

Counselling and Psychotherapy: Professionalisation in the Australian Context

 pacja.org.au/2015/07/counselling-and-psychotherapy-professionalisation-in-the-australian-context-2

[Return to Journal Articles](#)

Denis J. O'Hara, *Australian College of Applied Psychology, Brisbane, Australia* and E. Fiona O'Hara, *University of the Sunshine Coast, Sippy Downs, Australia*

Introduction

Counselling and Psychotherapy as an identified profession has had a chequered past in many countries. While the practice of counselling has a very long history, the organisation of the field into a profession is a relatively recent phenomenon. The country in which counselling and psychotherapy has enjoyed the longest period of social recognition in the form of licensure is the United States. There, counselling was licensed progressively in each state beginning in the 1970s ([Gladding, 2014](#)). Confusion over the terms *counselling* and *psychotherapy* was evident in the establishment of licensure, with the effect that licensure resulted in the separation of terms. To what extent there is a difference between counselling and psychotherapy, if any, has been an age long debate. For some, there is no discernible difference, and for others there are clear distinctions between the two as discrete professional practices. To add further confusion to discerning the nature and professional identity of counselling and psychotherapy, other professions make certain claims on the titles as well. Psychologists, social workers, and occupational therapists, among others, claim they practise either counselling or psychotherapy or both. In part due to these confusions, the path towards professionalisation has varied greatly in different jurisdictions. It would be fair to say that the Australian experience has been one of the more confounded. It is this Australian experience that constitutes the primary focus of this paper.

Definitions

It might seem strange but there is no definition of counselling and psychotherapy which is agreed upon by all relevant national and international professional associations. This is partly due to the confusion over identifying any distinctions between counselling and psychotherapy, and also to cultural variations in meanings. Consistent with these different views, some definitions conflate counselling and psychotherapy and others differentiate between them. The definition provided by the British Association of Counselling and Psychotherapy (BACP) is an example of the former, and states:

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing ([British Association of Counselling and Psychotherapy, n.d.](#)).

The definition provided by the Psychotherapy and Counselling Federation of Australia (PACFA) acknowledges the similarities between the two practices but also separates them to some degree.

Therapy is the process of meeting with a counsellor or psychotherapist for the purpose of resolving problematic behaviours, beliefs, feelings and related physical symptoms. Therapy uses an interpersonal relationship to help develop the client's self-understanding and to make changes in his or her life.

Although counselling and psychotherapy overlap considerably, there are also recognised differences. While the work of both Counsellors and Psychotherapists with clients may be of considerable depth and length, the focus of Counselling is more likely to be on specific problems, changes in life adjustments and fostering the client's wellbeing. Psychotherapy is more concerned with the restructuring of the personality or self and the development of insight ([Psychotherapy and Counselling Federation of Australia, n.d.](#)).

Similar in principle to the PACFA delineation of terms, the American Counseling Association (ACA) acknowledges overlap between counselling and psychotherapy but primarily aligns its association around the term 'counselling'. The ACA in conjunction with several other counselling organisations has jointly accepted a definition of counselling as follows:

Counselling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals ([Kaplan, Tarvydas, & Gladding, 2014, p. 366](#)).

The use of definitions, in some respects, may seem to be pedantic but definitions are indicative of the problem itself. A social practice cannot claim to be a profession if it cannot differentiate itself from any other practice. While certain national jurisdictions have largely resolved the issue of professionalisation of counselling, as evidenced by state licensure in the United States, Malaysia, Taiwan, and in two states of Canada, the matter is clearly undecided in other countries, notably Australia. The United Kingdom is a place where counselling and psychotherapy are well accepted and in which they enjoy the benefits of very organised and robust professional associations. However, the same issues have engendered debate and some fracturing of the field there as well ([Aldridge, 2014](#); [House & Totton, 2011](#)).

Profession or practice

A critical feature of the issue of definitions is the purpose they serve. As [McLeod \(2013\)](#) insightfully notes, the differing definitions offered for counselling and psychotherapy tend to be framed from the perspective of the counsellor and not from the point of view of the

client. McLeod argues that counselling and psychotherapy, when framed from the perspective of a profession, could be a form of social control. An example of this is the reduction of the notion of *problems in living* to pathologised medical conditions. When framed from the viewpoint of the client, counselling and psychotherapy are seen more as conversations about everyday problems. Inherent in the debate about professionalisation is the concern about redefining human problems in a way that only experts can address. Popular perceptions of issues such as diagnosis, pathologisation, and professional titles are framed within dominant discourses and can only be reframed by engaging with and challenging such discourses.

Professional identity

The debate about whether counselling and psychotherapy should be regarded primarily as practices or as terms of professional identification becomes somewhat moot when we consider the fact that there are many thousands of people who understand and claim their primary professional identification as being either a counsellor or psychotherapist (or both). While it may be very comfortable for a registered psychologist or social worker, for example, to claim they practise counselling or psychotherapy, for the majority, their first professional identification is not as a counsellor or psychotherapist. For those with no other professional title though, counselling and psychotherapy is often asserted as their profession. Given this fact, it seems clear that counselling and psychotherapy is a profession for at least some therapists. In our view, this does not have to imply an 'either or' situation but rather provides for both a differentiated and inclusive stance towards the use of terms. For some, counselling and psychotherapy is their primary professional identification, and for others, it is a secondary designation, or at least practice, in which they engage.

On the basis of this logic and the reality that many thousands of highly trained people require a professional home, there is a need to clarify the professional parameters of counselling and psychotherapy. According to Myers and Sweeney (2001), for a social practice to be considered a profession it must first meet a number of criteria. A profession is distinguished as having: a specific body of knowledge; accredited training programs; a professional organization of peers; credentialing of practitioners such as licensure; a code of ethics; legal recognition and; other standards of excellence (Myers & Sweeney, 2001, p. 51).

Currently in Australia, the counselling and psychotherapy profession meets the majority of these criteria, but not all. The first criterion is the most philosophically problematic because much of the theoretical knowledge in the field is shared with other professions and, as such, this issue has been one of the main confounds in differentiating the profession from other mental health professions. While this is true, professions which incorporate the practice of counselling and psychotherapy and which share much of their theoretical knowledge base in common with it, have managed to maintain their own points of differentiation and professional identity. In reality there are many professions which share some knowledge and skill domains in common. Teaching, for example, is a well-defined profession yet shares much of its disciplinary and pedagogical knowledge

base with other professions. To use another example, chiropractors and physiotherapists, while each training in domain specific knowledge, also share much professional knowledge in common. We would argue that the differentiation of one profession from another is often based on a unique combination of shared knowledge and skills rather than on the basis of a singular domain of knowledge.

Recognising the problem of having both a shared and unique knowledge base, the National Heads of Counsellor and Psychotherapist Education in Australia ([NHCPE](#)) undertook the task of identifying the combination of spheres of knowledge and skill which were considered foundational to the profession of counselling and psychotherapy ([2014](#), pp. 9, 10). These include: Sound conceptual models – theories; the counselling process; key competencies; the therapeutic relationship; conceptualisation and assessment of mental health problems; integration; reflective practice; ethics and the law; self-development of the counsellor; approaches and emphases in psychosocial research.

We will briefly outline each of these foundational domains.

Sound conceptual models – theories

Counsellors draw on a wide range of theories from multiple disciplines to inform their practice ([Gladding, 2014](#)). Disciplines such as philosophy, developmental psychology, clinical psychology, neuroscience, communication, and spirituality, among others, have all contributed to the counselling knowledge base. In fact, one of the field's defining features is its theoretical openness and inclusiveness. In terms of specific models of therapy, counselling as a profession provides opportunity for counsellors to adhere to single models, mixed models or to theoretical integration in their practice.

The counselling process

Most counsellors and psychotherapists would acknowledge the legacy of Carl Rogers and the humanistic movement for their emphasis on the “present moment” relationship and for a non-pathologising view of the person ([McLeod, 2013](#); [Wampold, 2012](#)). The emphasis on humanistic values was, in large part, responsible for the establishment of counselling in the modern era both within counselling generally, and for counselling psychology ([Woolfe, Strawbridge, Douglas, & Dryden, 2010](#)).

Another defining feature of counselling is its emphasis on subjectivity and inter-subjectivity which, from a process perspective, leads to a focus on communication skills. The counselling and psychotherapy profession highly values micro-skills as a means of developing moment-to-moment communication and by it, at least in part, building the therapeutic relationship ([Wampold, 2007, 2012](#)).

Key competencies

The term “competencies” has various meanings depending on the context in which it is used. Within Australia, competencies often refer to a Vocational Education and Training model in which competencies denotes minimum skills acquisition. While skills acquisition

is important within counselling, the term “competencies” refers to a much more expansive range of professional capacities involving both theory and practice ([Barden & Cashwell, 2014](#)). For example, as mentioned above, counselling and psychotherapy educators prioritise the acquisition of generic microskills. In addition to this though there is an emphasis on understanding the counselling process which is more than skills, being more metacognitive and focusing on such elements as the counselling stage, the nexus between theory and practice, the therapeutic relationship, multicultural awareness, risk assessment, and the change process ([McLeod, 2011, 2013](#)).

The therapeutic relationship

Another contingent feature of the humanistic counselling process is an emphasis on the centrality of the therapeutic relationship in therapeutic change. Whether one identifies with Person-centred Therapy as his/her primary theoretical base or not, most counsellors would acknowledge the importance of Rogers’ core conditions of therapeutic change (unconditional positive regard, genuineness, and empathy) as being fundamental to the counselling process and central to the establishment and maintenance of the therapeutic relationship ([Asay & Lambert, 1999](#); [Rogers, 1957](#)). The primacy of the therapeutic relationship also holds a central place within psychoanalytic and psychodynamic theory and practice ([Shedler, 2010](#)). While humanistic and psychoanalytic/psychodynamics theorists focus on different aspects of the therapeutic relationship, they have in common the view that the relationship is more primary than technique. Based on these foundations, the counselling and psychotherapy profession recognised the essential place that the therapeutic relationship has in therapeutic change well before the existence of the overwhelming research evidence to support it ([Bordin, 1976, 1994](#); [Horvath, 2009](#)). While there is broad recognition across other mental health professions of the importance of the therapeutic relationship, recognition of its centrality within the therapeutic change process remains a defining feature of counselling.

Conceptualisation and assessment of mental health problems

Another defining feature of counselling as a profession is its philosophical inclusiveness. In practice, this means it is not wedded to a single philosophical stance such as positivism and its dependent, the medical model. While there is a broad tendency within counselling for philosophical allegiances to group around organismic/developmental and contextualist/social constructivist metatheories, counsellors are much more inclined to maintain philosophical openness ([Messer, 1992](#); [O’Hara & O’Hara, 2014](#); [Pilgrim, 2008](#)). The benefit of this stance is the maintenance of a critical perspective towards the conceptualisation of mental illness. While there is a general agreement about a comprehensive view of human functioning as represented in the biopsychosocial model of mental health, it is also recognised that even this model can be interpreted differently depending on socially constructed perceptions of reality. Fundamentally, counsellors see mental health problems as “normal” expressions of human diversity and experience. While it is acknowledged that organic conditions do influence mental health, mental health is more typically an expression of “problems in living” with such problems having multiple influences, especially developmental and contextual ones.

How mental health is conceptualised informs approaches to and priorities of assessment. Counsellors and psychotherapists approach assessment from a holistic perspective rather than from a purely medical one. Use is made of a wide range of assessment tools including structured and unstructured clinical interviews, psychometrics tests and feedback instruments. Given an inclusive philosophical stance, there is an openness to a range of conceptual frameworks from humanistic to medical.

Integration

As already noted, there is a strong value in counselling of maintaining an open stance towards different theories and practice approaches. The influence of humanistic values within counselling reflects the priority of acknowledging the inherent value of the “person of the client” over the use of pathologising labels and the uncritical application of theory. Counsellors and psychotherapists strive to uphold the inherent dignity of the client while maintaining a theoretically open perspective. Theoretical openness leads many counsellors towards theoretical integration wherein the most beneficial mix of theory and practice is adjusted to the needs of the client (Castonguay, 2006; O’Hara & O’Hara, 2014; O’Hara & Schofield, 2008).

Reflective practice

The notion of the reflective practitioner is a particularly important characteristic of the profession. Psychology asserts that it is a profession of scientist-practitioners where counselling asserts that counsellors are reflective-practitioners (Woolfe, Strawbridge, Douglas, & Dryden, 2010). In saying this, it would be incorrect to argue that these two positions are mutually exclusive. In reality, counsellors value science, and psychologists value reflective practice. The difference lies in the relative emphasis. This difference in emphasis reflects a philosophical variation in terms of both ontological and epistemological priorities. Counsellors as a professional group are less inclined to rely on an uncritical realist ontology, preferring to acknowledge the possibility of multiple views of reality and a more expansive range of epistemologies which, by virtue of epistemological inclusiveness, legitimise a wider knowledge base (O’Hara & O’Hara, 2014).

Mezirow (1998) argues that the readiness to reflect critically is the foundation of personal transformation because it is only on this basis that existing meanings can be reviewed and changed. Critical reflection is more than a general reflection on an event, theory or phenomenon but a ‘turning back’, a review of one’s pre-conceptions and assumptions. In a similar vein, Schön (1987, 1995) informs professions in general that there is often a discrepancy between espoused theory and actual practice. This theory/practice gap highlights the importance of maintaining a reflective stance on one’s practice.

Ethics and the law

Critical to the practice of counselling and psychotherapy is an understanding of ethics. Ethics is a disciplinary field in its own right and as such counsellors and psychotherapists do not pretend to be professional ethicists. However, understanding theories and principles of ethics is essential within any human service profession. Ethical principles also inform the legal system and practitioners need to be fully informed about relevant laws within their respective jurisdictions.

Self-development of the counsellor

Another essential characteristic of the counselling and psychotherapy profession is its focus on self-development. This value arises primarily from the recognition that therapeutic change derives more from human-to-human interaction than it does from objective theoretical interventions. As has been demonstrated by research, therapist factors account for more variance in client outcomes than do specific interventions ([Ahn & Wampold, 2001](#)). The primary tool used by counsellors is themselves. This realisation leads counsellors to value life-long personal and professional development and ongoing supervision of their practice ([McLeod & McLeod, 2014](#); [Orchowski, Evangelista, & Probstenhancing, 2010](#)).

Psychosocial research

Psychosocial research is another essential component of the counselling and psychotherapy profession. One argument that is sometimes leveled against counsellors and psychotherapists by other mental health professionals is the relative lack of research conducted by therapists and therefore the lack of reliance on evidence-based practice. If this was ever the case, it is not now, as the profession highly values research. While counsellors value all forms of rigorous research, whether quantitative or qualitative, the field's natural interest in intersubjectivity and phenomenological experience leads many of its members to prefer qualitative studies. Qualitative research, in large part, reflects philosophical paradigms more aligned to the profession's commitments. Having said this, counselling's philosophical openness, mentioned above, allows for an inclusive stance towards all forms of research ([Vossler, & Moller, 2015](#)).

A profession – the criteria

We return now to the list of criteria which [Myers & Sweeney \(2001, p. 51\)](#) argue are necessary to identify a profession, and will comment on each. The first relates to a specific body of knowledge and has been addressed above. The other criteria are discussed below.

Accredited training programs and a professional organisation of peers

If professional status was purely established on the basis of the existence of accredited training programs, then counselling and psychotherapy gained professional recognition many years ago in Australia. Training programs in counselling and psychotherapy have existed in universities and higher education training colleges for over forty years. This lineage is even longer when training within counselling associations is considered. The

earliest establishment of a counselling association was through the National Marriage Guidance Council in 1948 ([Schofield, 2013](#)). This council provided in-house training for lay people to meet the need of couples experiencing marital distress following World War II. By the 1970s state based counselling associations were being established and by the end of the 1990s approximately 50 associations had been established ([Schofield, 2008](#)). During the 1990s it was recognised that a national profile for counselling was needed and this led to the establishment of national peak counselling associations. The two peak professional bodies in Australia, the Psychotherapy and Counselling Federation of Australia (PACFA) and the Australian Counselling Association (ACA) have been in existence for a little over seventeen years. It is really only since the formation of peak associations that accreditation has had more formal recognition. Given the long history of training programs and the later emergence of peak professional associations which now actively accredit training programs, it is clear that this criterion for the existence of the profession has been met.

Credentialing of practitioners such as licensure and legal recognition

Of all the criteria listed as necessary for the establishment of a profession this is the most contentious. There are many reasons why credentialing has been a fractious issue. We identify four key issues which have influenced the debate:

1. Opposing views within the field of counselling and psychotherapy about the benefits of credentialing
2. The existence of two peak associations
3. Opposition from other mental health professions
4. Medicare and government reluctance

In our view the first two issues have been the most problematic because division within the field has left counsellors and psychotherapists divided amongst themselves, making it difficult to form a unified force. There has always been debate within counselling and psychotherapy whether it should be regarded as a formal profession or more simply as a social practice ([Aldridge, 2014](#); [House, 1996](#); [Totten, 1999](#)). The details of this debate will not be examined in any depth here other than to comment that while all sides of the argument have merit, the more pressing issue in the current Australian context is the recognition of counselling and psychotherapy in a way which provides practitioners a career pathway. Advocates of non-professionalisation, whether intending to or not, have relegated many counsellors and psychotherapists to part-time employment. Credentialing forms part of the professionalisation debate for two main reasons, one, because it is a strong avenue for societal recognition and two, because it is a pathway to greater financial remuneration.

Credentialing can take a number of different forms including, professional association self-accreditation/registration, co-regulation, and statutory regulation. The current model in Australia is self-accreditation ([Schofield, Grant, Holmes & Barletta, 2006](#)). This model has many benefits but also some disadvantages. Association self-accreditation has been in place for the life of the peak bodies and while the rules and structures around this have

developed well, it has not delivered sufficient social or financial recognition. This lack of recognition has been exacerbated by the introduction in 2006 of the federal government's *Better Access Initiative*. This scheme provided Medicare rebates for clients/patients who were referred to psychologists by general practitioners. Unfortunately, counsellors and psychotherapists were excluded from the scheme. While this move has been a positive one for the mental health of Australians, it has not been a positive one for therapists who have found their income diminish (Pirani, 2007). In our view, it is now time to seek a different or at least additional form of credential that has the facility to deliver greater recognition.

It is a curious thing that while around fifty state-based counselling associations were established by the end of the 1990s, two national peak bodies emerged at approximately the same time. PACFA commenced in 1998 after an extended consultation processes between state-based associations and universities and colleges and, desiring to maintain solidarity with the existing associations, formed a federation-based organisation. Members gained listing on the PACFA register only on the basis of being a member of a state-based counselling association. At the time of writing, this structure is under review with a new mixed model involving direct membership and the existing federal model having been proposed. ACA was established independently in 1998 and allowed direct membership and registration. Both associations have different levels of membership and this has added to confusion (Pelling and Sullivan, 2006). Recognising this dilemma, the Federal Government advised the two peak bodies to form a joint register which identifies the associations' differential levels of membership. This register, the Australian Register of Counsellors and Psychotherapists (ARCAP) is an independent register of counsellors and psychotherapists who meet one of the various levels of membership of the respective associations (Australian Register of Counsellors and Psychotherapists, n. d.).

One of the great disadvantages of having two peak bodies, at least to date, has been the lack of a commonly agreed set of training standards. Unlike psychology, there is no single national body which establishes a set minimum training standard. While the two peak bodies have their own training standards, they are not aligned. A nationally recognised minimum set of training standards would strengthen the position of the profession before the government, other health professions, and the public.

The professionalisation of counselling and psychotherapy is clearly not in the interests of other similar mental health professions like psychology and social work. One obvious reason for this is that greater recognition and credentialing would lead to increased competition for jobs. The current employment situation in Australia reflects a frustrating level of irony in that it is typical to find counselling positions advertised but with the caveat that only psychologists and social workers should apply. Highly trained counsellors are often excluded from positions for which they often are the most qualified. A very good example of this is university counselling services. A survey of such services will find that the vast majority do not employ counsellors, only psychologists and social workers, and this is in institutions that offer masters programs in counselling.

A fourth factor which has hindered credentialing of counsellors is the reluctance of government to extend Medicare funding to counsellors and psychotherapists through the *Better Access Initiative*. While this initiative was generally welcomed, the exclusion of counsellors and psychotherapists from the scheme has been highly problematic. Apart from the issue of remuneration, the lack of equity inherent in the exclusion of these therapists has sent a confusing message to the public about the professional standards of counselling and psychotherapy, implying that they do not merit government recognition as mental health professionals. It appears that the primary reason for exclusion of counsellors and psychotherapists from the *Better Access Initiative* is largely based on budgetary constraints and not the lack or quality of professional training. On the one hand, the government is keen to support the mental health of Australians via increasing services, but is reluctant to use a workforce that is trained and ready to be deployed. The most recent and strong evidence supporting this claim is the National Review of Mental Health Programmes and Services released in 2015 (National Mental Health Commission, n. d.). This document recommends to government a plan and strategy for meeting the mental health needs of Australians for the next ten years, and in it there is no mention of counsellors or psychotherapists.

The issue of credentialing for counsellors and psychotherapists in Australia remains highly challenging. While the professionalism of the field has been well established by the peak associations and even gaining government support through the ARCAP register, we conclude that until a more formal mechanism of recognition of the profession is established, like co-regulation or statutory regulation, the Myers & Sweeney (2001) criteria for defining a profession, will not have been adequately met.

A code of ethics

Both the peak counselling associations in Australia have well established codes of ethics and related review processes. The respective ethics committees have appropriately constituted articles which empower them to review complaints about counsellors and psychotherapists, help remediate poor practice and exclude counsellors and psychotherapists from association membership if unethical practice is found to continue. The associations take the issue of ethics and the role of the ethics committees very seriously, as is appropriate for a professional body. This criterion for recognition of professional status has clearly been met.

Where to from here?

The foregoing discussion demonstrates the well-developed and robust nature of the counselling and psychotherapy profession in Australia but also highlights a number of anomalies and inequities. The most obvious inequity is the differential treatment of counsellors and psychotherapists by the Medicare system. While not directly intended, the exclusion of the profession from the *Better Access Initiative* has not only had a financial impact but it has also impacted the identity and recognition of counsellors and psychotherapists within the Australian community. The lack of a Medicare provider number has been equated with a lack of professional standards and status.

The primary issue confronting the profession is one of recognition. In most other professions recognition is established on the basis of qualifications and association membership and oversight. In counselling and psychotherapy this has been inadvertently subverted by the Medicare issue. In reality, professional recognition should not be determined by inclusion in a Medicare rebate scheme. Unfortunately, though, counsellors and psychotherapists are currently left in the position of seeking additional means of recognition if they are to establish their standing within the Australian psyche.

One additional avenue towards greater recognition which has been successful in other jurisdictions is the establishment of protected titles. The term “mental health counsellor”, for example, is a protected title by law in many states of the United States, as is the term “psychologist” in Australia. There are different legal mechanisms which can be employed to establish a protected title. Apart from registration with statutory bodies like the Australian Health Profession Registration Authority (AHPRA), a title like “registered counsellor” or “registered psychotherapist” can be established via co-regulation. While there are different forms of co-regulation the process generally involves a government’s delegation of its authority to a professional body. Hence, rather than registering individual professionals, government would accredit a professional association to determine which practitioners meet the standards accepted by the profession. In such a case, a specific title could only be used by a professional who is accredited to do so by the professional association. The benefit of protected titles is in the message sent to the community. A protected title assures the community that a rigorous process of training and review has occurred for those who hold that title.

In summary, counselling and psychotherapy has a long history in Australia and has established its *bona fides* as a profession through many years of consultation and review with stakeholders. Unfortunately, the introduction of Medicare has negatively impacted the profession, entrenching a state of inequity and disadvantage. It is imperative that counselling and psychotherapy peak bodies and government rectify the inequity. While equity may be achieved in various ways, our recommendation is that appropriately qualified counsellors and psychotherapists be admitted to the *Better Access Initiative* and that protected titles such as “registered counsellor” and “registered psychotherapist” be established. This profession contributes enormously to the health and well-being of the Australian community, and any processes and structures which impede full access by the community to its members, need to be removed.

References

Aldridge, S. (2014). *A short introduction to counselling*. London: Sage.

Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 33–56). Washington, DC: American Psychological Association.

Australian Register of Counsellors and Psychotherapists, n.d.). Retrieved from <http://www.arcapregister.com.au/>

Barden, S. M. & Cashwell C. S. (2014). International Immersion in Counselor Education: A Consensual Qualitative Research Investigation. *Journal of Multicultural Counseling and Development*, 42, 42-60. doi: 10.1002/j.2161-1912.2014.00043.x

Bordin, E. S. (1976). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, Practice, Training*, 16, 252-260. doi: apa.org/journals/pst/16/3/252.

Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research, and practice* (pp. 13-37). New York: Wiley.

British Association of Counselling and Psychotherapy. (n.d.). *What is counselling & psychotherapy?* Retrieved from <http://www.bacp.co.uk/crs/Training/whatiscounselling.php>

Castonguay, L. (2006). Personal pathways in psychotherapy integration. *Journal of Psychotherapy Integration*, 16(1), 36-58. doi: 10.1037/1053-0479.16.1.36

Gladding, S. T. (2014). *Counseling: A comprehensive profession* (7th ed.). Harlow: Essex, UK: Pearson Education.

Horvath, A. O. (2009). How real is the “real relationship”? *Psychotherapy Research*, 19(3), 273-277. doi: 10.1080/10503300802592506

House, R. (1996). The professionalization of counselling: A coherent ‘case against’? *Counselling Psychology Quarterly*, 9(4), 343-358. doi: 10.1080/09515079608258713

Ivey, M. & Ivey, A. (2013). *Intentional interviewing and counseling: Facilitating client development in a multicultural society*. Belmont CA: Brooks/Cole.

Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development*, 92, 366-372. doi: 10.1002/j.1556-6676.2014.00164.x

McLeod, J. (2011). *Counselling skills: A practical guide for counsellors and helping professionals* (2nd ed.). London, England: Sage.

McLeod, J. (2013). *An introduction to counselling*. Maindehead, UK: Open University Press.

McLeod, J., & McLeod, J. (2014). *Personal and professional development for counsellors, psychotherapists and mental health practitioners*. Maindehead, UK: Open University Press.

Mezirow, J. (1998). On critical reflection. *Adult Education Quarterly*, 48(3), 185-198.

Messer, S. B. (1992). A critical examination of belief structures in integrative and eclectic psychotherapy. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook on psychotherapy integration* (pp. 130-165). New York: Basic Books.

Myers, J. E., & Sweeney, T. J. (2001). Specialties in counseling. In D. C. Locke, J. E. Myers, & E. L. Herr (Eds.), *The handbook of counseling*, (pp. 43-54). Thousand Oaks, CA: Sage.

National Heads of Counsellor and Psychotherapist Education in Australia, (2014). Meetings Minutes, (unpublished) 21st November, 2014, pp. 9, 10.

National Mental Health Commission, (n. d.). *Review of mental health programmes and services*. Retrieved from <http://www.mentalhealthcommission.gov.au/our-reports/review-of-mental-health-programmes-and-services.aspx>

O'Hara, D. J. & O'Hara, E. F. (2014). The identity of counselling and psychotherapy and the quest for a common metatheory. *Psychotherapy and Counselling Journal of Australia*.

O'Hara, D. J. & Schofield, M. (2008). Personal approaches to psychotherapy integration. *Counselling and Psychotherapy Research*, 8(1), 53-62. doi: 10.1080/14733140801889113

Orchowski, L., Evangelista, N. M., & Probstenhancing D. R., (2010). Supervisee reflectivity in clinical supervision: A case study illustration. *Psychotherapy Theory, Research, Practice, Training*, 47(1), 51–67. doi: 10.1037/a0018844.

Pelling, N. & Sullivan, B. (2007). The credentialing of counselling in Australia. *International Journal of Psychology*, 41(3), 194–203. doi: 10.1080/00207590544000194

Pilgrim, D. (2008). Abnormal psychology: Unresolved ontological and epistemological contestation. *History & Philosophy of Psychology*, 10(2), 11–21.

Pirani, C. (2007 September 15). Medicare for mental health displaces counsellors. *The Australian*, p. B3-B4.

Psychotherapy and Counselling Federation of Australia, (n.d.). What is therapy. Retrieved from <http://www.pacfa.org.au/community-resources/what-is-therapy/>

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103. doi:10.1037/h0045357

Schofield, M., Grant, J., Holmes, S., & Barletta, J. (2006). The Psychotherapy and Counselling Federation of Australia: How the federation model contributes to the field. *International Journal of Psychology* 41(3), 163–169. doi: 10.1080/00207590544000149

Schofield, M. (2008). Australian counsellors and psychotherapists: A profile of the profession. *Counselling and Psychotherapy Research*, 8, 4–11. doi: 10.1080/14733140801936369

Schofield, M. (2013). Counseling in Australia: Past, present, and future. *Journal of Counseling & Development*, 91, 234-239. doi: 10.1002/j.1556-6676.2013.00090.x

Schön, D. A. (1987). *Educating the reflective practitioner: toward a new design for teaching and learning in the professions*. San Francisco: Jossey-Bass.

Schön, D. A. (1995). The new scholarship requires a new epistemology. *Change*, 27(6), 26–34. doi: 10.1080/00091383.1995.10544673

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65(2), 98–109. doi: 10.1037/a0018378

Totten, N. (1999). The baby and the bathwater: 'Professionalization' in counselling and psychotherapy. *British Journal of Counselling and Psychotherapy*, 7(3), 313-324. doi: 10.1080/03069889908256273

Vossler, A., & Moller, N. (Eds.). (2015). *The counselling and psychotherapy research handbook*. London, UK: Sage Publications.

Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist*, 62(8) 857-873. doi:10.1037/0003-066X.62.8.857

Wampold, B. E. (2012). Humanism as a common factor in psychotherapy. *Psychotherapy*, 49(4), 445–449. doi: 10.1037/a0027113.

[Return to Journal Articles](#)