

PACFA

Scope of Practice for Registered Counsellors

Psychotherapy and Counselling Federation of Australia



Psychotherapy & Counselling
Federation of Australia

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Overview

Purpose

The purpose of this document is to describe the scope of practice for counsellors registered with the Psychotherapy and Counselling Federation of Australia (PACFA). It can be used by counsellors when they seek to describe their scope of practice, by prospective counsellors when they seek to envision a pathway or career, and by policymakers and employers to survey the breadth and depth of the counselling profession and the competencies of counsellors.

With developments in the Australian mental health system, and with advances in technology, PACFA aims to take a descriptive, rather than prescriptive approach, to scope of practice to ensure we are agile and flexible as a profession in the changing context of the Australian mental health workforce.

PACFA defines scope of practice for PACFA-registered counsellors as follows:

Scope of practice is the area of the profession in which a counsellor has the knowledge, skills and experience to practise competently, safely, and lawfully, in a way that meets standards and does not pose any danger to the public or to themselves. PACFA recognises that a counsellor's scope of practice will change over time and that the practice of experienced counsellors often becomes more focused and specialised than that of newly qualified counsellors. This might be because of specialisation in a certain area or with a particular client group, or movement into roles in management, education, or research. (Adapted from the Health and Care Professions Council UK, 2014).

Scope of practice

The scope of practice for PACFA-registered counsellors takes into consideration three elements: competent practice, safe practice, and regulated practice.

Competence and regulation are emphasised by all health professions when considering scope of practice, however we consider safe practice as a cornerstone in describing the complete picture of scope of practice for the counselling profession. Elements of all three components of scope of practice constitute an individual's scope of practice as a counsellor.

Consideration should be given to each facet for a complete view of counsellors' professional practice. In doing so, counsellors maintain the trust and confidence of clients and of the community. Trust and confidence are essential to the therapeutic relationship, and to the development of the counselling profession as a valued part of Australia's mental health system.



Diagram 1: Scope of Practice for Registered Counsellors

Background

What is counselling?

Professional counselling is a safe and confidential collaboration between qualified counsellors and clients to promote mental health and wellbeing, enhance self-understanding, and resolve identified concerns. Clients are active participants in the counselling process at every stage.

Counselling is a profession with a strong evidence base. Counsellors use empirically supported interventions and specialised interpersonal skills to facilitate change and empower clients. Counselling by definition is relational. The therapeutic relationship between the counsellor and the client is central to its effectiveness, which at its core is built on trust.

While other mental health professionals approach mental health using a medical model, counselling uses a non-medical, biopsychosocial model (Stallman, 2018). Counselling focuses on the treatment and prevention of mental illness, while actively promoting mental health and wellbeing. The focus on client well-being is seen as a distinguishing feature of counselling (O'Hara & O'Hara, 2015).

Counselling may be short term or long term according to clients' needs. Counselling can be broad or focused. For example, clients may explore: aspects of identity, spirituality, relationships with self and others, past experiences, parenting, grief and loss, trauma, domestic violence, child abuse, use of alcohol and other substances, depression, anxiety, and other mental health concerns.

Changes facilitated by counselling include: change in perspective, new insight, new ways of thinking about situations, new awareness of feelings, enhanced capacity to tolerate and regulate feelings, new actions or behaviours, and new decisions about life.

Professional counselling is distinguished from the use of counselling skills by other professionals. While many types of professionals use counselling skills to support people in a range of contexts and services, professional counselling provided by a suitably qualified and registered counsellor aims to support clients therapeutically with their mental health and wellbeing.

What is a counsellor?

Counsellors work within clearly contracted and ethical relationships to support people to explore and resolve life difficulties. Counsellors work with respect for their clients, their values, their beliefs, their individuality, and their right to self-determination.

Professional counsellors are fully present with clients, using empathy and deep listening to establish positive working relationships. Counselling is effective when clients feel safe, understood, respected, and accepted without judgement.

PACFA-registered counsellors have completed an undergraduate or postgraduate counselling qualification. Counsellors are trained in a range of modalities and work with children, young people, adults, couples, families and groups. They are competent to work with clients from diverse

communities or with special needs. Counsellors do not discriminate against clients based on their lifestyle, values, gender, age, ability, culture, religion, spirituality or sexual identity.

Counsellors are reflective practitioners, reflecting on their counselling practice to engage in a process of continuous learning, through clinical supervision and professional development, in order to stay current with developments in the profession and to ensure safe, ethical practice.

Counselling is a self-regulating profession

The purpose of self-regulation of the counselling profession is to provide protection for the community through professional consensus about required standards of training and ethical practice, linked to ongoing requirements for continuing professional development and supervision.

The reported incidence of complaints against counsellors in Australia is low. Based on this low risk profile, the Federal Government has determined that counselling will not be regulated by the Australian Health Practitioner Regulation Agency, but is required to be self-regulating.

Regulation by the Australian Health Practitioner Regulation Agency is reserved for those health professions that pose sufficient risk to the community to warrant government regulation. By contrast, the counselling profession is one of a large number of health professions that are considered safe to be self-regulating, with industry-based regulatory mechanisms in place to support the self-regulation process.

As a peak body for the counsellors, PACFA provides these regulatory mechanisms, the principal one being the PACFA National Register of suitably qualified practitioners. PACFA-registered counsellors have the appropriate training required to practise as counsellors; they meet annual professional development and supervision requirements; hold professional indemnity insurance; adhere to PACFA's Code of Ethics, and are subject to PACFA's disciplinary procedures in the event of ethical breaches.

There is also limited statutory accountability for counsellors, as there is for other self-regulating health professions, through the *National Code of Conduct for Health Care Workers* (AHMAC, 2014). The Australian Health Ministers' Advisory Council has agreed this Code will be implemented nationally and the Code is in the process of being legislated at State and Territory level.

Our vision and values

Our collective vision is to help build a mentally healthy Australia by improving access to counselling services and supporting clients to lead contributing lives (Commonwealth of Australia, 2015). We envision that counsellors work towards the top of their scope and are integrated into workforce shortages in Australia.

Counsellors are an integral part of the Australian health system. According to the government's Job Outlook website, there are currently over 23,000 counsellors in Australia (Australian Government, 2017). Those counsellors that are registered provide the most safe and well-trained option for the provision of counselling services. Registered counsellors are widely accessible health professionals who provide high-quality, evidence-based, sustainable health services, and are a vital part of the promotion of health and wellbeing of Australians.

PACFA's values are:

- Accountability
- Client focus
- Competence
- Diversity
- Empowerment
- Justice
- Human rights
- Integrity
- Professionalism
- Self-awareness

Our training and education

PACFA sets high standards for education in the counselling profession. The [PACFA Training Standards](#) (PACFA, 2018a) are based on the Australian Qualifications Framework (AQF) standards and qualification levels. PACFA requires counsellors to have a qualification approved by the Tertiary Education Quality Standards Agency or the Australian Skills Quality Authority at AQF level 7 to 9. Acceptable degree courses are at Bachelor's, Graduate Diploma, and Master's levels.

The PACFA Training Standards articulate the essential requirements for the curriculum for accredited counselling training programs. This includes knowledge and skills relating to counselling and how to integrate knowledge and skills into practice with clients.

The minimum volume of learning includes 400 hours of instruction in counselling. The required 400 hours include a minimum of 200 hours direct person-to-person instruction, of which 60 hours may be delivered online. The remaining 200 hours of instruction may be conducted via online asynchronous training for theory-based studies. In addition to the 400 hours, a minimum of 40 hours of face-to-face counselling practice linked to 10 hours of supervision must be completed within the program. The central focus of the direct counselling instruction is interpersonal skills development.

PACFA accredits a large number of counselling education programs. [PACFA Accredited Programs](#) have been assessed through PACFA's rigorous course accreditation process as meeting the requirements of the PACFA Training Standards.

As PACFA's training standards have been raised over time, grandfathering has been allowed into PACFA registration for members who trained under previous educational standards, and for those with substantial practice over many years.

Counselling training distinguished from other training pathways

Counselling training is a distinctive form of relational training with a distinct curriculum and focus on reflective practice. Our training distinguishes us from other mental health professionals trained in other disciplines who also provide counselling services. Psychology and social work, for example, have distinct training pathways from the counselling profession. Counselling is also distinguished from psychotherapy. PACFA sees an overlap between the scope of practice for counsellors and psychotherapists and the PACFA Training Standards therefore cover both.

There are also some professionals who use counselling skills but have not undertaken training to the same length and depth as PACFA-registered counsellors, such as those who hold a Diploma of Counselling. While a Diploma in Counselling provides an introductory training in the use of counselling skills to provide client support in a range of contexts, it is not considered by PACFA to provide sufficient preparation for safe, ethical practice as a professional counsellor. Diploma-qualified counsellors are therefore not covered by PACFA's Scope of Practice.

Our Ethics

PACFA sets high standards of ethical conduct for the counselling profession and supports the ethical practice of counsellors to protect members of the public from harm. PACFA-registered counsellors are required to abide by the [PACFA Code of Ethics](#) (PACFA, 2017a). This ensures they provide safe and ethical counselling services in the best interests of clients and third parties.

Counsellors are trained in a reflective-practitioner model, which fosters accountability through reflexivity and ongoing supervision (O'Hara & O'Hara, 2015). This model, alongside PACFA's strong focus on ethical practice, provides protection to clients, consumers, carers and families.

PACFA provides a comprehensive and transparent complaints handling process for ethical complaints. We also provide professional development to support members to effectively work to the PACFA Code of Ethics.

Where we work

PACFA-registered counsellors work in government and non-government settings and in private practice. Counsellors are located in all parts of Australia and approximately one third of counsellors are located in rural and regional Australia (Lewis, 2015). This presents a great opportunity to meet the Australian Government's mental health priorities, in particular to address service demand in rural and remote locations, to provide services for Aboriginal and Torres Strait Islander populations, and to meet priority areas in the [Fifth National Mental Health and Suicide Prevention Plan](#) (Australian Government, 2017).

Publicly funded services

Counsellors work in a wide range of publicly funded mental health services. Counsellors work with victims of crime to provide recovery assistance and resources to resume life. For example, Counsellors participate in the delivery of counselling for the National Redress Scheme for survivors of institutional child sexual abuse. Counsellors also work in in-patient settings, supporting people with severe mental health issues by providing individual and group counselling interventions.

Counsellors provide services to students, families, and staff in a broad range of educational settings, from schools through to universities. Some counsellors provide counselling services for people recovering from workplace injuries, for example, for WorkCover NSW.

Counsellors offer psychosocial support and counselling for people living with a disability, their carers, and families, most recently through the National Disability Insurance Scheme (NDIS). Services provided to NDIS participants include group or individual counselling aimed at providing assistance to build capacity to live independently and achieve their goals, such as building social relationships.

Non-government sector

Counsellors work in a wide range of non-government agencies to support vulnerable members of the community. They provide low-cost, accessible counselling services in diverse settings such as community health centres, welfare agencies, aged care, palliative care, post-adoption services, settlement services for refugees, and religion-based family services.

One important field of practice for counsellors is supporting people with relationship difficulties and families in crisis, which can have a significant impact on mental health (Baucom, Whisman & Paprocki, 2012). Family and relationship counselling covers issues that arise in relationships and families, including issues relating to finances, parenting, dispute resolution, blended families, sexual intimacy, bereavement, separation and divorce.

Another important field of practice is grief and loss counselling. This encompasses working with people who are experiencing a life-altering process of grieving. Counsellors work with individuals, families or groups to reduce distress, facilitate exploration of the meaning of loss, and improve quality of life throughout the grieving process. The many and varied work contexts for grief and loss counselling include palliative care and hospice services, post-adoption, and settlement services.

Counsellors work in the areas of alcohol and other drug counselling and for a range of addictions including problem gambling. Counselling is provided for voluntary and court-mandated clients.

Private practice

Significant numbers of counsellors work in private practice. Clients actively choose counsellors for their relational capacities and the wide range of evidence-based counselling interventions they can offer. However, client choice is currently limited as Medicare rebates for primary care counselling services under the Better Access program are not available for services provided by counsellors.

There is now growing coverage for private health insurance rebates for counselling, Bupa and Medibank Private being the largest funds that offer rebates. This enables significant numbers of people experiencing mental and emotional distress to seek counselling with their counsellor of choice who can provide evidence-based interventions to match their needs.

Counsellors also take referrals for Employee Assistance Programs which provide work-based counselling services that help prevent or resolve workplace and personal problems affecting employees. The goal is to improve employee wellbeing and/or work productivity and to respond to critical incidents in the workplace.

Who we work with

Counsellors work with a wide range of clients, including individuals, people in relationships, families and groups. Infants, children, and young people may be seen jointly with their parents, carers or guardians, or on their own, according to the agreement formed between the counsellor, client, and responsible guardian. Client consent is managed ethically by counsellors directly with the young person depending on their age and in collaboration with the responsible guardian. Counselling is increasingly being offered to elderly people in residential aged care and in community settings.

Counsellors work with a sound understanding of multicultural practice and cultural competence (Collins & Arthur, 2010a; Hodges, 2011). Counsellors demonstrate awareness of their own cultural identity and that of the client, and cultural aspects that might influence the therapeutic alliance (Collins & Arthur, 2010b). Counsellors are competent and sensitive when providing culturally appropriate interventions (Hanna & Cardona, 2013). For clients who do not speak English as their first language, bi-lingual counsellors play an important role. Alternatively, counsellors use interpreter services.

Counsellors working with Aboriginal and Torres Strait Islander peoples are aware of the importance of understanding and working within their clients' worldview, and of seeking advice from cultural consultants (Rodgers, 2012). Counsellors use a wide range of interventions to respond to the cultural diversity of clients, such as Narrative Therapy when working with Aboriginal and Torres Strait Islander clients (Nagel & Thompson, 2007; Stock, Mares, & Robinson, 2012). Counselling delivered by trained Indigenous counsellors for Indigenous clients has been found to have positive outcomes (Bennett-Levy, et al., 2014).

Counsellors work with clients who identify as LGBTIQ and their families in many settings. Counsellors from the LGBTIQ community, with lived experience of stigma and discrimination, are valuable members of the profession that can support clients in this field.

Counselling services for asylum seekers and refugees in detention centres are used by advocacy organisations and by settlement services through telephone helplines, online text-based services, and face-to-face counselling. Cultural competence and multicultural practice are key skill sets for all counsellors, and particularly for counsellors working in this field of practice (Collins & Arthur, 2010a).

Australian Mental Health context

Mental health reform

In order to meet the shifting healthcare needs of the Australian population, reforms to the mental health system will need to focus on health system efficiencies, quality and safety, improved access, prevention, advances in technology, and patient-centred care. Long-term planning is required to ensure that skills and workforce shortages are avoided, ensure health professionals work to the top of their scope and do not undertake tasks for which they are over-qualified (Leggat, 2015).

PACFA believes all mental health professionals should work to the top of their scope, reflecting their training and education to address the changing needs of the Australian population, meet workforce shortages, and improve efficiencies in the health system.

Recovery-oriented practice

PACFA is committed to the *National framework for recovery-oriented mental health services* (AHMAC, 2013). Counselling aligns with the model of recovery-oriented practice as a process and as an outcome to promote hope, wellbeing, self-determination, and active participation in life for people living with mental illness.

Recovery places the lived experience and insights of people with mental health issues and their families at the forefront, and correspondingly, counsellors work collaboratively with their clients towards living a contributing life in the community (AHMAC, 2013). From the perspective of the person living with mental illness, recovery means "gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self" (AHMAC, 2013).

The five domains of recovery-oriented service delivery, identified in the *National framework for recovery-oriented mental health services* (AHMAC, 2013), are synonymous with the counselling profession:

- Domain 1: Promoting a culture and language of hope and optimism
- Domain 2: Person first and holistic
- Domain 3: Supporting personal recovery
- Domain 4: Organisational commitment and workforce development
- Domain 5: Action on social inclusion and the social determinants of health, mental health and wellbeing

The principles of recovery-oriented practice align with the principles and practices of counselling. Namely, the movement away from a biomedical view of mental illness to a holistic approach that supports clients to recognise and take responsibility for their own recovery and maximises self-determination and self-management. These principles apply to clients of all ages and to all counsellors. Counsellors are involved in recovery-oriented practice as they work to minimise clients' residual difficulties and maximise individual potential.

Stepped care

In response to inefficiencies, complexities, and fragmentation in the mental health system, the Australian Government has reviewed services and programs to achieve long-term sustainable reform. The idea is to move away from the 'one size fits all' approach to better match services to individual need. To improve the mental health system, there has been a shift in the planning and delivery of services using a person-centred approach and stepped-care model.

The Person-centred approach places the person at the centre of their own care and considers the needs of the person's carers (Australian Commission on Safety and Quality in Healthcare, 2011). Counsellors are trained and experienced in delivering person-centred services, supporting clients to develop their own understanding of their experiences, and facilitating clients' recovery process.

Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. While there are multiple levels within the stepped care approach, they do not operate in silos or as one directional steps, but rather offer a spectrum of service interventions. Counsellors are suitably skilled and qualified to provide effective, accessible and efficient services, at different levels within the stepped care model for people seeking mental health support and can further guide clients seeking more or less intervention intensity through referral pathways (Firth, Barkham, & Kellett, 2015).

Counsellors provide the right care at the right time, efficiently and effectively

The stepped care model is central to the Australian Government's mental health reform agenda. It outlines a continuum of key service elements that are required and to better target services to meet the needs of people with (or at risk of) mental illness. Counsellors are well positioned in the stepped care model, as they are widely accessible, and provide high-quality, evidence-based, and cost-effective services. Optimal utilisation of the counselling workforce will result in improved assess and efficiencies. For example, we envision a digital health-based counselling support gateway for people in rural and remote areas, particularly Aboriginal and Torres Strait Islander and rural farmer populations who are unable to travel great distances for in-person appointments.

Multidisciplinary workforce

Many counselling competencies and skills are shared by other professions. Historically in Australia, counselling has been a practice that streamed horizontally across multiple professions (Lewis, 2016). There continues to be an overlap in counselling services provided by counsellors and services provided by psychologists and mental health social workers. Counsellors, therefore, share their scope of practice, knowledge and skills, and levels of safe practice with other professions. To meet workforce shortages, and address inefficiencies and complexities in the mental health sector, PACFA advocates for a flexible, multidisciplinary mental health workforce.

In workforce planning, terms such as diversification, specialisation, and substitution are widely used. Horizontal substitution occurs when practitioners with similar levels of competence and training, but from different disciplines, perform roles that are normally the domain of another discipline (Nancarrow & Borthwick, 2005). The growth of role overlap or horizontal substitution, between practitioners presents an opportunity to meet workforce shortages, facilitate a flexible workforce, and improve inefficiencies in the Australian mental health system.

PACFA supports the need for a competency-based and team-based approach for mental health service provision where the function of a whole, diverse workforce is of greatest importance, and roles and tasks are grouped around client needs and safe practice (Dent, Bourgeault, Denis & Kuhlmann, 2016). Traditional role boundaries and claims of exclusivity to health care practices and knowledge are being challenged and we may now see different professions taking on practices previously dominated by others, thus shifting the focus to better meet the health needs of clients and the health system (King, Nancarrow, et al 2015).

Additionally, PACFA advocates for role clarity, protection of the unique qualities and skills of the counselling profession, our professional authority, and maintenance of public trust in our services (Nancarrow & Borthwick, 2005).

Shortages and gaps

Senate committees and reports have concluded that it is evident that rural, regional, and remote communities are facing considerable disadvantage in accessing services compared to those in major cities. The Australian Institute of Health and Welfare (AIHW, 2018) routinely reports that the supply of health workers declines with remoteness.

Counsellors are distributed throughout the country, and therefore make a significant contribution to services in regional, rural, and remote areas, where specialist services are more difficult to access (Gittoes, Mpofu, & Matthews, 2011). Australian studies of the counselling workforce have consistently found that approximately one third of counsellors work in regional, rural, and remote areas (Pelling, 2005; Schofield & Roedel, 2012; Schofield, 2015; Lewis & Meteyard, 2015).

Aboriginal and Torres Strait Islander populations stand to benefit from increased accessibility and flexibility of mental health services to rural, regional, and remote areas. To achieve significant reform in the mental health care system, PACFA recognises the key role of Aboriginal Community Controlled Health Services in the delivery of quality, culturally competent services, and the importance of consultation.

The use of technology, specifically telehealth, presents an opportunity for improved access to professional mental health services and can provide a timelier service. Given the wide distribution of counsellors, we envision PACFA-registered counsellors could provide improved access to face-to-face counselling services in rural and regional areas, which could be supplemented by Medicare rebated access to telehealth services.

Measuring outcomes

One of PACFA's research priorities is to collect research evidence that supports counselling practice and demonstrates client outcomes. Collecting client outcome data to measure the effectiveness of counselling, supports the delivery of high quality counselling services, while also ensuring services are appropriately targeted and cost-effective.

Outcome measurement requires accurate and consistent collection of data in order to measure progress. Counsellors can use a range of measures to gather direct feedback from clients on the effectiveness of counselling services. While the use of measures to gather data about mental health outcomes is not universal, it is common for counsellors to measure clinical effectiveness through feedback from clients. Some indicators of positive outcomes from counselling are improvements in client wellbeing and social functioning; a reduction in client distress; low rates of premature client drop-outs; and overall positive feedback from clients.

It is notable that positive client outcomes do not differ based on the mental health professional delivering the counselling service. Research on counselling efficacy show consistent, positive, and substantial treatment effect regardless of the treatment approach or client group (Smith & Glass, 1977). A review of clients treated for psychological difficulties in the Better Access initiative similarly found no differences between the professions that offer services in terms of client outcomes (Pirkis, Elanou, Williamson, Machlin, Spittal, Bassilios et al., 2011).

Sustainability

Counsellors make a significant contribution to Australian communities by enhancing the sustainability of the mental health workforce and reducing pressure on specialist services. Accessibility to counsellors is relatively straightforward, as mental health care plans are not required and clients are able to self-refer.

Currently, mental health program arrangements can be inefficient where services do not match client needs with the most appropriate and cost-effective mental health practitioners. Counsellors are a cost-effective option within the mental health workforce and greater utilisation of counsellors can result in enhanced community wellbeing and productivity by:

- Improving interpersonal relations
- Improving employability and workplace performance
- Reducing societal issues, such as substance dependence and homelessness
- Assisting all Australians to lead a contributing life

Scope of Practice

Competent Practice

Professional competence has a prominent role in guidelines established by many professions. It is a widely discussed aspect of counselling scope of practice and there is a vast amount of knowledge and research available around the competence of counsellors (Pelling, 2009; Hughes, 2014; Canadian Counselling and Psychotherapy Association, 2015).

Competence has been defined as:

...the quality or skill with which interventions and techniques are delivered, and thus involves the appropriateness of the interventions or techniques for the specific client and therapeutic situation. (Dennhag & Gibbons, et al 2012)

When we discuss competence, we refer to the training and education, experience, knowledge and the skills of a practitioner. Competent PACFA-registered counsellors are appropriately qualified, and their competence encompasses the knowledge, skills, and experience for professional practice. This prepares them to perform specific roles in the counselling field.

Training and education

The PACFA Training Standards (PACFA, 2018a) require counsellors to complete a recognised qualification in counselling that is accredited by TEQSA or ASQA and AQF level 7 to 9 to ensure readiness for safe, competent, and ethical practice.

Counselling education programs must include a range of knowledge related to:

- Human development
- Counselling and psychotherapy theories
- Ethics and law
- A range of conceptualisations of mental health
- Mental health conditions
- Cultural and social diversity
- The functioning of groups and organisations
- Research design

Counselling education programs must include the following skill development training:

- Relationship building and client attunement
- Communication
- Assessment (including assessment of mental health and risk)
- Case formulation
- Psychotherapeutic strategies and interventions
- Reflective practice
- Monitoring and evaluation
- Research

Graduates are able to apply knowledge and skills to:

- Personal and professional development
- An integration of theory and practice
- Reflection on the nature of the therapeutic process
- Alternative modes of working with clients, including synchronous online counselling and telephone counselling
- Interpretation and application of research

Continuing Professional Development

PACFA-registered counsellors make a commitment to maintain their competence to deliver counselling services in accordance with PACFA's Code of Ethics. PACFA's continuing professional development requirements ensure the quality of services provided to clients and the accountability of registered counsellors.

All counsellors registered with PACFA are required to undertake 20 hours of continuing professional development per year to maintain their competencies in counselling. Continuing professional development is the means by which counsellors broaden and deepen their knowledge, skills, and awareness, to develop the personal and professional qualities necessary for the effective practice of counselling.

Experience

The level of registration with PACFA provides information about the experience of the counsellor. All PACFA-registered counsellors meet PACFA's minimum requirements for registration as set out in the PACFA Training Standards. However, there are counsellors with more extensive training and practice experience which is above the required minimum.

PACFA distinguishes between qualified, experienced, and advanced practitioners, and for advanced competence in mental health, PACFA Mental Health Practitioners. For definitions, see Appendix 2.

Qualified Counsellor

Qualified counsellors are newly graduated from counselling training. They have assimilated and demonstrated the knowledge and skills outlined in the PACFA Training Standards (PACFA, 2018a), and are informed by the evidence base for the effectiveness of counselling modalities and interventions. Qualified counsellors are suitably trained and experienced for entry-level positions where they work under supervision. Qualified counsellors have completed supervised client contact during training and have the required clinical skills for professional practice.

Experienced Counsellor

An experienced counsellor has two to five years of practice following graduation and is registered at Clinical level. To achieve Clinical registration, counsellors must complete at least 750 hours of client contact over a minimum of two years, and a minimum 75 hours of clinical supervision. They have gained experience through supervised practice and have developed their counselling knowledge and skills through continuing professional development.

Advanced counsellor

An advanced counsellor has five or more years' experience following graduation and is registered at Clinical level. In addition to the requirements for Clinical registration, they have substantial clinical practice experience. They have undertaken continuing professional development and clinical

supervision over many years, and may have completed specialist training to further develop their counselling knowledge and skills. They may also be registered as PACFA Accredited Supervisors. They have the capacity to support clients with more complex presenting issues.

Mental Health Practitioner

Mental Health Practitioners are advanced counsellors who specialise in mental health practice. They have additional knowledge and experience of current assessment techniques and interventions in mental health, and understanding of research and evaluation methods in mental health. Continuing professional development and clinical supervision are focused on mental health practice. They have the capacity to support clients with complex mental health issues and to work with multi-disciplinary mental health teams.

Knowledge and skills

This section describes the knowledge base of counsellors and the key counselling skills and interventions practised by counsellors who are registered with PACFA. Counsellor skills are developed by comprehensive theoretical and skills training, combined with practice hours and supervision. Registered counsellors maintain the currency of professional knowledge and skills through continuing professional development, reflection on practice, clinical supervision, and personal therapy when needed to maintain competence.

Assessment

Counsellors are trained in client assessment and have developed skills in assessing clients' presenting problems according to their field of practice and modality. Client assessment is conducted at the beginning of counselling using active questioning, and is combined with client engagement and rapport building. Assessment is holistic and includes exploration of the following:

- Demographics
- Presenting issues and their severity and impact on functioning
- Personality, traits, and characteristics
- Motivation to change
- Family history relevant to presenting issues
- Significant relationships
- Socio-economic and cultural context
- Involvement with other health professionals
- Risks and protective factors, such as support networks

Therapeutic alliance

Counsellors are trained to use micro-skills such as active listening, attending, observation, reflecting, giving feedback to build rapport with clients and develop an effective therapeutic alliance. The therapeutic alliance is built on the core conditions of empathy, unconditional positive regard, and congruence; it is the real relationship between counsellor and client which is central to the change process in counselling (Rogers, 1951). This alliance enables the counsellor and client to work together collaboratively to achieve the client's goals.

Case formulation

Counsellors develop case formulations jointly with clients by gaining an overview of relevant history, exploring clients' current concerns, biopsychosocial aspects contributing to the development and maintenance of presenting problems, the immediate trigger for help-seeking, and risks and

protective factors (APA, 2013; Westbrook, Kennerley, & Kirk, 2011). Case formulation is a process that begins at the outset of counselling and develops over time, informed by counsellors' modalities and theories of human development and change, and information provided by clients (Kuyken, Padesky & Dudley, 2008). Case formulation leads to a shared understanding of the presenting problem and the need for change, as well as new ways of thinking about the presenting problem (Westbrook et al., 2011).

Collaborative decision-making and goal setting

Guided by the case formulation, counsellors and clients jointly make decisions about suitable interventions to address the presenting issues and their impacts, taking into account individual, family, social and cultural contexts (van Rijn, 2014). Decision-making includes timing, length and frequency of sessions. This collaborative approach continues throughout the counselling process.

Counsellors and clients collaboratively set specific goals for change or desired outcomes in the beginning stages. Goal setting and ongoing review is a flexible and realistic process which identifies whether counselling is effective, or whether review and referral is indicated (Nugent & Jones, 2008).

Endings and breaks

Counsellors prepare clients for the ending of counselling relationships. The timing for finishing counselling is discussed collaboratively between counsellor and client, according to client goals being attained and maintaining improvements in their social functioning. Endings are managed sensitively and with respect for clients' progress and growth during the counselling process. Counsellors also manage breaks in counselling to minimise negative impacts on clients, such as organising access to a locum or interim counsellor for vulnerable clients while on leave.

Referral communication with other professionals

Counsellors have well-developed skills in knowing when and how to make referrals and do not work outside their area of competence. Counsellors make referrals on behalf of clients to practitioners and services in a wide range of circumstances:

- To practitioners who specialise in a particular field of practice, such as couple, family and/or sex therapists, disability specialists
- To general practitioners and clinical psychologists for complex mental disorders
- To mental health services when there are risks to the safety of clients or others;
- When clients relocate and want to see a counselling practitioner in their new area
- To services that are culturally appropriate for clients
- For financial assistance and accommodation
- For a consultation or second opinion

Modalities and interventions

Counsellors use a wide range of counselling approaches and modalities in their work with clients, based on their training, philosophy, and preference (Noble & Day, 2015b). According to a survey of over 1,000 Australian counsellors and psychotherapists by Lewis and Meteyard (2015), the most influential theoretical modalities on counselling practice (ranked from highest to lowest) are Cognitive-Behavioural, Narrative Therapy and Solution-focused, couple and family, Humanist (Person-centred)/Existential, spiritually-informed, psychodynamic/psychoanalytic, body-oriented, Expressive Arts and Gestalt.

Independent of the counselling modality used, counsellors are trained to utilise skills of empathy, genuineness, authenticity, congruence, and offering a non-judgmental presence (Irving & Dickson, 2006), and in building rapport and trust, reflective listening (including reflections of content and feeling), attuning to verbal and non-verbal cues, paraphrasing, summarising and interpreting. Counsellors are able to contain the anxiety of clients who are in difficult emotional states, and reduce the shame and social stigma associated with some presenting issues, such as mental illness and substance abuse (Gray, 2010).

Counsellors deliver appropriate and skilled interventions appropriate to the person, the presenting problem, and clients' social and cultural context (Hanna & Cardona, 2013). Counsellors working with integrative, eclectic or pluralistic approaches select the most beneficial intervention for clients, for which they are suitably qualified and skilled to deliver (Hicks, Alexander, & Jones, 2016; O'Hara & O'Hara, 2015). Counsellors working within a single modality are able to tailor the interventions to each client's presenting problem, needs and preferences (Hicks et al., 2016; O'Hara & O'Hara, 2015).

Counsellors support the whole person, working across many domains or foci, (Martin, Turcotte, Matte & Shepard, 2013). A number of domains have been identified, although there is an overlap between these domains: cognition, emotion, expression, somatic, developmental, relationships, behaviour, learning and social systems (Martin et al., 2013).

When working with individuals, couples, families or groups, there is evidence to show the following approaches that counsellors use are effective:

- Acceptance and Commitment Therapy
- Couples Counselling
- Expressive Arts Therapies
- Family Therapies
- Humanistic-experiential therapies
- Integrative counselling
- Mindfulness-based Cognitive Therapy
- Motivational Interviewing
- Person-centred counselling
- Psychodynamic counselling
- Solution-focused Brief Therapy

Of particular importance are the Focused Psychological Strategies endorsed by government in the Medicare Benefits Schedule, which counsellors are competent to provide:

- Psycho-education
- Cognitive-behavioural therapy
- Relaxation strategies
- Skills training
- Interpersonal therapy
- Narrative therapy

Counsellors also draw on new and developing counselling modalities as the profession continues to evolve. Examples of emerging modalities and specialisations documented by Noble and Day (2015a) are equine-assisted therapy, dance movement therapy, and using film in therapy.

Trauma-informed care

Counsellors address and intervene with people who have experienced many different forms of trauma. Sensitivity to culture is a key focus in working on recovery with clients who have experienced trauma (Collins & Arthur, 2010a).

Counsellors working with trauma clients undertake professional development on evidence-based interventions for trauma and work to the guidelines for treatment of complex trauma and trauma-informed care (Kezelman & Stavropoulos, 2012).

When trauma is not the primary focus of counselling, counsellors nevertheless remain sensitive to the effects of past trauma on the lives of their clients and offer all counselling from a trauma-informed approach (Kezelman & Stavropoulos, 2012). The potential for past trauma to be influencing clients' lives in the present is understood, and the risk of re-traumatisation is avoided by establishing safety and being respectful of clients' experience. Trauma-informed counselling demonstrates compassion, collaboration, and a focus on recovery (Jordan, 2018).

Counsellors who work in the trauma field need to safeguard themselves against the potential for vicarious traumatisation by practising self-care. Trauma counselling has potential for post traumatic growth, for both the client and the counsellor (Jordan, 2018).

Safe Practice

The Australian Commission on Safety and Quality in Healthcare (2018) have identified three goals in the reform and delivery of healthcare:

- Safety of care: That people receive health care without experiencing preventable harm
- Appropriateness of care: That people receive appropriate, evidence-based care
- Partnering with consumers: That there are effective partnerships between consumers and healthcare providers and agencies at levels of service provision, planning and evaluation

A key standard for the mental health workforce, articulated in the *National Practice Standards for the Mental Health Workforce* (Victorian Government, 2013), is that safety is actively promoted and privacy, dignity, and confidentiality are maintained. PACFA views the support of quality and safe practice as fundamental in our position as a peak body, and in our consideration of the scope of practice for counsellors, we view safe practice as a key component to maintain the trust and confidence both *of* the counselling profession and *within* the profession.

Trust makes counselling possible

Maintaining the trust of clients is critical to best practice. It is the foundation of the therapeutic relationship and must be honoured.

High-quality, safe counselling practice can be viewed from a fundamental safety perspective and from a systemic perspective. At the core of safety is the therapeutic relationship. To maintain trust between the client and counsellor, fundamental safe practices, such as working ethically, respecting confidentiality, managing risk, client feedback mechanisms, and working within scope are required. From a systemic perspective, engagement in supervision practices, using evidence-based practices, and work setting requirements are some of the systemic safeguards that maintain trust in and for the counselling profession.

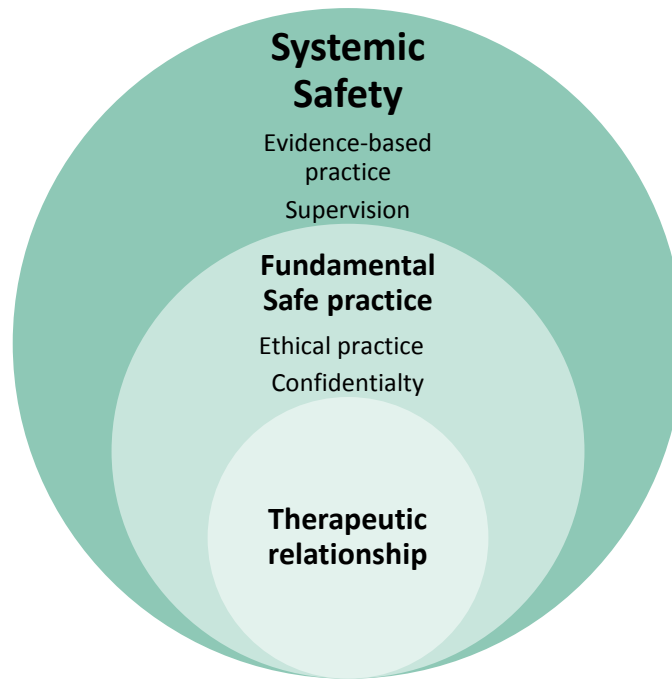


Diagram 2: Levels of safeguards protecting counsellors and the community

Ethics

The PACFA [Code of Ethics](#) (PACFA, 2017a) acts as a guide for PACFA-registered counsellors and as a compass towards safe practice. PACFA’s Code of Ethics begins with a commitment to clients. Importantly, counsellors commit to put clients first. The counselling profession is trusted by the community because counsellors are trustworthy and act accordingly. Counsellors have a sophisticated awareness of confidentiality issues, respect diversity, avoid conflicts of interest, respect professional boundaries, and uphold the key aim of the PACFA Code of Ethics which is “do no harm”.

PACFA’s values are embedded in the PACFA Code of Ethics and in the approach of PACFA-registered counsellors to clinical practice. The PACFA Code of Ethics informs our approach to counsellor education, professional development, and supervision.

There are six key ethical principles that underpin ethics in counselling:

- Trust – Honouring the trust placed in the practitioner
- Autonomy – Respect for the client’s right to be self-governing
- Beneficence – A commitment to promoting the client’s well-being
- Non-Maleficence – A commitment to avoiding harm to the client
- Fairness – The fair and impartial treatment of all clients
- Self-respect – Fostering the practitioner’s self-knowledge and care for self

Supervision

Supervision is central to counsellor training and practice. It provides the profession with a culture of support and audit and acts as a quality assurance mechanism. Clinical supervision is a requirement during training and is an ongoing requirement for professional practice as a PACFA-registered counsellor. The rigour with which counsellors engage in supervision adds to the trust and confidence the community has in the counselling profession.

PACFA's [Supervision Training Standards](#) (PACFA, 2018b) define supervision as "a contractual, collaborative process which monitors, develops and supports supervisees in their clinical role. Clinical supervision can be undertaken as individual, peer and group supervision" (PACFA, 2013).

Supervision has a positive impact on the counsellor's self-development, ethical and reflective practice, professional development, and self-efficacy (Schofield & Roedel, 2012; Wheeler & Richards, 2007). The focus in supervision is on both the optimum treatment outcome for clients and the professional development and self-care of supervisees. It is an opportunity for the supervisee to present material regarding their practice, with space for reflective review by the supervisee and feedback by the supervisor.

Both individual and group supervision are undertaken with a designated supervisor. The supervisor will be a more senior counsellor or have acquired more experience in a specialist area of practice and has completed training or professional development in supervision. Peer supervision is where colleagues work together for mutual benefit, rotating the roles of supervisor and supervisee. This is a formal process where counsellors contract to engage in critical reflection for the purpose of enhancing each other's clinical work. Peer supervision is considered more beneficial for experienced practitioners and PACFA therefore only allows peer supervision for counsellors with at least 5 years' experience.

All models of supervision focus on the clients' presenting issues, the supervisees' competence in using counselling interventions, client progress and risk, the therapeutic relationship, and work contexts. Supervisors of counsellors who work with traumatised clients are trauma-informed (Jordan, 2018).

Confidentiality

PACFA-registered counsellors are trained to maintain confidentiality, in upholding clients' rights to privacy under privacy laws, informing clients of their right to confidentiality, and communicating the exceptions and legal limits to confidentiality. The PACFA Code of Ethics sets out rigorous requirements around client confidentiality. Client confidentiality is protected as it is paramount to create a psychologically safe environment and to maintain the trust that clients place in their counsellors.

There may be exceptions made to the confidentiality principle when the client may be at risk of harm to themselves or to others. In such cases, there is an obligation to report this risk to other services and parties, and to the relevant authorities.

Counsellors are aware of appropriate use of technology and their obligations in relation to digital health privacy and security. They take steps to protect the confidentiality of client records using secure storage of electronic (and paper) records.

Risk management

Risk to self or others

Thoughts or acts of self-harm or harm to others may be raised by clients during counselling. Clients may also seek help for domestic violence. Counsellors are skilled in assessing risk and, when necessary, will consult with their line managers or supervisors about contacting mental health services, emergency services, and/or police. During this process, counsellors continue to discuss their actions with their clients and support them through the notification to other services to reduce or minimise harm.

Suicide

Counsellors are trained in assessing and responding to suicide ideation and suicide risk factors with supportive interventions, safety planning, and referral pathways (Ranahan, 2013). Support for risk of suicide may also be provided to carers, families and communities.

Mandatory reporting

Counsellors are trained and supervised in relation to child protection concerns. Legal guidelines for mandatory reporters of risk to children and what is reportable, are complex and vary according to the state or territory in which the child lives. Therefore, reporting of risk to children may legally be mandatory or voluntary for counsellors. However, counsellors are required by the Code of Ethics to take action whenever there is a risk to safety, and to work within the law. More recent legislation has seen failures to disclose child abuse or to protect children become criminal offences, which legally obligates counsellors to report.

Client feedback

PACFA encourages counsellors to use standardised measures of counselling to seek systematic feedback on the effectiveness of their services. Feedback contributes to tailoring of client services and to the evidence base for the effectiveness of counselling (Noble & Day, 2015b). Client feedback informs therapeutic planning and service planning. This ensures counsellors are responsive to client needs and are able to address any safety risks.

Work setting requirements

Counsellors work in various settings ranging from private settings, school and educational settings, hospital settings, government and non-governments settings, and telephone-based settings. In each setting, organisations have position descriptions and duty requirements which set parameters around counsellors' work. In some instances, this can limit a counsellor's scope of practice and, in other instances, it has the potential to expand a counsellor's scope provided appropriate training is available and safeguards are in place.

Working within scope

PACFA-registered counsellors are aware of the limits to their training, experience and competence and work within these limits. They are also aware of regulatory limits to their scope and work to the applicable regulations. Counsellors presented with issues not within their scope are aware of their role in the stepped-care model and utilise referral pathways to other practitioners not specialised in mental health, such as general practitioners, social workers, or occupational therapists; or to specialist mental health providers such as psychiatrists or clinical psychologists.

Evidence-based practice

Counsellors are trained to provide evidence-based interventions in the interests of client safety and effective treatment outcomes. PACFA's understanding of the research evidence to support safe practice is informed by PACFA's [Evidence-Based Practice Statement](#) (PACFA, nd) which refers to "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences".

Common factors research in counselling demonstrates that it is the counsellor's ability to build an effective therapeutic alliance with the client that contributes most to the effectiveness of

counselling (Noble & Day, 2015b). Some of the most important common factors identified in research on counselling are the strength of the therapeutic alliance between client and counsellor, the empathy of the counsellor, and clients' expectations which are created by counsellors' explanations about the model and how counselling works (Duncan, Miller, Wampold, & Hubble, 2009). All are emphasised in counsellor training and practice.

Recent research has shown that taking account of client preferences has a significantly positive effect on counselling outcomes, client retention, and satisfaction. Counsellors explore client preferences from the beginning of the client-counsellor relationship (e.g. short or long term, problem solving or supportive), and in ongoing interactions through proactive dialogue (Lindhiem, Bennett, Trentacosta, & McLearn, 2014; McLeod, 2015; Swift & Callahan, 2009).

Counsellors avoid interventions that have been shown to cause harm to clients, such as conversion therapies for LGBTIQ people which seek to change their sexual identity. PACFA-registered counsellors providing counselling services for LGBTIQ people are required to work within PACFA's [Position Statement on Therapeutic Support for LGBTI Individuals and their Families](#) (PACFA, 2014) which prohibits the practice of conversion therapies.

Regulated Practice

Various types of regulation apply to a counsellor's scope of practice, and PACFA guides counsellors to work within these parameters. These different types of regulation are:

- Self-regulation of the counselling profession:
Collectively, the counselling profession is self-regulating. The regulatory mechanisms for the counselling profession are training standards, ethical codes, complaints handling and requirements for insurance, continuing professional development, and supervision.
- Self-regulation of the individual counsellor:
The counselling profession has a culture of accountability with quality improvement and audit taking place through the supervision process.
- Government regulation:
There is a range of government regulatory frameworks that apply, even in the context of a self-regulating profession, including various national standards and the National Code of Conduct for Healthcare Workers.

These types of regulation serve to protect the community which in turn enhances trust and confidence in the counselling profession. PACFA expects all registered counsellors to be aware of the regulation that underpins their scope of practice, and as a peak professional body, PACFA provides resources to raise the awareness of counsellors of the applicable regulations.

National Standards

PACFA ensures that our profession's scope of practice reflects nationally agreed protocols and standards and we generate profession-specific policies that reflect these standards.

The National Standards for Mental Health Services (Australian Government, 2010) are intended to guide service delivery, ethical practice, accountability, and quality improvement in mental health services in government, non-government, and private sectors. PACFA is committed to the National Standards, and the key principles, rights, and responsibilities outlined within the standards.

The National Practice Standards for the Mental Health Workforce (Australian Government, 2013) are intended to work alongside the National Standards for Mental Health Services to complement competencies in mental health professions and address shared knowledge and skills when working in multidisciplinary mental health teams. The standards are reflected in requirements for PACFA Mental Health Practitioner registration.

PACFA Registration

The PACFA Register is a public register of the counsellors who meet PACFA's requirements for training, experience, and ethical conduct. The Register can be searched at the PACFA website at www.pacfa.org.au. This supports trust by the community in PACFA-registered counsellors.

In order to be listed on the PACFA National Register, applicants go through a rigorous process of verification to ensure that training, qualifications, and supervised experience meet required standards. Provisional registration is offered when training that meets the PACFA Training Standards (PACFA, 2018a) has been completed. Clinical registration requires a further 750 hours of supervised client work.

While all counsellors are competent to support clients with their mental health and wellbeing, PACFA Mental Health Practitioners have more specialist training and experience to support clients with mental health issues and are competent to work with more complex mental disorders.

PACFA-registered counsellors are also listed on the Australian Register of Counsellors and Psychotherapists (ARCAP). This is the single Register for the counselling profession in Australia and was developed by PACFA, in partnership with the Australian Counselling Association.

PACFA-registered counsellors are professionally accountable to PACFA. They hold professional indemnity and public liability insurance, commit to undertake continuing professional development and supervision, and comply with the PACFA Code of Ethics and related guidelines.

Complaints to PACFA

PACFA provides a comprehensive and transparent complaints handling process for ethical complaints. Complaints are heard in accordance with PACFA's [Professional Conduct Procedures](#) (PACFA, 2017b) and can only be heard by PACFA where PACFA has jurisdiction to do so.

Other concerns about misconduct by PACFA-registered counsellors may be reported to PACFA (Reportable Breaches) where the alleged breach is more serious in nature. Reportable Breaches can be investigated by the PACFA Ethics Committee using the PACFA Professional Conduct Procedures, even in the absence of a formal complaint.

National Code of Conduct

In addition to the self-regulation of the counselling profession provided by peak bodies such as PACFA, there is a [National Code of Conduct for Health Care Workers](#) (AHMAC, 2014) which was agreed by the Australian Health Ministers' Advisory Council. This Code of Conduct has been legislated in some states and is expected to be legislated in other states and territories in due course.

The National Code of Conduct provides additional protection for the community where the health profession is self-regulating. Registered counsellors are required to abide by the requirements of the National Code in the state where they practice, in addition to abiding by the PACFA Code of Ethics.

Health Care Complaints Entities

In all states and territories, health care complaints against counsellors can be made to the relevant Health Care Complaints Entity for investigation and sanctions can be imposed. These complaint mechanisms operate in parallel with PACFA's complaints handling process.

In states where the National Code of Conduct has been legislated, the Health Care Complaints Entities can hear complaints under the Code and make Prohibition Orders which are legally enforceable. The enforceability of the National Code is important as sanctions imposed by self-regulating health professions are not legally enforceable.

Statutory regulation

Under the PACFA Code of Ethics, counsellors are responsible for ensuring they are aware of, meet and understand legal requirements concerning their work, including privacy laws, mandatory reporting requirements, and requirements relating to involuntary clients.

Levels of Proficiency

This section outlines the scope of practice for counsellors at different levels of proficiency, from newly qualified graduates through to experienced and advanced practitioners and PACFA Mental Health Practitioners. The distinction between experienced and advanced practice is not definitive. Instead, a transition occurs over time with experience, supervision, continuing professional development, further training, and individual characteristics such as interest.

As counsellors move from qualified to advanced practitioners, there are significant developments in the modalities they are able to use, the clients and presenting problem they work with, their skill using counselling interventions, their capacity to establish and foster the therapeutic alliance, their own influence on the counselling process, relational dynamics, and engagement with research.

For each level of scope of practice identified by PACFA, this section covers six key aspects which are relevant to the competence, safety and regulation of PACFA-registered counsellors:

- Education
- Experience
- Registration
- Knowledge
- Skills
- Effectiveness

Education, Experience, Registration

All counsellors undertake the minimum required training in accordance with the PACFA Training Standards, after which, they undertake further training and professional development to advance their skills and knowledge, and progress through the different levels of PACFA registration as they accumulate practice experience.



<p>Education</p> <ul style="list-style-type: none"> ➤ Training is in an AQF (7-9) approved qualification of 400 hours of counselling training incorporating a formal client contact placement 	<p>Education</p> <ul style="list-style-type: none"> ➤ Further training or professional development 	<p>Education</p> <ul style="list-style-type: none"> ➤ Further training or professional development 	<p>Education</p> <ul style="list-style-type: none"> ➤ Training or professional development in mental health including knowledge of current assessment techniques and interventions, and understanding of research and evaluation methods in mental health
<p>Experience</p> <ul style="list-style-type: none"> ➤ Completed a minimum of 40 hours of client contact and 10 hours of clinical supervision during training 	<p>Experience</p> <ul style="list-style-type: none"> ➤ Completed at least 750 since qualifying client contact hours and 75 since qualifying clinical supervision hours ➤ Gains experience of up to 5 years 	<p>Experience</p> <ul style="list-style-type: none"> ➤ 5 or more years' experience of clinical practice 	<p>Experience</p> <ul style="list-style-type: none"> ➤ Five or more years' experience of clinical practice ➤ At least 2 years' demonstrated experience in mental health practice, assessed against PACFA Mental Health Competencies
<p>Registration</p> <ul style="list-style-type: none"> ➤ PACFA Provisional registration ➤ A minimum of 10 hours supervision and 20 hours continuing professional development annually 	<p>Registration</p> <ul style="list-style-type: none"> ➤ PACFA Clinical registration ➤ A minimum of 10 hours supervision and 20 hours continuing professional development annually 	<p>Registration</p> <ul style="list-style-type: none"> ➤ PACFA Clinical registration ➤ A minimum of 10 hours supervision and 20 hours continuing professional development annually 	<p>Registration</p> <ul style="list-style-type: none"> ➤ Mental Health Practitioner ➤ A minimum of 10 hours supervision and 20 hours continuing professional development annually, focused on mental health practice

Knowledge

Knowledge relates to the theories, concepts, and principles relating to the practice of counselling. As a counsellor progresses from qualified to advanced levels of practice, the sphere of knowledge correspondingly grows. Professional development and further training supports counsellors to augment, refresh, and develop their knowledge relating to counselling.

Qualified	Experienced	Advanced	MHP
<p>Knowledge acquired during training</p> <ul style="list-style-type: none"> ➤ Have assimilated and demonstrated the knowledge and skills outlined in the PACFA Training Standards ➤ Curriculum includes: Human development, counselling theories, ethics and law, a range of conceptualisations of mental health, theories and models of change, mental health conditions, Cultural and social diversity, the functioning of groups and organisations, research design ➤ Informed by the evidence base for the effectiveness of counselling modalities and interventions 	<p>Knowledge acquired through practice and CPD</p> <ul style="list-style-type: none"> ➤ Further training and professional development in specific counselling modalities ➤ Knowledge to work with specific client populations or presenting issues ➤ Further learning on alternative modes of working with clients such as online counselling 	<p>Advanced knowledge acquired through practice and CPD</p> <ul style="list-style-type: none"> ➤ Further development of knowledge base through training or professional development ➤ Maintains knowledge of counselling effectiveness research ➤ Sophisticated understanding of the evidence base for counselling modalities and interventions ➤ Applies research evidence to improve clinical practice ➤ Guided by knowledge of indications and contraindications for specific presentations and client populations 	<p>Specialist knowledge in relation to mental health</p> <ul style="list-style-type: none"> ➤ Knowledge of current assessment techniques, procedures, protocols and interventions in mental health ➤ Knowledge of Focussed Psychological Strategies (from the Better Access Initiative) ➤ Knowledge of application of evidence-based interventions to stabilise symptoms, reduce suicide risks and self-harm ➤ Knowledge of mental health promotion and prevention strategies to improve community wellbeing

Sources:

Crosby, 2009; Hill, Spiegel, Hoffman, Kivlighan, & Geslo, 2017; Jacobs, 1998; Martin, Turcotte, Matte & Shepard, 2013; Duncan, et al., 2009; Sperry, 2010; Fairburn & Cooper, 2011; Hill, Spiegel, Hoffman, Kivlighan, & Geslo, 2017; Willott, 2007.

Skills

Counselling skills are developed through training and practice. Counsellors integrate their knowledge and skills to achieve specific outcomes with their clients. They build from a foundation of counselling skills as a newly qualified counsellor towards specific and specialised skills at advanced practitioner and mental health practitioner levels.



Clinical skills acquired in training	Further skills from clinical practice	Highly developed clinical skills	Specialist mental health skills
<ul style="list-style-type: none"> ➤ Relationship building and attunement ➤ Communication ➤ Assessment (including mental health and suicide risk assessment) ➤ Case formulation ➤ Psychotherapeutic strategies and interventions ➤ Reflective practice ➤ Collaboratively set goals ➤ Affirm & develop client strengths ➤ Facilitate change ➤ Maintain ethical boundaries ➤ Seek and respond to feedback ➤ End counselling relationships sensitively and professionally ➤ Integrate theory with practice ➤ Use alternative practice modes, e.g. online and telephone ➤ Interpret and apply research 	<ul style="list-style-type: none"> ➤ Support clients with diverse presenting issues ➤ Develop and maintain therapeutic relationships with diverse clients ➤ Establish safety in trauma presentations ➤ Manage ethical boundary issues and address disruptions in counsellor-client relationships ➤ Assess complex presenting problems and identify patterns and themes in information provided by clients ➤ Acknowledge social and cultural aspects of clients' circumstances that impact on change ➤ Flexibly adapt to circumstances and disclosures in clients' process ➤ Overcome blocks in empathy 	<ul style="list-style-type: none"> ➤ Develop and maintain therapeutic relationships with broad or specialised client populations ➤ Jointly develop case conceptualisations that assist in planning counselling interventions ➤ Skilfully use integrative or specific modalities ➤ Facilitate change in complex presenting problems ➤ Facilitate working through for clients with trauma presentations ➤ Manage boundary issues around challenging behaviours ➤ Develop and maintain partnerships with other service providers to provide clients with integrated care ➤ Apply advanced evidence-based interventions 	<ul style="list-style-type: none"> ➤ Work with clients with severe and complex mental health issues ➤ Function as key members of multi-disciplinary teams ➤ Contribute to treatment plans and ongoing clinical care ➤ Comply with involuntary treatment requirements ➤ Use current systems for the classification of mental disorders ➤ Make referrals to other mental health professionals ➤ Establish and maintain caring relationships with clients' carers and family members ➤ Support clients, carers and family members through the mental health system



<p>Ethical skills</p> <ul style="list-style-type: none"> ➤ Apply the PACFA Code of Ethics ➤ Practice ethically in best interests of clients and third parties 	<p>Ethical skills</p> <ul style="list-style-type: none"> ➤ Seek supervision around challenging ethical decision 	<p>Ethical skills</p> <ul style="list-style-type: none"> ➤ Use ethical decision making to skilfully manage complex ethical dilemmas in their practice 	<p>Ethical skills</p> <ul style="list-style-type: none"> ➤ Apply the PACFA Code of Ethics in in relation to multi-disciplinary referrals and informed consent issues
<p>Professional skills</p> <ul style="list-style-type: none"> ➤ Team work ➤ Time management ➤ Keep proficient and timely records ➤ Maintain professional boundaries ➤ Good communication skills 	<p>Professional skills</p> <ul style="list-style-type: none"> ➤ Well-developed communication skills with clients, carers and families, colleagues ➤ Well-developed problem-solving skills 	<p>Professional skills</p> <ul style="list-style-type: none"> ➤ Demonstrates leadership skills ➤ Work with interdisciplinary networks and services ➤ Support new staff and students on placement 	<p>Professional skills</p> <ul style="list-style-type: none"> ➤ Manage mental health services effectively ➤ Develop, implement and review mental health services

Sources:

Crosby, 2009; Hill, Spiegel, Hoffman, Kivlighan, & Geslo, 2017; Jacobs, 1998; Martin, Turcotte, Matte & Shepard, 2013; Duncan, et al., 2009; Sperry, 2010; Fairburn & Cooper, 2011; Hill, Spiegel, Hoffman, Kivlighan, & Geslo, 2017; Willott, 2007.

Effectiveness

Effectiveness relates to the contribution of counselling to positive client outcomes. This includes the extent to which the counselling goals were achieved and the extent to which presenting issues were resolved.



Qualified	Experienced	Advanced	MHP
<p>Client outcomes</p> <ul style="list-style-type: none"> ➤ Improvement in clients' wellbeing and social functioning ➤ Reduction in clients' distress ➤ Low client drop-out rates ➤ Overall positive feedback from clients 	<p>Client outcomes</p> <ul style="list-style-type: none"> ➤ Agreement on tasks of therapy with clients ➤ Enhanced capacity of clients to make choices around difficult life issues ➤ Significant alleviation of symptoms or distress around presenting issues ➤ Lower rates of premature client drop-outs 	<p>Client outcomes</p> <ul style="list-style-type: none"> ➤ Accurate application of an integrated or specific modality to achieve specific outcomes ➤ Strong therapeutic alliance with complex and diverse client presentations 	<p>Client outcomes</p> <ul style="list-style-type: none"> ➤ Use of outcome measures, assessment scales and inventories to measure outcomes

Sources:

Crosby, 2009; Hill, Spiegel, Hoffman, Kivlighan, & Geslo, 2017; Jacobs, 1998; Martin, Turcotte, Matte & Shepard, 2013; Duncan, et al., 2009; Sperry, 2010; Fairburn & Cooper, 2011; Hill, Spiegel, Hoffman, Kivlighan, & Geslo, 2017; Willott, 2007.

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Appendix 1

About PACFA

The Psychotherapy and Counselling Federation of Australia (PACFA) is a leading national peak body for counsellors and psychotherapists and for professional associations in the counselling and psychotherapy field in Australia. Our mission is to represent self-regulating profession of counselling and psychotherapy to communities and government, and to develop the evidence base relating to the art and practice of counselling and psychotherapy.

PACFA promotes the development of counselling and psychotherapy, and respects and supports the diversity of approaches within the profession. PACFA provides a united forum for practitioners and associations in counselling and psychotherapy to foster professional identity, support research and training, and ensure public accountability to consumers, the public, and government.

PACFA advocates for appropriate, accessible health services to meet the biopsychosocial needs of consumers. Counselling actively promotes the development, mental health, and wellbeing of clients, carers, and families. Counselling focuses on preventing mental illness and intervening in a broad range of psychological difficulties and life transitions.

PACFA provides regulatory functions for the self-regulating professions of counselling and psychotherapy. These are the PACFA Training Standards, the PACFA National Register of suitably qualified counsellors, the PACFA Code of Ethics and complaints handling process, and requirements to be insured and undertake continuing professional development and supervision.

Counsellors registered with PACFA are widely distributed and accessible throughout Australia in urban, regional, rural, and remote areas.

PACFA has worked in collaboration with the Australian Counsellors' Association (ACA) to establish the Australian Register of Counsellors and Psychotherapists (ARCAP), a national register and credentialing system to regulate counsellors and psychotherapists within Australia. Counsellors who are listed on the PACFA and ACA Registers are automatically listed on the ARCAP.

Appendix 2

PACFA Registration categories

Provisional Registrant

Provisional Registrants have completed an AQF (7-9) approved qualification of 400 hours of person-to-person counselling and/or psychotherapy training incorporating a minimum of 200 hours of direct instruction and a formal client contact placement which includes 40 hours of client contact with 10 hours of related clinical supervision within the training program.

They undertake a minimum of 20 hours of Continuing Professional Development and 10 hours of Clinical Supervision per year.

Clinical Registrant

Clinical Registrants have completed an AQF (7-9) approved qualification of 400 hours of person-to-person counselling and/or psychotherapy training incorporating a minimum of 200 hours of direct instruction and a formal client contact placement which includes 40 hours of client contact with 10 hours of related clinical supervision within the training program. In addition, Clinical Registrants must have completed 750 hours of client contact since qualifying, with 75 hours of related clinical supervision within a minimum of 2 years.

They undertake a minimum of 20 hours of Continuing Professional Development and 10 hours of Clinical Supervision per year.

Mental Health Practitioner

Mental Health Practitioners are Clinical Registrants who demonstrate they meet PACFA's Mental Health Competencies, including additional knowledge and experience of current assessment techniques and interventions in mental health, and an understanding of research and evaluation methods in mental health.

They undertake a minimum of 20 hours of Continuing Professional Development and 10 hours of Clinical Supervision per year, with a focus on mental health practice.