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Addictions Competence Framework
User guide

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Executive summary

This resource provides information and guidance for users of BACP's *Addictions competence framework* (2024).

The *Addictions competence framework* is dedicated to the memory of Professor Tony Roth, who sadly passed away before the framework was published. Tony made a huge contribution to this and other BACP competence frameworks. His work was instrumental in leading development of evidence-based competence frameworks across the counselling and psychotherapy profession.

This *User guide* explains the domains of competence, and various uses and applications of the framework.

The *Addictions competence framework* identifies specialist knowledge, skills and abilities that counsellors require to effectively support adults living with addictions. The *Addictions competence framework* has been carefully designed and worded not to privilege any therapeutic model or approach. In making use of the framework, a practitioner should interpret and apply a given competence in a way that fits with their overall theoretical approach. The framework sets out the knowledge, skills and abilities required for counsellors and psychotherapists to work safely and effectively with adults living with addiction. The evidence base for this framework includes research on psychoactive substance misuse (including legal and illegal drugs, and alcohol) and some behavioural addictions (including compulsive sexual activity and gambling).

The framework complements and builds upon the generic competences identified in column A of the *SCoPEd framework* (2022). The SCoPEd framework sets out minimum standard core training competence requirements for counsellors and psychotherapists working with adults, and can be found here: https://www.bacp.co.uk/media/14435/scoped-framework-january-2022.pdf. The *Addictions competence framework* does not include specific competences for working online or over the phone with adults with addictions. Counsellors and psychotherapists who do so should be experienced in online and phone therapy, and should be familiar with the BACP *Online and phone therapy (OPT) competence framework* (2021).

Acknowledgements

This project was commissioned by the British Association for Counselling and Psychotherapy (BACP) in 2020. The competence development process was overseen by Caroline Jesper (BACP Head of Professional Standards). The project was initially led by Traci Postings, then latterly, Susan Critchley (BACP Professional Standards Development Facilitators), external consultants for the project included Professor Tony Roth (Professor of Clinical Psychology, University College London), Dr Faisal Mahmood (Senior Lecturer in Counselling and Psychotherapy, Newman University Birmingham) and Dr Luke Mitcheson (Consultant Clinical Psychologist, Lambeth Drug and Alcohol Service, National Clinical Advisor Office for Health Improvement and Disparities, Department of Health and Social Care).

A full list of contributors and their roles is presented in **Appendix A**.

Background and rationale

When BACP's work on the *Addictions Competence Framework* commenced in 2020 there were no existing UK competence frameworks for addictions counselling.

In response to the need for evidence-based ethical and professional standards in this area, BACP commissioned this framework to inform counselling and psychotherapy addictions' training and practice.

Following Dame Carol Black's 2020 independent review of drug misuse and treatment in the UK, the Office for Health Improvement and Disparities (OHID) and National Health Service England (NHSE) Drug and Alcohol Treatment and Recovery Workforce Programme set out to define and improve the training and skills of all sections of the NHS drug treatment workforce, including registered health professionals, drug and alcohol workers, counsellors and peer supporters, particularly those working with people who have co-occurring mental health difficulties. The OHID-NHSE and BACP projects have been developed separately and concurrently, with complementary knowledge of each other. The NHSE Drug and Alcohol Treatment and Recovery Workforce Capability Standards are likely to be published in Autumn 2024.

Development process

BACP competence frameworks are evidence-based. The methodology for this framework comprised a systematic review and analysis of qualitative and quantitative studies in the field of psychological therapies for additions.
The research process used to create the framework, and roles of various individuals and working groups including the Expert Reference Group (ERG) and peer reviewer are set out in the Methodology document (to be published autumn 2024).

How should competence frameworks be used?

By design, competence frameworks present a highly distilled and abstract account of the skills and knowledge that support safe, ethical and effective counselling and psychotherapy work. They are intended to be an informative guide, summarising the evidence on what seems to help clients improve their wellbeing.

The reader should not view a competence framework as a treatment manual with rigid requirements but should use their judgment to consider how the competences can be applied in their own practice. For example, counsellors and psychotherapists integrate theory with personal and reflective knowledge, and awareness of research findings, to support effective and unique therapeutic alliances with each client. Areas of competence may improve, decline, or fluctuate across counsellors' and psychotherapists' careers depending on personal and professional circumstances. It is not expected that a practitioner should fully master every competence before they can work effectively with clients with addictions, although it is recommended that deliberate work on reviewing and, where necessary, strengthening or deepening specific competences should feature in counsellor and psychotherapist supervision discussions and continuing professional development.

Competence frameworks, including this one, are intended to be applied across a range of work settings, client populations and theoretical approaches. All models of therapy used to help people with addiction should be grounded in the centrality of the therapeutic relationship, and avoid prescriptive attitudes. Counsellors and psychotherapists should consider causal and maintenance factors for addictions through a client-centred lens, so they can understand each person's experience as unique.

Who are BACP competence frameworks for?

The *Addictions competence framework* aims to provide counsellors and psychotherapists, supervisors, trainers and trainees, employers, service providers, commissioners and researchers with an up-to-date resource to inform, support and underpin evidence-based practice.

Counsellors and psychotherapists can map their current practice against the competence framework to recognise and evaluate their existing areas of good practice, and to identify any knowledge or skills' gaps for further development or training.

Supervisors can use the competence framework to support, review and develop supervisees' current work, and to explore with them those areas where there might be opportunities for further development.

Trainers can use the competence framework to indicate key areas for skills and knowledge training and assessment, or as a guide to structuring and populating entire curricula.

Placement providers offering work with adults affected by addiction may use the competence framework to consider training and supervision support requirements for trainee counsellors to help ensure they are fit to practise in these settings.

Trainee counsellors and psychotherapists can use the competence framework to map their current skills and expertise, and identify any areas for development to work safely and ethically with the client group. When considering applying for an addictions-focused placement, trainees can use the framework to devise questions for the provider around any training offered to prepare them to work in the setting.

Employers can use the competence framework to guide the development of job descriptions, recruitment interview templates, staff appraisal and review, and to consider workforce training and development needs.

Service providers can use the competence framework to support clinical governance, continuous quality improvement and learning, clinical incident review, and care pathway and programme development.

Commissioners can use the competence framework to inform mental healthcare service staffing review and transformation, and improved service design to promote the value, quality, equity, and client outcomes of commissioned specialised services.

Researchers exploring qualitative outcomes or client experiences in addictions' counselling can refer to contents of this competence framework for analysing and discussing findings.

Definitions

Addiction

A single agreed definition for the term 'addiction' is not available. The team that developed the *Addictions competence framework* agreed that a report by published by the European Monitoring Centre for Drugs and Drug Addiction (West, 2013) provided a helpful synthesis of numerous definitions, which share the following commonality: a repeated powerful motivation to engage in a particular behaviour, acquired through enacting the behaviour, and in a way that invokes potential risk of significant harm to self and/or others. West (2013) also suggested that in aggregate, addiction theories form an overarching structure that can inform assessment, prevention, and treatment of addictive behaviours. Further to West's (2013) summary, the ERG for this framework added that the core experiences of addiction are loss of control; narrowing of one's behavioural repertoire at the expense of valued roles and activities; detriments to social and relational functioning and health; and/or inability to adequately meet responsibilities. The *Addictions competence framework* does not distinguish between abuse and dependence. Related terms include dependency, problematic use, at-risk, hidden dependencies, and compulsion.

The evidence underpinning the *Addictions competence framework* includes psychoactive substance misuse. Substances include legal drugs such as alcohol; commonly misused and illegally traded prescription medications such as benzodiazepines and other opioids; and illegal substances including street drugs, that when taken into your body affect mental and emotional processes, perception and state of consciousness (WHO, 2024). The evidence for behavioural addictions included gambling and compulsive sexual activity only. DSM V (APA, 2013) defines gambling disorder as persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress. For the purposes of the *Addictions competence framework*, gambling addiction is understood as any problematic gambling behaviour that causes disruption to an individual's life. Gambling addiction may also be referred to as compulsive gambling or gambling disorder. Sexual addiction can be described as any sexual activity that feels compulsive or out of control. This could be sex with other people, but it can also mean compulsive use of pornography, masturbation, prostitutes or chat lines.

Addiction counselling

The range of therapeutic approaches detailed in the research underpinning the *Addictions competence framework* suggests there is no single theoretical model or core addictions-informed counselling approach that works best for helping adults living with addiction. Rather, addictions-informed skills, strategies and knowledge should be integrated into established evidence-based therapeutic models to tailor adaptations suited to each client's unique circumstances. Evidence-based approaches include (but are not limited to) cognitive behavioural therapy (CBT), motivational enhancement therapy and motivational interviewing (MI), dialectical behavioural therapy (DBT), acceptance and commitment therapy (ACT) and mindfulness-based psychotherapies. Evidence points to the importance of appropriate assessment of client coping styles, psychological characteristics and treatment readiness so the counsellor or psychotherapist may consider, select and agree with each client an approach that is appropriate for them.

Client

In the *Addictions competence framework*, use of the term 'client' primarily refers to individual adults seeking counselling for addiction. However, the therapeutic competence domain includes several competences in which the 'client' is a family member, carer and/or significant other of an adult living with addiction.

Competence

Competence means possessing the knowledge, skills and abilities required to deliver specific therapeutic modalities, and/or to work effectively with special client groups and/or within different therapeutic contexts. 'Abilities' in this context refers to technical proficiency and therapist attitudes and qualities.

Conceptualisation and formulation

In the *Addictions competence framework*, the terms 'conceptualisation' and 'formulation' are used interchangeably to indicate the collaborative process between client and counsellor of creating understandings about how the client's problems originated and are maintained. Formulations or conceptualisations are generally understood to take a documented, diagrammatic form tailored closely to client experiences. They provide the basis for client-counsellor discussion and agreement about therapy goals and best ways to work together to achieve these. They may be reviewed and updated periodically over the course of therapy. They may also highlight client strengths and extra-therapeutic resources that can be drawn on to resolve problems. The *Addictions competence framework* emphasises counsellors' and psychotherapists' ability to collaboratively plan therapy within the scope of their training and theoretical approach(es), including where conceptualisation or formulation are not explicitly delineated activities.

Co-production

The Care Act (UK Government, 2014) guidance states that co-production is 'when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered'. Co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014. Co-producing professionals involve individuals, their family, friends, and carers in an egalitarian way to make sure care and support are as well-designed as possible.

Counselling and psychotherapy

This *User guide* uses the definition of counselling and psychotherapy offered in the *SCoPEd Framework* (2022): *A specialised way of listening, responding and building relationships, based on therapeutic theory and expertise that is used to help clients or patients enhance their wellbeing.* Counsellors and psychotherapists can be trained in different models of talking therapy (for example, person-centred, Gestalt or cognitive behaviour therapy) and modalities (for example, individual, group or family approaches). They may work in a single model, or they might integrate techniques from various approaches to offer clients specialised ways of listening, responding, and building relationships based on therapeutic theory. For the work delineated in the *Addictions competence framework*, counsellors and psychotherapists are expected to be sufficiently qualified to be eligible for BACP membership (or an equivalent professional body), and to meet the minimum professional competence standards set out in column A of the *SCoPEd Framework*. The *Addictions competence framework* may also inform the work of counsellors and psychotherapists in training for a counselling or psychotherapy qualification mapped to the *SCoPEd Framework*, who may be practising in a placement setting where they work with adults seeking help with addiction.

Recovery

The term ‘recovery’ has several definitions. It may be best explained as a multi-stage, holistic process of behavioural and social change leading to sustained abstinence or control of addictive behaviour, along with improved physical and psychological health, life satisfaction and community participation (Inanlou et al 2020). Recovery can be assisted with different types of formal and informal support, or can occur spontaneously, without any formal help. Recovery can take time to achieve, and effort to maintain. Recovery support, including peer-based support, can be helpful right from the start of a person’s recovery journey, providing emotional and practical encouragement to bring compulsive behaviour under control. Support can also provide daily structure and rewarding alternatives to addictive behaviour. Recovery can also be thought of as a process of gathering healthy life resources, or ‘recovery capital’, which might include housing, education, employment, social networks, improved health and wellbeing and healthier relationships.

Trauma-informed care

Trauma-informed care is an approach to professional interventions that seeks to: (a) increase practitioner awareness of the signs, symptoms and impact of trauma on individuals, groups and communities; (b) improve accessibility, quality and cultural sensitivity of services; and (c) work collaboratively with people to understand their needs in relation to dealing with trauma, and to reduce risk of re-traumatisation.

Overview of the *Addictions competence framework*

The framework is divided into six domains of competence:

1. Foundational competences
2. Knowledge competences
3. Professional competences
4. Engagement and assessment competences
5. Therapeutic competences
6. Meta-competences.

The map of the *Addictions competence framework* shows how the competences fit together.

Foundational competences
the attitudes and values that apply to all aspects of addictions counselling

Knowledge competences	Professional competences	Engagement & assessment competences	Therapeutic competences
Knowledge and understanding of addiction	Legal, professional and ethical practice	Engagement in addictions counselling	Ability to work therapeutically with clients living with addiction
Knowledge of the range of addictions services and treatment options available	Equality, diversity and inclusion (EDI)	Assessment in addictions counselling	Maintaining therapeutic gains and relapse prevention
Knowledge and understanding of recovery in addictions counselling	Supervision and continuing professional development	Formulation in addictions counselling	Working therapeutically with family members, or significant others of those living with addiction
Knowledge of engagement issues specific to addictions counselling		Negotiating the agreement for addictions counselling	
Knowledge and understanding of the impact of co-occurring mental and physical health issues and addiction problems		Managing risk in addictions counselling	

Meta-competences
Meta-competences encompass aspects of abstract clinical judgment required to decide when to implement different elements of the *Addictions competence framework*, and how and apply them in a coherent and informed manner.

Guidance on specific competence areas

The six competence domains are first summarised here. Then each competence area is described in more detail:

Foundational competences represent counsellor and psychotherapist attitudes and values that should underpin all aspects of addictions counselling.

Knowledge competences include knowledge of addictions, co-occurring issues and therapeutic approaches to working with people affected by addiction.

Professional competences are concerned with the counsellor and psychotherapist's ability to apply professional, legal and ethical guidelines to practice.

Engagement competences focus on skills required to overcome potential client ambivalence (e.g. mixed feelings and or contradictory idea about their addiction); foster and maintain a good therapeutic alliance, and to grasp clients' perspectives and experiences without judgment.

Therapeutic competences refer to the counsellor and psychotherapist's abilities to support clients to make desired changes. They include working with clients who are seeking help to appropriately support a loved one who is living with an addiction.

Meta-competences reflect higher order skills needed to implement therapy in a coherent and informed manner, using good clinical judgment and sound ethical decision-making.

Most competence statements start with 'Ability to…', indicating a focus is on the counsellor or psychotherapist being able to carry out an action. Other competences are concerned with the knowledge needed to carry out an action. In these cases, the wording is usually 'Knowledge of' or 'Ability to draw on knowledge…' Counsellors and psychotherapists should be able to draw on their knowledge gained through reading relevant research, textbooks and professional journal articles, BACP guidance, NICE guidelines and training resources. Knowledge is also gained from discussions with a supervisor and attending formal training and CPD activities. Competence is understood to be the application and use of knowledge to effectively apply interventions within a working alliance, rather than having knowledge for its own sake.

1. Foundational competences

These competences are concerned with the counsellor and psychotherapist's basic attitudes and approach to work including understanding the social and cultural contexts in which clients might experience addiction. Foundational competences also include the ability to appraise different approaches in addictions counselling, and the ability to critically review one's own approach to working in this area.

Foundational competences can be linked to competences set out in other domains of the framework. For example, **Foundational competence 1.2** – *Understand that addiction cannot be defined according to substance use, or behaviour, but to be considered in terms of the nature of use and the impact on the person and those around them* links to **Engagement and assessment competence 4.5.3** – *Ability to enable clients to recognise and implement a risk management plan and appropriate prevention strategies to mitigate these risks.* **Foundational competence 1.2** also links to **Therapeutic competence 5.3.2** – *Ability to draw on knowledge of and apply understanding of the adverse psychological and physical health impacts of living with a person with an addiction.*

Several of the Foundational competences are concerned with cultural competence, which means the counsellor and psychotherapist's ability to work effectively and equitably with people from cultures different from their own, and across intersecting minoritised identities. 'Intersectionality' is a term coined by Crenshaw (1989) which refers to how one minoritised aspect of a person's identity, for example being Black, intersects with another minoritised aspect, for example being gay, which can compound experiences of discrimination and inequality. Counsellors and psychotherapists should also understand how their own culture and background can influence their perspective, to help recognise and challenge their own biases, and to work to stop various forms of discrimination and exclusion experienced by people living with addictions.

2. Knowledge competences

The knowledge competences include the counsellor and psychotherapist's theoretical approach to addictions counselling; knowledge of addictions services and treatment options; and understanding of challenges that can exist in access to counselling for some people with addictions. They also include sustaining client engagement in therapy, and recognising and working capably with issues that co-occur with addictions. An understanding of the key principles underpinning trauma-informed practice is crucial for the counsellor or psychotherapist supporting people who have traumatic life histories that precede or involve substance misuse and addiction. The following paragraphs explain these points in a little more detail.

Counsellor and psychotherapist theoretical orientation significantly influences the approach taken to helping people with addictions. It is important for counsellors and psychotherapists to hold comprehensive knowledge of at least one core therapeutic model, and how it is applied in addictions counselling. They may further draw on knowledge of complementary or overlapping theoretical models to best support people in their unique circumstances, where the work is informed by specialised knowledge around individual, contextual and societal factors that contribute to development and maintenance of addictions. Sources of knowledge about evidence-based practice may include but are not limited to National Institute for Health and Care Excellence (NICE) and UK Government guidance on alcohol treatments and drug misuse and dependence.

Counsellors and psychotherapists also need to understand common factors across therapeutic models which contribute to effective therapeutic outcomes. These include counsellor and psychotherapist factors (such as relational skills), client factors (such as readiness to engage in therapy, and/or at a point of wanting to change), and the therapeutic alliance as a co-constructed working relationship.

Counsellors and psychotherapists should also be able to critically reflect on their personal attitudes to different applicable models and evidence-based interventions including Cognitive Behavioural Therapy (CBT), Motivational Interviewing (MI) and relapse prevention third wave therapies (those that move away from focusing on *what* we think and feel, to *how we relate to* what we think and feel) such as Dialectical Behavioural Therapy (DBT) and Acceptance and Commitment Therapy (ACT). Supervision plays an important role in this reflective process.

It is important for counsellors and psychotherapists to continually update their approaches to work, in line with contemporary evidence-based practice. At the time of writing, this may encompass considering abstinence versus reduced and safer consumption; neurobiological process in addiction; evidence-based practice guidance on non-substance addictions; and the role of medication in assisting recovery.

Counsellors and psychotherapists should be attuned to the important contributions made to a person's unique recovery journey by a wide range of services and organisations. They should be able to draw on their knowledge of available addictions services that may offer suitable additional or alternative help for clients. These may include outpatient and inpatient rehabilitation and detox centres, residential therapeutic communities, prisons, detention centres, mental health services, community-based addictions services, and mutual aid/peer-to-peer support.

Counsellors and psychotherapists also need to understand the prevalence and impact of co-occurring mental or physical health concerns, or multiple addictive behaviours. For example, Public Health England's *Gambling-related harms review* (UK Government 2023) found evidence of a clear association between increased weekly alcohol consumption and harmful gambling. The relationship between co-occurring issues can be explored and understood through the process of formulation which helps inform choices about appropriate intervention.

Knowledge competence 2.1.3 – *Knowledge of therapeutic models and practices that support recovery and behaviour change in relation to a range of substance and behavioural addictions* links with **Engagement and assessment competence 4.1.6** – *Ability to engage clients in discussion about addictions support and to be able to communicate clearly and in plain language the range of addictions services and treatment options available specific to the addiction, or problematic behaviour.* It also links with **Engagement and assessment competence 4.3.3** – *Ability to co-create an appropriate and agreed action plan that addresses the addiction helpfully and in a way that is acceptable to, and achievable by, the client.* This illustrates how the competences interconnect between knowledge of models and practices that support recovery, and the application of that knowledge in communicating treatment and agreeing options clearly to the client as part of the assessment and formulation process.

3. Professional competences

Competent practice is underpinned by knowledge of, and ability to apply, professional, legal and ethical guidelines to practice. The following paragraphs explain these points in more detail.

Counsellors need to understand and act in accordance with relevant legislation and policies that apply to settings and locations where addictions counselling takes place. Legal frameworks across the four UK Home Nations apply to addictions counselling, however there may be some differences in policy and localised strategies between devolved administrations. Counsellors and psychotherapists should make themselves aware of how relevant laws and policies impact the lives of clients living with addiction in the country in which they are located.

Ethical frameworks sit alongside legal frameworks in guiding professional practice. Counsellors and psychotherapists should understand that ethical and professional guidance represent principles that need to be interpreted and applied to specific, and often complex situations. For example, **Professional competence 3.1.4** – *Ability to draw on knowledge of, and apply understanding of, the specific issues relating to risk and safeguarding that apply when working with clients living with addictions* links to **Engagement and assessment competence 4.5.3** – *Ability to enable clients to recognise and implement a risk management plan and appropriate prevention strategies to mitigate these risks.* Clinical judgment around risk awareness and taking appropriate action is included in **Meta-competences 6.4** – *Ability to judge when addictions counselling needs to be supplemented by risk reduction, raising safeguarding concerns and/or following safeguarding procedures.* And, in such circumstances, supervision should be sought, which links to **Professional competence 3.3.1** – *Ability to recognise the importance of, and engage in, regular supervision with a supervisor who has expertise in addictions work.*

The delivery of effective therapy is underpinned by counsellors' and psychotherapists' awareness and understanding of equality, diversity and inclusion, and ability to work effectively with people from backgrounds and with protected characteristics including those that differ from their own. **Professional competence domain 3.2 Equality diversity and inclusion** sets expectations for counsellors and psychotherapists to understand the intersectional nature of inequalities and discrimination that may be experienced by clients living with addiction. Cultural sensitivity around clients' lifestyle, beliefs and attitudes is central to inclusive therapy. Importantly this domain requires counsellors and psychotherapists to be able to challenge prejudice and stigma surrounding addiction, whether these biases are found in themselves or the services they provide, as well as where they exist in wider society.

Supervision provides support, guidance and professional development for counsellors. The successful application of **Professional competence 3.3.1** – *Ability to recognise the importance of, and engage in, regular supervision with a supervisor who has expertise in addictions work* requires collaboration and active engagement between the counsellor or psychotherapist, and their supervisor. Within the supervisory alliance, **Professional competence 3.3.2** – *Ability to maintain a capacity for reflexivity while undertaking addictions work* requires counsellors and psychotherapists to reflect on themselves to offer their supervisor an open and honest account of their work, and make constructive use of supervisory feedback. In this way supervision can help ensure the counsellor or psychotherapist is working within their competence.

4. Engagement and assessment competences

An entire domain of the *Addictions competence framework* is concerned with counsellors' ability to engage clients. The process of engagement may begin prior to the first meeting, when prospective clients are provided with information about the service and what to expect in the initial appointment. Other alliance-building factors, such as the client's experience of the counsellor or psychotherapist as respectful, warm, friendly, non-judgmental and affirming, are important considerations in early communications.

Engagement also includes fostering and maintaining a good therapeutic alliance to help overcome any client ambivalence about entering therapy. This will be assisted by the counsellor or psychotherapist demonstrating their understanding of client perspectives and experiences without judgment. A trusting therapeutic relationship is associated with positive outcomes regardless of the type of therapy applied. In addictions work engagement also requires an appreciation of clients' specific personal, social and environmental barriers to accessing, and staying with, addictions counselling. The likelihood that some clients will be ambivalent about engagement is captured in **Therapeutic competence 5.1.2** – *Ability to work with ambivalence to change patterns of behaviour and relationships that maintain addiction behaviours*. Offering clients an 'open door' to return to therapy is captured in **Engagement and assessment competences 4.1.2** – *Ability to support clients who are uncertain about engaging in addictions counselling and where there are barriers to engagement, to ensure clients are assured they can re-engage when they feel ready*. These competences links with **Therapeutic competence 5.1.1** – *Ability to engage clients in exploring opportunities and motivations to change addictive behaviours.* Further to these engagement skills, when a therapeutic relationship is under strain, or a client may express negative feelings about being in therapy, it is important for counsellors and psychotherapists to respond openly and constructively to explore those factors and find ways to overcome such difficulties.

Assessment is a core activity for all counsellors and psychotherapists working with people living with addiction, to gain an understanding of the client's difficulties and how these may have developed over time. Client disclosure of the extent of their addiction or associated problems may be gradual, emerging as trust develops in the therapeutic alliance. Understanding of how the client relates to others, including the dynamics of their relationships with significant others are important elements to include in the assessment. Exploring their motivations and readiness to change will help determine if counselling is appropriate at this time. Additionally, some people accessing treatment for alcohol dependence may experience temporary or enduring cognitive impairments. Additional counsellor and psychotherapist skills training in assessing signs of memory loss and difficulties with day-to-day functioning may be required. Client choice about treatment options is enhanced when counsellors and psychotherapists can facilitate discussions about local options for specialist mental health support.

Engagement and assessment competence 4.5.2 – *Ability to draw on knowledge and apply understanding of existing and potential or emerging risk* highlights the need for counsellors and psychotherapists to discern and respond to existing or emerging addiction-related risk and risk-taking behaviour. This may include having knowledge of routes of drug administration; risk of overdose; risky sexual behaviours; engaging in crime to finance addiction; loss of employment, education, accommodation, or support; risks of driving and/or operating machinery while intoxicated; and exposure to exploitation. Counsellors should consider the needs of any children in the family or wider social network who are in regular contact with the person with an addiction and provide information on local services for children and families. Counsellors and psychotherapists should understand and work in line with national child and adult safeguarding legislation and any organisational safeguarding procedures. Counsellors should be able to recognise risks and make balanced judgments to respond to these. This is expressed in **Engagement and assessment competence 4.5.1** – *Ability to draw on knowledge and apply understanding of a range of biological, psychological, social and legal addiction-related risks and harms* which emphasises the range of potential presenting risks counsellors should be attuned to, as well as risk of suicide and self-harm. Understanding and exploring suicidality markers contribute to appropriate assessment. Likewise, the ability to develop plans to manage risk while continuing to support the client's therapeutic progress is of key importance. Further information can be found in BACP GPiA 042 *Working with suicidal clients.*

Client progress should be routinely tracked with appropriate outcome measures. Counsellors and psychotherapists should be familiar with administering, using, scoring, interpreting, explaining, and recording generic and specialist outcome measures for tracking progress in therapeutic work with adults living with addictions. It is customary to obtain client consent to use outcome measures at the outset of therapy and then use them as a basis for active collaboration. Results from routine measures can indicate where adaptations might need to be made to therapeutic plans. Counsellors and psychotherapists should administer measures in accessible formats, and not burden clients by asking them to fill in irrelevant or unnecessary questionnaires. The outcomes tracking process can act for clients as a form of self-monitoring, helping them reflect on their levels of distress and see how their feelings are changing over time.

5. Therapeutic competences

The research underpinning the *Addictions competence framework* suggests that both structured approaches (such as CBT) and more relational approaches (such as psychodynamic, humanistic and person-centred) can be effective in counselling clients with addictions. Structured approaches may include the following interventions:

1. Adopting an active stance
2. Supporting motivation to change
3. Identifying and managing high risk situations associated with the problem behaviour
4. Rewarding goal attainment
5. Providing interpretations where helpful
6. Keeping the interactions primarily in the present and immediate future
7. Questioning beliefs and assumptions that may underpin addictive behaviours
8. Identifying possible areas for change and strategies that may be effective if the client decides to change
9. Providing clients with support to maintain gains and promote self-efficacy.

In relationally focused approaches, therapeutic aims may include helping clients reflect on their feelings and emotional conflicts, and develop awareness of their stress responses. This is captured in competence **Therapeutic competence 5.1.4** – *Ability to move beyond an immediate focus on addictions to encourage exploration of underlying emotional issues, such as shame and guilt.*

Creative therapies such as sand tray therapy; and body-based interventions such as meditation and relaxation training were evidenced as helpful in the research, as was mindfulness-based relapse prevention to facilitate coping with urges to engage with addiction. Mindfulness skills might include observing urges as they occur, accepting them nonjudgmentally, and 'riding the waves' without giving in. This is a practice-based example interpreted from **Therapeutic competence 5.2.1** – *Ability to build on clients' positive coping skills to self-manage and promote self-efficacy in maintaining changes in addictive behaviour(s).*

Counsellors and psychotherapists may have clients who are family members or significant others of a person living with an addiction who are seeking help in supporting their loved one; or help for themselves to cope with associated relationship stressors. Counsellors will need the ability to recognise the impact of living with a person with an addiction and enable clients to explore current ways of coping. Therapy should maintain focus on the client's agenda, needs and desired outcomes with neutrality and open-minded curiosity. The research evidence highlighted the need for counsellors and psychotherapists to have knowledge of, and ability to facilitate client access to information, support and guidance such as mutual aid/peer-to-peer support, family therapy, websites, helplines and other agencies for health, social care, housing and financial advice.

6. Meta-competences

Meta-competences centre on the role of clinical judgment in balancing seemingly conflicting areas of the competence framework. For example, the need to maintain a non-directive and supportive stance may need to be balanced against the need to be directive where significant risk issues are present. This competence is encompassed in **Meta-competence 6.5** – *Ability to judge when to deliver structured or less structured interventions, according to the needs of the client.*

Another meta-competence is the ability to remain emotionally engaged in the therapeutic relationship, while also being able to stand back and reflect on the interaction to gain better understanding of the client. For example, **Meta-competence 6.1** – *Ability to use professional judgment to develop a comprehensive understanding of each person's addictions and their potential origins that is informed by a coherent theoretical approach* signals that therapy cannot be implemented in a mechanistic fashion and that clinical judgment strongly rooted in theoretical knowledge is needed to ensure therapy is carried out thoughtfully and flexibly.

Future developments

The *User guide* and framework represent the evidence base selected by the BACP research group at time of publication (2024). Behavioural addictions including compulsive sexual behaviour and gambling were represented in 15% of source papers either as stand-alone problematic behaviours or co-occurring with psychoactive substance misuse. Other compulsive behaviours (such as shopping, internet use or stealing) did not feature in the source material and therefore are not included in this competence framework. Future updates of this framework will re-examine the definition of addiction and the search terms used to locate source material to accommodate any changes in the territorial boundaries covered by addictions therapy research and practice.

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Appendices

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Appendix B: Further reading: NICE Guidelines for addictions treatments

NG64 Drug misuse prevention: targeted interventions
https://www.nice.org.uk/guidance/ng64.

NG5 Coexisting severe mental illness and substance misuse: community health and social care services8 https://www.nice.org.uk/guidance/ng58

CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings
https://www.nice.org.uk/guidance/cg120

CG51 Drug misuse in over 16s: psychosocial interventions
https://www.nice.org.uk/guidance/cg51

QS188 Coexisting severe mental illness and substance misuse
https://www.nice.org.uk/guidance/qs188

QS23 Drug use disorders in adults https://www.nice.org.uk/guidance/qs23