

The Final Response of the CPJA to the Skills for Health Consultation

Introduction

The Council for Psychoanalysis and Jungian Analysis (CPJA) is a modality section of the United Kingdom Council for Psychotherapy (UKCP). CPJA has over 30 Member Organisations [MO's] and over 1600 individual members. We are the UK's largest national organisation of psychodynamic and psychoanalytic psychotherapists. Our members work with adults and children in a full range of settings - individual, family, couple and group in the private, public and voluntary sectors.

The CPJA has been involved in the Skills for Health project from its first request for professional participation and consultation during 2006. The CPJA and many of its individual MO's contributed to the first phase of the consultation, a summary of which appeared in March 2007. Two representatives from CPJA – Paul Atkinson and James Barrett - participated in the Psychodynamic and Psychoanalytic Modality Working Group during 2008.

Following continuous discussion and debate throughout this process, within the CPJA and with our colleagues in other professional organisations representing psychoanalytic and psychodynamic psychotherapy in the UK, the CPJA has concluded that it cannot support either the process or the outcomes of the Skills for Health consultation. The CPJA will be recommending to the UKCP as a whole that it withdraw its participation and support from the project in favour of its own more appropriately-derived statements of occupational standards for psychoanalytic/psychodynamic and other modalities of psychotherapy

The remainder of this report will briefly outline the reasons for this conclusion, many of which have already been communicated to the various Skills for Health committees involved in this consultation.

The Process of Consultation

Registration: The registration of psychotherapists and counsellors is a key objective for the Department of Health. Although a clear set of competences associated with the key activities of these professionals groups may well contribute to the process of establishing a register, one caution is that it represents only one aspect of a broad set of requirements for a formal registration system.

The CPJA's primary motivation for becoming involved with the Skills for Health project has been the latter's link with the state regulation of the profession through the Health Professions Council (HPC) and our concern to influence this process in favour of good professional practice as far as we are able. While from one point of view, the Skills for Health project could be seen as an exercise in staff and service management within the Dept of Health – its ultimate source of funding – and of specific relevance to our members working within the NHS, its link with the state regulation of the whole profession of psychotherapy and counselling causes us grave concern. This link is exemplified currently by the representation of Skills for Health on the HPC's Professional Liaison Group for psychotherapy and counselling. The Skills for Health project is therefore relevant to all our members, regardless of setting, and to gain support from our membership it would need to represent in a recognisable and relevant way the rich

diversity of theoretical approach, clinical practice and setting the CPJA embodies. Such support required a genuine process of consultation across the profession field. It has failed to carry through a genuine consultative process and has not gained the CPJA's support.

The initial phase of the SfH consultation implied a wide and open consultation with the profession. We expressed in detail many of our concerns about the fundamental mismatch between the philosophical and clinical assumptions of the SfH framework and the training in and practice of psychoanalytic psychotherapy. Many of these concerns were acknowledged in the March '07 report.

In the second phase of consultation, we were presented with a number of faits accomplis, the inflexibility and narrowness of which over time have alienated us from the process. These have been:

- The process of selection and the composition of the Skills for Health management groups made clear the professional and political agenda of the project.
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- At the level of cross-modality oversight there are two committees. The National Reference Group is chaired by Lord Alderdice and includes representation of the UKCP by Carmen Ablack, alongside representatives of other stakeholder organisations inside and outside the NHS. The Strategy Group is chaired by Professor Peter Fonagy, University College London, and is made up of NHS service and workforce leads, including Prof Bateman of UCL, health service regulators including Diane Waller for the HPC, and Skills for Health staff. Significantly there are no representatives of the voluntary registers of psychotherapists and counsellors, despite the project's link with state regulation of the profession.
- At the modality level, the Expert Reference Group (ERG) is chaired by Prof Bateman, UCL, and has twelve members. Apart from the Skills for Health team member, most of these twelve are working in the NHS. At least half are members of the British Psychoanalytic Council and none are members of the CPJA. The group is advised by Anthony Roth, and Stephen Pilling of the research department at UCL, and their colleague Alessandra Lemma at the Tavistock and Portman Foundation Trust.
- Given the explicit connection between the Skills for Health project and the regulation of the whole profession by the HPC, given that the ERG drew up the framework for and wrote the several hundred statements presented to the Working Group, it is extraordinary that there has been no representation on this group of the CPJA, the largest psychotherapy organisation in the modality field, either of its membership within the NHS, of its membership in private practice, or of its diversity of orientation within the field of psychoanalytic and psychodynamic psychotherapy.
- Our first notice that the Modality Working Group was being formed was to receive in passing from the Skills for Health team a list of a dozen or more members of the British Psychoanalytic Council (BPC) who were already being considered for the group. Our objections to this were met with an apology, but also with the assertion that the composition of the Working Group would be decided by its chair and the

project's Strategy Group . In the event, the group included 14 representatives of the profession, ten of whom were members of the BPC and the majority of whom were representing practice within the NHS. The CPJA, representing the majority of psychodynamic and psychoanalytic psychotherapists in the UK, had two seats in the group as did the BACP representing thousands of psychodynamic counsellors.

- It became clear that colleagues in other professional organisations had requested representation on the group and had been refused, including the College of Psychoanalysts who had initially been offered places which were later withdrawn. The College's subsequent Freedom of Information request on the setting up of the group has revealed suggestions of exclusion of organisations likely to be critical of the project. The BPC, whose members formed the overwhelming majority of the group as well as providing its chair, has enthusiastically welcomed the Modality Group's work and in its June newsletter announced its intention to 'co-publish' the modality NOS's with the Dept of Health.
- Three overlapping frameworks were imposed upon the Modality Group's work, which together, in the view of both CPJA representatives, presented complex ideological, theoretical, clinical and methodological conflicts for any satisfactory and acceptable representation of the practice of psychotherapy through a set of occupational statements. Discussion within the group about these conflicts was consistently discouraged and often overridden with an assertion of the framework's immutability by the chair.
- The first was the insistence that the literature of manualised, control trial evidence-based psychoanalytic and psychodynamic practice as selected by the Expert Reference Group was to be the sole source of the NOS's. This decision was challenged to no avail several times in the early stages of the group's work on the basis of well-documented critiques of the limitations of RCT for most settings of psychodynamic psychotherapy, as well as arguments for the value of qualitative research.

As the report from the ERG points out:

Once the decision is taken to focus on the evidence base of clinical trials and their associated manuals, the procedure for identifying competences falls out logically. The first step is to review the outcome literature, which identifies effective therapeutic approaches. Secondly, the manuals associated with these successful approaches are identified. Finally the manuals are examined in order to extract and to collate therapist competences. *A major advantage of using the manuals to extract competences is that by using the evidence base to narrow the focus it sets clear limits on debates about what competences should or should not be included.* (emphasis added)

All the manuals we have drawn on refer to time-limited (though not necessarily 'brief') work, and mostly involve therapy of once (or at most twice) weekly frequency. This means that we have concentrated on the application of psychoanalytic/ psychodynamic interventions as they are provided in the context of publicly-funded provision (where more intensive therapy is a scarce resource and once weekly, time limited interventions tends to be the norm).

The narrowness of this framework cannot represent the diversity and range

of theoretical and clinical approaches, intensity, frequency and settings practised by members of the CPJA. Not least of in this list is the fact that the majority of our members work wholly or partially in private practice.

- The second restraint on the Working Group was built into the ERG's choice of approach in the form of an exclusive bias towards British Object Relations theoretical and clinical schools of psychoanalytic and psychodynamic psychotherapy – the orientation of most of the members selected for the Working Group. The CPJA represents clinicians who work within a plurality of theoretical approaches – object relations, Lacanian, Jungian, relational and intersubjective, existential-phenomenological. Attempts to introduce a more pluralistic texture to the NOS's were successful in a token sense only. The approach of the evidence-based manuals was by definition determinant.

Professors Samuels' and Burgoyne's Expert Readers Reports take up this crucial point. From Prof. Samuels:

In considering why there are these omissions, I have come to the conclusion that these standards seem to be markedly and even scandalously biased in favor of approaches derived from Kleinian and object relations psychoanalysis (sometimes referred to generally as 'British psychoanalysis') with additional material from attachment-based psychoanalysis and the more recent (controversial and yet to be fully accepted) tendency in psychoanalytic thinking known as 'mentalization'. Now this is in and of itself an expression of the power relations within psychoanalysis (and recalls earlier attempts by British psychoanalysis to obtain a leadership/regulatory position with respect to all other modalities of psychotherapy).

Conspicuous by their absence are approaches derived from the more classical end of the Jungian spectrum (e.g. the collective unconscious), Lacanian psychoanalysis (e.g. language), relational psychoanalysis (e.g. recognition, enactment, acknowledgment/self-disclosure), existential-phenomenological analysis (meaning). The body is wholly absent (e.g. Reichian and neo-Reichian psychoanalysis).

And from Prof. Burgoyne's introduction:

There are many varieties of psychoanalytic technique – Freud himself produced three styles of analytical technique in three periods – that of the 1890s; the period of the First World War; and the post 1920 period); Character analysis and analysis of defence were forms of technique that were proposed from the late 1920s; then the ego-psychology school of psychoanalysis from the 1930s; James Strachey's proposals from 1933 to 1936; Fenichel's formulations dating from 1941; Counter-transference schools from the early 1950s; Lacan's 1958 formulations; Loewenstein's proposals from the 1950s; Bion's work in the 1960s and 1970s; Contemporary Freudian, and modern Kleinian forms of technique; together with a range of smaller schools such as Fairbairnian, Winnicottian, and Ferenczian forms of technique. So we can see just in this brief list, 15 to 20 varieties of technique evolving in a period of around 90 years – one new style produced in every five or six years. The development of such competing schools of research and practice is characteristic of the history of the more well-established sciences. In this respect it is something to value, even cherish. The proposed structure for the introduction of NOS in this field runs counter to this need to keep this variety of styles open, and it is this situation that I do not think is capable of being remedied. The position that needs to be protected is the one described in recent years by the Lord Wedderburn of Charlton in the House of Lords: "there is no point in ... choosing a form of regulation which loses something which has been built up in the past ... or in more recent analysts than the masters such as Klein, Lacan, or Winnicott. We must be careful not to lose what is a precious historical oddity; namely the freedom of

groups to find new ways to practice and to introduce new concepts in the field” (Lords’ Hansard, 19th January and 21st February, 2001).

- The final element of the imposed framework was from Skills for Health and the concept of fragmenting psychotherapeutic practice into a bank of competences. Since the beginning of this Skills for Health project, innumerable critiques have been offered by the CPJA and its MO’s of the suitability of this model for deriving occupational standards for psychotherapy. We offer a summary delineation of the model’s unsuitability here, some of which we will return to in the next section.
 - the framework is mechanical and instrumental. The therapist ‘does’ competences to the patient/client. The fundamentally relational nature of psychotherapy cannot be expressed in this model.
 - this includes a denial of the value to the practitioner’s competence of his/her own relational experience as a patient/client during training
 - the model destroys the holistic nature of the therapeutic encounter
 - it cannot allow the unique and bespoke nature of each therapeutic process.
 - the unpredictable and ultimately unknowable nature of unconscious processes, and their autonomy of content, pace, timing and direction in psychoanalytic work, cannot be accommodated by such a taxonomic exercise.

The SfH project was represented from the first as a consultation with the profession. Instead the Modality Working Group was presented with a fait accompli of several hundred draft statements prepared by the ERG, firmly set within the framework described above. The Working Group was given a task whose outcome was largely already decided. We spent several days being asked to shuffle sentences, improve a sentence here, add or delete a sentence there. Frequent objections from the group about the inadequacy and unsuitability of the framework were listened to politely and ignored. Alternative wordings of statement sentences that challenged the framework were repeatedly rejected by Professor Bateman and/or the SfH team. At times, the process was frankly demeaning and insulting of participants’ intelligence and experience in the field.

Following the meetings of the Modality Working Group, the CPJA recommended to the Skills for Health team expert readers to report on the draft NOS’s. Both Professor Samuels’ and Professor Burgoyne’s reports reflect on the inadequacy and inappropriateness of the framework of the NOS’s.

CPJA and its MO’s chose not to participate in the field tests which were part of the final stage of the SfH consultation.

The Outcome: 451 National Occupational Statements

“I have tried repeatedly to envisage reformulations that would avoid this outcome. I do not think it is possible.....” Prof. Burgoyne

“Had I been asked to provide an expert comment earlier in the proceedings, I would have counseled taking another approach altogether. I do not want to seem overly critical and even to seem destructive, but nor do I want to partake in a trahison des clerics.” Prof. Samuels

It is difficult to offer any detailed commentary on the finished product of 450 NOS's without implying that changes to the bank of statements might transcend the epistemological and political inadequacies of the framework and its imposition during the 'consultative' process. It is all too easy to become mesmerised by writing, rewording and reformulating, adding to or subtracting from this list of often subtly nuanced statements as if a bit more of this and a little less of that might save the project.

In order to avoid that impression we want to make it absolutely clear again that we do not accept that the Skills for Health frame of competences based on manualised, RCT evidence-based psychoanalytic and psychodynamic work in the public sector can represent the professional practice of members of the CPJA.

In what follows, we want to outline in more detail what we consider to be the failings of the framework, commenting on the shortcomings of the lists of competences as illustrations of our observations – **not** as recommendations for their improvement.

The terms of reference set by the Expert Reference Group and the Skills for Health team have some internal coherence.

Clearly the relationship between manualised practice in the NHS, for example Profs Bateman's and Fonagy's well-known work on mentalisation, and the British object relations orientation of psychoanalytic psychotherapy is inherent. The latter has had a dominant influence in the NHS for decades. The former is largely an adaptation and application specialisation of the latter. Manualised work has become important within the public sector for some very good political and financial reasons, not least the narrow evidence base NICE has applied to its evaluation of clinical excellence and hence state funding. The pressure among psychoanalytic and psychodynamic psychotherapists in the NHS to organise its values around the research evidence of control trials has been increased, of course, by the current success of Cognitive Behavioural Therapy in government policy making. The exclusive dominance of these political interests in the selection and work of the Expert Reference Group has already been pointed out.

The methodology of manualised technique in the public sectors and the Skills for Health enterprise share a number of ideological assumptions which are either implicit or asserted despite controversy in the profession around their validity and usefulness to the psychological therapies. Both reduce the nature of psychotherapy in the name of an instrumental, pseudo-scientific model which serves political processes.

For example, if we take the performance statements of the sixth of twelve categories of competences, which read like this:

PADT6 Work with unconscious communication

Performance criteria

You need to be able to:

1. allow the individual to talk without imposing any formal structure or direction in the sessions
2. communicate understanding to the individual of the internal obstacles to free association in a timely fashion.
3. help the individual explore their feelings about not being understood or helped
4. understand and manage your own feelings of anxiety about 'not knowing'
5. consider the possible meaning of your own emotional reactions to the individual as a basis for an intervention
6. be aware of and reflect upon, latent and symbolic meanings conveyed through non-verbal communications
7. allow your own subjective associations and ideas to form in response to the individual's communications
8. be curious about what anxieties may lie behind the individual's questions, statements and comments and draw the individual's attention to these
9. recognise and help the individual to reflect on unverballed feelings
10. help the individual elaborate on their idiosyncratic use of language/imagery/dreams
11. allow silence that permits the emergence of the individual's uninterrupted flow of associations and communications
12. tolerate your anxiety to break silences and that of the individual
13. identify the individual's response to your use of silence
14. monitor and interpret the individual's anxiety in response to silence
15. limit silences if the individual's anxiety risks undermining engagement with the therapy
16. increase your level of activity in response to unproductive levels of anxiety or other feelings
17. explicate as needed the individual's use of silence in the session
18. communicate to the individual an understanding of the anxiety silence can generate
19. attend and respond to the conscious as well as the unconscious meaning of the individual's preoccupations

20. respond sensitively to the individual's current preoccupations and distress
21. evaluate when it is most productive to focus primarily on the individual's external or internal reality
22. help the individual to make connections between their current, real-life preoccupations and their unconscious internal world of subjective experience
23. explore with the individual the unconscious use that may be made of difference between you and the individual
24. evaluate and explore the meaning of the symbolic content of the individual's communication
25. monitor and evaluate the individual's response to interventions/interpretations.

The epistemological assumption of the framework is that the psychotherapist is the active subject of each performance statement and the patient/client is its object. Almost all the NOS's are formed of transitive verbs with the therapist as actor and the patient as acted upon. All psychodynamic psychotherapists are aware that the therapeutic relation is a profound **meeting** of subjectivities within which the client is as much the agent of the process as the psychotherapist. The therapist's capacity to be acted upon as well as act is fundamental.

- The NOS's offer an over-functional version of the work. The functional dimension is most certainly an aspect of the therapeutic relationship, as it is of all relationships, and its acknowledgement and the exploration of its implications make an important contribution to therapeutic work.
- For psychoanalytic psychotherapy, however, if functional relating in the sense of provider/user, producer/consumer, expert/layperson, evaluator/evaluated, problem solver/problem sufferer etc is allowed to dominate or become isolated from other dimensions of an analytic relationship, the functional becomes pathological and **dysfunctional**. For psychoanalysis, mutual reflection upon the conscious and unconscious dynamics of the analytic relationship across every dimension of human relating – emotional, ethical, erotic, political, financial, intellectual, aesthetic, imaginal - is the crucible of the therapeutic work.
- For example, the competence of the therapist cannot be assumed by therapist or patient in any therapeutic relationship. It must be continuously established and re-established as a living experience throughout the work. For the therapist to ignore or deny over time the constant pull of feelings of inadequacy and incompetence in the face of working with unconscious communication would seriously undermine his actual competence as a psychoanalytic therapist. Equally, for a patient's declarations or unconscious thoughts about the therapist's incompetence to be either disallowed or taken at face value would also undermine the work.
- Competence in the NOS framework is understood as a set of abilities to perform the role of psychotherapist. There is very little language in the

NOS's of the practitioners' **capacities**, say for, empathy, learning from the patient, suffering 'not knowing', living with one's own unconscious processes. Even in competences 4. and 12. where capacities are being referred to, the statement insists on expressing this in terms of a performance.

- Presumably in terms of demonstrating and measuring a psychotherapist's competence, performance is meant to imply that something is visible and its effect measurable. Capacities can only be seen and evaluated as something performed and presumably recorded for evaluation. Paradoxically, of course, the NOS's above could only be evaluated in the context of intersubjective understandings of the meaning in any context of eg 'sensitively' [20], 'timely' [2], 'idiosyncratic' [10], 'silence that permits.....' [11], 'undermining' [15], 'unproductive' [16], 'the conscious and unconscious meaning' [19].
- What is being asserted in these NOS's is an epistemology of power, an assumption of the therapist's power to know what is going on, including to know how to 'not-know'. It is an assertion about the power relationship between the psychotherapist and the patient that most practitioners do not recognise.

Questions of cultural difference are covered but, as a specialist in the fields known variously as 'inclusivity' or 'equal opportunities' or 'diversity', I must say that the omission of the word 'power' and all that might be associated with it is remarkable. The main differences that affect psychotherapists working with an ethnically, sexually and socioeconomically diverse clientèle are of money/class, education and expectation. Crucially, the question of whether or not the client is a patient (in the sense of a passive one waiting for something to be done to him/her) or an active co-creator in the work is not really addressed. Again, I cannot advocate simply *correcting* this problem because it seems to me to be endemic. The NOS envision the psychotherapist as an expert and skilled performer of psychotherapeutic competencies. Given this, it is not surprising that the patient then emerges in the NOS as the 'lacking' recipient of the psychotherapist's competence. It is a travesty of how most psychoanalytically oriented practitioners see their work and, whatever *realpolitik* underlies the enthusiasm for NOS in some quarters, my considered opinion is that very many will conclude that the NOS 'just don't get it'. Prof Samuels' report

- If we consider the implications of these NOS's applied to the training and education of psychotherapists, or for supervision work, or for assessment of Fitness to Practice, or for policies of Continuing Professional Development – similar thoughts emerge about the assumed power relationship between trainer and trained, supervisor and supervisee, fitness assessor and assessed, regulatory authority and regulated.

That the analyst is able to receive "unconscious communications"; and that this is a central part of their work is moot, to be very mild about it. "Understand and manage feelings"; "attend to unconscious meaning" – this is like saying "attend to the structure of stars by walking into the garden and looking upwards". A phrase such as "the understanding of meaning in latent communication" is either very utopian, or totally ignorant of the difficulties of establishing the nature and content of meaning, and of its shifts. Again, the repetition of earlier topics in this Knowledge and Understanding section ("the" forms of transference; "the" dominant transference theme) does nothing to make them acceptable this

time round. The term "symbolic material" is an example of how far these formulations are from an adequate grasp of the intricacies of this kind of work: what is non-symbolic material? What is the functioning of symbolism? A symbolic functioning is present from the very first moment of the production of material, in the very first session: the author seems to relegate this to something of relative unimportance. Prof Burgoyne on the above NOS statements PADT 6

The last suggestion I want to make is that there is one tremendously simplistic binary in use throughout: the binary internal-external. My own work over thirty years, and that of numerous other psychoanalytic writers, suggests that we have suffered enormously from the strict application of this binary. There is always already an admixture of 'internal' and 'external'. The NOS really need to be reviewed with this criticism in mind.
Prof Samuels

How and by whom would disputed concepts such as 'internal and external reality', 'symbolic', 'non-verbal communications', 'unconscious meanings', 'real-life', 'help', 'evaluate' etc be defined and decided? Not, apparently by the ongoing discourse of a rich, developing diversity of theoretical orientation and clinical practice, anymore than the therapeutic relationship is to be guided by an intersubjective discourse between therapist and patient, whose development has a life of its own. Rather the decision will be made by an imposed set of criteria for desirable outcomes.

- A second methodological problem is the contradiction between the fragmentation of psychotherapy via the NOS's and the essentially holistic nature of the work. Again this has potentially disturbing consequences when applied to the assessment of the practitioner's work. It also has profoundly disturbing consequences for the training and assessment of future psychotherapists.

Psychotherapy is as much art as science and, whilst not ineffable, does not, as we now know, respond well to this kind of taxonomic exercise. The NOS run with an unexamined epistemological assumption about the possibilities of mapping anything psychological. To call it a manualization may be a slight exaggeration, but there is certainly a risk that these standards will start to be used as a checklist of desiderata when it comes to clinical practice. It is almost impossible to convey the attitude of mind required by and evolved in psychotherapists – especially psychoanalytic psychotherapists - without recourse to a holistic approach. This, as it seems to me, has been deliberately eschewed by the writers of this document. You can count the trees but you wouldn't know you are in a forest. As an example of the holistic perspective that is missing, I would mention the notion of 'faith' which, as the psychoanalyst Michael Eigen pointed out in 1981, is prominent in the work of Bion, Winnicott and Milner, and was mentioned by Paul Halmos as being essential to therapeutic work as long ago as 1965. Prof. Samuels

- The authors of the report on the work of the Expert Reference Group, Alessandra Lemma, Anthony D. Roth and Stephen Pilling seem to agree, but only by acknowledging a very telling limitation of the whole project:

However, implementation needs to be holistic: competences tend to operate in synchrony, and the model should not be seen as a cook-book. Delivering effective therapy involves the application of parallel sets of knowledge and skills, and any temptation to reduce it to a collection of disaggregated activities should be avoided. Therapists of all persuasions need to operate using clinical judgment in combination with their technical skills, interweaving technique with a consistent regard for the relationship between themselves and their clients.

- Are then the application of parallel sets of knowledge and skills, clinical

judgement and consistent regard for the relationship between themselves and their clients not competences? If so, why can they not be expressed within the statements? Where in the NOS's are the essential capacities to link theoretical knowledge and clinical practice expressed? Performance and knowledge are separate lists of competences. If a consistent regard for the therapeutic relationship needs to be interwoven with technique, how is the latter to be identified, separated out as statements and be confirmed via control trial evidence?

- In an earlier paragraph the authors say:

It [the work] aims to have utility for those who use it, clustering competences in a manner that reflects the way interventions are actually delivered and hence facilitates their use in routine practice.

This is a strange claim. No experienced psychotherapist would accept that the statements in PADT6 given above would necessarily have any more to proximity in the moment by moment flow of therapeutic work than most of the other 400+ statements.

- Our final point in this section is to return to the unpredictable, infinitely variable and ultimately unknowable nature of unconscious processes, and their autonomy of content, pace, timing and direction in psychoanalytic work - which cannot be accommodated by such a taxonomic exercise. Indeed, the hugely rich literature and clinical practice of psychoanalytic work, largely based on single case histories and developed over the last hundred or so years, is shamefully and risibly reduced by this exercise.
- First of all, we are thinking of course of the unconscious processes of the therapist as well as the client.

The way these documents are drafted is that it seems as if all the psychotherapist has to do is to be conscious of such and such a thing and that covers the matter raised in the standard. ... There is a global injunction in these standards: 'Psychotherapists – become conscious!' If only it were so easy, particularly with reference to the analyst's contribution to, for example, impasse and rupture in the clinical situation. Prof. Samuels

- On the variability of unconscious process, it becomes tempting to draw on the diversity of psychoanalytic theory and practice to list some of the omissions of the statements - given their bias towards one stream of psychoanalytic work ie British object relations. The pluralism of the field reflects the pluralistic nature of psychological life and our understandings of unconscious processes especially.

Creative unconscious:

To give a few further examples of major matters that have escaped the nets of the mappers, there is relatively little herein about the role of the creative (as opposed the repressed or destructive) unconscious. (There is also little about the collective unconscious and I return to this point in a moment.) The role of the imagination in personal relationships, ordinary as well as scientific and artistic work, and in social and public life is surely unarguable and I do not think the authors of these standards disagree. Yet you would not realise the centrality of imagination (and even of play, to be frank) from these standards. I am not sure that this omission can be fixed by more and more drafting. There is simply no *Weltanschauung* to facilitate the matter.

Language; moral development; whole of life psychology; psychology of religion:

The role of language (Lacan *et al*) is distinctly underplayed. Similarly, I could find no references to moral development (cf Kohlberg), whole of life psychology as opposed to the psychology of

infancy and childhood (Levenson), or the psychology of religion as played out in the lives of individuals.

'Time':

There is an overall problem with what I would loosely and conveniently call 'time'. Really, it is a time lag that I have in mind. What I mean is that it is in the nature of unconscious phenomena that recognition of them follows after (and some would say only after) they have led to an action, whether a behavioural/social action or a mental action. The concept of *Nachtraglichkeit* (deferred action, *après-coup*) is relevant here and I wonder what a NOS with respect to this key psychoanalytic notion would look like.

Prof. Samuels expert reader report

- As Prof Samuels points out, however, listing omissions or alternative formulations does not point to the need for more and more drafting. These 450 statements could easily be doubled and trebled in number in an attempt to accommodate the plurality of the psychoanalytic and psychodynamic field. Their multiplication will not improve on their inability to fulfil their purported value as “an aid to curriculum development, training, supervision, quality monitoring, or commissioning”.

Conclusion

- The Skills for Health project has been conceived and developed within the public sector around a very specific clinical and political agenda. During the consultative process within the psychoanalytic and psychodynamic modality, the determination to impose this agenda, with all its partiality of interest, has been made perfectly explicit – both in the appointments to the National Reference, Strategy, Expert Reference and Working Modality groups and the bogus nature of the consultative process during the latter’s meetings.
- As an exercise internal to the Dept of Health, the project is of interest and concern to the CPJA in its representation of the significant proportion of its members working wholly or partly in the NHS. Given the project’s connection with the state regulation of psychotherapy and counselling, that concern and interest has engaged our whole membership. As the largest national organisation of psychoanalytic and psychodynamic psychotherapists in the UK we are deeply disturbed by the exclusion and marginalisation of both the CPJA and the UKCP throughout this exercise.
- For the reasons outlined above, the CPJA will not support either the process or the outcome of the Skills for Health project. We consider its value to practitioners within the NHS to be narrow and flawed, and in relation to the diversity of orientations and settings represented by the CPJA these NOS’s constitute a potentially destructive move towards the homogenisation, centralisation and bureaucratisation of the profession by vested interests.
- The influence of this exercise on our profession through its association with the regulatory process currently being conducted by the HPC will be resisted by the CPJA. The HPC regulatory structure proposes standards of

education and training, definitions of fitness to practice, and a framework for assessing continuing professional development, all of which are referenced to its own sets of generic and specific competence statements on professional standards. It is all too easy to envisage the potential cross-reference between Skills for Health and HPC, later if not sooner.

- The CPJA is proposing and supporting its own modality-specific standards of training and education, including competence statements appropriate to our practice, as part of the cross-modality standards of the UKCP. These standards have been negotiated and agreed within the UKCP over a number of years and represent our understanding of best practice.
- Our recommendation to the UKCP will be that the UKCP dissociate itself as an organisation from the Skills for Health project in favour of a model of professional standards that will more appropriately represent the practice of psychoanalytic and psychodynamic psychotherapy.