

Body Psychotherapy Competencies

Contents

| | |
|--|----|
| Introduction | 4 |
| Core Body Psychotherapy Competencies | 5 |
| Knowledge of Codes of Ethics and Professional Practice and the capacity to work within the relevant codes | 6 |
| The capacity to draw on models of body psychotherapy and to apply them with deep understanding, discrimination and maturity | 8 |
| Knowledge and understanding of human potential, and especially unrealised potential and its relationship to human suffering, including psycho-social crisis and mental health problems | 11 |
| The capacity to assess and evaluate the suitability of individuals for body psychotherapy and to assess the potential need for other psychological or other mental health interventions as necessary | 12 |
| The capacity to formulate with the client a working model of the presenting issues within the context of their life | 14 |
| The capacity to contract appropriately with the client | 15 |
| The capacity to engage with the client and establish a working relationship | 16 |
| The capacity to provide body psychotherapy | 17 |
| The capacity to bring body psychotherapy to a well-managed ending | 24 |
| The capacity to use both reflective and reflexive skills, knowledge and experience in relation to clinical work and to use supervision effectively | 25 |
| The capacity to self appraise and to seek learning experiences for continuing professional development | 26 |
| Bibliography | 27 |

Introduction

INTRODUCING THE PROJECT TEAM

These competencies have been developed in a joint project between the three organisations currently involved in the training and/or accreditation of body psychotherapists:

- Cambridge Body Psychotherapy Centre (CBPC)
- Chiron Association for Body Psychotherapists (CABP), the National Association of the European Association for Body Psychotherapy in the UK (EABP)
- London School of Biodynamic Psychotherapy (LSBP).

These are Organisational Members (OMs) of the Humanistic and Integrative College of the UK Council for Psychotherapy (UKCP).

INTRODUCING BODY PSYCHOTHERAPY

Body Psychotherapy is a distinct branch of psychotherapy which has developed from psychoanalysis, and particularly the work of Wilhelm Reich in the 1930s. Other formative influences were the work of Pierre Janet and Sandor Ferenczi. Both Freud and Reich wanted to understand unconscious forces and to find the organic causes of hysteria. Reich concluded that the unconscious forces are in the body. Contemporary neuroscience is gradually confirming these empirical findings. Other major influences include the human potential movement and eastern philosophy and psychology. Body Psychotherapy must be differentiated from body therapies such as cranio-sacral therapy and Alexander Technique which, while they may also have an impact on general well-being, do not address psychological factors and the therapeutic relationship.

Body Psychotherapy can be a deeply transformative process. Bodily experience will always be a key factor, since a state of mind is a state of body, and a state of body is a state of mind. As the emotional and psychological development of a child is linked with their neuro-physiological development, relational difficulties in early childhood may lead to developmental deficits and distortions. Body Psychotherapy explores the resulting problems in the context of the relationship between client and psychotherapist, working with the body-mind connection and encouraging the gradual emergence of repressed material towards consciousness.

Body psychotherapists learn a wide range of techniques which, with practice and experience, gradually become embodied knowledge, internalised skills and the means of communicating with the client on the particular level of consciousness appropriate at the time. They privilege the therapeutic relationship over any techniques, using their creativity to respond spontaneously to the therapeutic need of the moment. Training to become a body psychotherapist must therefore involve development of the "person". Building the capacity to be with another and to explore with another without being active and reactive requires many years of experiential training and maturational time. Adding a theory of body psychology onto an existing training, such as Cognitive Behavioural Therapy or Psychoanalysis, does not make the practitioner a body psychotherapist.

The following competencies for Body Psychotherapy indicate what a body psychotherapist trained by a UKCP Organisational Member is expected to do in their work.

Michaela Boening (CABP)
Clover Southwell (LSBP)
Gill Westland (CBPC)

Core Body Psychotherapy Competencies

The following are the core areas of body psychotherapy competency:

1. Knowledge of Codes of Ethics and Professional Practice and the capacity to work within the relevant codes
2. The capacity to draw on models of body psychotherapy and to apply them with deep understanding, discrimination and maturity
3. Knowledge and understanding of human potential, and especially unrealised potential and its relationship to human suffering, including psycho-social crisis and mental health problems
4. The capacity to assess and evaluate the suitability of individuals for body psychotherapy and to assess the potential need for other psychological or other mental health interventions as necessary
5. The capacity to formulate with the client a working model of the presenting issues within the context of their life
6. The capacity to contract appropriately with the client
7. The capacity to engage with the client and establish a working relationship
8. The capacity to provide body psychotherapy
9. The capacity to bring body psychotherapy to a well-managed ending
10. The capacity to use both reflective and reflexive skills, knowledge and experience in relation to clinical work and to use supervision effectively
11. The capacity to self appraise and to seek learning experiences for continuing professional development.

1 Knowledge of codes of ethics and professional practice and the capacity to work within the relevant codes

This competency includes the capacity to:

- 1.1** draw on knowledge of relevant codes of professional and ethical conduct and practice, and to apply the general principles embodied in these codes to the work being undertaken in the areas of:
- competence to practice, and maintaining competent practice through appropriate training and professional development
 - recognition of the limits of competence and taking action to enhance practice through appropriate training, supervision, and professional development for work with clients, trainees and supervisees
 - obtaining informed consent from clients for interventions
 - maintaining confidentiality and knowing the conditions under which confidentiality can be breached
 - safeguarding the client's interests when co-working with other professionals as part of a team, and including good practice regarding communications with other professionals
 - raising concerns appropriately about colleague's professional practice and conduct
 - protecting clients from actual or potential harm from professional malpractice by colleagues by taking action in accordance with national and professional guidance
- 1.2** maintain standards of personal conduct by recognising and monitoring:
- any potential problems in relation to power and dual relationships with clients, trainees and supervisees and refraining from any abuses in these areas
 - the complexity and challenge of clients
 - the balance of workload with resources
 - personal health related to fitness to practice, and taking appropriate action when fitness to practice might become impaired (e.g. seeking personal and professional support and/or taking a break from practice)
- 1.3** maintain knowledge of national and local codes of practice which apply to all those involved in the delivery of healthcare, as well as any codes of practice which apply to the psychotherapist as a member of a specific profession
- 1.4** maintain awareness of legislation relevant to areas of professional practice in which the psychotherapist is engaged (specifically including the Mental Health Act, Mental Capacity Act, Human Rights Act, and the Data Protection Act)

- 1.5** maintain an awareness of the potential significance for body psychotherapy of social and cultural difference across a range of domains including:
- Ethnicity
 - Culture and heritage
 - Class
 - Religion and spiritual practice
 - Gender
 - Age
 - Disability
 - Sexual orientation
 - Family and family systems
- 1.6** make appropriate adjustments to the body psychotherapy, with the aim of maximising its potential benefit to the client, where social and cultural differences impact on the accessibility of interventions.

2 The capacity to draw on models of body psychotherapy and to apply them with deep understanding, discrimination and maturity

INTRODUCTION

In its long history, Body Psychotherapy has developed substantial theory specific to the modality. It also draws freely on theory, skills and research from a range of psychotherapy and psychology modalities including but not exclusive to:

- Psychoanalytic – classical, ego psychology, object relations, self psychology and relational psychoanalysis
- Analytical psychology
- Humanistic psychology and psychotherapy
- Existential psychology and psychotherapy
- Gestalt psychology and psychotherapy
- Creative arts psychotherapies
- Learning theories
- Mindfulness based practices

Body psychotherapy continually updates itself and embraces influences from neuroscience and other disciplines. These may include:

- Attachment theories and their relevance and manifestation across the life cycle
- Child development research e.g. intersubjectivity, language development, abuse and deprivation
- Embryology and perinatal development
- Theory of emotions, including their somatic basis
- Memory and consciousness studies
- Trauma research and studies
- DSM1V, ICD 10 and mental health problems
- Drugs used in the treatment of mental health problems
- Developments in other models of psychotherapy
- Research methods suited to body psychotherapy

Philosophy, social theory, and spiritual traditions also support understanding. These may include:

- Existentialism and phenomenology
- Field theory
- Eastern psychology and philosophy
- Systems theories
- Group and interpersonal dynamics
- Cultural studies, including trans-cultural and intercultural studies
- Trans-generational patterns of distress

2.1 Theory and skills specific to or significant for body psychotherapy

These may include:

- Presence and contact in relationship
- Felt sense and somatic awareness
- Psychological understanding of anatomy, physiology, and biology
- Character Strategies (the physical manifestation of protective/survival strategies), body reading and diagnosis based on the work of Reich, Lowen, Kurtz, Marcher, Johnson and others
- Energy systems – (Western and Eastern perspectives)
- Emotional, energetic, psychological and physiological regulation in infant relationships and across the life cycle
- Attunement, mis-attunement and reparation in adult relationships
- Touch as a skill and as communication; its significance in childhood; power, cultural and gender considerations
- Relational boundaries – energetic and physical (e.g. over-involved, too distant)
- Levels of consciousness as energetic and physical processes
- Implicit, and explicit communication, channels of communication including touch, gaze, gesture, movement
- Embodied language communication
- Somatic resonance, somatic transference and somatic counter-transference
- Hyper-arousal, hyper-vigilance; stress, including hyperventilation and the startle reflex; anxiety and depression
- Early relational trauma and subsequent traumatic events; somatic understanding of trauma and its resolution
- Symptoms as metaphors and communications
- Building a sense of self and self agency from “the inside out”
- Integration of levels of experience – imaginal, emotional, physical, cognitive in context
- Pacing of sessions – amplifying experience, slowing down processes, shifting levels of awareness e.g. focusing or distracting
- Existential and spiritual crisis
- Risk assessment, contra-indications and modifications for body psychotherapy
- Diversity and range of healthy sexuality, sexuality and spirituality
- Wholeness, well-being and the process of realising potential, including spiritual development

More specifically the body psychotherapist has the capacity to:

- 2.1.1** recognise the movement towards health in the individual and respect protective/survival strategies and symptoms

- 2.1.2** draw on theories about the inherent potential for growth, healing and the innate movement towards health including:
- a systemic understanding of multiple layers of influence on the individual and the individual in relating to the world (internal and external)
 - how this innate movement is affected by relationships and context
 - how a “full” human-being can be
 - how neglect prevents the development of a full human being
 - the identification of the potential for promoting development and subjective well-being
 - understanding that development is happening throughout life
- 2.1.3** draw on theories of biological functioning and the psycho-physiology of emotion including:
- how the prolonged repression of emotion impacts on the body
 - the impact of the autonomic nervous system, especially the impact that restricted breathing patterns have on the availability of energy for living
 - how emotional range is affected by repression and lack of containment
 - knowledge of health as a fundamental biological movement
- 2.1.4** draw on knowledge of psychological, biological, energetic, emotional, and physiological development including:
- relationship and human development
 - distorted or arrested development
 - knowledge of the “baby in the adult”
 - knowledge of auto-regulation and regulation in relationship
 - dysregulation and dysfunction
 - dissociative processes
- 2.1.5** draw on knowledge and apply theories of integration including:
- integration as an internal process of integrating mind, body, spirit and emotion
 - integration of cognitive, body sensations, emotions, movements and impulses (“top-down” and “bottom-up”) processes
 - energetic and physical integration
 - integration of alienated aspects of a person by them becoming conscious, acknowledged and integrated parts of the self
- 2.1.6** draw on theories of communication including:
- communication as multilayered and using different sense channels concurrently
 - unconscious communication
- 2.1.7** compare and contrast different psychotherapy models and the underpinnings of different approaches
- 2.1.8** hold complexity and several dimensions and perspectives on human experience – intrapersonal, interpersonal, transference, intersubjective, psychospiritual, systemic, contextual

3 Knowledge and understanding of human potential, and especially unrealised potential and its relationship to human suffering, including psycho-social crisis and mental health problems

This competency includes the ability to draw on knowledge of:

- 3.1** common mental health problems and their presentation during assessments and when carrying out interventions and utilise awareness of international classifications such as DSMIV and ICD 10
- 3.2** patterns of symptoms associated with profound suffering and mental health problems
- 3.3** the factors associated with the development and maintenance of suffering and including mental health problems
- 3.4** developmental history, including deficits impacting on all aspects of human functioning – both neurological and physical
- 3.5** suffering and mental health problems to avoid escalating or compounding the client's condition especially when their behaviour leads to interpersonal difficulties, which are directly attributable to their suffering or mental health problem
- 3.6** healthy, rational states of feeling, including less comfortable emotions like prolonged or deep sadness, as distinct from mental ill health, as in depression
- 3.7** systemic understanding of how the client is functioning in various environments including at home, at work and at leisure
- 3.8** the impact of impairments on functioning and taking these into account during assessment and when carrying out interventions
- 3.9** how to recognise and foster "inherent health" even in extreme states of mind

4 The capacity to assess and evaluate the suitability of individuals for body psychotherapy and to assess the potential need for other psychological or other mental health interventions as necessary

This competency includes the capacity to:

- 4.1** independently conduct an assessment for body psychotherapy
- 4.2** assess the suitability of an individual for body psychotherapy within the context of the practice (private, NHS, voluntary sector)
- 4.3** evaluate the information received for the suitability for body psychotherapy by drawing on research, clinical theory, assessment and diagnostic methodologies and procedures, and psychological assessments, and in terms of the balance of risks and resources in the context of the practice by considering:

CLIENT FACTORS

- emotional stability/fragility
- early developmental trauma; subsequent traumatic events
- protective mechanisms (protective defences)
- physical factors such as speech patterns (rhythms, intensity), breathing patterns, autonomic nervous system signs (e.g. skin colouration), dress, posture, movements (gross and micro-movements)
- the extent that the individual can link real life themes and preoccupations and subjective somatic experience
- the extent that the individual can make links between past experiences and current interpersonal issues
- grasp of consensual reality
- capacity for relationship with another including relationship style e.g. merging, distancing, pleasing, defended, flooded etc
- level of engagement/motivation for engagement with the psychotherapy relationship, including likely reliability and commitment
- life circumstances related to resources – stability of housing, employment/ financial situation, financial capacity to pay for body psychotherapy over time (if applicable), spiritual beliefs, community and social networks
- severity of deficits related to resources
- likely potential for growth

PSYCHOTHERAPIST FACTORS

- experience
 - context of the work
 - further training and learning undertaken post initial registration
 - provision and availability of professional backup
- 4.4** enable the individual to reflect on the experience of the assessment interview
- 4.5** make an informed judgment about any action required related to any immediate risks of harm to the individual or others
- 4.6** reflect on the emotional and somatic impact of the interpersonal dynamics of the assessment to explore what may have been personally activated in the assessment, and the implications of these for body psychotherapy
- 4.7** provide a record of reflexive thinking of the balance of risks and resources, and suitability for body psychotherapy, including contraindications for methods and style of interactions
- 4.8** identify any additional resources related to the client's real life context that might be required
- 4.9** discuss with the client alternative sources of help, if the client decides not to go ahead with body psychotherapy, or is unsuitable for body psychotherapy
- 4.10** synthesise the information received and make a case conceptualisation and integrate this systematically into a coherent problem formulation
- 4.11** record a working hypothesis and provisional strategy for the client

5 The capacity to formulate with the client a working model of the presenting issues within the context of their life

This competence is significant in the first assessment consultation and the first five psychotherapy sessions. It is a dynamic process and changes in the psychotherapy will involve discussions and reformulations at intervals throughout the body psychotherapy.

This competence includes the capacity to:

- 5.1** monitor the content and process of interactions between the psychotherapist and client, and particularly the somatic aspects of it, including the level of activation of the autonomic nervous system
- 5.2** give another perspective on the client's understanding of their presenting issues, in straightforward and comprehensible terms and drawn from body psychotherapy
- 5.3** respect the client's subjective experiences and protective strategies, and offer additional perspectives tentatively
- 5.4** reframe the client's intentions for body psychotherapy by:
 - looking at unconscious origins/cause of difficulties, rather than the client's consciously desired outcome
 - exploring/engaging with what "is in the now" rather than targets and ideals
 - broadening the perspective and creating space for reflection
 - re-framing the problem in terms of the client's inner world and object relations, rather than outer circumstances
 - considering how the client's problems manifest in their physical being
- 5.5** communicate understanding to the client of the less conscious aspects of their aims for body psychotherapy and, in particular the importance of their physical and tacit communications
- 5.6** communicate what may not be achievable and provide the opportunity to express any reactions to this information
- 5.7** discuss and agree the central themes for the focus of the body psychotherapy
- 5.8** communicate understanding of the client's experience in a manner that furthers the body psychotherapy
- 5.9** provide opportunities for the client to ask clarifying questions, and reflect on their experiences of the assessment consultation and the initial sessions, including their different views and how holding a different view could be useful
- 5.10** remain open to uncertainty and "not knowing" and the changing nature of the interpersonal dynamics and the impact of these dynamics on the client's everyday context

6 The capacity to contract appropriately with the client

This competence includes the capacity to:

- 6.1** define the therapeutic framework by explaining the therapeutic boundaries, and gaining the client's agreement with regard to:
- confidentiality and its limits
 - fees and notices of any changes in fees
 - scheduling of regular times, including holidays, and notice to be given of these arrangements consistent with the form of psychotherapy being offered
 - scheduling the place of the psychotherapy
 - methods used in body psychotherapy
 - giving notice of any changes
 - cancellation policy related to fees
 - type of contract - open ended or time limited
 - holiday cover arrangements, if required
 - notice of the intended end, and manner of ending psychotherapy
- 6.2** propose an initial contract to:
- explore mutual compatibility
 - begin to build the basis of the therapeutic relationship
 - give a taste of the available methods and styles of relating
- 6.3** review and reformulate the contract with the client after the initial series of sessions of body psychotherapy and re-contracting as required within the dynamics of the relationship
- 6.4** respond to any requests from the client for changes of the contract in terms of their therapeutic meaning and what best promotes the psychotherapy
- 6.5** provide information and opportunities to discuss and clarify the reasons for a contract and its particular terms

7 The capacity to engage with the client and establish a working relationship

This competence includes the capacity to:

- 7.1** Establish and maintain a working relationship
- 7.2** Reduce anxiety

7.1 Establish and maintain a working relationship

The establishment of a working relationship begins with inviting the client to enlarge on why s/he is seeking psychotherapy, how their difficulties have arisen and the hopes for body psychotherapy. The working relationship is maintained by regular reviews and discussions.

This may include:

- asking the client how they think this psychotherapy can help
- exploring any factors which could limit the client's ability (physical or psychological) to engage fully with the therapeutic process
- inviting the client to speak about any previous experience of psychotherapy or self-exploration
- discovering the client's particular way of perceiving the world
- discovering the client's level of psychological understanding and relating appropriately to the psychological level
- finding the appropriate form of verbal communication with the client
- observing how the client makes contact, and which sensory modes are dominant
- observing the client's bodily communications
- observing the congruence between the client's words and body language
- discovering what interventions provoke (arouse), and which calm the client

7.2 Reduce anxiety

This may include:

- introducing and explaining body psychotherapy more fully
- explaining the various modes of working
- answering questions about body psychotherapy and the particular psychotherapist's style simply, clearly and concretely
- confirming and affirming that the client has choice about the methods to be used, and about whether to follow the psychotherapist's suggestions
- confirming the client's right to object to anything in the session and subsequently adjusting interventions to be more containing, or to give more personal space
- finding and interacting through the client's preferred modes of communication

8 The capacity to provide body psychotherapy

This competency includes the capacity to:

- 8.1** Maintain the therapeutic relationship and framework consistent with body psychotherapy
- 8.2** Maintain a Body Psychotherapy focus
- 8.3 A** Make interventions in Body Psychotherapy
- 8.3 B** Choose interventions or interactions to serve specific therapeutic purposes

8.1 Maintain the therapeutic relationship and framework consistent with body psychotherapy

This includes:

- 8.1.1** maintaining a psychotherapeutic framework (normally with regular weekly sessions, normally of 50 or 60 minutes and normally at a consistent time and place), and using professional judgment for adjusting and contracting with the client for changes as needed for effective work with the client
- 8.1.2** accepting the client, creating security, and safety to hold and contain the process
- 8.1.3** assessing the client's capacity for exploration taking into account the prevailing fear of the unconscious and managing fear in digestible doses (titration)
- 8.1.4** selecting the methods and ways of working with the client, which are consistent with the focus and intention of the psychotherapy
- 8.1.5** holding the "health" of the client in mind – the client as more than their symptom
- 8.1.6** commenting on the therapeutic process descriptively/phenomenologically
- 8.1.7** maintaining an exploratory process with no end goal, and engaging with the stream of unfolding process with curiosity
- 8.1.8** maintaining the trajectory of the psychotherapy - both in the present and over time
- 8.1.9** recognising the value of intuition as a guide to therapeutic intervention and privileging the therapeutic relationship over technique as the vehicle for change
- 8.1.10** focusing on conscious experience and strengthening the individual's resilience when there is a clear need to alleviate the individual's immediate problems and risk to the working alliance
- 8.1.11** fostering and maintaining a therapeutic alliance
- 8.1.12** starting from what the client presents first, responding sensitively to their current preoccupations, whilst also maintaining an awareness of what is not being presented and its possible relevance to the overall therapeutic relationship
- 8.1.13** holding the unfolding process as joint process (intersubjectively) with intersecting and overlapping histories – having embodied thinking about this and naming it as appropriate
- 8.1.14** the psychotherapist monitoring their shifting level of presence and using it to explore the dynamic between client and psychotherapist through awareness of bodily, psychological and transpersonal levels of attunement

- 8.1.15** monitoring and adjusting the sense of space in the relationship, lengthening or shortening the “thread” of connection; maintaining responsive levels of closeness or distance
- 8.1.16** relating each intervention to the current state of the therapeutic relationship
- 8.1.17** commenting on the therapeutic process by using the client’s language, where possible, grasping the client’s perspective and “worldview”, and communicating this perspective to the client
- 8.1.18** working with the client’s highly charged emotions as well as subtle communications and containing own heightened feelings in response to charged or disturbing emotional and psychological states
- 8.1.19** being receptive to the client’s conscious and unconscious needs and wants
- 8.1.20** focusing on a more interpersonal relationship (including the transference), a more intrapsychic process and moving flexibly between these as best furthers the therapeutic process
- 8.1.21** letting the client view the psychotherapist in a manner incongruent with their self-perception, so as to understand the meaning of this for the individual
- 8.1.22** recognizing the experience of counter-transference and the impact of projections and transference, in bodily, psychological and transpersonal forms; understanding and assimilating the ‘as if’ nature of counter-transference and who is being manifest for the client
- 8.1.23** making skilfully crafted verbal interventions which i) can support and confirm non-verbal reciprocation and ii) articulate the nature of the transference and counter-transference to deepen the therapeutic engagement in relationship and bring it to awareness
- 8.1.24** reviewing and discussing progress with the client and agreeing ways of working
- 8.1.25** relating to the emotional content of the client’s communications
- 8.1.26** pacing sessions and interventions to manage affect and not give subtle shock over time and choosing the level of interaction related to the client’s current level of consciousness and body awareness
- 8.1.27** being receptive to bodily signs of protective defence/survival strategies and the interplay of those with the primary health emerging, and pacing the moment accordingly
- 8.1.28** exploring distractions (e.g. shift in topic, shift in level of communications) from the focus of the psychotherapy
- 8.1.29** exploring the client’s reticence or reluctance to engage with any particular form of interaction
- 8.1.30** monitoring the client’s readiness to end psychotherapy
- 8.1.31** contracting and bringing the psychotherapy to a planned conclusion, where possible, and with adequate time related to the length of the therapeutic relationship to enable a processed ending
- 8.1.32** work within the therapeutic relationship to explore the ending and its dynamics and being alert to premature ending, the capacity to self regulate, and having an embodied stable sense of self

8.2 Maintain a body psychotherapy focus

This includes:

- 8.2.1** tuning into one's own state of being before the client arrives, and maintaining one's own conscious embodiment throughout the session
- 8.2.2** maintaining a focus on the unfolding stream of experience in the "here and now" and an "inside – out" approach
- 8.2.3** working with curiosity with the stream of unfolding process with no end goal – maintaining an exploratory process, and an attitude of inquiry and creative risk-taking
- 8.2.4** maintaining a sense of the ebb and flow of the rhythms of the relationship – relating to the breathing cycle literally and metaphorically
- 8.2.5** using the rhythms of the relationship as a guide to the timing of interventions, length of "silences" and the fostering of the particular "signature" of the client
- 8.2.6** tuning into the client's state of being and monitoring fluctuations in the client's bodily state
- 8.2.7** holding awareness of what is happening both in the client and in the psychotherapist, and a meta-perspective reflecting on the interactions
- 8.2.8** holding a multi-levelled awareness of the unfolding process and its complexity
- 8.2.9** furthering the client's self exploration by using physical positioning - sitting, lying, standing, moving etc and selecting and using furniture e.g. firm/soft chairs, cushions etc.
- 8.2.10** using the client's physical sensations as the basis for exploration
- 8.2.11** monitoring fluctuations in own and the client's body language and physical sensations as signs of changes in attunement, misattunement and differentiation between psychotherapist and client
- 8.2.12** using somatic resonance and somatic counter-transference to assist in the understanding of out of awareness, and unconscious communications from the client (N.B. somatic resonance and somatic counter-transference are not interchangeable concepts)
- 8.2.13** using somatic resonance to evaluate how each interaction/intervention affects the therapeutic relationship
- 8.2.14** privileging implicit, unspoken communications from the client over verbalised ones
- 8.2.15** being receptive to the limitations of worded explanations of process and being flexible with the use of other forms of communications
- 8.2.16** distinguishing relatively more global (right brain) communications of the client from the relatively more "analytic" (left brain) communications and discerning which will be more valuable to shape the unfolding dynamic
- 8.2.17** being aware of the impact of language and the importance of the form of words in the therapeutic context (e.g. feminine and masculine words) to further therapeutic explorations
- 8.2.18** commenting on the therapeutic process using theory from body psychotherapy
- 8.2.19** using theory and methods from other psychotherapy traditions consciously

8.3. A Make interventions or interactions in body psychotherapy

Interventions may be verbal, almost wordless, silent, and may involve the use of a range of body psychotherapy techniques/skills and creative media. There is a complex interplay of communication within the therapeutic relationship, as interpersonal and internal dynamics are explored within structures set up for the purpose.

Interventions may include:

- verbal interaction suited to different levels of consciousness, including linking words with feelings (embodied speech)
- Vegetotherapy (a major part of body psychotherapy – free association with a physical focus)
- communication through touch, including psychophysiological Biodynamic Massage
- awareness practices, including mindfulness
- explorations through movement, dance, voice/soundings and physical exercises
- painting and drawing
- guided imagery, dreamwork and imaginal exploration
- Gestalt dialogue and embodied phenomenological awareness

This competency includes the capacity to:

- 8.3. A.1** select interventions consistent with the general intention and current focus of the psychotherapy
- 8.3. A.2** select interventions appropriate to the current state of the therapeutic relationship
- 8.3. A.3** choose interventions related to the client's capacity to move forward on their own impulse, and related to the resources, psychopathology and the therapeutic space and the context of the client
- 8.3. A.4** choose and adapt interventions taking into account cultural, power, diversity and social considerations
- 8.3. A.5** be creative, intuitive, spontaneous and flexible with the use of interventions and interactions as called for by the therapeutic purpose
- 8.3. A.6** adapt interventions to reduce or increase the level of challenge considering timing and pacing
- 8.3. A.7** select methods to extend the client's preferred ways of relating (often the defence system) and expanding the client's capacity over time – e.g. imagery, intellect, emotional, movement, touch, sensory
- 8.3. A.8** discern and manage interventions that may be unsuitable for a client, including risk management
- 8.3. A.9** discuss, reflect on and review interventions and ways of exploring and adapt them as the client's capacity changes

- 8.3. A.10** maintain an attitude of exploring in partnership with the client, addressing interpersonal dynamics such as becoming authoritarian or over-permissive
- 8.3. A.11** recognize the complexity of interactions in psychotherapy and multiple meanings of an intervention to the client
- 8.3. A.12** be receptive to somatic resonance, and to physiological changes in the client, monitor the impact of an intervention, particularly the somatic reaction, which may be inconsistent with the client's declared one
- 8.3. A.13** recognise that the impact of an intervention or interaction may not be consciously experienced by a client on certain layers until some time later
- 8.3. A.14** relate to the consequences of an intervention and work with the client's reactions within the context of the therapeutic relationship

8.3. B choose interventions or interactions to serve specific therapeutic purposes

These purposes include, but are not exclusive to:

8.3. B.1 Fostering Embodiment, by helping the client to:

- develop sensory awareness, especially the sensations of particular emotions
- “anchor” experience in the body, and so develop an embodied stable sense of self and self agency
- inter-connect feeling, movement and understanding
- explore the pleasure of expansion through breathing or stretching
- explore the pleasure of contrasting movements, wide and small, rapid and ultra slow
- explore spontaneous movement
- tune into the micro-movements of flow within the body
- find the experienced body a source of self knowledge and support, where the client can feel at home
- discover their relationship to themselves through the experienced body
- open up to grounded spiritual experience

8.3. B.2 Developing Emotional Management by helping the client to:

- become aware of their emotional state, experience it physically, name it and dwell in it
- assess the authenticity of their “emotional expression” and become aware of the meaning and object of the emotion
- regulate affect e.g. by shifting focus or level so as to reduce emotional overwhelm
- experience their emotions and find emotional stability and sense of self as they think, move, touch, speak, sense, and use their imagination
- contain strong emotional arousal, and communicate feelings as appropriate to the context

- 8.3. B.3** Developing Emotional Range by helping the client to:
- integrate sensations, feelings, emotions, thoughts, memories, images, insights
 - explore and clarify the nature of the present emotional exploration within the context of the therapeutic relationship
 - expand their range of emotions – joy, sadness, anger, rage, grief etc. within the therapeutic relationship
- 8.3. B.4** Exploring self regulation by:
- exploring being rather than doing
 - exploring the value of silence
 - exploring the meaning of different autonomic nervous system states linked to emotions and the therapeutic relationship
 - exploring interruptions to regulation within the therapeutic relationship
- 8.3. B.5** Guiding the client to enter their inner world (intrapsychic focus) by:
- selecting the appropriate access/channel e.g. cognitive, sensory, body awareness route and the appropriate mode e.g. relaxing, moving
 - helping the client become aware of their body state - contracting or expanding, and of subtle vibrations within the body
 - exploring gestures, subtle movements, postural changes and “incidental” movements in the therapeutic relationship
 - inviting movement impulses, following impulses, allowing the impulsive action, and recognising its significance
- 8.3. B.6** Accessing the unconscious and out of awareness experiences by:
- bringing awareness to breathing – noticing truncated or flowing breathing, and linking this with physical sensations and movement
 - facilitating denied impulses and discovering and facilitating new experiences
 - working with “regressed” states of being
 - accelerating or decelerating the process
- 8.3. B.7** Working with embodied imagination to:
- mediate between conscious thinking and unconscious biological and psychological dynamics and patterns
 - support bodily focused free association
 - discover unknown “innate imagery”
 - work relatively more indirectly with experiencing through the body
 - find a communicative link or bridge between thinking, feeling and somatic experiences
 - find expression for the unspeakable

- 8.3. B.8** Exploring bodily aspects of interpersonal relationship by:
- using gaze, proximity, physical position
 - exploring literally statements like “putting my foot down”, “get off my back”, “standing up for myself”, “facing up to someone”, “carrying a weight on my shoulders...” etc
 - using touch intersubjectively
- 8.3. B.9** Exploring the Inter-personal relationship by:
- helping the client to relate authentically from a secure and independent base within the therapeutic relationship
 - exploring the interpersonal relationship, including the symbolism of communications
 - exploring transferences with figures from daily life and from childhood
 - exploring boundaries (energetic and somatic) – self and other, inner and outer, merged – differentiated and when standing, sitting, walking
 - exploring conflict as it manifests in the body and in the therapeutic relationship
- 8.3. B.10** Broadening the range of the client’s communication channels by:
- helping the client find different embodied forms of word language e.g. poetic, symbolic, concrete
 - exploring touch intersubjectively
 - finding a form to communicate the implicit (non-wordable/wordless) e.g. in embodied “soundings”, dance, drumming, drawing
 - finding metaphors to describe experience
- 8.3. B.11** Exploring a theme, a symptom, or a relational problem by exploring:
- its somatic, emotional, energetic, interpersonal and intrapersonal dynamics
 - tension and conflict within it
 - conscious and unconscious dynamics aspects of it
- 8.3. B.12** Giving meaning/finding a new narrative and digesting explorations by:
- giving space for the internal psychic digestion – letting the process be
 - not moving too quickly to find cognitive explanations and to find language for experiences
 - bringing clarity to patterns of relating and their origins in early relationships
 - owning and accepting therapeutic achievements
 - embracing how the new embodiment can be taken out into daily life
 - celebrating well-being, independence and interdependence
 - celebrating pleasure, joy and vitality in being more alive and embodied
 - finding fruitful ways to live in an imperfect world and working creatively with “inner demons”

9 The capacity to bring body psychotherapy to a well-managed ending

This competence includes the capacity to:

- 9.1** recognise that the client is ready to consider bringing the therapeutic relationship to an end
- 9.2** plan an ending with the client, allowing sufficient time for an ending based on the overall length of the psychotherapy to avoid premature ending and to minimise harm
- 9.3** remind the client of the ending date from time to time
- 9.4** anticipate and work with any potential for premature ending based on the client's previous life experiences and the working relationship
- 9.5** name any unconscious forces that may be at work influencing the decision to be ending prematurely
- 9.6** identify any risks or adverse effects from ending prematurely and plan accordingly
- 9.7** work with the client's implicit and explicit feelings and anxieties about the ending of the psychotherapy relationship, and especially ambivalences, sense of loss or gain
- 9.8** anticipate, name and work with feelings which may arise related to the client's experiences of endings in their life
- 9.9** consider "flight into health" and regression in the ending process
- 9.11** review and discuss the whole psychotherapy and consider achievements and disappointments
- 9.10** revisit the history and core issues of the psychotherapy, identify changes in interpersonal patterns of relating and relate these to the ending process
- 9.12** discuss the period after the psychotherapy has ended and how that might be for the client, and whether they may require other therapeutic help
- 9.13** provide a record and review of the work
- 9.14** discuss in supervision the impact of the ending on the psychotherapist and any unprocessed residues of the relationship with the client, especially where this could impinge on work with future clients

10 The capacity to use both reflective and reflexive skills, knowledge and experience in relation to clinical work and to use supervision effectively

This competency includes the capacity to:

- 10.1** select processes and content from client work, including the therapeutic relationship and to present it to the supervisor
- 10.2** reflect on client work
- 10.3** use body psychotherapy theory and models of practice in relation to the client
- 10.4** draw on other forms of psychotherapy and theory to broaden understanding
- 10.5** enter more deeply the processes evoked in the client work – including the emotional and energetic – enter more deeply into the experience of the psychotherapy session and explore further dimensions of the process, including the intersubjective relationship
- 10.6** reflect on present experiences as the client is discussed, parallel processes, resonances and transferences
- 10.7** explore the edges of own process whilst maintaining a supervisory focus
- 10.8** reflect on the supervisory process
- 10.9** be willing to explore the views of others, challenge oneself, receive feedback, including criticism
- 10.10** reflect on the supervision afterwards to come to one's own position and translate it back to the client work
- 10.11** use supervision to foster professional development
- 10.12** keep a record of the supervisory discussion

11 The capacity to self appraise and to seek learning experiences for continuing professional development

This competency includes the capacity to:

- 11.1** reflect on professional and personal development
- 11.2** identify areas for further study
- 11.3** engage in continuing professional development
- 11.4** keep abreast of research that could inform clinical practice
- 11.5** keep a log of learning experiences
- 11.6** review learning and development at intervals

Bibliography

'Draft' *Core Competencies of A European Psychotherapist. The Professional Competencies of a European Psychotherapist.* A Project of the European Association of Psychotherapy (EAP). (October 2011).

EABP (European Association for Body Psychotherapy) documents.

Health Professions Council (HPC) Consultation Drafts on Standards of Proficiency.

Lepper, G. and Law, G. (2006). *Report for the UKCP Board of Trustees.*

London: UK Council for Psychotherapy.

Skills for Health, (2008). *National Occupational Standards for Psychological Therapies.*

Sperry, L. (2010). *Core Competencies in Counseling and Psychotherapy.* Hove: Routledge.

Sperry, L. (2009). *Highly Effective Therapy: Developing Clinical Competencies in Counseling and Psychotherapy.* Hove: Routledge.

Training manuals and written materials of CBPC, CCBP (Chiron Centre for Body Psychotherapy), LSBP.

UKCP. (2008). *Modality Statement Integrative Humanistic Psychotherapy Prepared for Skills for Health National Occupational Standards.* London: UK Council for Psychotherapy.

UKCP. (2010). *Professional Occupational Standards for Psychotherapists and Psychotherapeutic Counsellors.* London: UK Council for Psychotherapy.