

Mr Dan Harvey

Submission to the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee

As members of the Association of Transpersonal and Emotional Release Counsellors (ATERC) we write in response to the report of Professor Margaret Schofield on Best Practice Self-Regulation Model for Psychotherapy and Counselling.

We represented our Association at the Psychotherapy and Counselling Federation of Australia (PACFA) Council Meeting August 23-24, at which the issues raised in this report were thoroughly discussed. Over many years now PACFA has worked on self regulation in order to ensure standards of excellence for the professions of psychotherapy and counselling. To this end PACFA has documented and required its member associations to put into effect professional standards of training, ethics, supervision, ongoing professional development, insurance cover and complaints procedures. PACFA is also in the process of accrediting training courses in psychotherapy and counselling

In co-operation with the Australian Counselling Association (ACA), the other peak body representing psychotherapists and counsellors, a national credentialing system and a national register of practitioners is being set up. It was evident in the discussions of the PACFA Council meeting last weekend that, while we would prefer the professions to come under statutory regulation, until such time as this happens, we are committed to ensuring best practice by self-regulation. In view of this we, the undersigned, urge the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee to endorse the report of Professor Margo Schofield.

Our members feel that the lack of recognition of the professions of psychotherapy and counselling in government policies and practices has led to unfair discrimination. In view of the standards of self-regulation in place and practiced by PACFA and ACA members, we urge you to recognise the contribution of our professions in the allied health field and recommend that psychotherapy and counselling be accorded the same status as other professions in the allied health field, e.g. psychologists and social workers.

Thank you

Corrie van den Bosch
Thea Welch

The Association of Transpersonal and Emotional Release Counsellors.

■ The Kairos Centre ■

Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057, Melbourne 3001

May 19th, 2008

Dear Mr Harvey

Thank you for the opportunity to comment on the *Best Practice Self-Regulation Model for Psychotherapy and Counselling in Australia: Final Report*. As a training provider in the field of psychotherapy and counselling, the Kairos Centre supports the recommendations of the report. Specifically,

- Further dialogue between the PACFA member associations and other stakeholders in the outcome of professional self-regulation, leading to:
 - A governance structure that provides for a unified independent register with appropriate standards.
 - Agreement on levels of training and/or competencies mapped against job requirements and identified on a public register.
 - Agreement on complaints handling processes and notification of de-registered practitioners.
 - Implementation of a single course accreditation scheme for counselling and psychotherapy courses which meets best practice standards.
 - Developing the research evidence base to underpin professional practice and workforce development.
 - A fostering of collegial versus competitive professional practices.

It is matter of some urgency that psychotherapy and counselling be registered and accredited as an allied health profession in Australia. Implementation of the best practice self-regulation model is a sound step towards this.

Yours sincerely



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Mr Dan Harvey
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Dear Mr Harvey

Submission re: PACFA Final Report on Best Practice Self-Regulation Model for Psychotherapy and Counselling in Australia.

La Trobe University is a major provider of postgraduate level degree courses in counselling and psychotherapy, alongside its courses in allied health and public health. The University's Faculty of Health Sciences currently offers the following courses:

- Graduate Diploma and Masters Degrees in Counselling and Human Services;
- Masters and Doctoral Degrees in Counselling Psychology,
- Professional Doctorate in Clinical Sciences (Counselling & Psychotherapy)
- Graduate Diploma and Masters Degrees in Art Therapy
- Masters Degree in Clinical Family Therapy
- Master Degree in Couple and Relationship Counselling
- Graduate Certificate in Family Therapy¹
- Graduate Certificate in Family Therapy in Psychiatry
- Graduate Certificate in Systemic Supervision, Consultation and Training
- Masters Degree in Gestalt Therapy

¹ Including, so far as I am aware, the first ever Graduate Certificate in Family Therapy for Indigenous workers

As long-standing educators in this discipline area, we welcome the Report which provides an informative and wide-ranging overview of the state of the profession in Australia and issues affecting regulatory control. The report provides an excellent review of the literature and models of regulation. It also provides helpful data on the professional workforce and professional bodies.

This submission seeks to highlight our view that the profession is at a crucial cross-roads in its development. There has been a very rapid expansion of training providers offering courses of widely varying standards. As noted in PACFA's supplementary submission, two-thirds of Australian Universities offer degree courses in counselling and psychotherapy, most of these at postgraduate level. There are an equal number of private training providers, many accredited by state government higher education authorities. These courses struggle to provide adequate practical training experience, appropriate supervised placements and there are few established pathways into suitable employment. Potential students are confused about how to select an appropriate course and how to find employment following training. Employers also have difficulty in determining what constitutes an appropriate training, and counsellors often accept lower award conditions than other allied health practitioners with an equivalent level of training, because of this lack of clarity and regulation. This situation is inequitable.

Our profession falls between the allied health and mental health portfolios, although our practitioners are trained to work within both these areas. The counselling and psychotherapy training programs are located alongside allied health training programs, yet are not recognised by allied health or mental health policy makers. With the growing mental health crisis, counselling and psychotherapy need to be seen as an essential and valuable professional group in meeting the mental health and wellbeing needs of the community. For this to happen, there needs to be greater regulation of the field and clearer structures to support training, supervised placements and pathways into employment.

PACFA has made a significant contribution to defining appropriate training standards and establishing sound self-regulatory structures and processes. However, self-regulation models lack sufficient incentives to unite the whole profession and ensure adequate protection to the public. While PACFA provides a valuable role in regulating nearly 40 professional associations, the report makes it clear that there are a number of associations that have remained outside attempts to create a unified self-regulatory structure.

We would therefore argue that a national statutory approach to regulation is required to ensure that the profession has consistent clear standards and mechanisms for protecting the public. Regulation is also important to prevent those practitioners who have been deregistered from other health professions from practising as a counsellor or psychotherapist.

RECOMMENDATIONS

We welcome the opportunity to review the report and speak to the need for regulation, and would make the following recommendations:

That the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee:

1. Review the need for a national statutory regulation model for the Counselling and Psychotherapy profession.
2. In the interim, provide recognition to the current registration model adopted by PACFA, and the unified structure being proposed jointly by PACFA and the ACA. Government incentives should be used to facilitate a comprehensive registration process for counsellors and psychotherapists, distinguishing between tertiary trained professionals and those who have Diploma and other non-degree levels of training, as well as distinguishing those who meet the mental health workforce standards.

We would also recommend that consideration be given to the following issues:

1. Graduate and postgraduate trained counsellors and psychotherapists should be recognised as an allied health profession.
2. Graduate and postgraduate trained counsellors and psychotherapists who meet the mental health competency standards should be recognised as part of the mental health workforce.
3. Regulation needs to be linked to clearer pathways into supervised internship training and employment pathways.
4. A national course accreditation scheme for accrediting counselling and psychotherapy courses is needed to assess how courses meet the particular needs of the profession.
5. Research is needed to map counselling and psychotherapy training requirements and curriculum against the National Practice Standards for the Mental Health Workforce.
6. Research is also needed to define practitioner competencies and training requirements for work in different contexts and different levels of difficulty or specialism.
7. More research is needed to evaluate the effectiveness of a broad range of counselling and psychotherapy practice.

I would be happy to speak further to this submission or provide any additional information that might be helpful.

Yours Sincerely

Associate Professor Lawrence Moloney
Director, Department of Counselling and Psychological Health
School of Public Health



Queensland Counsellors Association Inc
**Member Association of Psychotherapy and Counselling Federation of
Australia**

PO Box 3319
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28 August 2008

Mr Dan Harvey
Service & Workforce Planning Branch
Department of Human Services
GPO Box 4057
MELBOURNE QLD 3001

Dear Mr Harvey,

**Best Practice Self-Regulation Model for Psychotherapy and Counselling in
Australia: Final Report – Submission from Queensland Counsellors Association**

I am writing on behalf of the Queensland Counsellors' Association (QCA), a Member Association of PACFA with regard to the above Report. QCA is a member association of psychotherapists and counsellors that has been going since 1979 and currently has 270 members. The Association fully endorses PACFA's recommendations in response to the above report, namely:

1. QCA supports the development of a best practice model for self-regulation of the counselling and psychotherapy professions in Australia as a transitional step towards a preferred position of a national statutory regulatory system on a similar basis to the provisions that have been adopted in the Intergovernmental Agreement of 26th March 2008 that commits the states, territories and the Commonwealth to a national registration scheme for the health and allied health professions.
2. QCA recommends that key government incentives be provided to treat the professions of counselling and psychotherapy as competent contributors to the development of a comprehensive, equitable and accessible source of emotional and social health and wellbeing through liaison with ARCAP as the most appropriate single credentialing system bringing together members of both the ACA and PACFA. We note the current gross inequities in relation to our Clinical Members being denied access to the Medicare Benefits Schedule purportedly because it is perceived that they do not have the knowledge, skills and experience to be equivalent to those mental health professionals currently eligible to provide services under the Better Access initiative. This is having an adverse impact on the businesses of many

members, and a deleterious effect on consumers of services in that they are being given a restricted range of choice in terms of treatment options. The majority of our Clinical Members have at a minimum post-graduate qualifications in psychotherapy and counselling, with many holding Masters qualifications. A considerable number of QCA Clinical Members have worked in clinical environments throughout their careers, and have accrued many hours of professional development and supervision in the mental health arena. Many of our members currently work in non-government organisations responding to the needs of clients with complex mental health needs including dual diagnosis, trauma, personality disorders, depression, suicide, etc.

Ongoing professional supervision is something that sets the field of psychotherapy and counselling apart from psychology and is a significant time and money commitment on the part of practitioners to ensure that clients receive appropriate, timely, quality services and that practitioners act ethically and professionally. I would add that many of our Clinical Members have qualifications and experience in the mental health area that surpasses that of many psychologists and medical doctors.

3. In line with the PACFA submission we are therefore supportive of:
 - a. Recognition of counsellors and psychotherapists as an allied health profession under the allied health and chronic disease plans, Work Cover and as a source of qualified mental health professionals and other funded counselling services.
 - b. Access to employment positions designated as requiring the competencies of persons listed on the ARCAP.
 - c. Recognition of the minimum standards established in the ARCAP for counselling and psychotherapy services to be granted the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008.
 - d. Inclusion of Counsellors and Psychotherapists in government funded schemes such as Medicare payments and specialised subsidised counselling programs, crisis counselling, to support early intervention and other allied health programs on a client sensitive and cost effective manner, within the allied health and chronic disease plans.
 - e. Support further research into:
 - The relationship between different levels and types of training, practitioner competence and client outcomes through programs such as the UK CORE system of engagement with the professions;
 - The processes of supervision that improve practitioner competence, to inform development of supervisor training and recognition standards;
 - Mapping of requirements for mental health practitioners against the National Practice Standards for the Mental Health Workforce; and
 - Cost-effectiveness analysis of counselling and psychotherapy in different work contexts.
 - f. Provide an effective public education program that enables greater social inclusion and access to qualified health and allied health services for persons seeking clinical and professional psychotherapeutic and counselling services.

To this end QCA supports PACFA's position in recommending that the Australian Health Minister's Advisory Council (AHMAC) and the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the DHS Report in consultation with the Member associations of the ACA and PACFA in the context of the Council of Australian Governments ('COAG') agreements concerning unregistered health professions within the national registration scheme.

QCA, as a Member Association of PACFA endorses the following recommendations:

1. The Boards of ACA and PACFA recommend that the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the proposed single national credentialing system for unregulated health professions that has been adopted in principle for ARCAP by the Counselling and Psychotherapy professions and recommend its acceptance as a transitional model for these professions until an alternative statutory regulatory model has been presented for wider community consultation in respect of any subsequent national registration system.
2. That the AHMAC accept that if statutory regulation is not a readily available option, that the alternative self-regulatory single national credentialing system for counsellors and psychotherapists be adopted as an interim measure to obviate discrimination in government policy and practices between regulated, partially regulated and as yet unregulated health and allied health professions.

Yours sincerely

Julie Wilson-Hirst
President



Psychotherapy & Counselling
Federation of Australia

PACFA SUBMISSION

Member associations of the Psychotherapy and Counselling Federation of Australia (PACFA) have committed strong support to the development of a best practice model for self-regulation of the counselling and psychotherapy professions in Australia. In the absence of full unity in the field, PACFA developed over the period 1998-2008, a rigorous Registration process for members of its member associations, a process that has modelled itself as far as possible on the principles of best practice as outlined in the DHS Report.

As a result of consultations that took place during the conduct of the Self-Regulation project and since then, it has become clear that further development is dependent on developing a model that has the potential to include all counsellors and psychotherapists in Australia. As a move towards this position, PACFA has engaged with the ACA to develop a joint venture approach to the registration of counsellors and psychotherapists from both PACFA and the ACA, as well as providing a Division on the Register for counsellors and psychotherapists who are not members of either body

This is seen as a transitional step towards a preferred position of having a national statutory regulatory system for the professions of counselling and psychotherapy. PACFA sees a basis for this in provisions that have been adopted in the Intergovernmental Agreement model of 26th March 2008 that commits the states, territories and the Commonwealth to providing for a national registration scheme for the health and allied health professions. To assist this process:

It is recommended that key government incentives be provided to treat the professions of counselling and psychotherapy as competent contributors to the development of a comprehensive, equitable and accessible source of emotional and social health and wellbeing. Further, that this be done through liaison with ARCAP as the most appropriate single credentialing system bringing together, as it does, members of both the ACA and PACFA.

Such incentives could include:

- (a)** Recognition of counsellors and psychotherapists as an allied health profession under the allied health and chronic disease plans, for Work Cover, as a source of qualified mental health professionals and for other funded counselling services.
- (b)** Access to employment positions designated as requiring the competencies of persons listed on the ARCAP
- (c)** Recognition of the minimum standards established in the ARCAP for counselling and psychotherapy services and that these be granted the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008.
- (d)** Inclusion of Counsellors and Psychotherapists in government funded schemes

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such as Medicare, specialised subsidised counselling programs and crisis counselling, as well as to support early intervention and other allied health programs on a client sensitive and cost effective manner, within the allied health and chronic disease plans.

(e) Support for further research into the relationship between different levels and types of training, practitioner competence and client outcomes through a program such as the UK CORE system of engagement with the professions.

(f) To recognize and support the process of supervision. Supervision is an essential part of the practice of counselling and psychotherapy and improves practitioner competence. Research would inform the development of Supervisor training and standards.

(g) The mapping of requirements for mental health practitioners against the National Practice Standards for the Mental Health Workforce and

(h) Cost-effectiveness analysis of counselling and psychotherapy in different work contexts.

(i) Provision of an effective public education program that enables greater social inclusion and access to qualified health and allied health services for persons seeking clinical and professional psychotherapeutic and counselling services.

SELF-REGULATION AS A TRANSITIONAL MODEL

In the absence of a national system of statutory Regulation that applies to other allied health professions, PACFA worked with the ACA to develop a best practice model for self-regulation of the counselling and psychotherapy professions in Australia, taking into account the professional principles identified in the DHS Report. This transitional model builds upon those principles so that;

1. All government agencies can move toward acceptance of the professions of psychotherapy and counselling as providers of a comprehensive and professional source of support, maintenance and development for the emotional wellbeing and mental health of the Australian population. We believe that, in the absence of an agreed form of statutory regulation for these professions, the implementation of the Australian Register of Counselling and Psychotherapy (ARCAP) provides the most appropriate single national credentialing system, continuing and enhancing this profession.
2. The recognition of counsellors and psychotherapists as an allied health profession under the allied health and chronic disease plans, for Work Cover, as a source of qualified mental health professionals and for other funded counselling services would include:

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- a) access to employment positions designated as requiring the competencies of persons fully qualified for registration on the ARCAP
- b)** a recognition of the minimum standards established in the ARCAP for psychotherapy and counselling and that the services of these professions be recognised with the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008
- c) the inclusion of psychotherapists and counsellors in government-funded schemes such as Medicare and government supported private health insurance agencies.
- (d)** government promotion of an effective public education program that enables the public to recognize the existence of ARCAP and their right to access clinical and professional counselling and psychotherapeutic services.

RECOMMENDATIONS

To this end it is recommended that the Australian Health Minister's Advisory Council (AHMAC) and the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the DHS Report in consultation with the Member associations of the ACA and PACFA in the context of the Council of Australian Governments ('COAG') agreements concerning unregistered health professions within the national registration scheme. The PACFA Board recommends that AHMAC, through the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee, should:

- 1.** Review the need for statutory regulation of the professions of counselling and psychotherapy in Australia, noting that the UK, New Zealand and Canadian governments have moved in this direction.
- 2.** Review the proposed Australian Register of Counsellors and Psychotherapists (ARCAP) as an alternative and additional model for a single national credentialing system for the unregulated health professions of Counselling and Psychotherapy . and recommend its acceptance for these professions until an alternative statutory regulatory model has been presented for wider community consultation in respect of any subsequent national registration system.
- 3.** Accept that if statutory regulation is not a readily available option, that the alternative self-regulatory single national credentialing system for counsellors and psychotherapists along the lines proposed in the ARCAP alternative model be adopted as an interim measure to obviate discrimination in government policy and practices between regulated, partially regulated and as yet unregulated health and allied health professions.

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**Psychotherapy & Counselling
Federation of Australia**

Submitted on behalf of the Psychotherapy and Counsellors Federation of Australia (PACFA)

December 30, 2008

Mr. Dan Harvey
Director, Service & Workforce Planning
Dept. of Human Services
GPO Box 4057
Melbourne, Victoria 3001

Dear Dan,

Thank you for the invitation to participate in feedback on the report commissioned by The Department of Human Services on best practice self-regulation of psychotherapy and counseling.

The counselling and psychotherapeutic community of Western Australia as represented by the Psychotherapists & Counsellors Association of WA support the findings in the report and support PACFA's recommendations. We also add that we consider it essential that action is taken earlier rather than later in terms of giving counsellors equal consideration with other allied health professionals in acknowledgement of the service they currently provide to clients. The single national credentialing system (ARCAP) is a way of increasing accountability of practitioners in turn benefiting the client group and society as a whole. We believe the benefit to the client group and society will in turn be further enhanced by the adoption of ARCAP by the AHMAC

Yours Sincerely

Rosemary Watkins

President, PACAWA

Mr Dan Harvey
Service and Workforce Planning Branch
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28 August, 2008

Dear Sir,

Submission regarding the on the Report and findings prepared by Professor Margot Schofield on Best Practice Self-Regulation Models for Psychotherapy and Counselling in Australia,

The New South Wales Institute of Family Psychotherapy has considered the above-mentioned report and would like to **endorse the recommendation that Model One in the report be adopted.**

Four reasons for endorsing this model is that the first model recognises the significant work already achieved by PACFA to unify the profession, set standards, and develop rigorous best practice regulatory structures to cover the member associations.

The achievements we refer to include setting standards of training and practice, maintaining a register of practitioners, and managing a rigorous and non-adversarial complaints handling and appeals process for registrants, as well as supporting good complaints handling processes among the member associations for members not on the register.

We believe that the advantage of adopting the PACFA structure as the core regulatory structure is that it builds on the substantial body of regulatory work already undertaken collaboratively by over 40 professional associations and represents a considerable consensus in the professional field.

We further believe that Model One is a useful model because it proposes to further develop the regulatory functions of PACFA by making the registration function into a more independent system modelled on statutory registration boards and complaints handling processes.

We understand and endorse that in this model, access to the Registration process would be via member associations of PACFA which would serve as the national regulatory and standards body for the profession.

We ask that you consider our submission,

Yours sincerely,

Dr Timothy Keogh

On behalf of the NSWIFP Executive

Jillian Lynch

B.Couns.(UNE) Dip.Psychotherapy (ANZAP), B.A.Communications (UTS), MANZAP

PACFA REG. MEMBER 20240 - ABN: 24005201434

29th August, 2008

Mr Dan Harvey
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The following is an individual submission which firstly acknowledges the important accomplishment by Professor Margot Schofield in the preparation of the Best Practice Model for self-regulation of the counselling and psychotherapy professions in Australia commissioned by the DHS Victoria.

I note the key findings of the Report specifically the significant changes in international and national policies that are currently highlighting statutory regulation as the best practice model of service. I recognise that before this option could be initiated, a self-regulation model needs to be established to enable consensus on training and ethical standards. This will ensure a more coherent profession with unified standards and accountability which will ultimately benefit both the public and the profession.

As a psychotherapist in private practice, I hold a Bachelor of Counselling, Bachelor of Communications, Diploma of Adult Psychotherapy, and am currently completing a PhD. I belong to a PACFA-recognised professional association and have been listed on the PACFA National Register for several years. I am not eligible for any government funded scheme nor am I recognised as an allied health professional.

I recommend that the Australian Register of Counselling and Psychotherapy (ARCAP) be adopted as a national credentialing system, until statutory regulation can be considered.

This will establish best practice standards that are in the interest of the public, at a time in which it is acknowledged that there is a need for a national approach to mental health care.

Jillian Lynch

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An Association of Gestalt Practitioners

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28 August 2008

Mr Dan Harvey
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Best Practice self-regulation of psychotherapy and counselling report.

Thank you for opportunity to comment on this reports findings and recommendations. I am responding on behalf of 400 members, of varying membership level, of Gestalt Australia and New Zealand (GANZ), a professional association for Gestalt Psychotherapy.

I would first like to acknowledge the assistance of DHS in supporting the study which has provided a comprehensive and thoughtful analysis.

GANZ agrees that the climate for statutory regulation is not conducive at present, however reaffirms the desire for that as an eventual outcome, as has been the direction in some overseas countries with rigorous policies.

In the interim, and following the publication of the report, PACFA and ACA have moved to a position of agreement in terms of establishing a single credentialing system. This position has the absolute support of GANZ, in demonstrating responsible creation of a self regulatory system that includes the setting of training standards, membership criteria, governance and ethical practice standards and complaints processes, and ongoing professional development requirements.

The single credentialing system also begins to address the issue of mental health competency recognition, where we have several concerns that we encourage various government stakeholders to consider:

1. The Senate inquiry demonstrated unequivocally that the services of appropriately qualified counsellors and psychotherapists was valued by consumers – undeniably the key stakeholders in this aspect of health care, and whose voice must be considered.

2. The mental health competencies that exist are framed from a public health system perspective, rather than a private practitioner perspective, yet many of our members are denied access to jobs in the public health system due to the statutory profession qualifications requirements. Nevertheless, our Clinical Members deal adequately with clients who have been or could be assigned a DSM category. Our members are trained in responsible referral and in involvement in case management processes.
3. The distinction between mental illness and mental health disorders is not clear in Department of Health and Aging communications. Depression and anxiety for example are very common presentations in our members clients, as are eating disorders, PTSD, and various Personality Disorders. I include this detail to assure that many of our members are capable of providing a service based on sound theoretical and practice knowledge across a broad literature base. Our members include people who are already qualified in the statutory professions, and value the additional benefits of the gestalt approach.
4. We would support some clarification and broadening of the definition of 'evidence base'.

In summary, GANZ is committed to providing quality health care to a range of clients who experience distress, and supports the development of a government recognised regulated profession that protects the public from inappropriate practitioners.

Alan Meara



President GANZ



RESPONSE TO:

**Best Practice Self-Regulation Model for Psychotherapy and
Counselling in Australia**

Response to The Department of Human Services invitation to Member Associations and interested parties to make submissions on the Report and findings prepared by Professor Margot Schofield on Best Practice Self-Regulation Models for Psychotherapy and Counselling in Australia.

Mr Dan Harvey
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1. As an independent, state based professional counselling association and a member association of the Australian Counselling Association (ACA), the Federation of Victorian Counsellors (FVC) was not approached to contribute to this report in any manner.
2. The FVC represents many Counselling Professionals whose membership requirements parallel those of the ACA and are bound by the same or similar Codes of Practice.
3. The FVC represents those professionals qualified as Counsellors from Certificate IV level and above.
4. The FVC does not represent those professionals who claim counselling as part of their practice without necessarily having completed a recognized qualification at AQTF standards.
5. The FVC wishes to have noted that other professionals practicing and claiming counselling status from a psychological, medical or social field of training need not have completed an accredited counselling qualification. Individually, they may or may not have completed an element of counselling within their primary qualification and yet are gaining the benefits of counselling recognition and declaring representation of the counselling industry. Professional counsellors are an individual industry within the allied health industry.
6. The FVC endorses the principle of accredited and recognized Counselor training and accreditation through a national registration process that involves the registration of counsellors at all levels of qualification at AQTF standards, who belong to professional bodies, undertake regular supervision, have ongoing professional development and have a suitable professional and public liability insurance provision.

7. As an organisation that represents many rural and regional country practitioners, the process of registration should be mindful of the differences not only in all levels of qualification but the ability and practicability to attend supervision and ongoing professional development. Therefore, such conditions imposed should be firm and flexible rather than stringent and restrictive.
8. With these points, the FVC endorses, in principle, the response submitted by the Australian Counselling Association (ACA) to the Best Practice Self-Regulation Models for Psychotherapy and Counselling in Australia:

1. The Boards of ACA and PACFA recommend that the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the proposed single national credentialing system for unregulated health professions that has been adopted in principle for ARCAP by the Counselling and Psychotherapy professions and recommend its acceptance as a transitional model for these professions until an alternative statutory regulatory model has been presented for wider community consultation in respect of any subsequent national registration system.
2. That the AHMAC accept that if statutory regulation is not a readily available option, that the alternative self-regulatory single national credentialing system for counsellors and psychotherapists be adopted as an interim measure to obviate discrimination in government policy and practices between regulated, partially regulated and as yet unregulated health and allied health professions.

Barbara Matheson
President FVC
MFVC CMACA MNALAG

John Dunn
Vice President FVC
FFVC CMACA



THE COUNSELLORS' & PSYCHOTHERAPISTS ASSOCIATION OF VICTORIA (INC) (CAPAV)

SUBMISSION

ON

Best Practice Self-Regulation Model for Psychotherapy and Counselling in Australia

INTRODUCTION

The Counsellors' and Psychotherapists' Association of Victoria Incorporated (CAPAV) was formed in 2001 to provide a professional association for Counsellors and Psychotherapists in Victoria.

CAPAV is also committed to promoting the Counselling and Psychotherapy profession in the wider community.

The Counsellors' and Psychotherapists' Association of Victoria Incorporated (CAPAV) has been formed to:

- Provide a forum for networking
- Promote self regulation of counsellors and psychotherapists
- Promote ethical standards amongst counsellors and psychotherapists
- Encourage professional development of counsellors and psychotherapists
- Improve the quality of counselling and psychotherapy provision to the community
- Promote counselling and psychotherapy to the public
- Establish a common voice to members

Counsellors' and Psychotherapists' Association of Victoria Incorporated

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CAPAV delivers:

- Membership categories that are structured to allow maximum recognition of individual Counsellors' and Psychotherapists' experience and achievements
- A register of clinical members on the CAPAV website
- E-Newsletter published three times per annum - In the Loop
- Notification of seminars throughout the year, within the newsletter In the Loop
- A quarterly journal - Psychotherapy in Australia
- Events of interest to members for their continuing professional development in the form of special interest groups
- Professional recognition through CAPAV's membership of the Psychotherapy & Counselling Federation of Australia (PACFA)

COMMENT ON THE SUBMISSION

The formalisation of bodies such as CAPAV has ensured the following:

- That members have attained training and education that meets rigorous standards set by PACFA
- That associate and clinical members are required to undertake continuing supervision and professional development (both these activities are audited by CAPAV)
- That associate and clinical members are required to have full insurance
- That CAPAV requires all clinical, associate and student members to work by the Code of Ethics and Rules of Association

CAPAV fully supports and endorses the report and findings prepared by Professor Margot Schofield on Best Practice Self-Regulation Models for Psychotherapy and Counselling in Australia.

This submission is aimed at supporting the development of a best practice model for self-regulation of the counselling and psychotherapy professions in Australia. CAPAV believes this is a transitional step towards a preferred position of a national statutory regulatory system on a similar basis to the provisions that have been adopted in the Intergovernmental Agreement of 26th March 2008 that commits the states, territories and the Commonwealth to a national registration scheme for the health and allied health professions.

Counsellors' and Psychotherapists' Association of Victoria Incorporated

PO Box 7094, Brighton, Victoria, Australia 3186 Telephone (03) 9513 2228

Email: info@capav.org.au Internet: www.capav.org.au

CAPAV recommends that key government incentives be provided to treat the professions of counselling and psychotherapy as competent contributors to the development of a comprehensive, equitable and accessible source of emotional and social health and wellbeing through liaison with the Australian Register of Counsellors and Psychotherapists (ARCAP). ARCAP is the most appropriate single credentialing system that will bring together members of both the Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA).

Such incentives would include:

- 1.0 Recognition of counsellors and psychotherapists as an allied health profession under the allied health and chronic disease plans, Work Cover and as a source of qualified mental health professionals and other funded counselling services
- 2.0 Access to employment positions designated as requiring the competencies of persons listed on the ARCAP
- 3.0 Recognition of the minimum standards established in the ARCAP for counselling and psychotherapy services to be granted the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008
- 4.0 Inclusion of Counsellors and Psychotherapists in government funded schemes such as Medicare payments and specialised subsidised counselling programs, crisis counselling, to support early intervention and other allied health programs on a client sensitive and cost effective manner, within the allied health and chronic disease plans

CAPAV supports further research into the following:

- The relationship between different levels and types of training, practitioner competence and client outcomes through program such as the UK CORE system of engagement with the professions.
- The processes of supervision that improves practitioner competence, to inform development of supervisor training and recognition standards
- Mapping of requirements for mental health practitioners against the National Practice Standards for the Mental Health Workforce
- Cost-effectiveness analysis of counselling and psychotherapy in different work contexts

CAPAV believes it will be important to provide an effective public education program that enables greater social inclusion and access to qualified health and allied health services for persons seeking clinical and professional psychotherapeutic and counselling services.

Counsellors' and Psychotherapists' Association of Victoria Incorporated

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Email: info@capav.org.au Internet: www.capav.org.au

CAPAV recommends the following:

- that the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the proposed single national credentialing system for unregulated health professions that has been adopted in principle for ARCAP by the Counselling and Psychotherapy professions
- that the ARCAP model be accepted as a transitional model for these professions until an alternative statutory regulatory model has been presented for wider community consultation in respect of any subsequent national registration system
- that AHMAC accept that if statutory regulation is not a readily available option, that the alternative self-regulatory single national credentialing system for counsellors and psychotherapists be adopted as an interim measure to obviate discrimination in government policy and practices between regulated, partially regulated and as yet unregulated health and allied health professions.

CONCLUSION

The ARCAP model would provide the following:

- a best practice model for the profession of counsellors and psychotherapists
- a reduction in government spending due to an increased number of health professionals
- the public would be granted access to an expanded service recognised by government

In essence, this submission offers an increased potential for the engagement of the counselling and psychotherapy field to be recognised by government regulators and funds which will lead to improved the health and safety the general public.

CAPAV request that the DHS look at statutory regulation. However, in the absence of statutory regulation, CAPAV propose that the ARCAP model be adopted.



Gabby Skelsey
President
CAPAV

John Dunn

Counsellor
Fellow Federation of Victorian Counsellors
Clinical Member Australian Counselling Association

Colac Counselling Service

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Telephone: 03 5232 2918
ABN 75167559488

29 August 2008

Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
Melbourne 3001
practitioner.regulation@dhs.vic.gov.au

Response to DHS invitation re: Report and findings on Best Practice Self-Regulation Models for
Psychotherapy and Counselling in Australia.

- 1 I make this submission as a practicing professional Counsellor.
- 2 My practice includes private clients, as a part time TAFE student Counsellor and working through a medical practice as part of the government funded MAHS scheme.
- 3 I belong to two professional counselling associations with an ethical, supervision and professional development responsibility. In one, I am a clinical member and the other a Fellow on the Board.
- 4 The Report does not represent me and has in no way solicited my input privately, professional or representatively and to suggest that it may have done so is erroneous.
- 5 I believe in the regulation of a national registration of practicing Counsellors.
- 6 This registration of those claiming Counsellor status should be restricted to Counsellors who have undergone training under an AQTF approved and accredited course of study.
- 7 The registration should be available to accommodate all levels of training from Certificate IV to post graduate studies.
- 8 It should have, as part of its registration conditions, and in addition to a qualification requirement, that the Counsellor should have membership in a national or state counselling Association, undertake minimum supervision requirements, continue with professional development and have public and professional liability insurance as applicable.
- 9 Bearing in mind the multiplicity of industrial environments and regional, rural and metropolitan locations such conditions, although needing to be firm, need a degree of flexibility to be practicable.
- 10 It should be made manifest, and in some degree the report is indicative of this, that current people claiming Counsellor status may in fact not have any recognised separate counselling qualifications, and who may have had none, or some, introduction to counselling within their chosen fields of study and yet have the public and political perception as being the primo counsellors and benefits of such perceptions.
- 11 These people may come from the undergraduate, graduate and post graduate fields of medical or para-medical studies. They practice as "Counsellors" and yet do not have any formal counselling qualifications. From this they claim professional membership of Associations and gain benefits.
- 12 That the Report is not necessarily engineered to this issue, the issue is germane and it must be supported as part of whatever method of regulation is to be adopted. Counselling registration must be accommodating to this end and not restrictive or inhibitive and allowed to exclude practising professionally qualified Counsellors due to this common mis-perception by those who see counselling not as a profession but an ancillary modality. It is an individual allied health industry.

Yours faithfully

John Dunn

FFVC; CMAA.
Vice President, Federation of Victorian Counsellors
Diploma Allied Science Counselling
BA (Psychology & Philosophy)



Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
Melbourne 3001

RE: **Best Practice Self-Regulation Model for Psychotherapy and Counselling in Australia:
Final Report 08**

Dear Mr Harvey,

Please find below the Clinical Counsellors Association response to the above report.

CCA Submission.

Prior to discussing recommendations CCA feels it is necessary to correct a major misleading contention that is perpetuated throughout the report. The author frequently states throughout her report that ACA was consulted in regard this report. Our organisation, the CCA, as a member Association of both PACFA and ACA, is often sited as the body consulted who represented ACA. This is simply untrue. Not only were we not specifically consulted but we in no way claim to be the representatives of ACA.

The truth of the matter, as ACA categorically stated in its response to the original report in 2006 and subsequent reports, is that ACA was not consulted with by the author or, any of her representatives. This final report has continued to perpetuate this misleading contention, again stating that ACA was consulted. The final report even goes on to state that information was gained from an ACA Member Association (CCA). This again is misleading; CCA received no formal requests from the author or her representatives re the report, nor was any consultation process entered into with CCA with the author, her representatives or any other party in regard to this report. It must also be stated that CCA was not authorised nor sought authority from ACA to represent ACA in relation to this report and ACA was at no time informed by CCA that they (CCA) were acting on behalf of ACA or its members. ACA responded with its own written report to the Department (DHS) in regard the initial report submitted to DHS in 2006. However this was after the consultation period and should not be misconstrued as being part of the consultation process.

With regards to the consultation process CCA fully endorses the following comments made by the ACA:

"In light of ACA representing over 3000 counsellors and psychotherapists, any statements relating to an open consultation process of the profession is clearly incorrect. The report is more accurately a representation of PACFA and its Member Associations at that time. Therefore any references to ACA, its members or any conclusions drawn on behalf of ACA in relation to being consulted are assumptions by the author only. Many of the statements referring to ACA are materially inaccurate.

It must also be recognised that the report was written within the historical context of an era in which the profession was quite divided and advocates of one side or the other sometimes engaged in somewhat polemical activities and statements that underplayed the true value of the adversarial organisation and failed to take into account the validity of the variety of opinions as to the topic of self-regulation and the manner in which to best achieve it. This resulted in a position being presented that was detrimental to the ACA”.

The Clinical Counsellors Association (CCA), a member Association of Both PACFA and the ACA, fully supports the development of a best practice model for self-regulation of the counselling and psychotherapy professions in Australia as a transitional step towards a preferred position of a national statutory regulatory system on a similar basis to the provisions that have been adopted in the Intergovernmental Agreement of the 26th March 2008 that commits the states, territories and the Commonwealth to a national registration scheme for the health and allied health professions.

It is recommended that key government incentives be provided to treat the professions of counselling and psychotherapy as competent contributors to the development of a comprehensive, equitable and accessible source of emotional and social health and wellbeing through liaison with ARCAP as the most appropriate single credentialing system bringing together members of both the ACA and PACFA.

Such incentives would include:

- a.** Recognition of counsellors and psychotherapists as an allied health profession under the allied health and chronic disease plans, Work Cover and as a source of qualified mental health professionals and other funded counselling services.
- b.** Access to employment positions designated as requiring the competencies of persons listed on the ARCAP.
- c.** Recognition of the minimum standards established in the ARCAP for counselling and psychotherapy services to be granted the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008.
- d.** Inclusion of Counsellors and Psychotherapists in government funded schemes such as Medicare payments and specialised subsidised counselling programs, crisis counselling, to support early intervention and other allied health programs on a client sensitive and cost effective manner, within the allied health and chronic disease plans.



e. Support further research into:

1.1.1 The relationship between different levels and types of training, practitioner competence and client outcomes through programs such as the UK CORE system of engagement with the professions.

1.1.2 The processes of supervision that improves practitioner competence, to inform development of supervisor training and recognition standards.

1.1.3 Mapping of requirements for mental health practitioners against the National Practice Standards for the Mental Health Workforce, and

1.1.4 Cost-effectiveness analysis of counselling and psychotherapy in different work contexts.

f. Provide an effective public education program that enables greater social inclusion and access to qualified health and allied health services for persons seeking clinical and professional psychotherapeutic and counselling services.

To this end it is recommended that the Australian Health Minister's Advisory Council (AHMAC) and the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the DHS Report in consultation with the Member Associations of the ACA and PACFA in the context of the Council of Australian Governments ('COAG') agreements concerning unregistered health professions within the national registration scheme.

The CCA endorses the following recommendations made by both PACFA & ACA:

RECOMMENDATIONS

1. The Boards of ACA and PACFA recommend that the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the proposed single national credentialing system for unregulated health professions that has been adopted in principle for ARCAP by the Counselling and Psychotherapy professions and recommend its acceptance as a transitional model for these professions until an alternative statutory regulatory model has been presented for wider community consultation in respect of any subsequent national registration system.

2. That the AHMAC accept that if statutory regulation is not a readily available option, that the alternative self-regulatory single national credentialing system for counsellors and psychotherapists be adopted as an interim measure to obviate discrimination in government policy and practices between regulated, partially regulated and as yet unregulated health and allied health professions.

Please do not hesitate to contact me should you require further information or clarification of this response.

(Adrian Hellwig – President CCA, Chair ACA Complaints Tribunal,
M.Communication, B.Theol, Dip Counselling)

Ranjana

CENTRE FOR CHILD & FAMILY DEVELOPMENT

721A Riversdale Road Camberwell Vic. 3124 Tel: 9830 0422 Fax: 9830 0455

Kim Sykes, Director
Service and Workforce Planning
Department of Human Services
GPO Box 4057
Melbourne 3001
3rd June 2008

ADD/08/17983

RECEIVED

4 - JUN 2008

**SERVICE & WORKFORCE
PLANNING BRANCH**

Dear Kim Sykes,

Thank you for your letter of 14th May in which you invite me to make a submission with regard to the report commissioned by the Department of Human Services on best practice self-regulation of psychotherapy and counseling conducted by the Psychotherapy and Counselling Federation of Australia (PACFA).

I am glad to make a submission regarding the report which I have accessed from the website since the formalizing of counseling and psychotherapy practice is of great importance to the development of future services in the field of mental health. The comments that I make below reflect my experience in the following areas; firstly as a child psychotherapist and psychologist with over four decades of experience primarily in the public sector in the UK and in Australia where I became the inaugural chief psychotherapist at the Royal Children's Hospital in Melbourne; secondly as a professional trainer and promoter of parent support and education through my pioneering work in the UK and the professional training courses I run throughout Australia; thirdly as a researcher where my recent doctoral research has focused on how professionals view and work with child and family mental health problems. The findings of the research will shortly be published in a special edition of the British Journal of Psychology on Emotional Well-Being and have also led to the establishment in Australia of the Child and Family Wellness Consultancy.

For the sake of clarity I have summarized my response and critique of the Report under the following headings

Keeping in Mind the Public Health Context for the Provision of Counselling and Psychotherapy

The PACFA report argues a case for the self-regulation of psychotherapy and counseling as well as the need to develop a national accreditation system for practitioners particularly with regard to training and professional development. Although this is carefully argued the weakness of the report lies in the following: Firstly it assumes that core underlying principles with regard to how counseling and psychotherapy should fit into the broader picture of public health do not need to be examined. Secondly, if the brief for the report is to argue solely in favour of self regulation then this focus is clearly too narrow and also premature.

**Director: Ruth Schmidt Neven PhD. Consulting Child Psychotherapist
Member British Association of Child Psychotherapists. Registered Psychologist**

This focus is too narrow because there is a lack of explicit or articulated interest in matters concerning public health. This is reflected in the absence of consultation with the community and the public at large.

The report is mainly concerned with the responses of PACFA member groups as 'stakeholders' rather than taking into account contemporary views of public health and the promotion of emotional well-being in the community. This self – referential focus is highlighted in some of the glaring omissions with regard to serving the needs of particular client groups of which the most significant is that of children, parents and families. This particular client group would require practitioners with specialist training and experience. Whilst the report argues for endorsement of a wide range of therapeutic approaches and models it is unclear precisely what expertise these approaches will bring to the complexity of mental health problems presented in the community. Moreover, professional self regulation is primarily concerned with the protection of clients and patients. In this regard the report appears to give precedence to the recognition of therapeutic approaches and models over client needs.

The Need for Professional Standards in Practice, Training and Supervision

The report proposes to encompass a myriad of therapies under the umbrella of PACFA. The expectation that such a conglomerate of therapeutic orientations will be able to self-regulate thereby producing quality mental health care in terms of practice, training and supervision is at risk of becoming an unachievable goal. The main reason for this is that the report, in an attempt to justify diversity, lists a wide variety of psychotherapeutic approaches as though they represent identical areas of expertise. Instead there is a need for greater clarification with regard to the different levels and areas of professional competence and expertise, as well as clarification with regard to accountability.

Another omission in the report is the awareness of the cultural climate in Australia in which there is a serious split between the public and private sector in the mental health field which leads to a flight into private practice by experienced clinicians. This leaves the public sector seriously depleted of experienced practitioners particularly with regard to mental health. In this context one might expect an organization such as PACFA to have a primary commitment to the promotion of public mental health.

A commitment to public sector organizations is a vital component of professional training. The flight into private practice leads to a dearth of training and supervision opportunities for trainees. Prospective trainees in counseling and therapy whatever their orientation, need to undertake an extensive apprenticeship in order to hone their skills in the complex area of mental health. It is only through working in public organizations in which practitioners deal with a wide range of problems and are part of multi-disciplinary teams with other professionals, that trainees can hope to achieve appropriate professional standards for their apprenticeship. It should therefore be of the greatest concern that many people currently can complete a training in counseling and therapy without ever having worked in any type of mental health public organization.

The report refers extensively to how psychotherapy and counseling practices are regulated in other countries including in the UK. As I have both trained and worked in the National Health Service in the UK it is relevant to point out that the cultural climate there is one in which in contrast to Australia, highly trained specialists in child adult and family counseling and psychotherapy retain an extensive commitment to the public sector and are involved not only in practice but also in supervision and consultation.

The Contribution of Counselling and Psychotherapy to Preventative Services

I understand that the Department of Human Services is particularly interested in exploring accreditation of counselors and psychotherapists in relation to grant funded counseling in the areas of mental ill health, such as drug and alcohol addiction, trauma and sexual assault. Whilst these are critical areas I would recommend that the Department of Human Services takes into consideration the significant impact of good counseling and therapy practices concerned with prevention and health promotion. Well researched evidence confirms the efficacy of counseling and therapeutic input at the preventative level in particular in work with children and families. Along similar lines, findings from my own research, recommend the need for a broader application of counseling and therapeutic skills within primary services in the community such as schools, maternal and child health centres and general medical practices.

Summary and Recommendations

The PACFA report on Best Practice Self-Regulation for Psychotherapy and Counselling in Australia proposes self-regulation as the preferred way to validate the diversity and wide variety of therapeutic orientations amongst the members of PACFA. However, the proposed line of approach is essentially self-referential. It does not suggest engaging in public consultation or debate with regard to exploring ways in which counseling or psychotherapy might contribute to addressing critical areas of mental health care, or to promoting mental and emotional wellbeing.

Given the overall public concern for major mental health problem areas in our society, it is difficult to see how in relation to counseling and psychotherapy one could achieve to establish criteria for best practice, training, accreditation and supervision, without taking into account the formative role the core public health and welfare services would have to play in this context.

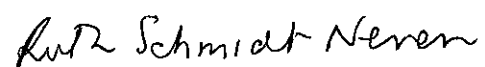
The standards for best practice in counseling and psychotherapy should be regulated in accordance with proven evidence of the professional training and clinical experience future practitioners have obtained in public health and welfare services including supervised work with a wide range of clients and other professionals. In this regard the right to private practice should be regulated in compliance with those criteria of quality professional competence that apply to the training and practice of professional counselors and psychotherapists in the public sector. Compliance with these criteria is in particular essential for those practitioners who work privately in counseling or psychotherapy with children, parents and families.

Recommendations

- That PACFA promote engagement with the community and public at large to ascertain needs and concerns with respect to counseling and psychotherapy;
- That funded counseling and therapy positions be created in the public sector to halt the drift towards a fragmented (unregulated) private practice;
- That a culture is created of training, teaching and mentoring within a wide range of health and welfare organizations to provide the highest level of clinical experience and supervision for trainees in counseling and psychotherapy;
- That incentives are provided to retain skilled counseling and psychotherapy practitioners and clinicians in the public sector;
- That a separate Best Practice and Self Regulation Model be established for psychotherapy and counseling with children adolescents parents and families;
- That the skills and knowledge base of counseling and psychotherapy be utilized in the service of life cycle mental health promotion and emotional well-being;

I would be glad to discuss the points I have made in this submission further and would appreciate your receipt of this submission.

Yours sincerely,



RUTH SCHMIDT NEVEN (PhD.)
DIRECTOR



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25 August 2008

Mr Dan Harvey
Senior Policy Advisor
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
MELBOURNE VIC 3001
email: practitioner.regulation@dhs.vic.gov.au

Dear Mr Harvey,

Submission concerning the report on best practice self-regulation of psychotherapy and counselling in Australia.

Thank you for the opportunity to submit our response to the above mentioned report.

Who are we?

Rehabilitation Counsellors are university trained professional counsellors who facilitate the personal, social and economic independence of individuals with disabilities or social disadvantage. Rehabilitation Counsellors provide counselling; evaluation of social, medical, vocational, and psychiatric information; and deliver job placement and job development services, as well as being involved in research and advocacy.

The Australian Society of Rehabilitation Counsellors (ASORC) is the peak professional body representing Rehabilitation Counsellors throughout Australia since 1976. The Society is active in establishing and assessing qualifications and experience requirements for entry to the profession, accrediting university programs in Rehabilitation Counselling nationally, providing professional development and supervision to members, maintaining the highest level of professional standards through a rigorous Code of Ethics, and ensuring that members possess an extensive set of professional Core Competency practitioner skills.

Response to the Report

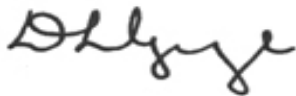
ASORC welcomes the COAG decision to implement a national registration scheme for unregulated health professions, including the counselling professions. We believe that the registration of counsellors will greatly assist in ensuring that those involved in the practice of counselling and psychotherapy are appropriately academically trained, possess the professional skills to provide effective and safe services, are accountable, and operate within an ethical framework. These are all absolutely essential if the government and public are to have confidence in the counselling and psychotherapy professions.

ASORC agrees that self regulation of counsellors and psychotherapists by the profession is an effective method of ensuring that appropriate standards are implemented and maintained.

Of the two models of self regulation outlined in the report, ASORC supports the implementation of Model One. This model builds on the current work of PACFA. ASORC holds the view that as PACFA was formed to perform a regulatory role as an 'association of associations', and has a ten year history of building a substantial base of affiliated associations from across the counselling and psychotherapy spectrum, it is well placed to provide regulatory services. This model would ensure that member associations are required to meet minimum standards, thus providing confidence that individual counsellors possess a minimum level of education, practitioner competencies and ethical behaviours expected by the wider Australian community.

ASORC would not be in favour of a model whereby individual counsellors are required to register with a regulatory body regardless of their membership with a professional association. Although counsellors and psychotherapists share a number of core competencies there are a range of different specialist fields. For example, Rehabilitation Counsellors may specialise in vocational rehabilitation, which includes skills such as vocational counselling, adjustment to disability counselling, and vocational assessment and testing. These skills are unlikely to be the focus of a psychotherapist specialising in, say, childhood behavioural disorders. Thus ASORC believes that individual professional associations are vital in maintaining the competencies and skills in the various areas of counselling and psychotherapy. Any model that requires counsellors and psychotherapists, regardless of their background or area of professional practice, to individually register would present problems in ensuring that specialist competency and ethical standards are maintained.

ASORC welcomes any further opportunities to contribute to further discussions in regard to the self-regulation of the counselling and psychotherapy professions in Australia.



David George FASRC
Member – ASORC National Executive

On behalf of the Australian Society of Rehabilitation Counsellors

SUBMISSION TO THE DEPARTMENT OF HUMAN SERVICES ON BEHALF OF THE AUSTRALIAN PSYCHOANALYTICAL SOCIETY ON BEST PRACTICE SELF-REGULATION OF PSYCHOTHERAPY AND COUNSELLING

The Australian Psychoanalytical Society which was established in 1973 is a component Society of the International Psychoanalytical Association (IPA), which currently has more than 10,000 members in 34 countries. The IPA sets and monitors standards of training, professional practice and ethics; the Australian Society is the only body in Australia authorized by the IPA to educate, train and qualify psychoanalysts. Our main activities include the training of psychoanalysts and educating the community about psychoanalysis through public lectures, seminars and Conferences.

The Society has currently 76 members and 20 candidates. Psychoanalysts come from a variety of professional backgrounds, mainly from psychiatry, psychology and social work. Psychoanalysts work both in the public and private health sectors. Our members have different areas of interest: some specialize in early interventions with mothers and infants, in treatment of children/adolescents and their families, and of couples, and in helping people who suffer from depression, trauma and borderline personality disorder and other serious emotional disturbances

The Australian Society has worked since 1997 with The Standing Conference of Educators and Trainers in Counseling and Psychotherapy and is one of the founding members of PACFA, having worked closely with it and contributed to its development. The Australian Society as early as 1995/96 initiated a series of meeting with the representatives of the main psychodynamic psychotherapy training organizations operating in this country with the aim of co-ordinating training and ethical standards in view of future self-regulation of the profession. .

The APAS would like to underline its ongoing interest in the matter of regulation of the profession, in training, in maintaining professional standards and in the protection of the public from malpractice: maintaining standards of competence and ethical behaviour is essential for a profession which deals with mental health and with emotional disturbances. The core principles of best practice we endeavour to work toward include a rigorous training programme and clear and transparent ethical standards.

Training standards: Our training is at a post-graduate level (minimum 4 years).

Maintenance of professional standards: These are maintained by a programme of continuous professional development lasting one's professional life. This involves supervision/discussion of one's clinical work, peer review and constant updating on clinical and ethical matters and on overseas developments. The emphasis is on group work, avoiding the clinician working in isolation, away from confrontation with his/her peers.

On the matter of regulation of the profession, our concerns are the following;

1. At the moment there is no protection of the title of psychotherapist nor statutory registration of the profession of psychotherapy: at the moment anyone can call themselves a psychotherapist. This means that the public has no protection from untrained or poorly trained practitioners and from practitioners who work in isolation, not part of a professional organization. We are supporting the proposed National Register of Counselors and Psychotherapists as it would offer a listing of credentialed psychotherapists and counselors. If widely advertised with an effective public education program, it would enable the public to identify and access properly trained and qualified health professionals.
2. Of particular concern to our organization is that fact that deregulated psychiatrists, psychologists or psychotherapists who are expelled from their organizations for malpractice can continue to practice. There is no legislation at the moment to protect the public. This

exposes people who may be unaware of the past record of their practitioner and who may continue to be at risk of the malpractice being repeated again at their expense.

3. Our organization is in favor of a long term strategy for the statutory regulation of the profession and the protection of the public. We support the development of a best practice model of self regulation as presented by the National Register for Psychotherapists and Counseling as a transitional step in the direction of a statutory registration system , which ultimately would be the most effective protection for the public. We also support the recognition and inclusion of psychotherapists as members of the allied health profession.

Frances Thomson Salo
President
Australian Psychoanalytical Society

Maria Teresa Savio Hooke
Immediate Past President
Australian Psychoanalytical Society



Australian Hypnotherapists' Association

Founded 1949 Registered 1956

ABN 20 004 388 872

www.ahahypnotherapy.org.au



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19th August 2008

Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
Melbourne 3001

Submission by email to: practitioner.regulation@dhs.vic.gov.au

Subject: Regulatory Models for Psychotherapy and Counselling

The Australian Hypnotherapists' Association would like to thank the Victorian Government, the Department of Human Services for the opportunity to contribute to this submission.

Considerations –

It is noted that the Department's intention is that its report and submissions be referred to the Australian Health Ministers' Advisory Council for consideration by the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee. And that the Practitioner Regulation Subcommittee will review the report in the context of the Council of Australian Governments ('COAG') agreements of July 2006, April 2006 and March 2008 concerning registration of unregistered health professions within a national registration scheme.

It is further noted, that the recently signed Intergovernmental Agreement of 26 March 2008, commits the states, territories and the Commonwealth to the national registration scheme. It states that following the registered professions, priority will be given to partially regulated occupations (to be assessed for inclusion in the scheme), followed by unregulated health occupations. COAG agreed the scheme would be operational by 1 July 2010.

The Statutory Regulatory Model -

A Statutory Regulatory Model puts into place those things that a Government department deems as a best practice model that endeavours to ensure the public consumers safety and through overseeing that a practitioner under this regulation meets those standards that have been put into place. The practitioner needs to show that they have met this criteria to meet ongoing re-accreditation.

How does this compare to a Self-Regulatory Model?

A Self-Regulatory Model puts into place those things that its democratically elected Board (in consultation with its peers and members) deems as a best practice model that endeavours to ensure the public consumers safety and through overseeing that a practitioner under this self-regulation meets those standards that have been put into place. The practitioner needs to show that they have met this criteria to meet ongoing re-accreditation.

What are the current main differences between Statutory and Self-Regulatory Models?

The Statutory Regulatory Model ensures uniform standards. A regulatory system of levels of required training, code of conduct, insurance and complaints procedures covering all practitioners, whilst -

The Self-Regulatory Model relies on individual systems of levels of required training, code of conduct, insurance and complaints procedure requirements for membership and re-accreditation as set by its own governing association.

(With the exception of NSW that now requires unregistered practitioners in that State to practice under the Public Health (General) Amendment Regulation 2008, under the Public Health Act 1991, legislation brought in on the 1st August 2008.)

Specific Considerations -

Psychotherapy and Counselling (And hypnotherapy which is included in this model) has many different forms of training and different theoretical modalities specific to the fundamental way a practitioner works. And although this can and is being continually improved across all areas, the current self-regulation model shows that it can and does have a framework of self regulation that produces excellent outcomes in terms of consumer safety.

Submission –

The Psychotherapy and Counselling Federation of Australia (PACFA) report documents the considerable research and widespread consultation processes that informed the report. The report relates to information up to the 2003-2005 period from which most data and consultation was collated. Over the past 2 years both Government policy and the profession have both moved on considerably.

As has been pointed out, both PACFA and the Australian Counselling Association (ACA) have been working to develop a single Australian Counselling and Psychotherapy Register that would be an inclusive national listing of credentialed counsellors and psychotherapists who accept the standards, codes of conduct and ethics, insurance and continuing education requirements of recognised clinical and professional member associations. To this end, these organisations are working closely together with a Working Party represented by members of both PACFA and ACA, that will develop the structure that this should take.

At present we already have self-regulation for Psychotherapy and Counselling across Australia through professional organizations. Practitioners practicing under these professional organizations are already practicing under guidelines that have shown they are responsible to the public and willing to be accountable to validate their practice. Further validation of accountability will be established through the formation of a National Register of Psychotherapists and Counsellors. Intended publication and advertising of such a register will make the public aware of where to find a trained practitioner.

In NSW, the Government has introduced a Code of Conduct, a regulatory system which supports Government Monitored Self-Regulation rather than Statutory Regulation. This is also being considered in other States of Australia. We would urge other States for such an inclusion to keep the public safe from bogus and unethical practitioners.

We believe that a Government Monitored Self Regulation model is adequate to protect the public and is both achievable and appropriate. We would be pleased to receive support from the Council of Australian Governments ('COAG') to guide the profession to this end.

Yours sincerely,



Bruni Brewin JP
National President - AHA



PO Box 88 Grange QLD 4051 www.theaca.net.au Phone 1300 784 333

27/08/2008

Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
Melbourne 3001

RE: Best Practice Self-Regulation Model for Psychotherapy and Counselling in Australia: Final Report 08

Dear Mr Harvey please find below the Australian Counselling Associations response to the above report.

ACA SUBMISSION

Prior to discussing recommendations ACA feels it is necessary to correct a major misleading contention that is perpetuated throughout the report. The author frequently states throughout her report that ACA was consulted in regard this report. ACA categorically stated in its response to the original report in 2006 and subsequent reports that it was not consulted with by the author or, any of her representatives. This final report has continued to perpetuate this misleading contention, again stating that ACA was consulted. The final report even goes on to state that information was gained from an ACA Member Association. This again is misleading; ACA received no formal requests from the author or her representatives, nor was any consultation process entered into with ACA with the author, her representatives or any other party in regard to this report. It must also be stated that no ACA Member Association was authorised nor sought authority from ACA to represent ACA in relation to this report and ACA was at no time informed by any of its Member Associations that they were acting on behalf of ACA or its members. ACA did respond with a written report to the Department (DHS) in regard the initial report submitted to DHS in 2006. However this was after the consultation period and should not be misconstrued as being part of the consultation process.

In light of ACA representing over 3000 counsellors and psychotherapists, any statements relating to an open consultation process of the profession is clearly incorrect. The report is more accurately a representation of PACFA and its Member Associations at that time. Therefore any references to ACA, its members or any conclusions drawn on behalf of ACA in relation to being consulted are assumptions by the author only. Many of the statements referring to ACA are materially inaccurate.

It must also be recognised that the report was written within the historical context of an era in which the profession was quite divided and advocates of one side or the other sometimes engaged in somewhat polemical activities and statements that underplayed the true value of the adversarial organisation and failed to take into account the validity of the variety of opinions as to the topic of self-regulation and the manner in which to best achieve it. This resulted in a position being presented that was detrimental to the ACA.

Australian Counselling Association (ACA) supports the development of a best practice model for self-regulation of the counselling and psychotherapy professions in Australia as a transitional step towards a preferred position of a national statutory regulatory system on a similar basis to the provisions that have been adopted in the Intergovernmental Agreement of 26th March 2008 that commits the states, territories and the Commonwealth to a national registration scheme for the health and allied health professions.

It is recommended that key government incentives be provided to treat the professions of counselling and psychotherapy as competent contributors to the development of a comprehensive, equitable and accessible source of emotional and social health and wellbeing through liaison with ARCAP as the most appropriate single credentialing system bringing together members of both the ACA and PACFA.

Such incentives would include:

- a. Recognition of counsellors and psychotherapists as an allied health profession under the allied health and chronic disease plans, Work Cover and as a source of qualified mental health professionals and other funded counselling services.
- b. Access to employment positions designated as requiring the competencies of persons listed on the ARCAP.
- c. Recognition of the minimum standards established in the ARCAP for counselling and psychotherapy services to be granted the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008.
- d. Inclusion of Counsellors and Psychotherapists in government funded schemes such as Medicare payments and specialised subsidised counselling programs, crisis counselling, to support early intervention and other allied health programs on a client sensitive and cost effective manner, within the allied health and chronic disease plans.
- e. Support further research into
 - 1.1.1 The relationship between different levels and types of training, practitioner competence and client outcomes through programs such as the UK CORE system of engagement with the professions.
 - 1.1.2 The processes of supervision that improves practitioner competence, to inform development of supervisor training and recognition standards.
 - 1.1.3 Mapping of requirements for mental health practitioners against the National Practice Standards for the Mental Health Workforce, and
 - 1.1.4 Cost-effectiveness analysis of counselling and psychotherapy in different work contexts.
- f. Provide an effective public education program that enables greater social inclusion and access to qualified health and allied health services for persons seeking clinical and professional psychotherapeutic and counselling services.

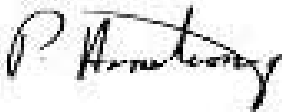
To this end it is recommended that the Australian Health Minister's Advisory Council (AHMAC) and the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the DHS Report in consultation with the Member associations of the ACA and PACFA in the context of the Council of Australian Governments ('COAG') agreements concerning unregistered health professions within the national registration scheme.

RECOMMENDATIONS

1. The Boards of ACA and PACFA recommend that the Practitioner Regulation Sub-Committee of the Health Workforce Principal Committee review the proposed single national credentialing system for unregulated health professions that has been adopted in principle for ARCAP by the Counselling and Psychotherapy professions and recommend its acceptance as a transitional model for these professions until an alternative statutory regulatory model has been presented for wider community consultation in respect of any subsequent national registration system.
2. That the AHMAC accept that if statutory regulation is not a readily available option, that the alternative self-regulatory single national credentialing system for counsellors and psychotherapists be adopted as an interim measure to obviate discrimination in government policy and practices between regulated, partially regulated and as yet unregulated health and allied health professions.

Please do not hesitate to contact me should you require further information or clarification of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Armstrong', written in a cursive style.

Philip Armstrong
CEO

Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
Melbourne 3001

28.8.08

Dear Mr Harvey,

I am writing on behalf of the Australian Centre for Psychoanalysis (ACP), a Member Association (MA) of the Psychotherapy and Counselling Federation of Australia (PACFA), in its Psychoanalysis and Psychoanalytic Psychotherapy section. Our preferred regulatory model is statutory regulation of the professions of Psychotherapy and Counselling. We understand that this is not a government priority at present, and as a consequence we support a self-regulatory model as an interim measure.

The research that grounds Professor Schofield's report on best practice self-regulation of psychotherapy and counselling is very valuable. We believe, however, that the inclusive national credentialing system, the Australian Register of Counsellors and Psychotherapists (ARCAP), since developed by PACFA and the Australian Counselling Association (ACA), has the advantage of being a collaborative project that brings a great number of psychotherapists and counsellors together within a single structure. ARCAP requires observance of, and adherence to, training standards, codes of professional conduct and ethics, insurance requirements, and continued supervision and professional development. ARCAP is strongly supported by the ACP and, on the evidence of the PACFA AGM of August 23-24, 2008, of all the Member Associations.

Many highly qualified members of PACFA MAs have been sorely disadvantaged economically in recent times by the triple burden of GST, no Medicare rebate through the Better Access initiative, and no private health care rebate. In the ACP, most of those who qualify for Clinical or Provisional registrations of ARCAP are Psychologists or Social workers who have since trained as psychoanalysts and who are eligible for GST exemption and rebates. Those who have trained as psychoanalysts and are not of those professions, but do have PhDs, Masters or graduate degrees in related fields, are not eligible for such benefits. All our clinical members have undergone many years of rigorous training in psychoanalytic theory and practice, and engage in continuing professional development, but not all are recognised as health professionals. There is clearly an inequity here. The ACP considers that the establishment of ARCAP, and the protection of the titles "ARCAP Psychotherapist" and "ARCAP Counsellor", will provide both a structure within which the professions of psychotherapy and counselling can grow in strength, and a guarantee of high quality training. We hope this will lead to recognition of the professions' significant role in mental health care. At the very least, we trust that the acknowledgement that psychotherapists and counsellors are qualified and skilled mental health practitioners, often working in concert with doctors and psychiatrists, may lead to GST exemption.

ARCAP is the product of extensive consultation between PACFA and ACA, as well as within and between PACFA MAs. The Working Party chaired by Professor Peter Baume, with the CEOs and Presidents of PACFA and ACA, has produced a self-regulatory model that takes into account the views of a diverse constituency and protects the training standards and ethical practices that are the core of the professions of psychotherapy and counselling.

Yours sincerely,

Dr Susan Schwartz,

Secretary,

Australian Centre for Psychoanalysis,

PO Box 509, Carlton South 3053

A submission by The Australian and New Zealand Society of Jungian Analysts (ANSJA) on the Report and findings prepared by Professor Margot Schofield on Best Practice Self-Regulation Models for Psychotherapy and Counselling in Australia submitted to the Department of Human Services, Victoria.

Mr Dan Harvey
Service and Workforce Planning Branch
Department of Human Services
GPO Box 4057
Melbourne 3001

practitioner.regulation@dhs.vic.gov.au

This submission represents the views of the members of the Australian and New Zealand Society of Jungian Analysts (ANZSJA), many of whom are distinguished authors, psychiatrists and psychologists as well as being qualified Jungian Analysts.

Jungian analysis is the branch of depth psychology developed by C.G. Jung, the distinguished Swiss psychiatrist, who, together with Sigmund Freud, was the co-founder of Psychoanalysis. Jungian analysis is also sometimes known as Jungian psychology, Analytical psychology, or Jungian psychoanalysis.

Jungian analysis has had an illustrious international history for over one hundred years. In short, the Jungian and Freudian history and tradition have laid the foundation of modern psychodynamic psychotherapy. It also has a very strong evidence-base. A list of references to recent European psychotherapy effectiveness studies is included at the foot of this letter.

Ironically, Jungian analysts in this country are not allowed to use the term “psychologist” or “psychology” despite the movement’s history and nomenclature predating the substantive majority of the development of psychology in Australia.

The Zürich-based International Association for Analytical Psychology (IAAP) is the highest authority in Analytical Psychology throughout the world and has existed for over fifty years as an international psychological society. It certifies, accredits and monitors the professional practice of Analytical Psychology throughout the world. The organization was co-founded by C.G. Jung to assure quality control in Analytical Psychology.

The Australia and New Zealand Society of Jungian Analysts (ANZSJA) was formed in 1978 and is one of thirty-eight worldwide member societies functioning under the aegis of the IAAP. It is the only IAAP society in Australia and New Zealand, and therefore the only official professional body

The C. G. Jung Institute of ANZSJA is the educational and professional training body of ANZSJA. Training takes between five and seven years and is a post-professional training. Training is expensive, as an integral part of the training is a personal psychoanalysis (paid for by the trainee) of at least 350 hours. This “training analysis” ensures that the future analysts have a secure self knowledge and a first hand experience of the dynamics of psychotherapy. Any trainees accredited by the C. G. Jung Institute of ANZSJA are eligible to join ANZSJA (the professional association) and thus become members of the IAAP. These members are then automatically members of PACFA.

As a professional society, ANZSJA is sensitive to the particularities of the Australian context and is committed to the maintenance of high professional and ethical standards in the practice of Jungian Analysis and psychotherapy. Opportunities for training and continuing education, research and reflection are also a particular priority for the society. Members of the society are also engaged in a wide range of cultural and academic activities from the perspective of Jungian Psychological tradition.

ANZSJA is a founding member of The Psychotherapy & Counselling Federation of Australia (PACFA) being a member of the “Psychoanalysis and Psychoanalytic Psychotherapy” section of this organization.

The members of ANZSJA unequivocally support the efforts of PACFA in their efforts to develop a best practice model for self-regulation of the counselling and psychotherapy professions in Australia.

As such, we suggest:

1. that all government agencies move toward an acceptance of the fact that the profession of psychotherapy provides a comprehensive and professional source of support, maintenance and development for the mental health of the Australian population. We believe that the implementation of the Register of Counselling and Psychotherapy (RCAP) is the most appropriate credentialing system to continue and enhance this situation. (As a profession with a history of over one hundred years we find it particularly galling to not see our profession recognized by government and its agencies).
2. the recognition of psychotherapists as an allied health profession under the allied health and chronic disease plans, Work Cover and as a source of qualified mental health professionals and other funded counselling services. This would include
 - a) access to employment positions designated as requiring the competencies of persons listed on the ARCAP
 - b) a recognition of the minimum standards established in the ARCAP for psychotherapy and that the services of psychotherapists be granted the same status in laws and regulations as is applied to professional associations recognised under Part 9 of the Private Health Insurance (Accreditation) Rules 2008

c) the inclusion of psychotherapists in government-funded schemes such as Medicare. As indicated earlier, the psychoanalytic profession has been treating serious mental illness successfully for over one hundred years.

d) that governments provide an effective public education program that enables the public to recognize the existence of ARCAP and their right to access clinical and professional psychotherapeutic services.

Patrick Burnett

Jungian Analyst and Psychotherapist

PACFA representative for ANZSJA

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