Psychotherapy and the active steps we are taking to oppose HPC regulation, should contact [info@allianceforcandp.org](mailto:info@allianceforcandp.org)**

*“The questions which can no longer be dodged are challenging in the extreme. Who are we as counsellors and psychotherapists and what is the work to which we are called? To those who believe that statutory regulation will at last turn counselling and psychotherapy into an indisputable profession, a label for which so many practitioners have yearned for decades, I would suggest that to gain such a status may be the ultimate trap. To be a professional these days brings with it not the opportunity to exercise expertise, creativity and imagination but the threat of ever-escalating state interference and an exposure to the contempt and false accusations of a litigious public. Statutory regulation will do little or nothing to protect clients but it will assuredly sap therapists of their creativity and preparedness to take risks and open them to new forms of legitimised attack”.* (Brian Thorne: Therapy Today May 2009, vol. 20, issue 4)

*“...clients who need therapists who have the courage and the capacity to take risks in their work will find it increasingly difficult to find them in a state-regulated psy field, thus being unable to access the healing experience that they need. At worst, we will likely end up with a programmatic kind of therapy that becomes little more than an apology for the cultural status quo”* (Dr Richard House (2009), senior lecturer in psychotherapy and counselling, Roehampton University)

The following is an extract from a forthcoming article by Darian Leader :

When Freud arrived in London in 1938, he praised the generosity and open-mindedness of a culture that had offered him – and psychoanalysis – a home. Yet now, some seventy years later, new proposals for the regulation of the talking therapies under the Health Professions Council (HPC) mean that it will no longer be possible to go into therapy, practise therapy or train therapists as before. Rather than an open-ended and challenging exploration of human life, the therapy of the future becomes a form of social engineering: shiny professionals devise healthcare management plans, conduct audit procedures, and meet targets they agree with their patients. Where therapy had traditionally involved a critique of received notions of health and illness, with a system of values freed from those of political authorities, now these notions and values risk becoming dictated by the state. How could such a reversal of the basic ethics of psychotherapy have come about?

Successive governments have been considering the question of therapy regulation for the last 40 years, yet there was never agreement on what form legislation would take. In 2006, the Department of Health commissioned the two main umbrella organisations in the field – UKCP and BACP – to carry out a consultation on key issues. The result of the consultation was unambiguous: HPC was inappropriate as a regulator, unable to deal with the complexity of the field, designed as it was for health professions such as radiology and physiotherapy. This wasn't the result the Department wanted, and, disregarding its own consultation, it charged HPC with regulating psychotherapy and counselling: but with two crucial provisos. As the 2007 White paper on 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century' specified, HPC had first to assess the 'regulatory needs' of the talking therapies and whether its system was capable of accommodating them. Yet, almost wilfully, it neglected to carry out these tasks. Meeting after meeting between stakeholder groups and HPC showed that there was no real listening here. The basic issues were brought up again and again, yet with no recognition of what they might mean in terms of regulation in HPC's system. Most traditional forms of therapy – not to speak of psychoanalysis – were not health professions. Practitioners did not see themselves as providing a service or a medical-style intervention. Therapy, on the contrary, was about a relationship, an exploration of human life, with no set outcomes and no guarantees of results. This process would involve some nice stuff but also some very nasty stuff. Difficult aspects of one's history would be re-enacted with the therapist, who would accept the place of the target of all the patient's projections. If you had an abusive parent, for example, the therapist would most likely be experienced as abusive at some point during the therapy. And working this through would be a large part of the therapeutic process. It's what psychoanalysis calls transference. Similarly, the therapist would not try to be a model human being, and for the patient to engage with their weaknesses, mistakes and prejudices would in itself form a valuable and significant part of the work. The key to the process is that these difficulties, imperfections and obstacles are not deemed external to the relationship but actually form part of it: it's an encounter between two human beings, warts and all. In fact, just like any other real human relationship.

The Government, and HPC, have failed so far to grasp these basic features of the talking therapies. Therapy is seen as an external intervention, a procedure or set of techniques to be applied to a more or less passive organism rather than an open-ended relationship where most of the work is done by the patient. This misunderstanding of what the majority of therapies are about explains why the Government had a scheme to 'give' therapy to young Muslims suspected of harbouring terrorist aspirations. Therapy is identified with a medical-style intervention: apply it and patients will change their beliefs! It's the same misunderstanding that makes the HPC's generic standards and requirements regarding training, education and fitness to practice unworkable for most of the talking therapies. They prioritise outcomes, targets, audit, health management and even infection control - terms well-suited to a surgical team prepping a patient for an operation. These facts have been explained again and again to the HPC with no sign of any rational response to the basic, simple arguments.

So why are HPC so set on regulating this field? Why haven't they been able to admit that they are not the appropriate regulator? And why hasn't the Government looked at the other models of statutory regulation used in other European countries and internationally? Most of these aim to bring therapists onto some form of register, yet the UK is the only European country where the legislation concerns the actual content of therapy sessions. How could such a bizarre and uninformed model have got so far? The card played systematically by HPC is public protection. They will be able to strike people off, thus ensuring public safety and prevent anyone putting up a brass plate with the title 'psychotherapist'. Apart from the fact that this never really happens, practitioners, under HPC, could simply set up shop with another title such as 'life coach' or plain and simple 'therapist'. The HPC model doesn't protect the public that well, as a major report from Kings College-Royal Holloway, funded by the Economic and Social Research Council, recently showed. And amazingly, the Government is now rebranding many of its NHS psychotherapists as 'wellbeing practitioners', presumably to avoid the effects of its own proposed legislation! Yet there are many signs that the project of HPC regulation is losing steam. Politicians are now realising that other forms of statutory regulation may be both cheaper than HPC and more effective. With a judicial review of HPC's conduct now pending, brought by several organisations in the field, their campaign has been greatly compromised. There are calls for a convention on the regulation of therapy and counselling which would bring together all stakeholder groups and debate the different models used internationally, some of which would suit the UK very well. If such a serious dialogue is possible, the country that once gave Freud sanctuary from the Nazis won't be in the embarrassing position of finding itself to be the only country which has made Freudian psychoanalysis – as well as a host of other forms of therapy – impossible to practise.