

# Overview of the CPCAB model of practitioner development and proficiency

The structure and content of CPCAB qualifications are based on the model of practitioner development and proficiency described in this overview. The model has been developed through a process of educational design research over a twenty year period with respect to thousands of courses at hundreds of training centres. Well over 100,000 helpers and counsellors have trained within the framework of the model. Central to the design and development of the model is the integration of research findings on effective practice including the common factors that contribute to therapeutic change. Life presents all of us with problems that challenge us and sometimes we really need help to cope with them. The model sets out what a trainee needs to learn in order to provide that help to people who may well be feeling very emotionally vulnerable and distressed. Some people may simply need the opportunity to talk through their distress with a helper or counsellor who is able to provide them with a safe and supportive relationship at what could be a critical moment in their lives. Others, however, may need to work with a counsellor or psychotherapist at a more in-depth level to enable change within themselves.

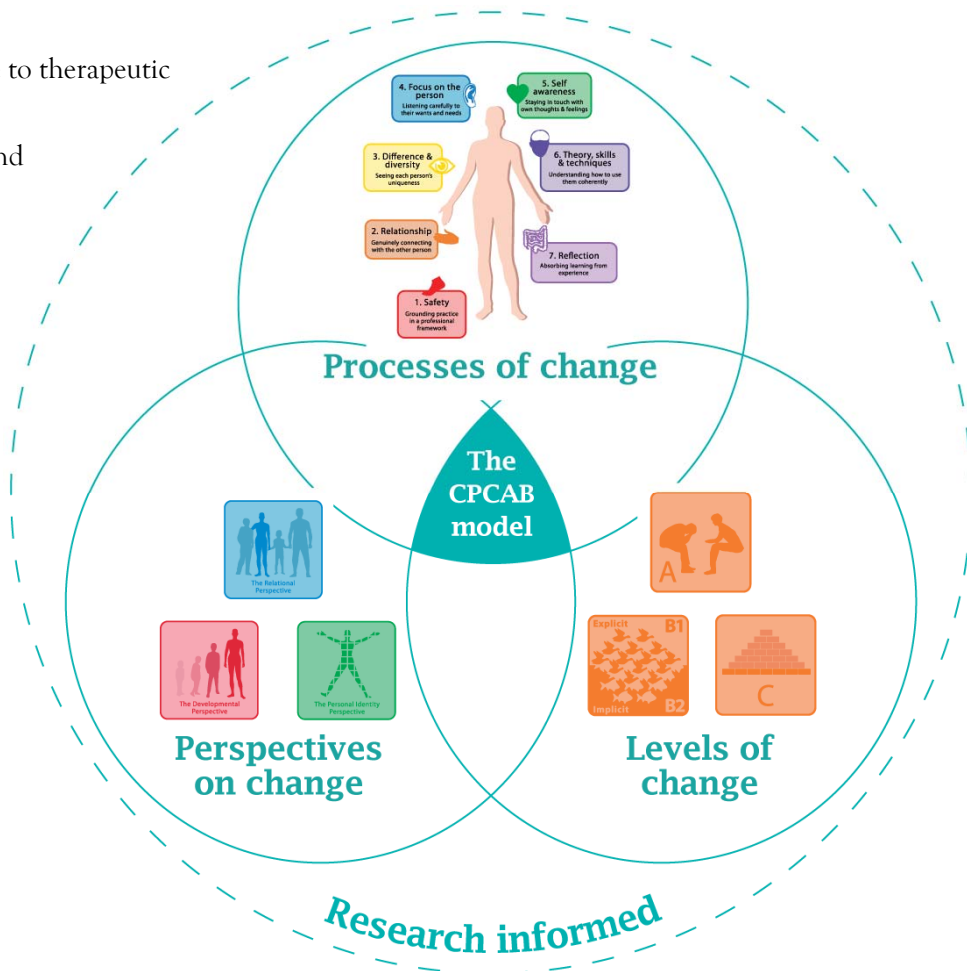
The CPCAB model integrates with a broad range of counselling approaches - enabling centres to deliver their own individual and creative training programmes based around their choice of modality. The combination of the national CPCAB qualification's progression suite and the centre's own individual course provides a coherent framework that supports each trainee as they navigate their way through their own particular learning and development process. The model consists of three parts which together set out what a trainee needs to learn in order to work as an effective helper<sup>1</sup> or counsellor:

1: Seven processes that contribute to therapeutic change

2: Three ways of understanding and working with therapeutic change

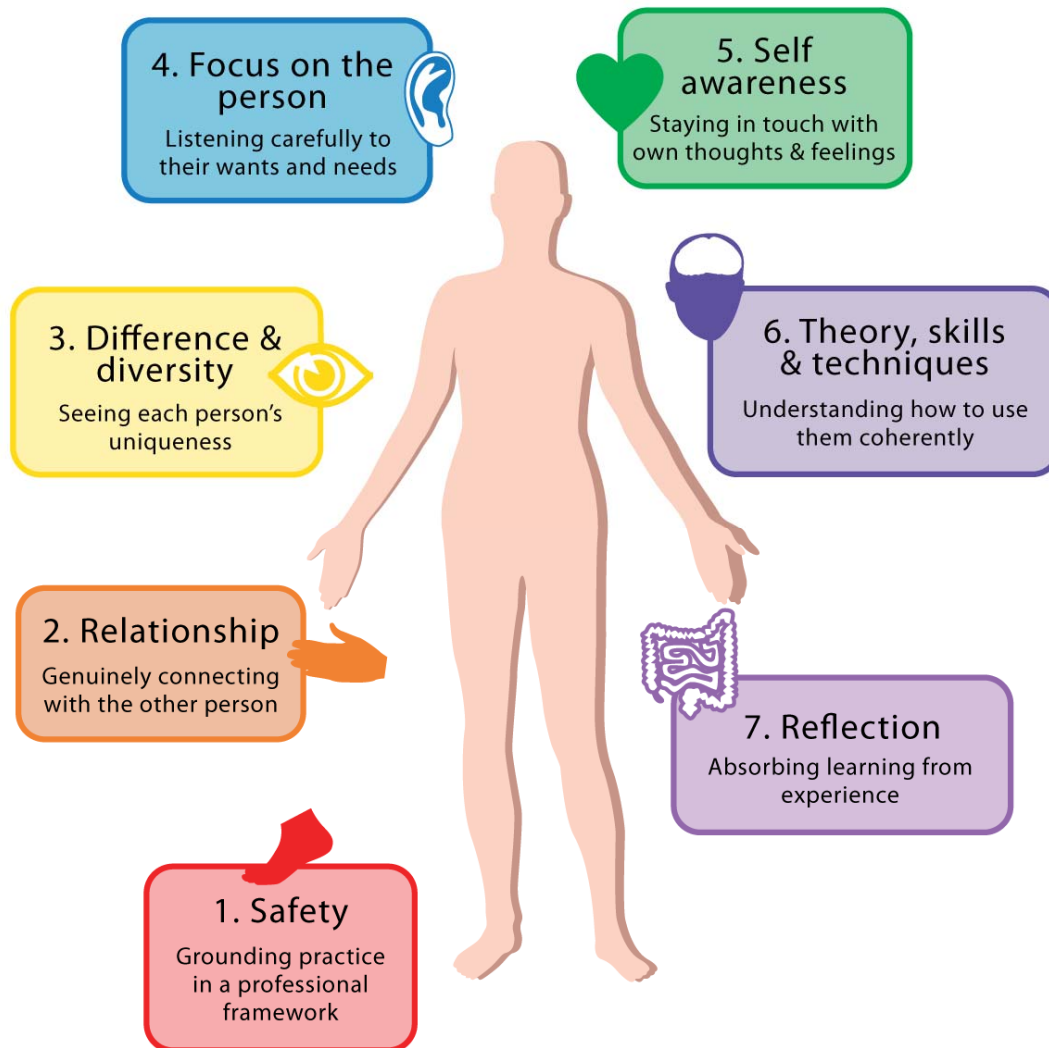
3: Three levels of therapeutic change

These three elements of the model form a matrix that define the knowledge, understanding and skills required - in the form of learning outcomes and assessment criteria - at each stage of the qualifications progression suite. For details of these learning outcomes and assessment criteria please see the individual qualification documents.



<sup>1</sup> The term 'helper' is widely used within the field to refer to someone who is using counselling skills as part of their work but who is not working in formal counselling relationships.

# 1: Seven processes that contribute to therapeutic change



Therapeutic change is complicated and many different factors have been shown to be involved in it. Although we don't fully understand the nature of therapeutic change, research has identified a set of broad common factors<sup>2</sup> that contribute to the process. This first part of the CPCAB model integrates these research findings within seven associated processes. These seven parallel processes are embedded in the structure and content of all CPCAB qualifications either as seven learning outcomes in a single unit qualification, or as seven units in a multi-unit qualification. In order to provide an effective helping or counselling service the practitioner needs to be:

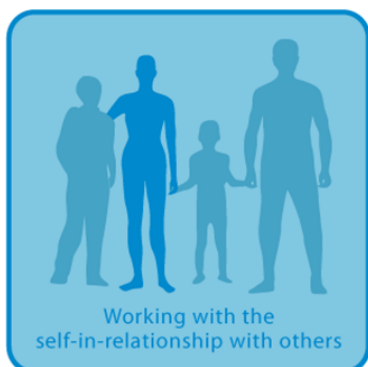
1. Working safely
2. Working through relationship
3. Working with difference and diversity
4. Centring the work on the person being helped
5. Working with self-awareness
6. Working with theory, skills and techniques
7. Working reflectively

<sup>2</sup> Relationship, technique, practitioner and client factors

## 2: Three ways of understanding and working with therapeutic change

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What is therapeutic change, how does it occur and how can the practitioner best support the process? The effective practitioner uses a coherent theoretical approach that answers these questions and guides their work within the seven processes. The second part of the CPCAB model is informed by research on the self and provides a common framework that integrates with a broad range of approaches - enabling centres to deliver their own individual training programmes based around their choice of modality. This common framework is in the form of three *therapeutic perspectives* that are embedded within the learning outcomes and assessment criteria of the qualifications.



### *The relational perspective: working with the self-in-representation with others*

We are fundamentally social beings and many of the problems and challenges in our lives involve our relationships with others. For some people it's sufficient to find support to cope with these relationship problems but sometimes a client will need to change aspects of her habitual ways of perceiving and communicating with others in order to cope more effectively. This work often needs to initially take place within the therapeutic relationship itself, where the client can safely develop new patterns of relating. By changing her unhelpful patterns of relating, the client can develop better ways of coping with her relationship problems and, in the process, more open, supportive and resilient relationships that directly contribute to her health and well-being.

### *The developmental perspective: working with the history of the self*

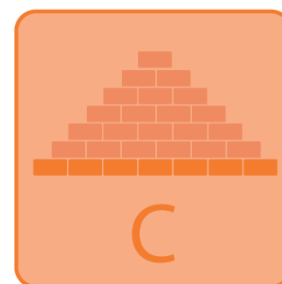
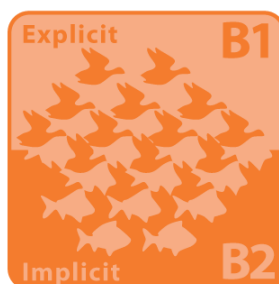
Life is a journey from conception to old age in which our unique personal history shapes our approach to the challenges of our present life stage. For some people it's sufficient to find support to cope with the problems that they're facing in their current life stage, but sometimes a client will need to work on his personal history in order to cope more effectively. One client, for example, might be unable to cope with the birth of his first child because it raises overwhelmingly painful memories from his own childhood. As he works on these painful emotional memories, they gradually cease to overwhelm him and he becomes more able to engage with the challenges and responsibilities of fatherhood. Additionally, as the client changes the way he remembers his personal history, he becomes more resilient within himself - feeling less overwhelmed in the present, by painful memories from the past.

### *The intrapersonal perspective: working with the structure of the self*

Our sense of who we are as a person develops within the context of our relationships and throughout the course of our lives. At times we develop problems with this sense of ourselves - feeling, for example, defensive because our 'vulnerable side has been exposed', anxious because our 'confidence has been knocked' or confused because we have 'acted out of character'. For some people it's sufficient to find support to cope with these personal identity issues but sometimes a client will need to work with the internal organisation and structure of her self in order to cope more effectively. The Freudian model of id, ego and super-ego is one, very famous theory of the internal structure of the self, but there are many other theories. In the Gestalt approach, for example, the practitioner might help the client to uncover her internal structure herself - perhaps naming two parts of herself as her 'social mask' and 'vulnerable child'. A common theme within many different approaches is the concept that therapeutic change involves working on conflicts between the different parts of the self. As these internal conflicts are reduced, the client develops a more resilient sense of herself as a person - enabling her to cope more effectively with the problems and challenges of life.

### 3: Three levels of therapeutic change

The practitioner helps the person to clarify, and then work towards, their therapeutic goals but the achievement of those goals is dependent on where the person is starting from and the associated level of therapeutic change that may be required. A person's starting point is their capacity to cope with the problems in their life - their openness to, and their resilience in the face of, relationship difficulties, life stage challenges and personal identity issues. The third part of the CPCAB model is informed by research on mental health and well-being and provides a continuum of three progressively more challenging levels of therapeutic change and associated levels of therapeutic work. This 'Service Levels' framework doesn't set out to describe the complexity of individual clients and their needs but rather provides a framework for thinking about where the person is starting from, together with the level of therapeutic change that may be required to achieve their therapeutic goals. The Service Levels also provide a framework for defining the nature and limits of the service that an agency or independent practitioner is able to provide.



**Helping Work (Informal Service Level A):** some people may only need support for immediate distress through the opportunity to informally explore the problems and challenges in their life in the company of a skilled helper<sup>3</sup>.

**Service Level A:** for others it's sufficient to work, in a more in-depth way, on common life problems through a formal relationship with a counsellor.

**Service Level B:** some people, however, need to work with a counsellor or psychotherapist<sup>4</sup> to enable change within themselves. People who need to work at this more in-depth level are often also trying to cope with symptoms of common mental health problems such as anxiety and depression. This Service Level consists of working to change both *explicit* aspects of the self (B1) and the more intractable *implicit* aspects of the self (B2).

**Service Level C:** finally, some people who are experiencing symptoms of severe and complex mental health problems may need to work with a psychotherapist to enable therapeutic change within the *foundations* of themselves<sup>5</sup>.

For one person, for example, the goal of '*handling conflicts with my partner better*' might mean working to become more open about his hurt feelings (Helping Work and Service Level A) whilst for someone else, the same goal could mean developing the ability to care for the anxious part of herself that feels terrified whenever she gets into conflict (Service Level B1). Another person with the same goal, however, might need to work through the hopelessness and despair he feels as a result of his implicit, *forgotten* memories of childhood conflict (Service Level B2) whilst for someone else it could mean working on her automatic disassociation from reality when faced with conflict (Service Level C).

CPCAB's qualification progression route sets out what trainees need to learn in order to provide the progressively more in-depth levels of work defined by these Service Levels - the qualifications map the level of therapeutic change to the knowledge, understanding and skills required to work effectively at each Service Level. The progression suite begins with informal Helping Work and progresses, step-by-step, to working with clients needing to change implicit aspects of themselves (Service Level B2) together with the clinical supervision of counsellors working at Service Levels A and B. Please see the CPCAB's 'Service Levels Framework' - available elsewhere in our documentation - for a more detailed description of how the qualifications are mapped to the Service Levels.

<sup>3</sup> Helping work (Informal Service Level A) is clearly distinguished from Service Levels A, B & C which all involve formal counselling or psychotherapy relationships. To help clarify the distinction, CPCAB refers to the person being helped in Helping Work as a 'helpee'. The terms 'counsellor' and 'client' are thus first used in the Level 3 Certificate in Counselling Studies (CST-L3).

<sup>4</sup> CPCAB recognises that there is no clear dividing line between counselling and psychotherapy - particularly in longer term work with clients.

<sup>5</sup> At this level of work clients need supportive or therapeutic work for chronic, debilitating mental health problems often in relation to a fragile area of personality that has been a consistent source of difficulty throughout life. Therapeutic change might involve, for example, developing the ability to 'represent other people's states of mind' or changing the foundational 'maladaptive schemas' associated with unstable coping styles or developing the ability to 'regulate' overwhelming emotions through 'self-soothing'.