

# Relevant EATA Core Competencies adapted by UKATA for UKCP Accreditation – 7/9/23

## Guidance for Markers:

- Section 1 - General Requirements need to be clearly evidenced throughout to pass.
- Certain criteria such as ethics and use of supervision need to be clearly evidenced to pass.
- Enough competencies in each section need to be met for the criteria in that section to pass.

### 1. General Requirements

A. Provides an analysis of TA theory and its application to psychotherapy with individual adults.

B. Demonstrates a critical assessment of the client and makes an informed decision about beginning work together. Includes up-to-date knowledge of other treatment possibilities, the ability to convey different options to the client, and the willingness to collaborate in contracting on how to proceed.

C. Has an in-depth knowledge of the ITAA/EATA/UKATA/UKCP Codes of Ethics and evaluates their ethical and professional competence in practice, including working within the legal requirements governing psychotherapy in the UK.

D. Offers a critique of the TA and appraises the theories within a wider field of psychotherapy.

E. Reflects on the significance and implications of diversity, difference and power dynamics within and outside the consulting room. Does this using appropriate theoretical lenses, for example intersectionality and/or radical psychiatry. Accounts for contextual implications, for example through systemic, ecological, social and cultural perspectives.

F. Demonstrates throughout their use of a lively, robust and committed supervision process.

### 2. Therapeutic Relationship

A. Manifests a respectful attitude towards self and others, showing sensitivity for different frames of reference (see 1E.), as well as taking account of the impact on the relationship of these differences in the consulting room. Accounts for and appraises the differences in power and reflects on the ways they impact the work.

B. Evaluates the importance of the therapeutic relationship in effecting change, considering its nature, and its difference from any other relationship.

C. Demonstrates a congruent capacity to understand another person's phenomenology and how they experience their symptoms and self-limiting script.

Shows the ability to communicate this understanding to the client in such a way that the client feels understood. Evaluates the dynamics of contact between therapist and client and shows how they maintain their own sense of self without losing contact with their client.

D. Displays ability to self-reflect and to use this self-awareness in appropriate self-disclosure.

E. Demonstrates a critical understanding of developmental issues, transference dynamics, and the ability to use transactional analysis to work with them. This will include the willingness to allow transference to develop in the client/therapist relationship and to handle the client's regressive states appropriately and therapeutically. It will also include understanding the therapist's own counter transference and transference and the limits it may create, as well as the ability to use it constructively.

F. Demonstrates potency, protection, and permission with an assessment of their importance.

### **3. Transactional Analysis Theory**

A. Evaluates TA theory and its application in clinical practice, as described in the major TA texts and articles, evidencing this throughout the case study.

B. Appraises the application of aspects of all the major approaches to TA and demonstrates knowledge of recent developments, including the similarities and differences between these approaches. Demonstrates how this is synthesised with practice and leads to a developing personal therapeutic identity or style.

C. Makes interventions which are considered and evaluated using TA theory and practice.

### **4. Contracting**

A. Assesses the value of all levels or types of contracting, drawing on appropriate theoretical models. Demonstrates the capacity to negotiate a contracting process throughout the therapy.

B. Evaluates how a shared understanding of the work to be undertaken is established, and how this leads to an appropriate treatment contract. This will include evaluating and respecting the difference between contracts for social control and contracts for autonomy. Explores how this relates to ongoing treatment.

### **5. Planning: Assessment and Treatment Direction**

A. Synthesises a comprehensive system of assessment and diagnosis, evaluating and incorporating a range of original and contemporary TA concepts.

B. Evaluates and critiques the psychiatric diagnostic systems in the UK (e.g., DSM, ICD).

C. Makes meaning of a client's experiences using TA concepts in a way that maintains the I'm OK - You're OK philosophy.

D. Demonstrates awareness of, and ability to respond proactively and appropriately to, risk and harm factors for self, client, and others.

E. Works with the client to explore, recognise and challenge their self-limiting patterns of thinking, feeling, and behaving and how this can relate to change.

F. Develops a treatment plan using TA theory in relation to the issues to be addressed. Critiques thinking.

## **6. Implementation: The Psychotherapeutic Process**

A. Evidences a critical and holistic assessment that reflects on how the therapist works to discover and explore the client's internal process.

B. Analyses how these discoveries formed the basis for a therapeutic hypothesis, treatment contract, appropriate interventions and treatment process that is linked to TA theory and philosophy.

C. Demonstrates an ability to make a critical evaluation of how the therapist's interventions responded to script issues as they arose within sessions and were experienced in the therapeutic relationship.

D. Analyses how the therapist's interventions were appropriate to the stage of treatment, using TA terms to exemplify what happened.

E. Shows the ability to evaluate the effect of an intervention and uses that information to update hypotheses and select subsequent interventions.

F. Encourages the client's autonomy and resources.

## **7. Personal Attributes**

A. Demonstrates a commitment to the philosophy of transactional analysis in a way that recognises and respects self – responsibility, unique ways of being, and the innate ability to grow and change.

B. Has a willingness to be available for ethically intimate contact, including reflections on moments of appropriate or inappropriate self-disclosure and their outcomes.

C. Demonstrates a commitment to ongoing personal and professional development that accounts for the growth of autonomy and script awareness in the therapeutic encounter.

D. Assesses personal limitations and the limitations of psychotherapeutic practice.

E. Demonstrates how intuition and creativity are used in response to the therapeutic situation.

F. Shows an understanding of the strengths and limitations of personal resources.

G. Has the ability to seek help appropriately and examines the process of putting that help to effective use.

H. Demonstrates the capacity for self-reflection.