



Entry-to-Practice Competency Profile for Counselling Therapists, June 3, 2016

**Updated Relative to Counselling of Indigenous Clients,
September 11, 2019**

Endorsed by the FACTBC Board, November 15, 2019

Conditions of use:

This document is copyrighted by FACTBC, effective November 15, 2019, for the use of its members.

- Others may use this document in the public interest so long as full acknowledgement of its source is clearly made.
- Any alterations to this document, including additions and deletions, must be clearly noted. Users are cautioned that 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.

FACTBC, c/o 263 East 11th Street, North Vancouver, BC V7L 2G8

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.¹ In its work, the committee considered a wide array of available documentation² and drew heavily upon the expertise of its members.

¹ Dr. David Cane. Catalysis Consulting. Kamloops, BC www.catalysisconsulting.net

² Documents reviewed included the Entry to Practice Competency Profile for Registered Psychotherapists from Ontario (2012). <http://www.cppo.ca/wp-content/uploads/2013/06/RP-Competency-Profile.pdf>.

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.

Further analysis of the data led to the conclusion 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.

In 2018 FACTBC undertook a project to review the appropriateness of the competency profile to guide the effective provision of counselling services to Indigenous clients. Work was limited to researching effectiveness in serving First Nations or Métis individuals and communities in B.C. The process involved facilitated in-person and online sessions with counsellors having extensive experience in working with such clients, and focused on the research question: “Assuming that a counsellor is properly trained and qualified to practice in their field, what special knowledge or unique abilities [over and above those described in the 2016 *Entry-to-Practice Competency Profile for Counselling Therapists*] do they need in order to be effective in working with Indigenous clients? Information generated was analyzed by a small project team and resulted in the proposed addition of two competencies and some guidelines listing aspects of practice needing special attention. The additional competencies and the guidelines were subsequently approved by the FACTBC Board for inclusion in this document. The new competencies (2.3g, 3.7c) have been added to the competency listing beginning on page 7, and the guidelines appear on pages 12 & 13.

Application of the Competency Profile to Professional Practice

FACTBC has defined counselling therapy as follows.

The practice of counselling therapy assists people experiencing difficulties in relationships, or within themselves, and enhances their growth and well-being, by making use of relational, conversational, somatic, expressive, or educational methods and techniques informed by established counselling and psychotherapeutic theories, research, ethical standards, human diversity, and the range of human traditions.

FACTBC's member associations represent a broad range of professions that provide counselling therapy.

The competencies in the competency profile are written in generalized language. They should be interpreted in the context of the theoretical framework of practice; the practice setting; and the nature of the client, which may be any of the following:

- Individual
- Couple
- Family
- Group
- Organization
- Community

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

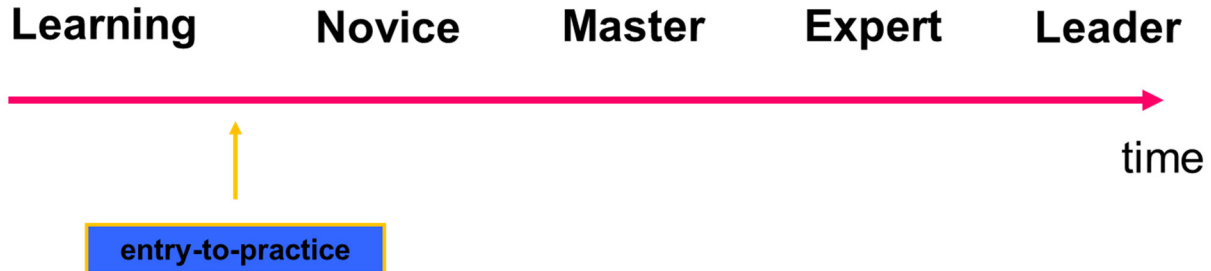
Competence in the professional workplace is generally agreed to be a complex and subjective quality that is highly context-specific (Kane, 1992; Epstein & Hundert, 2002) and which does not lend itself to objective assessment in the abstract. To circumvent this difficulty and to enable reliable and objective 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

- 1.1 Human functioning
- 1.2 Theoretical framework
- 1.3 Mental health
- 1.4 Awareness of self
- 1.5 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
- 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

- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley.
- Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association*, 287(2), 226–235. doi:10.1001/jama.287.2.226.
- Frank, J. R., Snell, L. S., & Sherbino, J. (Eds). (2014). *The draft CanMEDS 2015 physician competency framework* (Series III). Ottawa, ON: The Royal College of Physicians and Surgeons of Canada.
- Kane, M. T. (1992). The assessment of professional competence. *Evaluation and the Health Professions*, 15(2), 163-182. doi: 10.1177/016327879201500203
- Kaslow, N. J., Rubin, N. J., Bebeau, M. J., Leigh, I. W., Lichtenberg, J. W., Nelson, P. D., Portnoy, S.M., Smith, I. L. (2007). Guiding principles and recommendations for the assessment of competence. *Professional Psychology: Research and Practice*, 38(5), 441-451. doi: 10.1037/0735-7028.38.5.441

Competencies

1. Foundations	
1.1 Human functioning	
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.
1.2 Theoretical framework	
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.
1.3 Mental health	
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.
1.4 Awareness of self	
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.
1.5 Diversity	
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.

2. Communication and relationships	
2.1 Communication	
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.
2.2 Relationships	
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.
2.3 Collaborative practice and referral	
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.
g	Engage actively with a client's community.
3. Professionalism	
3.1 Legal and regulatory compliance	
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.
3.2 Ethics	
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.
3.3 Self-care and safety	
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.
3.4 Reflective practice	
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.
3.5 Records	
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.
3.6 Business practices	
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.

3.7 Third party support	
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.
c	Advocate for clients to address systemic barriers.
3.8 Reports to third parties	
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.
3.9 Supervision	
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.
3.10 Collegial consultation	
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.
4. Counselling Therapy Process	
4.1 Orientation	
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.
4.2 Assessment	
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.

4.3 Therapeutic relationship	
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.
4.4 Therapeutic process	
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.
4.5 Closure	
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.

Guidelines for Effective Counselling with Indigenous Clients³: Seven Aspects of Practice Needing Special Attention⁴

1 Client history

- Be aware of the history your client carries with them.
- Own the responsibility of learning about Indigenous culture.
- Understand the effects of **colonization and the legacy of residential schools**.
- Learn about the impact of **intergenerational and historical trauma**.
- Consider connection and disconnection from family/community.
- Help clients 'look behind' their current crisis.

2 Culture and community

- Recognize that culture is what heals.
- Recognize Indigenous connection to the land; help the client (re)establish that.
- Know the community and its resources.
- Connect and engage with the community – spend time there.
- Engage with elders in particular.
- Know the community protocols.
- Build circles of support for clients and families within community.

3 Systems and barriers

- Pay attention to systemic racism.
- Challenge systems and silos.
- Heed the role of systems in child protection.
- Recognize there may be political aspects of the local community (e.g., lateral violence).
- Be an advocate for your client in the system.
- Meet your client where they are at (emotionally) and when they need you.
- Go to your client (physically) when you can.
- Reach and connect with clients through others if you have to.

4 Counsellor-client relationship

- Relationships are everything.
- Form a long-term relationship.
- Let your client know who you are - take time to establish trust.
- Expect to manage challenges associated with dual relationships.
- Avoid checklists and forms as much as possible.
- Collaboratively arrive at guidelines and agreements.
- Clarify boundaries.
- Understand that some clients may live in "chaos"; this will impact the therapeutic relationship.

³ Research was limited to effectiveness in serving First Nations or Métis individuals and communities in BC.

⁴ Points in bold type indicate elements worthy of special emphasis

5 Taking time in process

- Avoid working to a fixed schedule.
- Take time to share stories.
- Listen with intent not to respond; be comfortable with silence.
- Avoid being overly focused on results.

6 Client self-worth

- Recognize that your client's wellbeing may be intertwined with community wellbeing.
- Identify strengths and resiliency.
- Support client spirituality.
- Find a positive message in the client's story.
- Help the client value their existence and maintain a sense of hope.

7 Counsellor self-awareness

- **Know your own culture and history.**
- Understand your own position of privilege.
- Show your humanness.
- Expect to make mistakes.
- Do not consider yourself a 'fixer' or a 'healer'.
- Display genuine cultural humility.
- Be open to learning from your client (don't play the expert).
- Be a team player; work inter-professionally.
- Avoid using language that pathologizes.
- Be consistent and keep your promises.
- Ask for help from others; get supervision.
- Engage in self-care.
- Have a solid knowledge of ethical practice.