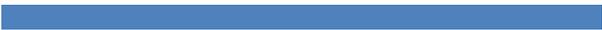


# FACT-Alberta Draft Entry-to- Practice Competency Profile

August 2017

**FACT-Alberta Steering Committee**



## **Entry to-Practice Competency Profile for Counselling Therapists.**

**Endorsed by the FACT-Alberta Steering Committee, August 18, 2016**

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# Competency Profile for Counselling Therapists

## Preface

### Introduction and acknowledgements

The Competency Profile for Counselling Therapists was first developed in British Columbia over the period May 2004 – May 2006. It was revised in 2007 following a national consultation and validation process.

This 2016 update was undertaken by the Federation of Associations of Counselling Therapists in British Columbia (FACTBC) collectively representing over 4200 counsellors and therapists who practice in British Columbia. The profile was validated through a comprehensive online survey involving the memberships of its member associations as of the date of the survey:

- American Association of Pastoral Counsellors (B.C. chapter)
- Association of Cooperative Counselling Therapists of Canada
- Association of Registered Clinical Hypnotherapists
- British Columbia Association of Clinical Counsellors
- British Columbia Art Therapy Association
- British Columbia Association for Marriage and Family Therapy
- Canadian Art Therapy Association
- Canadian Counselling and Psychotherapy Association (B.C. chapter)
- Canadian Professional Counsellors Association (B.C. chapter)
- Music Therapy Association of British Columbia
- Professional Association of Christian Counsellors and Psychotherapists (B.C. chapter)

The profile was revised by a committee of experienced counsellors, therapists and educators, assisted by a consultant in competency-based workplace standards.<sup>1</sup> In its work, the committee considered a wide array of available documentation<sup>2</sup> and drew heavily upon the expertise of its members.

The member associations were provided with access to an on-line validation survey, in which their members were asked to consider each proposed competency and answer the following question:

- *In your opinion, should entry-level proficiency in this competency be an expectation at the point of entry-to- practice?*

Analysis of the survey data led the committee to conclude that almost all of the proposed competencies described the skills deemed important for a Counselling Therapist at the time of entry to practice. As a result of this survey feedback, one competency was dropped from the profile and several others were modified for greater clarity.

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<sup>1</sup> Dr. David Cane. Catalysis Consulting. Kamloops, BC [www.catalysisconsulting.net](http://www.catalysisconsulting.net)

<sup>2</sup> Documents reviewed included the Entry to Practice Competency Profile for Registered Psychotherapists from Ontario

(2012). <http://www.crpo.ca/wp-content/uploads/2013/06/RP-Competency-Profile.pdf>.

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Further analysis of the data led to the conclusion that that there was no perceptible difference in the pattern of responses between respondents with membership in the smaller associations, or either of the bigger associations. This supports our claim to the relative universality of the identified competencies across the member associations.

The term “entry-to-practice” as used in this document, and the intended point of application of the competency profile, is the point of entry of a counselling therapist into independent professional practice (this follows any mandatory period of supervision that may be required by a member association prior to full registration).

## Conceptual Framework

### Competence and Competencies

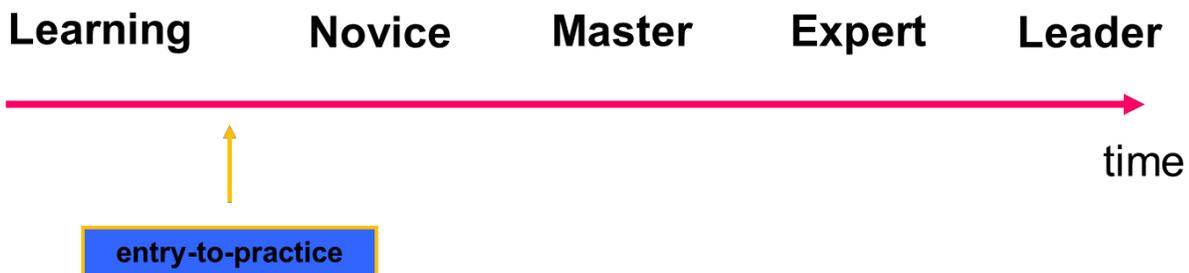
Competence in the professional workplace is generally agreed to be a complex and subjective quality that is highly context-specific (Kane, 1992; Epstein & Hundert, 2002) and which does not lend itself to objective assessment in the abstract. To circumvent this difficulty and to enable reliable and objective education and assessment prior to entry to the profession, it is commonly assumed that competence is enabled by the possession of “competencies”, where:

*A competency is defined as the ability to perform a practice task with a specified level of proficiency.*

An entry-to-practice competency profile identifies the set of competencies expected at entry to the profession which is deemed to enable competent entry-level practice and to provide a foundation for ongoing development.

As well as being context-specific, workplace competence is developmental and impermanent. Over the span of a career a practitioner’s knowledge and skills develop as a result of experience and continuing education. Levels of proficiency increase in regularly-performed practice tasks; new practice tasks may be learned. Levels of proficiency in practice tasks that are not utilized may decrease. Added to this, practitioners may specialize in narrow areas of practice rather than general practice. As a result of these forces, practitioner competency sets evolve over time (Benner, 1984, Kaslow, 2007; Snell, 2014), and tend to individualize, as illustrated in the figure below.

### Evolution of Professional Competence over Career Span



## Entry-Level Proficiency

The following statement characterizes the level of proficiency in the competencies expected at entry-to-practice:

*When presented with commonly occurring practice situations, the entry-level Counselling Therapist applies relevant competencies in a manner consistent with generally accepted standards in the profession, independently, and within a reasonable timeframe. The entry-level Counselling Therapist selects and applies competencies in an informed manner, anticipates what outcomes to expect in a given situation, and responds appropriately.*

*The entry-level Counselling Therapist recognizes unusual, difficult to resolve and complex situations, and takes appropriate steps to address them based on ethics and standards of practice; this includes seeking consultation or supervision, reviewing research literature, and referring the client.*

## Structural Framework

The competency profile includes 125 competencies organized under functional headings within four practice areas as follows:

### **Area 1. Foundations**

- 19.1 Human functioning
- 19.2 Theoretical framework
- 19.3 Mental health
- 19.4 Awareness of self
- 19.5 Diversity

### **Area 2. Communication and relationships**

- 2.1 Communication
- 2.2 Relationships
- 2.3 Collaborative practice and referral

### **Area 3. Professionalism**

- 3.1 Legal and regulatory compliance
  - 3.2 Ethics
  - 3.3 Self-care and safety
  - 3.4 Reflective practice
  - 3.5 Records
  - 3.6 Business practices
  - 3.7 Third party support
  - 3.8 Reports to third parties
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3.9 Supervision

3.10 Collegial consultation

#### **Area 4. Counselling Therapy Process**

4.1 Orientation

4.2 Assessment

4.3 Therapeutic relationship

4.4 Therapeutic process

4.5 Closure

The competencies listed in the profile should be regarded as an integrated set of abilities, each competency informing and qualifying the others; competencies are not intended to be used in isolation. They do not constitute a protocol for the practice of counselling therapy.

#### **References**

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## Competency Profile for Counselling Therapists

<b>1. Foundations</b>	
<b>1.1 Human functioning</b>	
a	Apply knowledge of developmental transitions.
b	Apply knowledge of contextual and systemic influences, including social, biological, and family factors.
c	Apply knowledge of the significance of religion, spirituality, values, and meaning.
<b>1.2 Theoretical framework</b>	
a	Use established therapeutic theory.
b	Establish therapeutic relationships informed by the theoretical framework.
c	Apply knowledge of how human problems develop, from the viewpoint of the theoretical framework.
d	Apply the theoretical framework to client contexts and presentations.
e	Apply a theory of change consistent with the theoretical framework.
f	Recognize the benefits, limitations, and contraindications of differing theoretical frameworks.
<b>1.3 Mental health</b>	
a	Integrate knowledge of the impact of trauma on psychological functioning.
b	Recognize the major classes of psychotropic drugs and their effects.
c	Recognize the major diagnostic categories identified in the current editions of the DSM ( <i>Diagnostic and Statistical Manual of Mental Disorders</i> published by the American Psychiatric Association) and the ICD ( <i>International Classification of Diseases</i> ), and their possible implications for therapy.
d	Recognize the impact of drug and alcohol misuse.
e	Apply knowledge of neurobiology pertinent to clinical practice.
<b>1.4 Awareness of self</b>	
a	Recognize instances where the counselling therapist's life experiences may enhance or compromise effectiveness.
b	Recognize instances where the counselling therapist's subjectivity, values, and biases may compromise effectiveness.
c	Obtain support to enhance objectivity.
<b>1.5 Diversity</b>	
a	Apply knowledge of human diversity.
b	Adapt the counselling therapist's approach to meet culture-specific needs of clients.
c	Recognize how historic and systemic oppression, power imbalance, and social injustice may impact the therapeutic process.
d	Recognize and address barriers that may affect access to counselling services.
e	Identify and access culturally relevant resources.
f	Model behaviour that promotes inclusion.

<b>2. Communication and relationships</b>	
<b>2.1 Communication</b>	
a	Use clear, concise written and oral communication.
b	Use electronic and social communication media in a secure and professional manner.
c	Use communication style appropriate to the recipient.
d	Communicate in a manner that promotes inclusion.
e	Use effective listening skills.
f	Monitor non-verbal communication.
g	Differentiate fact from opinion.
h	Communicate effectively in a group setting.
i	Explain theoretical concepts in everyday language.
<b>2.2 Relationships</b>	
a	Show respect to others.
b	Maintain appropriate boundaries.
c	Recognize and address conflict in a constructive manner.
d	Maintain congruence between what is said and what is done.
<b>2.3 Collaborative practice and referral</b>	
a	Create and sustain working relationships with other professionals.
b	Differentiate the functions of other service providers.
c	Show respect to other disciplines.
d	Participate in collaborative practice.
e	Develop and maintain a referral network.
f	Identify community resources relevant to client needs.
<b>3. Professionalism</b>	
<b>3.1 Legal and regulatory compliance</b>	
a	Comply with relevant federal and provincial / territorial legislation.
b	Comply with relevant municipal and other local bylaws.
c	Comply with requirements of statutory regulatory body.
d	Comply with requirements of self-regulatory organization.
e	Distinguish between the role of a statutory regulator and a professional association.
<b>3.2 Ethics</b>	
a	Recognize ethical issues encountered in practice.
b	Apply an ethical decision making process.

c	Address organizational policies and practices that are inconsistent with legislation and professional standards.
d	Resolve ethical dilemmas in a manner consistent with legislation and professional standards.
e	Recognize and acknowledge personal accountability in decision making.
<b>3.3 Self-care and safety</b>	
a	Maintain wellness practices that contribute to professional performance.
b	Build and use a support network.
c	Recognize and address indicators of compromised performance.
d	Recognize and address need for personal counselling.
e	Recognize and address risks to personal safety.
<b>3.4 Reflective practice</b>	
a	Obtain performance feedback from various sources.
b	Undertake self-evaluation and identify goals for improvement.
c	Implement changes to improve effectiveness.
d	Practice within the counselling therapist's level of skills and knowledge.
e	Remain current with developments relevant to area of practice.
f	Use research findings to inform clinical practice.
g	Recognize and address the need for the counselling therapist to obtain clinical supervision.
h	Recognize and address the need for the counselling therapist to obtain consultation.
i	Negotiate parameters for clinical supervision and consultation.
<b>3.5 Records</b>	
a	Maintain comprehensive records of professional activity.
b	Ensure clarity and legibility of records.
c	Maintain security and preservation of records.
d	Recognize and address factors affecting confidentiality and access to information.
e	Recognize and address factors affecting transfer of information and records to others.
<b>3.6 Business practices</b>	
a	Recognize and address liability concerns.
b	Establish sound business management policies and procedures.
c	Establish procedures to deal effectively with client crises and emergency situations.
d	Establish procedures to provide services during therapist absence.
e	Employ ethical advertising principles.
f	Maintain professional deportment congruent with practice setting.
g	Use planning and time management skills.

<b>3.7 Third party support</b>	
a	Identify when advocacy or third party support may be of value to the client, and advise client accordingly.
b	Support clients to overcome barriers.
<b>3.8 Reports to third parties</b>	
a	Prepare clear, concise, accurate, and timely reports, appropriate to the needs of the recipient and the client.
b	Recognize ethical and legal implications when preparing reports.
<b>3.9 Supervision</b>	
a	Differentiate among administrative supervision, clinical supervision, and consultation.
b	Recognize the principles of clinical supervision and the complexities of the role of clinical supervisor.
<b>3.10 Collegial consultation</b>	
a	Recognize the principles of consultation and the complexities of the role of consultant.
b	Articulate parameters of consultation.
c	Provide consultation within therapist's limits of professional expertise.
<b>4. Counselling Therapy Process</b>	
<b>4.1 Orientation</b>	
a	Explain the proposed theoretical framework for therapy.
b	Describe the therapeutic process.
c	Establish agreement on who is the client for the purposes of therapy.
d	Explain the responsibilities of the counselling therapist and the client in the therapeutic relationship.
e	Explain confidentiality and its limits.
f	Establish ongoing informed consent.
g	Provide key administrative policies and procedural information to client.
<b>4.2 Assessment</b>	
a	Identify client's strengths, vulnerabilities, resilience, and resources.
b	Select and utilize appropriate assessment tools.
c	Refer client for external assessment where appropriate.
d	Identify client's expectations of therapy and its outcomes.
e	Integrate assessment data into proposed therapeutic process.
f	Communicate assessment information so client understands its relationship to proposed therapeutic process.
g	Assess for and address legal duty to report and legal duty to warn.
<b>4.3 Therapeutic relationship</b>	

a	Establish and maintain a client-therapist relationship.
b	Establish and maintain therapeutic boundaries.
c	Define clear limits of response to client's requests or demands.
d	Regain therapeutic perspective when it has been diminished.
e	Monitor and respond to quality of client-therapist relationship on an ongoing basis.
<b>4.4 Therapeutic process</b>	
a	Adapt therapeutic process to meet specific needs of client
b	Formulate working hypotheses to account for and address presenting problems of clients.
c	Use working hypotheses to guide therapeutic approach.
d	Obtain, interpret, and integrate multiple sources of information pertaining to working hypotheses.
e	Assess working hypotheses and effectiveness of the therapeutic approach.
f	Reformulate working hypotheses and therapeutic approach as appropriate.
g	Manage interruptions to the therapeutic process.
h	Review progress with client on an ongoing basis.
i	Develop and monitor safety plan with client and / or others.
j	Foster client's ability to function independent of therapy.
k	Manage interruptions to the therapeutic process due to external factors.
l	Identify situations in which referral may benefit the client.
m	Refer client, where indicated, in a timely fashion.
<b>4.5 Closure</b>	
a	Recognize when to conclude therapy.
b	Prepare client for the ending of a course of therapy.
c	Conduct an effective closure process.
d	Identify follow-up options.
e	Review support systems and resources.
f	Address premature endings.