



AUSTRALIAN COUNSELLING ASSOCIATION

Scope of Practice

for Registered Counsellors



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2nd Edition

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PREFACE

For the ease of reading this document, the title ‘counsellor’ is interchangeable with the title ‘psychotherapist’. Registered counsellors provide many social and economic benefits to the Australian mental health system, from consumers’ improved treatment engagement, increased independent living, reduced homelessness, lower levels of substance abuse, improved employment participation, and a reduction in suicidal ideation and homicide risk. Providing counselling services within the mental health commissioning landscape enables consumers access to a broader range of efficient and appropriate services, which are safe and responsive to consumers’ presenting and emerging mental health needs.

Registered counsellors are trained allied health professionals working in a variety of settings, from low needs such as early intervention services through to moderate and high needs in primary, secondary and tertiary care. The registered counsellor supports consumers with behavioural change through psychological interventions.

Like other allied health professionals, registered counsellors are required to maintain their registration obligations and further develop their practice by participating in clinical/professional supervision and ongoing professional development (OPD).

Registered counsellors train in assessment and diagnostic procedures and the use of assessment and diagnostic tools to communicate clinical outcomes with other allied health professionals such as general practitioners and psychiatrists. Counselling provides consumers who would not typically benefit from standard treatment options provided by their general practitioner or psychiatrist access to cost-effective complementary psychological interventions, which are responsive to the consumer’s mental health needs.

The Australian Counselling Association Inc. (ACA) has developed the evidence-based Scope of Practice for Registered Counsellors, which provides a clear understanding and consistent interpretation of a registered counsellor’s role and capabilities. In developing it, ACA has reviewed and evaluated the registration and practice requirements of their members, the type of services and programs they operate in, the therapeutic perspectives they provide, and their professional development activities.

The Scope of Practice for Registered Counsellors defines four domains for identifying and measuring the practice of counselling for each level of attainment. These include the registered counsellor’s relevant professional practice, their critical thinking and analysis skills, their communication responsibilities when providing support facilitation/case management, and their ability to provide supervision and function in a leadership/management role.

Additionally, the Scope of Practice for Registered Counsellors defines nine Standards and eight Guidelines to assist mental health professionals, managers and health system administrators integrate and evaluate registered counsellors into existing and emerging mental health services and programs.

This is the outcome of ACA consultation with strategic stakeholder groups, from private enterprise, non-government sectors and state and federal governments. This document demonstrates how registered counsellors can respond to the sustainability demands of the mental health sector. As a mental health workforce, registered counsellors can comprehensively integrate into existing and emerging programs and services to provide targeted evidence-based psychological interventions. Registered counsellors currently work with other allied health professions to deliver psychological interventions in clinical settings, and within broader service stepped care environments, to provide consumers with a choice of high-quality, evidence-based person-centred psychological interventions that are responsive to the needs of consumers and the broader health system. This document has been designed as a formal resource to inform service program designers, bureaucrats, employers, government ministers and consumers as to the Scope of Practice of Registered Counsellors.

Philip Armstrong FACA

CEO Australian Counselling Association Inc.

FOREWORD

By **Allen Ivey, Distinguished University Professor Emeritus**

The Australian Counselling Association's (ACA's) Scope of Practice for Registered Counsellors is the clearest and most profound summary of the counselling profession and what it can do that I have seen in my 50-year career. Counselling is a results-oriented mental health profession, unique in the helping fields with its humanistic orientation, its basis in science, and its caring for those whom the field will serve.

I am particularly impressed with the emphasis on competency, accountability and results. The foundation of meaningful, effective counselling rests on clear definitions of competence. Competence with accountability to the client and to society is necessary for confidence in the field. For example, note the following statement about accountability from the Scope of Practice on page 11: "Mental health consumers are some of the most vulnerable people in society; therefore, they have an inalienable right to expect accountability of all counsellors through a transparent national registration and complaints process."

Competence, confidence and accountability

It is essential that the counsellor's education, experience and competence are sufficient to professionally, ethically and safely provide accountable assistance to clients with accompanying benefits to communities, organisations and society.

The Scope of Practice defines a consistent and proficient outline of counselling, ensuring consumers receive competent psychological interventions that are tailored to their personal needs and circumstances, thereby providing considerable savings to the wider health system.

Now, how does ACA's Scope of Practice for Registered Counsellors reach these demanding aims? I have selected some key portions of the document, which deserve special attention. You will find here that the Scope:

- defines registered counsellors' boundaries of practice and provides a clear framework that informs professionals and consumers of the services provided. The specifics of counselling practice are defined unusually clearly with levels of training, competence capabilities and areas of practice;
- provides an overview of registered counsellors' capabilities and identifies the most important aspects of a registered counsellor's service provision and the delivery of psychological interventions; and
- informs the development of counselling service provision and targeted strategies aimed at meeting the mental health needs of consumer and community. Important in this is engaging consumers in defining goals and results from counselling.

Including registered counsellors into the Australian mental health system has many social and economic benefits. Integrating registered counsellors more fully into mental health programs/services would support consumers' rehabilitation and recovery through a number of economically efficient ways, including increased independent living, reduced homelessness, lower levels of substance abuse, higher employment rates, and a reduction in suicidal ideation and homicide risk. Furthermore, general mental health issues are addressed, such as improved school performance, job functioning, individual life satisfaction, and family communication and mental health.

The clarity of the Scope of Practice defines a profession with a results orientation that is vital to Australian society. The counselling profession supplies a unique and complementary role in its positive and humanistic orientation to mental health.

As I have been to Australia nine times over the years as a visiting professor at Flinders University, Adelaide, and several lecture trips throughout the country, I have come to know Australian counsellors in depth. Their competent commitment to clients and the community is becoming known worldwide, and their leadership and influence among South Pacific countries is important for understanding.

I could not recommend this document more highly. I commend it to your use.



Allen E. Ivey, EdD, ABPP

Board Certified in Counselling Psychology

Fellow of the American Counselling Association, American Psychological Association, The Society for the Psychological Study of Culture, Ethnicity, and Race, and the Asian American Psychological Association

Past-President, Society of Counselling Psychology

Distinguished University Professor, University of Massachusetts, Amherst

Bio: Allen E. Ivey received his counselling doctorate from Harvard University and is Distinguished Emeritus Professor at the University of Massachusetts, Amherst, Courtesy Professor, Counselor Education, University of South Florida, Tampa. He is past-president and fellow of the Society for Counseling Psychology of the American Psychological Association, APA's Society for the Study of Ethnic and Minority Psychology, the Asian-American Psychological Association, and the American Counseling Association. He has received many awards throughout his career and has authored over 40 books and 200 articles and chapters. His works have been translated into 23 languages. His recent work has focused on applying developmental counselling and therapy and neuroscience to the analysis and treatment of severe psychological distress.

His recent books include the 8th edition of *Intentional Interviewing and Counseling* (Cengage, A Theory of Multicultural Counseling and Therapy, Brooks/Cole) and the 6th edition of *Theories of Counseling and Psychotherapy: A Multicultural Approach*.



OVERVIEW

INTRODUCTION

Australian Counselling Association Inc. (ACA) is a peak professional body incorporated as a not-for-profit association. ACA is the largest single registration body for counsellors and psychotherapists in Australia. ACA is committed to advancing the profession of counselling by establishing a Scope of Practice for Registered Counsellors (Scope), which acknowledges the needs of the mental health system and responds to the needs of the consumer, their loved ones and the community.

Version 1 of the the Scope was developed in response to the National Mental Health Commission's Review of Mental Health Programs and Services, commissioned by the Australian Commonwealth Government. This updated version 2 copy has been written to reflect various changes to the industry and ACA standards since the Review.

The Scope provides a framework for counsellors to operate in existing and emerging mental health programs/services, as identified in the review. The Minister for Health and Ageing's response to the review stated the need for effective early intervention strategies across a consumer's lifespan and the care continuum – shifting the balance to provide the right care when it is needed (Minister for Health and Ageing, 2015).

For the purpose of this document, an ACA registered counsellor is referred to as a 'registered counsellor'. Registered counsellors under the Scope can provide key personnel to current service providers and add core professional practitioners to the mental health workforce shortages. They can:

- provide a more comprehensive and integrated mental health workforce integrating into non-government organisations (NGOs) and other service providers;
- improve service equity for rural and remote communities through place-based models of care;
- provide targeted evidence-based psychological interventions such as person-centred or cognitive behavioural therapies aimed at building resilience and interventions for the families of children with emerging behavioural issues, distress and mental health difficulties;
- support evidence-based mental health programs/services that reduce stigma and build capacity and respond to the diversity of needs of different population groups;
- support mental health, social and emotional wellbeing teams in Indigenous primary health care organisations;
- assist in providing sustainable, comprehensive, whole-of-community approaches to suicide prevention;
- improve research capacity and support strategic research that responds to policy directions and community needs;

- improve education and training of evidence-based mental health treatments;
- support emergency access to telephone and internet-based crisis support programs and services; and
- support families and communities in the prevention of trauma from maltreatment during infancy and early childhood, and to support those impacted by childhood trauma.

The Scope describes the full spectrum of roles, functions, responsibilities, activities and decision-making capabilities of a registered counsellor. A registered counsellor under this Scope is an individual who meets the requirements for registration (Armstrong, 2014). ACA and the Psychotherapy and Counselling Federation of Australia (PACFA) both list their registered counsellors under the Australian Register of Counsellors and Psychotherapists (ARCAP).

There is a clear distinction between a registered counsellor under the Scope and those who may use counselling skills as an adjunct to their primary role.

Additionally, the Scope defines a registered counsellor's level of education and competencies, providing a sound risk management and professional framework that enables registered counsellors to operate to their full potential, and know when to delegate activities to others. There are overlaps in regards the functions and skills utilised by other professions similar to counsellors, as there is with nurses and physicians. However, this document relates explicitly to registered counsellors who work within the sphere of allied health professions. The Scope framework addresses the issue of unplanned responses that can result in a wide variation in practice between counsellors of similar background and experience and between similar mental health programs and services.

The Scope will enable consumers, health systems administrators and program/service providers to identify clearly how counsellors:

- integrate into existing and emerging mental health programs and services;
- work with other allied health professions to provide psychological interventions and interventions in clinical settings and broader service environments; and
- provide private practice services to the community and contract work to service providers.

All practitioners listed on the ACA National Register have completed ACA accredited or approved professional qualifications in counselling or psychotherapy. They meet annual ongoing professional development (OPD) requirements and engage in ongoing professional supervision of their practice to ensure they provide a quality service to consumers and abide by the ethical guidelines of the profession.

Registered counsellors consistently demonstrate skills, knowledge, responsibilities and accountabilities commensurate with their level of attainment. The Scope reflects how registered counsellors can contribute widely within their service/program environment, as therapeutic providers, case managers, team leaders and strategic thinkers. Registered counsellors are a critical component of service delivery. They meet the needs of the national mental health workforce strategy that promotes diversity, flexibility and responsiveness in the mental health workforce.

This document will be reviewed annually for updates and to stay in tune with industry movements.

Vision

Counsellors provide an essential service within the mental health system, providing psychological interventions that support the consumers' journeys through rehabilitation and recovery. Counsellors are capable professionals who are outcome-focused, providing clinical treatments, through evidence-based psychological interventions. Counsellors operate collaboratively with allied health professionals through integrated care pathways. They provide consumers with better access to appropriate and cost-effective approaches to mental health promotion, prevention and recovery.

Purpose

The purpose of this Scope is to provide consumers, practitioners and professionals access to relevant information regarding the practice of counselling in Australia. The framework for the Scope was born out of years of counselling experience and practice gained by established registered counsellors, and draws upon evidence of practice from Australia and abroad.

The Scope defines nine Standards of Practice and eight Guidelines to support both the registered counsellor and associated health system administration to develop and implement demonstrated evidence-based psychological intervention framework for registered counsellors operating in programs/services. The Standards of Practice and Guidelines draw upon the Standards Framework for Counsellors & Counselling Services In the Primary Care Division (McCormack, 2005), which, in turn, was developed in consultation with the British Association for Counselling and Psychotherapy (BACP).

Audience

The Scope is a consultative tool developed for:

- generalist registered counsellors;
- academics;
- allied health professionals;
- commissioning services;
- community mental health teams;
- health system administrators;

- health care insurance providers;
- mental health clinicians;
- mental health program/service providers;
- non-government organisations;
- policymakers;
- members of the public seeking private counselling services;
- employer groups;
- vocational and higher education providers; and
- Aboriginal and Torres Strait Islander peoples.

Principles

Safety – consumers have access to safe and high-quality psychological interventions.

Quality in practice – ensure the delivery of counselling interventions and service are consistent with repeatable and evaluative outcomes.

Innovation – effectively respond to consumer mental health needs by providing evidence-based psychological therapies.

Productivity – consumers receive the appropriate psychological intervention enabling them to re-engage as valued members of their community.

Prevention – consumers receive support through their mental health journey with person-centred psychological interventions that reduce the burden upon themselves and their community.

Access – everyone who uses a mental health service (or cares for someone who does) has access to effective interventions, experiences and outcomes, regardless of consumers' background or location.

Accountability – mental health consumers are some of the most vulnerable people in society; therefore, they have an inalienable right to expect accountability of all counsellors through a transparent national registration and complaints process.

Person-centred – consumers can be included in decisions and choices about their treatment options when accessing mental health services.

BACKGROUND

History and scope

At present, there are no statutory minimum qualification requirements to practice as a counsellor in Australia. The terms ‘counsellor’ or ‘psychotherapist’ are not titles protected by law. This document refers only to ‘registered counsellors/psychotherapists’ as those counsellors whose qualifications and experience have been verified through a rigorous and formal membership application process to be registered with ACA. This document relates to counsellors and psychotherapists, but for ease of reading, the document will use the term ‘counsellor’ to cover both terms. Counselling is an allied health profession and, as such, works as part of the larger allied health workforce in Australia.

ACA recognises the qualification standards as set out by the Australian Qualifications Framework (AQF). The AQF framework (second edition, 2013) guides the learning outcomes of the graduates’ knowledge, understanding and ability to demonstrate and apply the results of their learning through their practice. The learning outcomes under the AQF are expressed in terms of the of knowledge and skills, and the application of the knowledge and skills, gained through the course of study.

The frameworks provide levels of attainment, allowing graduates to progress through their studies utilising relevant knowledge and skills that are underpinned by their previous studies. ACA recognises that the scope and quality of counselling training applicable to this Scope ranges from AQF level 5 to AQF level 9. Registered counsellors have the clinical competence to provide evidence-based psychological interventions, underpinned by their theoretical understanding, to fulfil their role as mental health practitioners operating in a stepped care model of service delivery.

Consultation process

This Scope is the accumulation of more than six years of consultations with counsellors/psychotherapists and industry stakeholders. Since late 2014, ACA has communicated with approximately 600 unique employer groups, from the NGO sector to private enterprises and belief-based organisations. ACA has consulted with various Primary Health Network (PHN) lead sites, the National Disability Insurance Scheme (NDIS), Victims Services, and private enterprises such as Employee Assistance Program.

Additionally, ACA has worked directly with the Federal Minister for Health and Ageing, primarily with the senior mental health advisers since 2014.

ACA has met with over 80 training providers from both the vocational and higher education sectors including private providers, universities, TAFEs, colleges and religious-based training organisations, and Aboriginal and Torres Strait Islander peoples. This Scope is the result of these many meetings.

Workforce inclusion

Over the past six years ACA has consulted with many industry stakeholders, and one message is consistent: including registered counsellors into the Australian mental health system has many social and economic benefits. Integrating registered counsellors into mental health programs/services would support consumers’ rehabilitation and recovery through over a number of ways, including:

- improved consumers engagement with treatment;
- increased independent living;
- reduced homelessness;
- lower levels of substance abuse;
- better global functioning;
- higher employment rates; and
- a reduction in suicidal ideation and homicide risk.

Registered counsellors have knowledge and experience in the following specific areas:

- establishing a therapeutic relationship;
- mental health assessment and monitoring;
- psycho-education;
- awareness of health care environment and other services;
- health promotion;
- psychological therapies and interventions;
- contributing to the clarification of diagnosis; and
- collaboration with consumers, carers and stakeholders to develop partnerships.

The Scope identifies an ACA registered counsellor as an expert who operates solely within the Scope to provide holistic psychological interventions, as distinct from other allied health professionals who may utilise counselling skills within the practice of their professional service delivery.

While accepting the autonomy of organisations commissioning mental health services, ACA recommends commissioning bodies consult the Scope when developing mental health programs/service and models of delivery and care.

Employment awards for counsellors

Counsellors are employed under various awards depending on the primary service they are delivering. Following are links to the predominant relevant awards:

Federal Award – Health Professionals and Support Services Award [MA000027]

<https://www.fairwork.gov.au/awards-and-agreements/awards/award-summary/ma000027-summary>

Teaching in State Education Award – State 2016 reprint operative 02/09/20 (MA/2020/13)

https://www.qirc.qld.gov.au/sites/default/files/teaching_state_ed_020920.pdf?v=1599613307

NSW Health Service Health Professionals (State) Award 2019

<https://www.health.nsw.gov.au/careers/conditions/Awards/health-professional.pdf>

Educational Services (Schools) General Staff Award [MA000076]

<https://www.fairwork.gov.au/awards-and-agreements/awards/award-summary/ma000076-summary>

Educational Services (Teachers) Award [MA000077]

<https://www.fairwork.gov.au/awards-and-agreements/awards/award-summary/ma000077-summary>

ACA registered counsellor requirements

ACA has defined standards of training for each level of ACA registration through its accreditation and approval scheme. There are two documents outlining this scheme, one for vocational qualifications and one for higher education qualifications. These documents can be found on the ACA webpage (<http://www.theaca.net.au/>).

Qualifications: ACA does not accept qualifications in psychology, social science, social work, welfare, mental health, education, theology, genetic counselling, financial counselling, rehabilitation counselling or hybrid qualifications.

Graduate qualifications at AQF level 7 or 9 in, for example, art therapy, are considered to be specialist courses. Therefore, they are not eligible for membership as stand-alone qualifications; they are required to be underpinned by an ACA accredited/approved qualification in counselling.

AQF level 10 – PhD is accepted for academic membership only. It is not accepted for any other level of ACA membership as a stand-alone qualification. International qualifications are assessed individually; however, they must reflect a substantial amount of counselling/psychotherapy units in their training transcripts.

Provisional: This level of membership is open to graduates who have completed a non-ACA accredited AQF level 5 Diploma of Counselling that is Nationally Accredited and listed under the National Training Package <https://www.asqa.gov.au/about/vet-sector/training-packages>.

ACA has intentionally not included this membership level within the Scope of Practice as the scope is defined against skill levels that ACA is aware of.

Due to Provisional membership being open for graduates of non-ACA accredited diplomas (AQF level 5), this scope is unable to define against the ACA accreditation process what skills these graduates have.

Provisional members can move to level 1 membership after having completed 12 months post-qualification supervised practice, which includes the completion of a minimum of 25 hours of documented supervision. Provisional is a non-voting ACA member level.

How ACA defines its membership levels against AQF qualifications

All levels of AQF qualifications must be in counselling or a counselling modality to be eligible to apply for ACA membership.

Note: Each of the below levels has additional requirements for registration with ACA.

AQF level 5 – Diploma

AQF level 6 – Advanced diploma/associate degree

AQF level 7 – Bachelor degree

AQF level 8 – Graduate diploma
(excludes AQF 8 graduate certificate)

AQF level 9 – Masters degree

AQF level 10 – PhD (academic level members only).

Scope: The ACA registration levels and criteria are as below.

Registered counsellor level 1

A registered counsellor level 1 has graduated from an ACA accredited (AQF) course of study in counselling:

- a minimum qualification in counselling at AQF level 5, 6 or 8; or
- a non-ACA approved AQF level 7 Bachelor of Counselling degree.

Additionally, the registered counsellor must complete 25 points of ACA approved OPD per annum and 10 hours of professional supervision per membership year.

Registered counsellor level 2

A registered counsellor level 2 has graduated from an ACA accredited course of study in counselling at the following AQF levels:

- Diploma of Counselling (AQF level 5);
- Advanced Diploma of Counselling (AQF level 6); or
- Associate Degree of Counselling (AQF level 6); or
- Graduate Diploma of Counselling (AQF level 8).

For all of these, they must also complete a minimum of 50 hours of post-qualification supervision and a minimum of one year of post-qualification supervised practice.

Or they have completed:

- an ACA approved Bachelor (AQF level 7) or Master (AQF level 9) of Counselling; or
- a non-ACA approved Bachelor (AQF level 7) of Counselling or Master of Counselling (AQF level 9) and has been a level 1 member for no less than 12 months and has accumulated 50 or more hours of supervision.

Additionally, a registered counsellor must complete 25 points of ACA approved OPD per annum and completed a minimum of 10 hours of professional supervision per annum.

Registered counsellor level 3

A registered counsellor level 3 has:

- graduated from an ACA accredited/approved Bachelor of Counselling (AQF level 7) or Master of Counselling (AQF level 9);
- completed a minimum of two years post-qualification supervised counselling practice; and
- completed a minimum of 750 x supervised client contact hours and a minimum of 75 hours of professional supervision.

Additionally, a registered counsellor must complete a minimum of 25 points of ACA approved OPD per annum and a minimum of 10 hours of professional supervision.

Registered counsellor level 4

The registered counsellor level 4 has:

- graduated from an ACA accredited/approved Bachelor of Counselling (AQF level 7) or Master of Counselling (AQF level 9);
- completed a minimum of four years post-qualification supervised counselling practice; and
- completed a minimum of 1000 x supervised client contact hours plus and a minimum of 100 hours of professional supervision.

Additionally, a registered counsellor must complete a minimum of 25 points of ACA approved OPD per annum and 10 hours of professional supervision.

Academic

This is a non-practising level. This level is exclusive to lecturers, teachers, tutors or researchers who do not actively practise as counsellors. However, they are employed as a lecturer, teacher, tutor or researcher by an ACA-recognised training provider to deliver, in part or whole, an ACA approved/accredited program in counselling.

If working within the vocational sector, an academic member must hold an AQF level 4 Certificate in Training and Assessment. This level is not open to clinical/professional supervisors, markers or administrators. Academic members are non-voting members of ACA.

Proficient

This is a non-practising level. This level is exclusively for an ACA registered practising counsellor who is taking extended leave and, therefore, wishes to change to a non-practising level. A period no shorter than six months will be granted for proficient members.

As this is a nonpractising level, an ACA registered counsellor must formally apply to be moved to this level, prior to returning back to practice, a member must reapply to be returned to their previous level. Proficient counsellors are not required to undergo regular supervision or OPD.

Proficient members must not practice counselling while on this level.

Venerable

This is a non-full member, non-practicing level open to all ACA members when they retire as counsellors.

Grandparent clause

ACA intentionally does not have a grandparent clause or equivalency policy. To be eligible for membership, an applicant must have completed a counselling qualification as laid down in this document.

Code of Ethics and Practice for counselling

A registered counsellor must abide by the professional, ethical standards as set out by their ACA membership.

ACA has developed practice/ethical frameworks that support registered counsellors in their decision-making process and guide their professional conduct. This Scope also guides registered counsellors employed within mental health programs/services by providing Standards and Guidelines. Additionally, the employment status of a registered counsellor within mental health programs/services also determines their accountability.

Further information on ACA's Code of Ethics and Practice for registered counsellors can be obtained from <https://www.theaca.net.au/documents/ACA%20Code%20of%20Ethics%20and%20Practice%20Ver15.pdf>.

Mental health programs/services utilising registered counsellors should be aware of and understand ACA's practice/ethical frameworks that support and guide their practice. Mental health programs and services must also develop complementary guidelines for the registered counsellor's engagement and decision-making duties, as well as policies to manage any professional conflict. Additionally, the registered counsellor must be able to access the mental health programs/services disciplinary and complaints procedures.

Mandatory reporting requirements

Counsellors working with minors also need to be familiar with the notification requirements for mandatory reporting of child abuse within their jurisdiction of practice.

Further information can be sought from the Australian Government's Australian Institute of Family Studies (<https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>).

Ongoing professional development

A registered counsellor undertakes at least 25 points of professional activity each membership year to maintain their OPD and registration with ACA. Where a registered counsellor is operating within a mental health program/service, the registered counsellor will receive support for their OPD. The registered counsellor is responsible for developing and reviewing his or her professional development. OPD is an opportunity for registered counsellors to work with their program/service manager to develop their professional practice and to bring value to their role.

Additionally, where a registered counsellor is operating within a mental health program/service, the case for their particular course of development needs to be evidenced-based with opportunities for OPD being associated pro-rata to the number of hours of consumer contact.

What is supervision?

A review of the relevant supervision literature produces several definitions and lists numerous aims of supervision from a variety of experts over many decades. For the purpose of this Scope, the definition by Falender and Shafranske (2010, p.3) in their book *Clinical Supervision* will be used. "Supervision is a distinct professional activity in which education and training aimed at developing science-informed practice is facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modelling and mutual problem-solving."

The need for professional/clinical supervision

The requirement for supervision exists to support therapists who work in areas where they are regularly exposed to people in crisis (West, 2010). Professional supervision is a mandatory professional requirement for registered counsellors. This policy is consistent with other similar peak bodies such as the Australian Association of Social Workers and the Australian Psychological Society (Johnson, 2007). Supervision should be undertaken at a quota of one hour of supervision for every 20 hours of client contact. Counsellors in full-time practice should receive supervision at least weekly, if not fortnightly.

Structure of supervision

The professional supervisor is required to help the supervisee investigate and self-reflect on four essential areas (Pelling, Barletta, Armstrong, 2010):

1. identifying any possible mental or emotional health issues. This is not inferring; the supervisor needs to counsel the supervisee. These skills are primarily observational and take an early intervention perspective;

2. challenging the supervisee's use of theories, modalities and ethics in relationship to the client and workplace;
3. helping the counsellor further to develop themselves as a professional within accepted guidelines; and
4. helping the supervisee with business-building skills or career development.

Although professional supervision in the therapeutic area has been around since Freud, it is only recently that it has become mandatory by some professional bodies and through legislation for others. The requirement for supervision of mental health professionals has been recognised for some time, as we can see from the documented history of professional supervision.

Professional supervision had originally established itself in social work as a therapeutic process in the 1930s (Grauel, 2002). Professional supervision became a mandatory component of the membership criteria for full practising members of ACA in 1999. Professional supervision has also been identified as being appropriate and necessary outside of the helping professions.

Training in supervision

Professional supervision requires specialist training just as any other professionally based role (Dye, & Borders, 1990).

Advanced counselling skills, over and above those learned in initial qualification courses, are also required (Dye & Borders, 1990) for ongoing work. Being an experienced professional counsellor is not sufficient to make one a professional supervisor (Powell, 1993).

Professional supervisors who are not appropriately qualified or have not completed any specific training in supervision are prone to demonstrating weaknesses in their provision of supervision. According to Powell and Brodsky (1998), untrained and poorly trained professional supervisors are prone to certain characteristic errors. These include:

- confusing clinical professional supervision with case management, thereby attending inappropriately to the clients rather than the supervisee's needs;
- falling back on what they know – their counselling skills – so that they become counsellors to the supervisees, a form of role confusion that may give rise to boundary issues;
- taking a laissez-faire attitude, even to the point of excessive familiarity or other serious boundary violations; and
- becoming judgmental, authoritarian, demanding, to the edge of sadism.

An ACA registered supervisor is required to have completed an ACA approved course in professional/clinical supervision and has completed a minimum of two years post qualification supervised clinical practice and met the minimum criteria of ACA level 2 membership.

Peer supervision

Supervision can be professional or peer in nature. Peer supervision is technically not professional supervision as there is no requirement for anyone involved in the process to have completed supervision training. Peer supervision is very popular among workers who meet with peers regularly and has value in that each person brings new experiences to the mix. However, peer supervision can, at times, be directionless. Peer supervision is common within agencies and organisations and usually involves a time and place where, once a week, all the workers will meet and discuss work-related issues. This is a form of peer supervision, unless a nominated leader takes on the responsible supervisor role. Peer supervision is conducted, as the word suggests, by a gathering of peers. There is no identified leader who is solely responsible or accountable for the facilitation or clarification of issues or has authority over the group even if it is only for the period of supervision (Crutchfield & Borders, 1997). Due to a lack of accountability and with no guarantee that structured professional supervision has indeed taken place, ACA will only count a maximum of two hours of peer supervision per annual membership. Members are required to undertake a minimum of 10 hours of supervision per annum.

Group supervision

Group supervision has many advantages and some disadvantages; however, the most significant challenge for the Supervisor is group cohesion and cooperation. To be able to run a group effectively, a supervisor should have a solid understanding of group dynamics and human behaviour. Each member of the group has an equal right to be heard, respected and be given a safe place from where they can disagree or discuss sensitive issues. A poorly run group can lead to individuals feeling bullied or coerced through peer group pressure and becoming fearful of being honest.

Before being able to run a group and understand group dynamics, a supervisor is required to have a solid understanding of personalities and group dynamics. If a group supervisor lacks the skills and knowledge to work effectively with different personalities, this will be harmful to the success, sustainability, cohesiveness and participatory outcomes of the group. ACA requires all supervisors who deliver group supervision to have completed a specific course in facilitating group supervision. A course transcript must clearly identify if the course included practicals and theory of group work as separate and specific subjects.

Boundaries within supervision

A professional supervisor is not to supervise any person with whom they have or have had an emotional or physical relationship currently or before a contract of professional supervision, or any member of their immediate family. The reason for this is, in any relationship, a power base is established by those involved. This power base is functional for the personal relationship and is part of the dynamics of

the decision-making processes within the relationship. It would be realistic to expect these dynamics to be carried across into a business/professional relationship, whether consciously or unconsciously. These dynamics would, in most cases, not be conducive to an objective and balanced relationship between a professional supervisor and supervisee (Cobia & Boes, 2000).

Similarly, professional supervisors of supervisees in organisations or businesses who also hold a management position need to consider their roles carefully (Carroll, 2014). It would be unrealistic to expect supervisees to be open and honest concerning workplace issues if their advancement within the organisation was reliant on their professional supervisor's work performance reviews. How can a supervisee openly criticise or question a workplace policy or superior in supervision safely if the supervisor is also a superior or was responsible for the workplace policy? Supervisees may also try to dissuade the professional supervisor from other staff members who may pose a threat to the supervisee's advancement. There are many conflicting issues a professional supervisor in this type of dual relationship must consider.

An ACA registered supervisor should not supervise a supervisee who is registered at a higher level than themselves, for example, a level 2 ACA member who is a registered supervisor should not supervise a level 3 member of ACA. To supervise effectively, a supervisor should be more experienced and qualified than the supervisee. The only time a supervisor may supervise a counsellor who holds a higher registration level is if the supervisor holds a specialist qualification and experience in a field the supervisee works in and there are no other registered supervisors of similar ilk available at an equal or higher level.

At no time is it acceptable for a supervisor to engage, sell or otherwise introduce a supervisee to any form of commercial, financial or business activity including professional development opportunities in which they have a vested interest.

The above work on supervision is acknowledged to come from Philip Armstrong's work on Conceptualising Counselling Supervision published in *The Practice of Clinical and Counselling Supervision*, Australian Academic Press 2016.

Counselling strategies, interventions and outcomes

Counselling has been demonstrated to be an effective treatment option for a range of presenting mental health issues (Armstrong, 2014). It is acknowledged that several of the skills demonstrated within counselling, such as empathy and developing rapport, are present within a range of interdisciplinary activities undertaken by other allied health professionals. However, the Scope recognises that registered counsellors are specially trained in the use of advanced counselling skills that include a solid basis in evidence-based psychological theories, which are distinct

from individuals who may use counselling skills as an adjunct to their primary role. When identifying treatment options, registered counsellors utilise a complex combination of relational and technical skills that are supported by evidence and underpinned by their training.

Evidence has shown that providing counselling as part of other treatment options supports most people in their recovery journey by providing choice to those who would not usually benefit from standard treatment options offered by a general practitioner or psychiatrist, such as pharmacotherapy treatment (Bower, et al., 2011). A registered counsellor utilises empirical principles and systematic observations to accurately assess consumers presenting issues and support the client through their recovery journey with a choice of person-centred treatment options that respond to their social and cultural circumstances.

A registered counsellor's therapy complements current mental health treatment options and recognises that good practice in mental health includes both pharmacological and non-pharmacological interventions.

There is an increasing demand within the primary and mental health sector to provide cost-effective psychological interventions that meet the needs of the Australian public. Registered counsellors have completed the necessary training in a range of evidence-based psychological interventions (Armstrong, 2014) and are well suited to provide cost-effective psychological interventions within primary care.

The following psychological interventions have an increasing evidence base, and research identifies them as effective models of counselling:

- narrative therapy;
- schema-focused therapy;
- psychodynamic, interpersonal psychotherapy;
- emotion-focused therapy;
- self-help;
- solution-focused;
- problem-solving therapy; and
- psycho-education.

The following are examples of the more common established psychological interventions registered counsellors regularly use within their practice. This list is not exhaustive.

Behavioural therapy – is based on the belief that behaviour is learnt in response to past experience and can be unlearned, or reconditioned, without analysing the past to find the reason for the behaviour. Behavioural therapy supports consumers to address issues regarding compulsive and obsessive behaviour, fears, phobias and addictions.

Cognitive behavioural therapy – combines cognitive and behavioural techniques. Consumers are taught ways to change thoughts and expectations with accompanying relaxation techniques. Cognitive behavioural therapy

supports consumers to address issues regarding stress-related ailments, phobias, obsessions and eating disorders. Additionally, they often accompany pharmacotherapy interventions when treating major depression.

Solution-focused brief therapy – promotes positive change rather than dwelling on past problems. Consumers are encouraged to focus positively on what they do well and to set goals and to work out how to achieve them. Most consumers often respond to solution-focused brief therapy in as little as three or four sessions.

Person-centred therapy – allows the consumer to see himself/herself/themselves as a person who has the power to change their circumstances rather than an object that accepts their circumstances and position.

By entering into a therapeutic alliance with the counsellor, person-centred therapy assists the consumer to develop internal resources. The therapeutic alliance allows consumers to freely express any emotions and feelings in a safe environment without judgment. This psychological intervention enables the consumer to come to terms with any negative feelings, which may have caused emotional problems.

Registered counsellors can work with the consumer's general practitioner and/or psychiatrist to implement mental health care management strategies. Registered counsellors can implement time-specific mental health care management strategies derived from evidence-based psychological interventions, which integrate clinical effectiveness with general practice clinical expertise.

These strategies support consumers whose experience of mental illness is significantly impacting their social, personal and work life. Consumers may have been hospitalised due to their condition and may be expected to receive ongoing treatment and support for their mental health needs.

Registered counsellors utilise a range of acceptable mental health care management strategies, including:

- psycho-education (including motivational interviewing);
- cognitive-behavioural therapy including:
 - a. behavioural interventions
 - b. behaviour modification
 - c. exposure techniques
 - d. activity scheduling
 - e. cognitive interventions
 - f. cognitive therapy;
- relaxation strategies;
- progressive muscle relaxation;
- controlled breathing;
- skills training;
- problem-solving skills and training;
- anger management;
- social skills training;

- communication training;
- stress management;
- parent management training;
- interpersonal therapy (especially for depression); and
- narrative therapy (particularly for Aboriginal and Torres Strait Islander people).

Defining person-centred care

In Australia, counsellors provide high levels of person-centred therapeutic support in a variety of mental health contexts. To ensure long-term system reform, the National Mental Health Commission's Review of Mental Health Programme and Services review identified person-centred design principles as the critical component of future mental health programs and service delivery, "putting people who experience mental health issues first and at the centre of practice and service delivery; viewing a person's life situation holistically" (Australian Health Ministers Advisory Council, 2013, p 4).

A person-centred approach means that, as a person's acuity and functional impairment increase, the care team will expand to include different support providers. As acuity diminishes and functional capacity is improved, the team will contract as the person can take on more self-care. People are not transferred from one team to another but remain connected throughout, to general practice or community mental health service, with an ongoing core relationship with their family and other support people.

In a person-centred mental health system, services are organised around the needs of people, rather than people having to organise themselves around the system. An ideal person-centred mental health system will feature clearly defined pathways between health and mental health. A person-centred approach recognises the importance of non-health supports such as housing, justice, employment and education, and emphasises the delivery of services through cost-effective, community-based care.

The priority of a person-centred system is to enable consumers and their families the ability to look after themselves. For most consumers, self-care and support from those closest to them are the most valuable resources they have to build and sustain good mental health and overall wellbeing through the course of their lifetime. Resilience and wellbeing can also come from living within a local community through social contacts and participation in employment, education, clubs and other activities. Conversely, relationships that are unhealthy or traumatic have an adverse effect, especially for children, which may present later in life as a mental health issue. Operating within a person-centred system, registered counsellors can support consumers affected by the grief and trauma experienced from their childhood by providing effective psychological interventions that are underpinned by their training and supervision.

The person-centred approach described above fits within a population-based model that aims to match available

resources to identify a need, placing a particular emphasis on population groups that are at higher risk or have special needs. It is supported by a strong focus on prevention, early intervention and support for recovery that is not just measured by the absence of symptoms, but in the ability of a consumer to lead a contributing life without being burdened by their mental health issues.

A concept of recovery

The Australian Mental Health Strategy defines the concept of recovery as "being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues" (Australian Health Ministries' Advisory Council, 2013, p 13). A consumer's goal of recovery can be measured by the ability of an individual to participate in both personal and community life according to their values, choices and circumstances. The individual may work towards specific ideas of recovery (Andresen et al., 2011) such as:

- **finding and maintaining hope** – believing in oneself; having a sense of personal agency; optimistic about the future;
- **re-establishment of positive identity** – incorporates mental health issues or mental illness, but retains a positive sense of self;
- **building a meaningful life** – making sense of illness or emotional distress; finding meaning in life beyond illness; engaged in life; and
- **taking responsibility and control** – feeling in control of illness and distress, and control of life.

Individuals' approach to recovery may be different, and their mental health treatment needs to be responsive to their personal mental health journey. For example, an individual in an acute phase of their mental health illness may require their immediate distress and burden of symptoms alleviated before they can regain the capacity for self-determination and further their personal therapeutic journey. Once an individual regains capacity, they can choose more in-depth engagement strategies, such as psychological interventions, that explore and seek to understand their behavioural determinants, and take measures required to move towards self-determination.

Recovery-orientated practice

Recovery-oriented practice supports consumers to recognise and take responsibility for their recovery and wellbeing and to define their goals, wishes and aspirations (Australian Health Ministries' Advisory Council, 2013). Person-centred counselling approaches provide an opportunity for consumers to explore their recovery journey in a safe and non-judgmental environment.

Recovery-oriented practice supports the consumer to identify and embrace the possibility of recovery through their mental health journey, utilising person-centred approaches that support the consumers' self-determination and self-management of mental health. Recovery-oriented practice acknowledges and is responsive to the diversity

of peoples' values, preferences, circumstances and beliefs. Additionally, recovery-oriented practice attempts to address social determinants impacting on the mental health consumers wellbeing and social inclusion such as: housing, education, employment, income, geography, relationships, social connectedness, personal safety, trauma, stigma, discrimination and socioeconomic hardship (Australian Health Ministries' Advisory Council, 2013).

Measuring individual recovery

Consistency in measuring recovery is essential to the success of the process. The Australian Mental Health Outcomes and Classification Network Review of recovery measures (Burgess, Pirkis, Coombs & Rosen, 2010) identified four recovery outcome measures:

- Recovery Assessment Scale (RAS);
- Illness Management and Recovery (IMR) Scales;
- Stages of Recovery Instrument (STORI); and
- Recovery Process Inventory (RPI).

(Australian Health Ministries' Advisory Council, 2013, p 16)

Additionally, the Royal College of Psychiatrists (1996) developed the Health of the Nation Outcome Scale (HoNOS), an outcome-measurement tool with the aim of recording the health and social functioning of consumers. Outcomes HoNOS measures are:

- overactive, aggressive, disruptive behaviour;
- non-accidental self-injury;
- problem-drinking or drug-taking;
- cognitive problems;
- physical illness or disability problems;
- problems with hallucinations and delusions;
- problems with depressed mood;
- other mental and behavioural problems;
- problems with relationships;
- problems with activities of daily living;
- problems with living conditions; and
- problems with occupation and activities.

Assessment tools and procedures

As part of their education, some registered counsellors have trained in assessment procedures, and the use of assessment tools, and have the skills required for acquiring and adopting new outcome measures into their psychological interventions.

Counsellors working with a consumer with a mental illness will be expected to have undertaken an ACA approved training course or a course in *International Classification of Diseases* 10th revision (ICD-10), *Diagnostic and Statistical Manual of Mental Disorders* 5th edition (DSM-5) and similar diagnostic and assessment tools, as part of their counselling qualification. Registered counsellors using these diagnostic assessment tools can communicate clinical outcomes with the consumers, general practitioners, psychiatrists, etc.

Recovery-orientated service delivery

A stepped care approach to recovery-oriented service delivery would see consumers interfacing with several service providers during their mental health journey. Recovery-oriented service delivery is not a linear 'step up/step down' approach to mental health treatment but provides for a complex array of service provision that meets the individual consumer needs. As such, a stepped care approach to recovery-oriented service delivery would view traditional mental health service delivery as but one component of a broader mental health service delivery network that is responsive to both the consumers' needs and the broader health system. Within the recovery-oriented service delivery landscape, consumers can engage with a full range of service providers that can; support their community engagement through social participation, improve their quality of life through the use of appropriate and timely mental health interventions, and develop their experience of an increased sense of wellbeing.

There is an established relationship between the adoption of recovery-oriented service delivery and the capacity of services to support recovery. "A poor quality service, one which is inaccessible, inefficient, unresponsive or ineffective, is unlikely to be able to support its staff in providing recovery-oriented services and in promoting individual recovery" (Australian Institute of Health and Welfare, 2015).

Implications for recovery-oriented service delivery

Digital mental health gateway – Providing available phone line, eHealth and online counselling services, as the first line of mental health support, will provide consumers' accessible information, advice and digital mental health treatment when they are experiencing the crisis.

Aboriginal and Torres Strait Islander populations – Enhanced mental health services providing better integration between mental health, drug and alcohol, social and emotional wellbeing services and suicide prevention, with skilled allied health teams providing culturally appropriate support in a safe environment.

Suicide prevention – Support for consumers at risk of suicide ideation and those affected by the grief and loss through suicide, an evidence-based approach to suicide prevention. Targeted suicide prevention strategies will focus on a systematic, planned and integrated methodology. Additional support will be provided to people who have self-harmed or experienced suicide ideation with follow-up support, with targeted support to reduce the incidents of suicide among Aboriginal and Torres Strait Islander peoples.

LGBTI – It is crucial to ensure that lesbian, gay, bisexual, transgender and intersex people do not feel marginalised within mainstream service delivery – either from service providers or other consumers. Peer support programs must be inclusive and safe and welcome all to participate. (Australian Institute of Health and Welfare, 2015)

Gender – Be sensitive to gender and the impacts of gender constructs. Be alert to systemic disadvantage and barriers to services arising from gender roles, stereotyping and discrimination (Australian Institute of Health and Welfare, 2015).

Child mental health – To reduce the impact of mental illness on children, a networked support system providing a single integrated end-to-end school-based mental health program utilising pathways to services including online-based support.

Youth – Service responses are coordinated with other youth agencies and other specialist mental health services to ensure continuity of care across the service system and during developmental transition points. A ‘no wrong door’ approach is emphasised and maintained. Headspace and early psychosis prevention and intervention services are recent service developments that are based on these principles (Australian Institute of Health and Welfare, 2015).

Older People – Older people may have a persistent or recurring mental illness, may have experienced a more recent issue as the result of bereavement, physical illness or injury (Daley et al., 2012), or be suffering from dementia or other degenerative neurological conditions. Social isolation becomes particularly acute as the consumer ages (Australian Institute of Health and Welfare, 2015).

Older people have particular developmental needs, including the need to look back on life and feel a sense of fulfilment, increased interdependence between their personal and close relationships, and changing patterns of worry as people worry less about self, more about others and more about health care (McKay et al. 2012).

For older adults who have experienced a lifetime of mental health issues, the notion of recovery – its underpinning concepts, expectations and practice emphasis – can be alarming or challenging. Many genuinely fear admission to an aged care facility, viewing this as ‘re-institutionalisation’ (McKay et al. 2012).

Rural and remote – Service delivery in rural and remote communities is challenged by issues related to distance, isolation and fewer formal services, higher levels of stigma associated with mental health issues and stoicism that influence people’s help-seeking behaviours (Rickwood, 2006; Australian Institute of Health and Welfare, 2015).

Services will foster partnerships that increase local access to primary health care, specialist physical health care, allied health care, psychosocial rehabilitation and recovery support.

Non-health services, community groups, local leaders and naturally occurring support networks are vital recovery partners in rural and remote communities, as are schools, churches, the police, local businesses, and clubs. Servicing more remote communities with fewer formal services will require broader collaboration.

Tailored responses will be required to particular groups in rural and remote communities, including:

- older people, many of whom experience high levels of disadvantage;
- Aboriginal and Torres Strait Islander people (whose populations are frequently younger than the Australian average);
- fly-in/fly-out workers and communities, many of whom experience high levels of isolation; and
- people from immigrant and refugee backgrounds who may feel isolated due to absent family or a lack of ethnic-specific community networks.

People with severe and complex mental illness – People with severe and complex mental illness will benefit from new innovative approaches including NDIS assessment arrangements to better meet their multifaceted needs of people with a disability arising from mental illness.

Outlining stepped care model

Person-centred mental health programs and services will be delivered through a ‘stepped care’ model, targeting the whole of the population, children, youth and individuals with low/moderate/high needs, as well as those experiencing complex needs. Many clinical guidelines worldwide recommend improving consumer access to mental health services through the use of a stepped model of care with evidence-based psychological interventions delivered in both low and high-intensity treatment setting (Hill et al., 2014, p. 2).

The ‘stepped care’ model shifts mental health resources from high cost and high-intensity activities towards prevention, early intervention, self-care and participation, prioritising the delivery of care through general practice and the primary health care sector. ‘Stepped care’ model services would range from no-cost and low-cost options for people with the most common mental health issues, through to options to provide support and wrap-around services for people with severe and persistent mental health problems able to lead contributing lives in the community. Under the regionalised Primary Health Networks, commissioned mental health programs and services will provide localised coordinated care packages for people with severe and complex needs and flexible support for mild and moderate needs, with those consumers having access to an integrated care package tailored to their individual needs.

The ‘stepped care’ model is an evidence-based, staged mental health system with a continuum of interventions, from the least to the most intensive, with service provision being matched to the consumers present and emerging mental health needs. Consumers will initially receive psychosocial interventions and psychological treatments that are least intensive but are matched to their presenting mental health issues. After a period of monitoring, consumers interventions are adjusted in intensity according to their needs (DrugInfo Clearing House, 2008).

The ‘stepped care’ model offers consumers a spectrum of service interventions with multiple levels of coordinated

care. Various levels of support can be integrated into consumers care pathways with a range of often increasingly specialised services. “While there are multiple levels within a stepped care approach, they do not operate in silos or as one-directional steps, but rather offer a spectrum of service interventions. Stepped care is a different concept from ‘step up/step down’ services”. (Department of Health, 2016).

Consumers begin the ‘stepped care’ model with evidenced-based low-intensity treatments that require less time from a health care professional than conventional treatment (Hill, 2014). ‘Stepped care’ model of services delivered would initially include supported self-management services for people with mild to moderate issues such as anxiety and depression, with access to e-mental health services such as online peer support groups.

Secondary steps would comprise of coordinated care that provides low-intensity psychological interventions with links to other support services. Consumers’ progress is monitored systematically through their support facilitation/case management plans. Consumers who do not respond adequately to their treatment regime are progressed to higher intensity treatments (Hill, 2014).

As consumers progress through the stepped care model, their treatment would comprise of high-intensity psychosocial therapies and medication for people with more complex needs, from moderate to severe depression or anxiety disorders, psychosis and co-morbid physical health problems.

Counselling provides consumers with a choice of high-quality, evidence-based psychosocial interventions and psychological interventions that are responsive to consumers’ needs within the stepped care model. Through a stepped model of care, consumers with severe or enduring mental health issues would access counsellors when stepping down from specialist mental health care. They would receive appropriate therapeutic support through the inclusion of extended and intensive therapies. Consumers may access appropriately trained counsellors to provide therapeutic interventions without the need for cumbersome referral processes and the stigmatisation that sometimes affects patients in secondary care settings. Responding initially to consumers presenting mental health issues with the least intensive interventions may allow other individuals greater access to programs and services. Consumers who present significant or complex mental health issues can then be referred to more appropriate specialist service within the stepped care model.

Through a stepped care approach, primary care providers can improve their ability to work collaboratively and confidently with patients and other health care providers such as counsellors to decrease the burden of depression with better clinical outcomes. For example, counsellors can work with the consumers experiencing depression to overcome obstacles to their recovery. Consumers often experience significant remission of their depressive

symptoms when pharmacotherapy interventions are combined with behavioural (compliance) and motivational changes (health behaviours). Counsellors can work with the prescribing general practitioner to provide psychological treatments that may involve initial low-intensity person-centred therapies delivered using guided self-help (GSH) materials and, dependent on treatment response, progress to more intensive cognitive-behavioural therapies. “Some of the obstacles/barriers to change for patients who are presented with medication as the primary treatment option include cost, unwanted side effects, sub-therapeutic relief, risk of polypharmacy, and limited symptom reduction without remission” (Robinson & Triana, 2013).

Mental health service provision and commissioning

Counselling is an integral service provision within the mental health commissioning landscape. The use of counselling services within a recovery-orientated service delivery will enable a broader range of consumers to access effective and appropriate services that are safe and respond to the consumer’s present and emerging mental health needs. The Scope provides a practical framework for commissioning organisations to mental health to develop programs and services that utilise counselling within their service delivery.

The Department of Health (2015) has identified several future projects to be commissioned. This includes:

- cost-effective low-intensity services for consumers with mild mental illness;
- a focus on improving youth mental health services integration with other providers and supporting recovery models to assist in a broader range of young people with severe mental illness;
- services for hard-to-reach groups, such as consumers in regional and remote locations, developing low-intensity service delivery models that facilitate targeted face-to-face service packages;
- care packages for severe and complex needs that do not duplicate state services or the role of the NDIS;
- regional community-based suicide prevention activities; and
- Indigenous mental health-specific services with close collaboration with relevant local Indigenous and mainstream primary health care organisations, including the National Aboriginal Community Controlled Health Services and peak bodies.

Counsellors within mental health programs and services

The Scope provides guidance on how registered counsellors can be supported in the delivery of effective and appropriate mental health programs and services.

Registered counsellors operating within mental health programs/services require the support of an operational line

manager who can be responsible for all of the counsellor's usual line management functions. Line management procedures to engage registered counsellors shall be consistent with those of other professional staff in the program/service.

It is recognised that counsellors will also have access to professional support, as well as line management support, and that it is a responsibility of their line manager to ensure there is a professional link. However, it is also recognised it is not always possible in current service/program structures to define a professional link to counselling (or a professional equivalent).

As a minimum, counsellors within their programs/services will have a line manager. As such, it will be the responsibility of the programs/services to undertake the necessary steps to address the issue of professional links for all registered counsellors.

Regardless of the source of referral (including self-referral), all registered counsellors will record an assessment that notes:

- a presenting problem;
- confirms the appropriateness of counselling;
- ensures the consumer has been appraised of any appropriate alternatives;
- confirms the consumer's agreement to counselling; and
- records the anticipated health outcomes, including anticipated benefits to the consumer's wellbeing.

Legislative guidelines of confidentiality bind all counsellors as part of their contractual relationship with a mental health service/program. They are also bound by the ACA Code of Practice, which is subordinate to legislative requirements.

A mental health service/program employing a registered counsellor has standards for record-keeping to which all staff groups, including counsellors, must adhere.

Counsellors can advise their primary care team colleagues on the counselling service, counselling training and the nature of therapeutic counselling. Counsellors can offer more detailed information to designated groups of staff. Experienced counsellors (typically level 3 or above) should be involved in the recruitment of counsellors, policy setting and service/program protocols.

As trainers, counsellors could offer sessions on a more formal basis, particularly in the area of counselling skills development, which may be a focus of interest to some staff within the mental health service/program.

As a minimum, the mental health service/program would expect registered counsellors to have (or have access to) the following for each consumer:

- counsellor–client contract;
- referral form;

- initial assessment form;
- attendance record;
- final discharge form; and
- consumer feedback/evaluation form.

Counsellors would also be expected to keep attendance figures and information on the numbers of consumers who did not attend (DNA). Counsellors will also expect to have opportunities to discuss this information with their line manager/supervisor to address and improve services.

The need to respect consumer confidentiality is a core principle of counselling. It is, therefore, essential to be fully aware of the full range of agencies or individuals that can gain access to personal information disclosed and explored in therapy. Counselling relationships are built upon trust.

Disclosure may be impeded if the consumer feels insecure or suspicious of what happens to the material offered during a counselling session. Issues of confidentiality must be clearly and openly discussed with the counsellor and the consumer before engaging in counselling.

Consumers must understand the limitations of confidentiality with the consumer–counsellor relationship and are clear under what circumstances exceptions in confidentiality may occur. Counsellors may work in multidisciplinary teams in which sharing of information is considered necessary, for example, case conferences, team briefs, and supervision. This will always be in the interest of the consumer and will not compromise the counselling relationship. Prior and explicit agreement must be obtained from the consumer and not merely be assumed.



SCOPE OF PRACTICE

INTRODUCTION

Counselling, as a profession, provides effective and evidence-based psychological interventions. All counsellors share a common response to individuals presenting with mental health issues; of unconditional regard, empathy, rapport, a duty of care and accountability.

However, defining the Scope needs to take into account the type of counselling service and program, the therapeutic perspectives experienced, and counsellor's professional development activities.

The parameters of scopes are defined by the education requirements of practitioners to operate within the type of counselling service and program being offered. Within this Scope, all counsellors are required to maintain their qualifications, skills, expertise and experience with professional development with practice experience, supervision, and continuing education. Counsellors practice and level of independence are expected to expand as they

progress through their professional life attaining new knowledge, skills and experience. Registered counsellors are expected to refer to the Scope for guidance and direction to maintain their practice within the defined Scope. ACA acknowledges that the mental health system in Australia is progressing through significant change. Therefore, it is intended that the Scope responds to these anticipated changes in the system by providing a structured regime to support registered counsellors, the development and implementation of mental health programs and services and health system administrators.

Defining domains

The Scope provides an analytic framework for defining and measuring the practice of counselling. The Scopes' framework is divided into four distinct domains: 1, 2, 3 and 4.

DOMAIN 1

Professional practice

Defines the relevant professional practice registered counsellors must undertake for each level of attainment. The domain outlines the qualifications and experience, knowledge, values and attitude, skills and behaviours of a registered counsellor.

DOMAIN 2

Critical thinking and analysis that supports recovery

Defines the critical thinking and analysis of support a registered counsellor would provide within a person-centred practice and a stepped care service delivery.

DOMAIN 3

Communications

Defines a registered counsellors communication responsibilities when providing support facilitation/case management.

DOMAIN 4

Workforce development

Defines a registered counsellor's ability to provide supervision and function in a leadership/management role.

Scope of Practice - counsellor level 1

Capability:

- work with clients on personal and psychological issues using established counselling modalities;
- provide counselling, referral, advocacy and education/health promotion services;
- deliver approaches to counselling that supports consumers with low to moderate needs;
- delivering early intervention programs, support facilitation/case management, onward referrals, provides information to professionals and others; and
- may work with low to moderate need consumers within a primary care setting.

A counsellor registered with ACA...

DOMAIN 1 Professional practice

Qualifications and experience

The registered counsellor who has graduated from an ACA accredited course of study in counselling at the following AQF levels:

- a minimum qualification in counselling at AQF level 5, 6 or 8; or
- an AQF level 7 or 9 counselling degree that is not ACA approved.

Additionally, complete 25 points of ACA approved ongoing professional development (OPD) per annum and 10 hours of professional supervision per membership year.

Knowledge

Understanding of issues affecting people with mental health issues, the range of services available to them and health issues related to mental health.

Engage in post-qualification professional development, short courses, counselling supervision, personal therapy and OPD.

Table 1, Scope of Practice - counsellor level 1

contd...

DOMAIN 2 Critical thinking and analysis that support recovery-orientated practice

Values and attitude

Understands, values and responds to consumers' needs with empathy and develop rapport
Ability to empathetically observe and understand different perspectives
Treats people with respect and courtesy

Skills and behaviour

Analysis of facts and their interpretation, offering a range of options plus skills for assessing and recognising consumer conditions
Plans and organises support facilitation/case management and appropriate interventions

DOMAIN 3 Communications

Support facilitation/case management

Responsible for support facilitation/case management of counselling with other providers and consumers' circumstances
Ability to refer to an appropriate service

DOMAIN 4 Workforce development

Provide supervision

Ongoing professional development required
Not able to provide clinical supervision as a registered counsellor level 1

Leadership/management

Ongoing professional development required, and field force experience required

Table 1, Scope of Practice - counsellor level 1

Scope of Practice - counsellor level 2

Capability:

- work with clients on personal and psychological issues using established counselling modalities
- assess developed approaches to counselling, which support consumers with low to moderate needs;
- deliver early intervention programs supports specialist interventions, support facilitation/ case management, and onward referrals provide information to professional and others;
- able to work within low to moderate need consumers within a primary care setting;
- provide counselling to designated service users, for example, adults, children, the elderly, specialist service and other mental health consumers; and
- support allied health professionals operating in secondary care.

A counsellor registered with ACA...

DOMAIN 1 Professional practice

Qualifications and experience

Graduated from an ACA accredited course of study in counselling at the following AQF levels:

- Diploma (AQF level 5);
- Advanced Diploma (AQF level 6); or
- Associate Degree (AQF level 6);

and has completed:

- post-qualification minimum of 50 hours of supervision, and
- a minimum of one year of post-qualification supervised practice.

Or has completed:

- an ACA accredited Graduate Diploma of Counselling at AQF level 8 and has completed one year's post-qualification supervised practice and post-qualification minimum of 50 hours of supervision; or
- an ACA approved Bachelor (AQF level 7) or Master (AQF level 9) of Counselling.

Additionally, complete 25 points of ACA approved ongoing professional development per annum and completed 10 hours of professional supervision per membership year.

Knowledge

Advanced expertise underpinning theory

Professional knowledge acquired through completion of a recognised ACA accredited qualification

Undertaking post-qualifications professional development, short courses, counselling supervision, personal therapy and OPD

Table 2, Scope of Practice - counsellor level 2

contd...

DOMAIN 2 Critical thinking and analysis that support recovery

Values and attitude

Understands, values and responds to consumers' needs with empathy and develop rapport

Ability to empathetically observe and understand different perspectives. Treats people with respect and courtesy

Skills and behaviour

Analysis of complex facts and their interpretation, offering a range of options plus skills for assessing and recognising consumer conditions

Planning and organising of several multifaceted activities. Plans and organises support facilitation/case management, appropriate interventions, liaison with other health care professionals in primary care

To assess the appropriateness of counselling for service users and to work with service users

To maintain adequate records of clinical work and provide appropriate statistical returns as required.

To develop expertise in a specific area of counselling, for example, counselling supervision, group work, or other person-centred modalities

DOMAIN 3 Communications

Support facilitation/case management

Responsible for support facilitation/case to the management of counselling with other allied health professionals and where relevant to the consumers' circumstances

Ability to refer to an appropriate service

DOMAIN 4 Workforce development

Provide supervision

Where the counsellor is an ACA registered supervisor: the ability to make use of clinical supervision, evidenced by a counselling supervisor's statement

Leadership/management

Team leader

Table 2, Scope of Practice - counsellor level 2

Scope of Practice - counsellor level 3

Capability:

- supervise the implementation of early intervention and primary care programs, which support consumers with low, moderate and high care needs;
- deliver clinical counselling services that improve the outcomes for consumers with a clinically diagnosed mental disorder through evidence-based treatment;
- coordinates early intervention strategies and case management;
- oversee clinical referrals;
- design behavioural programs for primary and secondary care consumers;
- supporting teams providing complex psychological services;
- support allied health professionals operating in tertiary/clinical care; and
- supervise service provision and clinical teams including recruitment and budget holding.

A counsellor registered with ACA...

DOMAIN 1 Professional practice

Qualifications and experience

Has graduated from an ACA approved course of study at minimum AQF level 7 or 9 qualification in counselling

Has a minimum two years post qualification supervised counselling practice, including minimum 750 client contact hours

Has completed a minimum of 75 hours professional supervision post-qualification, and completes a minimum of 10 hours of professional supervision per annum

Completes 25 points of ACA approved ongoing professional development (OPD) per membership year

Knowledge

Specialist expertise underpinning theory. Professional knowledge acquired through a minimum of an AQF level 7 qualification in counselling or equivalent, supplemented by specialist training, short courses, counselling supervision, personal therapy and OPD

Undertaking post-qualifications professional development, short courses, counselling supervision, personal therapy and OPD

To offer specific professional expertise dependent on experience

Table 3, Scope of Practice - counsellor level 3

contd...

DOMAIN 2 Critical thinking and analysis that support recovery

Values and attitude

Understands, values and responds to consumers' needs with empathy and develop rapport

Responds to unique client needs and can engage with different client perspectives. Ability to empathetically observe and understand different perspectives

Treats people with respect and courtesy

Skills and behaviour

Plans and organises of a number of complex activities including undertaking case conferencing with general practitioners, psychiatrists and other allied health workers, and the review of relevant clinical treatment guidelines

Plans and organises support facilitation/case management, arranging access to appropriate interventions with other health care professionals, including the consumers' general practitioner

Liaise with other support facilitators, establishing links with organisations that provide services under other programs, such as Partners in Recovery and Personal Helpers and Mentors Service

To assess the appropriateness of counselling for service users and to work with service users presenting with complex problems

To assist in the evaluation of the service by contributing to data collection and analysis utilising tools such as the Health of the Nation Outcomes Scale and other regulatory data collections, and to participate in research

To support the management team to ensure quality and evidence-based practice, in the delivery of mental health treatment services

To offer mentoring to other levels of counsellors or counsellors on placements

DOMAIN 3 Communications

Support facilitation/case management

Responsible for support facilitation/case management of counselling with other provision and consumers' circumstances

Ability to refer to an appropriate service

DOMAIN 4 Workforce development

Provide supervision

Where the counsellor is an ACA registered supervisor: the ability to make use of clinical supervision, evidenced by a counselling supervisor's statement

Leadership/management

To take responsibility for a specialist sector of the counselling service, for example, education, counselling supervision, research, specialist expertise, and training

To share some management roles, including deputising for service managers

Table 3, Scope of Practice - counsellor level 3

Scope of Practice - counsellor level 4

Capability:

- supervising the implementation of early intervention of primary care and secondary care programs, which support consumers with low, moderate and high care needs;
- provides clinical counselling services to consumers with complex clinical mental health needs, which improve the outcomes for consumers through evidence-based treatment;
- designs early intervention, primary and secondary care programs;
- responding to clinical referrals;
- works within tertiary care programs;
- work within teams providing complex psychological services;
- support allied health professionals operating in tertiary/clinical care; and
- coordinate service provision and agencies, including recruitment and budget holding.

A counsellor registered with ACA...

DOMAIN 1 Professional practice

Qualifications and experience

Has graduated from an ACA approved course of study at minimum AQF level 7 or 9 qualification in counselling

Has a minimum of four years post qualification supervised counselling practice, including minimum 1000 client contact hours

Has completed a minimum of 100 hours professional supervision post-qualification and completes 10 hours of professional supervision per annum

Completes 25 points of ACA approved ongoing professional development per membership year

Knowledge

Specialist expertise underpinning theory.

Professional knowledge acquired through a minimum of an AQF level 7 qualification in counselling or equivalent, supplemented by specialist training, short courses, counselling supervision, personal therapy and OPD

Undertaking post-qualification professional development, short courses, counselling supervision, personal therapy and OPD

To have expertise in a specific area of counselling and to contribute significantly to service development

DOMAIN 2 Critical thinking and analysis that support recovery

Values and attitude

Understands, values and responds to consumers' needs with empathy and develop rapport

Ability to empathetically observe and understand different perspectives

Treats people with respect and courtesy

Recognises the benefits gained from diversity and capitalises on these relationships for the benefit of the program/service

Harnesses understanding of differences within allied health peers to anticipate reactions and enhance interactions

Recognises and has empathy for the different working styles of individuals

Table 4, Scope of Practice - counsellor level 4

contd...

Skills and behaviour

Plans and organises of a number of complex activities including undertaking case conferencing with general practitioners, psychiatrists and other allied health workers, and the review of relevant clinical treatment guidelines

Plans and organises support facilitation/case management, arranging access to appropriate interventions with other health care professionals, including the consumers general practitioner

Liaise with other support facilitators, establishing links with organisations that provide services under other programs, such as Partners in Recovery and Personal Helpers and Mentors Service

Competency in working within a variety of recognised therapeutic modalities and knowledge of other frameworks

To be able to offer mentoring to counsellors on placement

To assist in the evaluation of the service by contributing to data collection, analysis and reporting utilising tools such as the Health of the Nation Outcomes Scale, and other regulatory data collections, and to participate in research

To evaluate the service by contributing to data collection and facilitate analysis and reports

To maintain and encourage training and continual professional development. To promote research and development

To develop service protocols in accordance with policies and procedures

DOMAIN 3 Communications

Support facilitation/case management

To arrange service meetings as required and oversee support facilitation/case management

Ability to refer to an appropriate service

DOMAIN 4 Workforce development

Provide supervision

Where the counsellor is an ACA registered supervisor: the ability to make use of clinical supervision, evidenced by a counselling supervisor's statement

Leadership/management

To operate independently and fill a coordinators position within an agency/mental health program/service

Provide advice and supervise other allied health professionals within an agency/mental health program/service

Lead and participate within a complex clinical mental health team. To manage, coordinate agencies delivering clinical care services. To delegate management roles where appropriate

To develop service protocols in accordance with policies and procedures

Table 4, Scope of Practice - counsellor level 4

contd...

Scope of Practice - academic

Capability:

A non-practicing professional who is undertaking teaching, lecturing, tutoring or research or

holds a fellow or adjunct position in the higher education or vocational training sector within an ACA approved training faculty.

A counsellor registered with ACA...

DOMAIN 1 Professional practice

Qualifications and experience

Higher education sector: Will hold a minimum of a relevant AQF level 9 or 10 qualification

Vocational sector: Hold an ACA approved or accredited counselling qualification at AQF level 5, 7 or 9 and hold a minimum AQF level 4 Certificate in Training and Assessment qualification

Completes 25 points of ACA approved ongoing professional development (OPD) per membership year

Knowledge

Specialist expertise underpinning theory and research and practical skills

Professional knowledge acquired through the completion of an ACA accredited course at AQF level 5, 6, 7, 8, 9 or 10 in counselling or similar

To offer specific professional expertise dependent on experience. Demonstrated professional experience using person-centred practices

Competency in working within a variety of recognised frameworks and knowledge of other ways of working

Supervising students in clinical work and PhD candidates

DOMAIN 2 Critical thinking and analysis that support recovery

Values and attitude

Capitalises on the positive benefits that can be gained from diversity and harness different viewpoints

Understands the current and emerging issues within mental health and can provide constructive responses that enhance the students' understanding

Uses an understanding of differences to anticipate reactions and enhance the operation of the organisation

Recognises and has empathy for the different working styles of individuals

Skills and behaviour

Ability to work within a time limit

Effective communication and presentation skills. Management and implementation skills/experience. Overview of current professional issues

Ability to work effectively with colleagues from other disciplines. Experience of audit and research and the presentation of findings

Table 5, Scope of Practice - academic

contd...

DOMAIN 3 Communications

Support facilitation/case management

Not applicable

DOMAIN 4 Workforce development

Provide supervision

Where the counsellor is an ACA registered supervisor: the ability to make use of clinical supervision, evidenced by a counselling supervisor's statement

Leadership/management

Contribute to strategic thinking in the area of counselling practice in mental health
Champions the vision of counselling practice within all aspects of mental health and communicates this to relevant stakeholders
Contributes to conference and seminar papers and publications from their field of research/specialisation
Contributes to teaching associated with their field of research/specialisation
Contributes to the organisational unit, departmental and faculty through meetings and membership of associated committees

Table 5, Scope of Practice - academic

Scope of Practice - proficient

Capability: N/A

Criteria:

A registered ACA counsellor at any level including academic who is taking extended

leave, for example, going on sabbatical, maternity/paternity leave, etc. for a period of no shorter than six months. Once granted, this becomes a non-practicing level.

A counsellor registered with ACA...

DOMAIN 1 Professional practice

Qualifications and experience

Is an ACA registered member at provisional level 1 to 4, before changing their category to proficient

Knowledge

Specialist expertise underpinning theory and research and practical skills. Professional knowledge acquired through the completion of an ACA accredited course. To offer specific professional expertise dependent on experience

Demonstrated professional experience using person-centred practices

Competency in working within a variety of recognised frameworks and knowledge of other ways of working

DOMAIN 2 Critical thinking and analysis that support recovery

Values and attitude

Understands, values and responds to consumers' needs with empathy and rapport

Capitalises on the positive benefits that can be gained from diversity and harness different viewpoints

Understands the current and emerging issues within mental health and can provide constructive responses that enhance the students' understanding

Recognises and has empathy for the different working styles of individuals

Skills and behaviour

Ability to work within a time limit

Effective communication and presentation skills

Management and implementation skills/experience

Overview of current professional issues and issues

Ability to work effectively with colleagues from other disciplines

Experience of audit and research and the presentation of findings

Table 6, Scope of Practice - proficient

contd...

DOMAIN 3 Communications

**Support
facilitation/case
management**

Not applicable

DOMAIN 4 Workforce development

**Provide
supervision**

May provide supervision as long as the proficient member is maintaining their supervision

**Leadership/
management**

Contributes to conference and seminar papers and publications from their field of research/specialisation

Table 6, Scope of Practice - proficient

Scope of Practice - ACA accredited supervisor

Capability:

To support ACA registered counsellors with the

provision of recognised professional/clinical supervision.

A counsellor registered with ACA...

DOMAIN 1 Professional practice

Qualifications and experience

Completed an ACA approved training program in professional/clinical supervision.
Have completed a minimum of two years post qualification supervised clinical practice

Be a current level 2, 3 or 4 member of ACA and complete all annual requirements of supervision and ongoing professional development (OPD)

Completed a minimum of 50 hours of post-qualification supervised practice. Individual and group supervision

Knowledge

Knowledge of the supervisory process must be gained from the completion of an ACA approved course of training in professional/clinical supervision

Widely read in the theory and practice of supervision

Demonstrated professional experience working with complex clinical cases over several years

Table 7, Scope of Practice – ACA accredited supervisor

contd...

DOMAIN 2 Critical thinking and analysis that support recovery

Values and attitude

Understands, values and responds to supervisees needs with empathy and capitalises on the positive benefits that can be gained from diversity and harness different viewpoints

Uses an understanding of differences to anticipate reactions and enhance the operation of the organisation

Recognises the different working styles of individuals, anticipates reactions and tries to see things from different perspectives

Skills and behaviour

Professional leadership and clinical management

DOMAIN 3 Communications

Support facilitation/case management

Conducts client case reviews, a duty of care consultation and support, and contributes to policy and service development

DOMAIN 4 Workforce development

Provide supervision

The ability to make use of clinical supervision, evidenced by a counselling supervisor's statement

Leadership/management

Quality assurance processes

Table 7, Scope of Practice – ACA accredited supervisor



STANDARDS FOR REGISTERED COUNSELLORS

INTRODUCTION

These nine standards have been developed to define how the registered counsellor undertakes their practise. These standards reflect the various settings a registered

counsellor may operate in, from an individual counselling practitioner to mental health services/programs.

Standard 1:

Registered counsellors have the appropriate qualifications, knowledge and skills to operate within the prescribed roles defined in the Scope.

Rational

A registered counsellor has the qualifications, knowledge, and skills appropriate to their level of attainment.

Practice outcomes

A registered counsellor is recognised as having the required proficiency in providing therapeutic interventions to consumers with a wide range of complex mental health issues in line with this Scope.

Standard 2:

All registered counsellors are encouraged to access appropriate ongoing professional development (OPD) opportunities and supervision.

Rational

ACA recommends: post-qualification, counsellors will undertake the required activities each year that contribute to their professional development. The professional development will be documented with the counsellor's supervisor.

Practice outcomes

OPD can take a variety of forms. Counsellors will be able to discuss with their supervisor the need for appropriate further training (e.g. in specialist areas of counselling). OPD will be relevant to the registered counsellor's requirements and available on a pro-rata basis. Complex mental health issues in line with this Scope.

Standard 3:

A registered counsellor must identify time for supervision.

Rational

Counselling supervision is concerned with monitoring, developing and supporting individuals in their counselling role to ensure that the needs of the consumer are being addressed. Supervision is different from personal therapy or in-line management. To maintain good mental health, a registered counsellor should undergo 1 hour of supervision for every 20 hours client contact time or a minimum of 1 hour per working week if employed full time as a counsellor.

Practice outcomes

A supervisor for a registered counsellor will have the knowledge base, experience, and skills to support the registered counsellor in their specialist field of practice.

Standard 4:

Supervision should be delivered by an ACA accredited supervisor with an understanding of the registered counsellor's therapeutic practice. Documented evidence of supervision should be kept.

Rational

The supervision of a registered counsellor is a formalised relationship between a counsellor and their supervisor(s). Where appropriate, the supervisor will have professional experience and a knowledge base that equips the supervisor to work in the counsellor's specialist field.

Practice outcomes

Supervisors will have a formal contract with, and accountability to, the registered counsellor. Additionally, there shall be clear procedures in place between the supervisor and the registered counsellor, should consumers be at risk.

Standard 5:

Services or programs that utilise registered counsellors are to provide both an identified operational line manager and access to professional support. Counsellors are to operate within the ACA code of ethics and are accountable for their clinical practice, including confidentiality.

Rational

Registered counsellors within mental health programs/services must have an operational line manager who is responsible for the counsellor's usual line management functions.

Practice outcomes

Line management procedures to engage registered counsellors shall be consistent with those of other professional staff within mental health programs/services.

A counsellor operating within a programs/service will have a line manager who can facilitate professional links with other allied health professionals for all registered counsellors.

Standard 6:

The Scope defines a structured professional development and career progression for registered counsellors.

Rational

Registered counsellors have a recognised career path in line with the levels of registration as outlined by the Scope.

Practice outcomes

Counsellors can identify a clear career path in line with the levels of registration within their chosen field of specialty.

Standard 7:

A registered counsellor can maintain consumer records with associated access privileges, in accordance with the program/service setting. Consumer records maintenance and privileges will be similar to other allied health professionals.

Rational

Regardless of the source of referral (including self-referral), all registered counsellors will record an assessment that:

- notes a presenting problem;
- confirms the appropriateness of counselling;
- ensures the consumer has been appraised of any appropriate alternatives;
- confirms the consumer's agreement to counselling; and
- records the anticipated health outcomes, including anticipated benefits to the consumer's wellbeing.

Practice outcomes

A registered counsellor has relevant access to relevant consumer records and the ability to meet the standards for record-keeping.

Standard 8:

Registered counsellors employed in a program/service are to have a structured and standardised approach to placements, including clear accountabilities.

Rational

Employers are to provide structure and standardise placements for registered counsellors within the mental health programs and services.

Practice Outcomes

To standardise responsibilities and accountabilities for counsellors placed within programs/services

Standard 9:

Registered counsellors will provide consistent information about counselling competencies defined under this Scope.

Rational

All consumers can expect to receive a similar standard of service, regardless of the setting and the area in which they live.

Practice outcomes

Consumers have access to consistent information about services standards provided by registered counsellors.



GUIDELINES FOR REGISTERED COUNSELLORS

INTRODUCTION

These guidelines have been developed to assist mental health programs, and services support registered counsellors in their practice. Registered counsellors operating within a service setting need to work together with their manager to meet the needs of the program and service, operating

within a mental health program/services' existing policies and procedures as part of their employment contract. The guidelines also discuss how managers can support registered counsellors to meet their OPD and clinical supervision requirements.

Guideline I:

Registered counsellors are responsible for their ongoing professional development (OPD) in consultation with their manager.

The request for OPD needs to take into consideration client contact hours, the terms of employment, the counsellor's registration commitments and the needs of the employer. Where program/service delivers mental health care management strategies such as focused psychological strategies, the OPD activities can include formal education, workshops, seminars, lectures, journal reading, writing papers and online training.

Guideline II:

Registered counsellors are responsible for maintaining their clinical supervision in consultation with their manager.

Clinical supervision needs to take into consideration the needs of the program/service, consumer contact hours, the terms of employment and the counsellor's clinical supervision commitments.

Guideline III:

Registered counsellors need to have a dedicated manager within the program/service.

To function effectively within a program/service, a registered counsellor requires the support of a dedicated manager, who is responsible for organising appropriate administrative support, which includes:

- appropriate referral support for all consumers to the program/service during operational hours;
- sourcing and developing appropriate information collateral for consumers;
- the provision and maintenance of suitable counselling facilities;
- induction and orientation for the registered counsellor;
- working with the registered counsellor to develop and evaluate their professional management plan, which discusses their OPD and clinical supervision needs;
- regular team meeting to discuss present and emerging issues;
- discuss data collection, reporting and evaluation; and
- access to up-to-date resources of ethical frameworks, Scope of Practice for Registered Counsellors, and clear complaints' procedure.

Guideline IV:

Referrals to registered counsellors need to state the reason and intended benefit of the referral.

It is anticipated that registered counsellors receive referrals based on an assessment of the consumers presenting issues, needs and expected treatment outcomes. Consumers referred to a registered counsellor who does not have an accompanying assessment will receive one on their initial consultation.

Guideline V:

Registered counsellors need to work together with their program/service manager to ensure that the registered counsellor's weekly caseload assignments are achievable and meet the needs of the presenting consumers.

Registered counsellors caseload will not exceed a ratio of 80:20, with up to 80% consumer contact hours and the remaining 20% general administrative duties, which include case management and research, commitments to the program/service such as attending meetings, OPD and clinical supervision. It is recommended that a registered counsellor's caseload should not exceed 20 client contact hours per week, with caseload assignment monitored through clinical supervision.

Guideline VI:

Registered counsellors can effectively operate within a multidisciplinary cohort of allied health professionals and other staff.

Registered counsellors need to regularly engage with their cohort of allied health professionals and other staff to gain an understanding of their roles and functions and provide relevant and timely information regarding case management.

Guideline VII:

Registered counsellors can adhere to their code of practice while maintaining professional relationships with other professionals within a program/service.

Managers supporting registered counsellor will be aware of and understand the ACA practice/ethical frameworks and use these to inform their management practices.

Guideline VIII:

Bodies commissioning mental health programs/services need to provide a guidance directive; based on established standards, as to the intended service provision outcomes and evaluative methodology.

While respecting the autonomy of the commissioning organisations, it is recommended that commissioning bodies consult the Scope framework when developing mental health programs and services that provide counselling services to consumers.

Additionally, the commissioning organisation should ensure that the awarded organisation can meet the intended service provision outcome.



SUPPORTING INFORMATION

ANNEX A:

POSITION DESCRIPTIONS FOR REGISTERED COUNSELLOR

The position descriptions are a guide for programs and services managers to assist in the development of suitable roles for counsellors and are not intended to be exhaustive or limiting. The role and professional specifications for each level correspond to the registered counsellor's accreditation levels as set by ACA and are based on the Standards and Guidelines of the Scope.

Minimum capabilities of a registered counsellor

Job statement:

1. Has graduated from an ACA accredited course of study at minimum AQF Level 5 or AQF Level 7, with less than 50 hours of professional supervision and less than two years post-qualification experience
2. Able to provide a counselling service to a designated consumer population
3. Able to carry out tasks in accordance with the program/service and operate within ACA requirements.

Factor	Relevant position information
1. Communication and relationship skills	Assesses consumers' needs, communicates complex information on the nature of counselling, the conditions under which it is delivered, and establishes a therapeutic alliance or referral pathways, requiring empathy and reassurance.
2. Knowledge, training and experience	Specialist expertise underpinning theory gained through a recognised ACA accredited qualification. Undertaking post-qualification professional development, short courses, counselling supervision, personal therapy and OPD.
3. Analytical and judgment skills	Analysis of complex facts and their interpretation, offering a range of options plus skills for assessing and recognising consumer conditions. Taking appropriate action, including risk and child protection issues.
4. Planning and organisational skills	Planning and organising of a number of complex activities. Plans and organises support facilitation/case management, appropriate interventions, liaison with other health care professionals.
5. Physical skills	Keyboard skills, ability to demonstrate active listening, accuracy in recording, driving skills.
6. Responsibility for consumer/ consumer care	Assesses develops approaches to counselling, facilities, specialist interventions, and onward referrals provides advice/information to professional and others.
7. Responsibility for policy/service	Follows policies, proposed changes as directed.

Table 8, Minimum capabilities of an ACA registered counsellor

contd...

8. Occupational health and safety responsibilities	Maintains safety of consumer during counselling, providing an appropriate physical environment and responsibility for physical and psychological wellbeing for consumers.
9. Support facilitation/case management	Responsible for support facilitation/case management of counselling with other provision and consumers' circumstances.
10. Responsibility for information resources	Maintains consumer information and referral collateral (publications, etc.), records personally generated clinical observations updates consumers' records and provides feedback. Routinely maintains statistical data and contributes to clinical outcome data.
11. Responsibility for research and development	Occasionally participates in specific research, routinely maintains records and provides data (as above).
12. Physical effort	Sits for long periods in an attentive position, conventionally for an hour at a time.
13. Mental effort	Ability to sustain total concentration in an unpredictable work environment. Conscious of different presentations concerning mental health in complex environments, requiring continuous re-evaluation and assessment of a consumer's internal and external processes and the formulation of appropriate therapeutic interventions. Sensitivity in recording counselling sessions, demanding literary dexterity.
14. Emotional effort	Demanding of emotional energy, dealing with distressed and disturbed individuals and difficult and varied circumstances, ranging from bereavement and loss to violence, addiction, rape and other responses to a crisis.
15. Working conditions	Varied, from customised provision to unsuitable, cramped and windowless, noisy situations, for example, emergency locations.

Table 8, Minimum capabilities of an ACA registered counsellor

Position description - counsellor level 1

Role specification	Person specification
<ol style="list-style-type: none"> 1. Develops approaches to counselling, delivering early intervention programs, support facilitation/ case management, onward referrals, and provides information to professional and others 2. May work within low needs primary care setting 3. To provide counselling to the designated service users, for example, adults, children, the elderly, specialist service and other mental health consumers 4. Ability to refer to an appropriate service 5. Planning and organising of a number of early intervention activities. Plans and organises support facilitation/case management, appropriate interventions 6. To fulfil professional clinical supervision requirements 7. To maintain professional registration 8. To attend service meetings as required 9. To maintain adequate records of clinical work and provide appropriate statistical returns as required 10. To maintain training and continue professional development 11. To develop expertise in a specific area of counselling, for example, counselling supervision, group work, or other person-centred modalities 12. To take specific responsibility for some area of a counselling practice within the service/program 13. To liaise with other mental health professionals and colleagues working in services/programs 14. To participate in any other activities as agreed with the service managers 15. To be aware of, and comply with, the policies, procedures and service standards 	<p>Essential criteria</p> <ul style="list-style-type: none"> • To be an ACA registered counsellor at level 1 • To offer specific professional expertise dependent on experience • To be able to offer mentoring to counsellors on placement • Ability to make use of clinical supervision, evidenced by a counselling supervisor's statement • Ability to maintain confidentiality within a recognised theoretical framework • Ability to work within a time limit • Effective communication skills both orally and in writing • Ability to work effectively with colleagues from other disciplines <p>Desirable criteria</p> <ul style="list-style-type: none"> • Experience of contributing to service evaluation • Demonstrated professional experience using person-centred practices

Table 9, Position Description - counsellor level 1

Position description - counsellor level 2

Role specification	Person specification
<ol style="list-style-type: none"> 1. Assesses, develops approaches to counselling, delivering early intervention programs, supports specialist interventions, support facilitation/case management, onward referrals and provides information to professional and others 2. Able to work within a low-intensity primary care setting 3. To provide counselling to the designated service users, for example, adults, children, the elderly, specialist service and other mental health consumers 4. Support allied health professionals operating in secondary care 5. Ability to refer to an appropriate service 6. Planning and organising of a number of multifaceted activities. Plans and organises support facilitation/case management, appropriate interventions, liaison with other health care professionals in primary care 7. To fulfil professional clinical supervision requirements 8. To maintain professional registration and registration 9. To attend service meetings as required 10. To maintain adequate records of clinical work and provide appropriate statistical returns as required 11. To maintain training and continue professional development 12. To develop expertise in a specific area of counselling, for example, counselling supervision, group work, or other person-centred modalities 13. To take specific responsibility for some area of a counselling practice within the service/program 14. To liaise with other mental health professionals and colleagues working in services/programs 15. To participate in any other activities as agreed with the service managers 16. To be aware of, and comply with, the policies, procedures and service standards 	<p>Essential criteria</p> <ul style="list-style-type: none"> • To be an ACA registered counsellor at level 2 • To offer specific professional expertise dependent on experience • To be able to offer mentoring to counsellors on placement • Ability to make use of clinical supervision, evidenced by a counselling supervisor's statement • Ability to maintain confidentiality within a recognised theoretical framework • Ability to work within a time limit • Effective communication skills both orally and in writing • Ability to work effectively with colleagues from other disciplines <p>Desirable criteria</p> <ul style="list-style-type: none"> • Experience of contributing to service evaluation • Demonstrated professional experience using person-centred practices

Table 10, Position Description - counsellor level 2

Position description - counsellor level 3

Role specification	Person specification
<ol style="list-style-type: none"> Supervising the implementation of early intervention and primary care programs Delivering clinical counselling services Coordinates; early intervention strategies, case management Oversees clinical referrals Designs behavioural programs for primary and secondary care consumers Supporting teams providing complex psychological services Support allied health professionals operating in tertiary/ clinical care Supervises service provision and clinical teams including recruitment and budget holding To fulfil professional and clinical supervision requirements To attend service meetings as required To maintain adequate records of clinical work and provide appropriate statistical returns as required To assist in the evaluation of the service by contributing to data collection and analysis and to participate in research as required To maintain training and continue professional development To have expertise in a specific area of counselling and to contribute significantly to service development To offer mentoring to other levels of counsellors and counsellors on placements To liaise with other mental health professionals and colleagues working in services/programs To participate in any other activities as agreed with the service managers To be aware of, and comply with, the policies, procedures and service standards 	<p>Essential criteria</p> <ul style="list-style-type: none"> To be an ACA registered counsellor at level 3 To currently be registered counsellor of ACA Planning and organising of a number of complex activities. Plans and organises support facilitation/case management, appropriate interventions, liaison with other health care professionals To assess the appropriateness of counselling for service users and to work with service users presenting with complex problems To assist in the evaluation of the service by contributing to data collection and analysis and participate in research To offer mentoring to other levels of counsellors and counsellors on placements. Ability to make use of clinical supervision (evidenced by a counselling supervisor's statement) Ability to maintain confidentiality appropriate to the setting and work independently Demonstrated professional experience using person-centred practices Competency in working within a variety of recognised therapeutic modalities and knowledge of other frameworks Ability to work within a time limit Effective communication skills, both orally and in writing Management and implementation skills/ experience Overview of current professional issues Ability to work effectively with colleagues from other disciplines Experience of audit and research and the presentation of findings

Table 11, Position Description - counsellor level 3

Position description - counsellor level 4

Role specification	Person specification
<ol style="list-style-type: none"> Supervising the implementation of early intervention of primary care and secondary care programs Provides services to consumers with complex clinical mental health needs Designs early intervention, primary and secondary care programs Responding to clinical referrals Works within tertiary care programs, where relevant under supervision of a clinical psychologist or psychiatrist Work within teams providing complex psychological services Support allied health professionals operating in tertiary/ clinical care Coordinate service provision and agencies including recruitment and budget holding To maintain a clinical practice To fulfil professional clinical supervision requirements To arrange service meetings as required and oversee support facilitation/case management To maintain adequate records of clinical work and provide appropriate statistical returns and reports as required To evaluate the service by contributing to data collection and facilitate analysis and reports To promote research and development To maintain and encourage training and continual professional development To have expertise in a specific area of counselling and to contribute significantly to service development To offer mentoring to other levels of counsellors and counsellors on placements To liaise with other mental health professionals and colleagues working with the service/program To participate in any other activities as agreed with the service managers To be aware of, and comply with, the policies, procedures and service standards To contribute significantly to strategic thinking 	<p>Essential criteria</p> <ul style="list-style-type: none"> Be an ACA registered counsellor at level 4 To offer specific professional expertise dependent on experience To be able to offer mentoring to counsellors on placement Ability to make use of clinical supervision, evidenced by a counselling supervisor's statement Ability to maintain confidentiality appropriate to the setting Demonstrated professional experience using person-centred practices Competency in working within a variety of recognised therapeutic modalities and knowledge of other frameworks Ability to work within a time limit Effective communication and presentation skills Management and implementation skills/ experience Overview of current professional issues and issues within mental health services/ programs Ability to work effectively with colleagues from other disciplines Experience of audit and research and the presentation of findings Work independently

Table 12, Position description - counsellor level 4

Position description – academic

Role specification	Person specification
<p>Lecturing, teaching and learning</p> <ol style="list-style-type: none"> 1. Teach, lecture in subjects within an ACA approved course in within a vocational or higher education setting 2. Hold an equivalent or higher level AQF qualification in the subject they are teaching or lecturing in 3. Initiate and develop course material 4. Coordinate courses 5. Provide tutorial support <p>Research</p> <ol style="list-style-type: none"> 1. Develop a research program relating to counselling 2. Conduct research and publish scholarly papers 3. Develop a program of applied and contract research in the area of counselling 4. Work with other colleagues in the development of joint research projects 5. To contribute significantly to strategic thinking 	<p>Essential criteria</p> <ul style="list-style-type: none"> • Be registered with ACA as an academic member • To offer specific professional expertise dependent on experience • Demonstrated professional experience using person-centred practices • Competency in working within a variety of recognised frameworks and knowledge of other ways of working • Ability to work within a time limit • Effective communication and presentation skills • Management and implementation skills/experience • Overview of current professional issues and issues • Ability to work effectively with colleagues from other disciplines • Experience of audit and research and the presentation of findings

Table 13, Position description - academic

ANNEX B:

JOB OPPORTUNITIES FOR REGISTERED COUNSELLORS

The job opportunities for registered counsellors are compiled from past vacancies advertised on the ACA job portal. The job opportunities are a guide for programs and services managers to assist in the recruitment of suitable counsellors and are not intended to be exhaustive or limiting. The job opportunities specifications for each level correspond to the registered counsellor's accreditation levels as set by ACA and are based on the Standards and Guidelines of the Scope.

Counsellor level 1

Opportunities: May provide some or all of the following tasks in their role

Note: Refer to Annex A for relevant position descriptions for counsellor level 1

Job title: community support worker

- Conducting risk and needs assessment, and providing information, advice and referral assistance to potential consumers
- To support our customer's recovery journey in community outreach settings
- To support person-centred/recovery-oriented planning with consumers, promoting and empowering their independence
- Contributing to the development of consumers support plans
- Managing some challenging behaviours presented by the consumer

Job title: case manager

- Support and assist young people, and their families through an integrated case management approach, including the provision of counselling services, advocacy and other support on individual and group basis
- Initial assessment and development of consumers' individual support plans
- Support consumers' by providing intensive ongoing case management, reviewing progression against consumers' individual support plans
- Arrange appropriate referrals and develop relationships with key stakeholders, including community organisations, schools, and other health professionals
- Assist consumers in the process of transitioning out of the service into independence or other services
- Maintain client files, case notes, action plans and reports

Job title: community mental health recovery partner

- Providing flexible and individualised support to consumers experiencing mental health issues living in a residential setting
- Working alongside consumers through their mental health recovery journey, to live more independently through the development and implementation of innovative strategies
- Demonstrated experience of working with people with mental health conditions and a commitment to facilitating recovery through the provision of individualised support services
- A flexible approach is required, along with a firm commitment to working and thinking in a person-centred way
- Effective communication, teamwork, negotiation and problem-solving skills are also essential

Table 14, Job opportunities for registered counsellors level 1

Counsellor level 2

Opportunities: May provide some or all of the following tasks in their role

Note: Refer to Annex A for relevant position descriptions for counsellor level 2

Job title: early intervention counsellor

- To provide psychological interventions to individuals, couples, and families who are seeking improved relationships or resolution of relationship difficulties
- An understanding of broad theoretical approach to:
 - o relationship counselling;
 - o family therapy;
 - o practice frameworks applicable to family violence;
 - o trauma-informed child inclusive practice;
 - o crisis intervention models; and
 - o grief and loss
- Demonstrated experience in delivering:
 - o relationship counselling;
 - o couples and family therapy;
 - o counselling to children and young people; and
 - o therapeutic group work and educative programs
- Demonstrated knowledge and experience in legislative requirements of mandatory reporting, issues pertaining to substance abuse and mental illness

Job title: outreach worker

- Provide counselling and case management to young people and their families as well as information and education around drug use
- Engage positively with young people to assist them to explore and evaluate the impact of drug use in terms of their current circumstances and future life choices
- Assist, encourage and support young people to develop and implement strategies aimed at reducing and ceasing drug use
- Assist young people to create relapse prevention plans
- Assist young people to re-establish or strengthen supportive links with their families and significant others
- Proactively market the existence, availability and scope of the program and the pathways for accessing the service
- Liaise and work effectively with referrers, schools and other service providers and families to ensure best service for the individual or group consumers
- Maintain up-to-date, comprehensive and accurate program records, activity data and client files
- To be responsible for the overall integrity of the structured group work program and to provide group sessions as required
- Provide timely and complete reports as required

Table 15, Job opportunities for registered counsellors level 2

contd...

Job title: youth case worker

- Provide accurate information, advice and referrals aligned with best practice ensuring legislative and regulatory processes are explained to the consumer
- Maintain positive professional relationships and effective communication with stakeholders
- Be a positive, inspiring and motivational role model for young people
- Maintain knowledge of current and emerging trends within the mental health sector and the local region
- Regularly attend and actively participate in appropriate network meetings and working groups with the aim of implementing integrated service that respond to mental health trends and consumer needs
- Proactively build and maintain positive professional relationships with consumers through collaboration, participation and respect, while maintaining confidentiality and cultural sensitivity
- Provide individual assessment and develop individual plans utilising the strength and risk-based approach that meet the needs of young people
- Coordinate and review planned actions to assist young people to achieve their goals, with a key focus on early intervention and prevention, including advocacy, counselling, appropriate referral, and skill development
- Implement programs based on individual need, providing opportunities for young people; e.g., enhance family and community connectedness, friendships, education and learning, life skills and personal development
- Maintain complete and accurate documentation in the required records management system/s and provide reports within required timeframes
- Be an active member of the team contributing to service planning and development, attending team meetings, training and supervision

Table 15, Job opportunities for registered counsellors level 2

Counsellor level 3

Opportunities: May provide some or all of the following tasks in their role

Note: Refer to Annex A for relevant position descriptions for counsellor level 3

Job title: therapeutic specialist

- Provide clinical leadership and responsible for developing therapeutic interventions
- Work closely with carers and other professionals providing clinical consultation and supporting the implementation of psychological interventions and case management plans for children and young people
- Be involved in research, training and advocacy initiatives
- Able to use innovative trauma-based frameworks to support children and young people recover from the effects of abuse and family violence

Job title: team leader counselling

- Lead the development of an integrated team involving all counselling programs
- Develop services based on evidence of best practice to inform service delivery and program development
- Ensure that practice is based on work with the whole family
- Ensure clinical and program supervision is being provided to each counsellor
- Ensure counsellors provide high-quality counselling and group work
- Develop and maintain respectful partnerships with school communities and appropriate service agencies
- Ensure that all consumers' data is maintained according to database requirements
- Ensure all counsellors work in an integrated manner with other programs
- Contribute to quality assurance and evaluative processes

Job title: senior family support worker

- Build family capacity by providing professional support to families using partnership, outcomes and strengths-based perspectives, and culturally appropriate and family-centred approaches
- Provide support and skills development targeted specifically at vulnerable families and those with more complex needs, working with families whose children are at risk of, or have contact with, the child protection system
- Provide support in both group settings and on an individual basis
- Collaborate with program team members to deliver programs and services that promote positive approaches to parenting and family wellbeing
- Strengthen links to the community and develop confidence in the support network

Table 16, Job opportunities for registered counsellors level 3

Counsellor level 4

Opportunities: May provide some or all of the following tasks in their role

Note: Refer to Annex A for relevant position descriptions for counsellor level 4

Job title: general manager mental health

- Provide early intervention, primary mental health care, and youth early psychosis services for young people
- Manage engagement and partnership activities with community stakeholders to increase youth mental health literacy
- Responsible for the delivery and development of associated service activities, including the development of key stakeholder relationships within the government, non-government, and private provider sectors
- Development of an integrated professional supervision and staff development strategy
- Provide significant clinical leadership, management, program development experience in senior management roles overseeing clinical mental health services

Job title: manager student services

- Provide professional and authoritative leadership and management to ensure the delivery of a consistently high-quality counselling and case management services
- Lead and direct the development, implementation and oversight of critical and complex plans and processes for the delivery of effective and innovative systems and interventions
- Manage significant service budgets and resources, and oversee data integrity and data reporting
- Identify, initiate, plan, conduct and evaluate critical and complex programs/services and quality improvement activities to guide and ensure the ongoing delivery of highly effective support to consumers
- Lead and direct the professional development, implementation, and review of complex policies and processes, as required, to respond to changes in State and Federal Government legislation
- Deliver authoritative leadership, management and development to professional roles within the service, and for the effective management of other staff, including the setting of key performance indicators to ensure the delivery of a high-quality counselling services

Job title: program manager

- Provide program leadership and support to the operations management team and practitioners with respect to service model design, contract management, program performance and productivity measurement and reporting
- The program manager will work collaboratively to lead process reviews for models of service and supporting documentation as a sub-process manager, to support the strategic plan in achieving International Organization of Standardization (ISO) accreditation
- Provide a key role in collaborating with all levels of management in implementing, monitoring, and reviewing organisational strategy

Table 17, Job opportunities for registered counsellors level 4

Academic

Opportunities: May provide some or all of the following tasks in their role

- Teaching, lecturing or tutoring within the higher education and vocational sectors
- Development of research-related material for either teaching or for the guidance of the counselling profession
- Provide peer-reviewed research and advice in their field of research/specialisation

Table 18, Job opportunities for registered counsellors academic and proficient

ACA accredited supervisor

Opportunities: May provide some or all of the following tasks in their role

- Working with individual supervisees or group work.
- Supervising counsellors who are either employed or in private practice.

Table 19, Job opportunities for ACA accredited supervisor

ANNEX C:

PROPOSED CAREER STRUCTURE

It is proposed that counsellors employed in mental health programs and services will follow a recognised career path in line with the levels of accreditation as outlined in the table below. This career structure applies only to registered counsellors, as defined in this document on page 13 – ‘ACA registered counsellor requirements’.

Level	Description	Title
Level 1	<p>A qualified counsellor would:</p> <ul style="list-style-type: none"> • be registered with ACA; • provide counselling service for consumers in accordance with protocols and ACA’s professional framework; • assess suitability for counselling; • make appropriate onward/alternative referrals; • organise workloads and maintain relevant records; • liaise and collaborate with related services; • be responsible for audit and evaluation of service provision; and • provide consumers with support facilitation/case management. 	Registered counsellor level 1
Level 2	<p>More experienced counsellors, in addition to the above, would:</p> <ul style="list-style-type: none"> • offer specialist knowledge of work in specific areas; and • be skilled in audit, evaluation and research. 	Registered counsellor level 2
Level 3	<p>Counsellors at a more senior level, in addition to the above, would:</p> <ul style="list-style-type: none"> • offer teaching and training; • provide mentoring and supervision (if appropriately qualified); • be responsible for recruitment, appointment and retention of counsellors; • advise on policy and protocols; • manage and coordinate counselling services; • be accountable for a budget; • manage and monitor professional development of counsellors, i.e. OPD; • be responsible for audit, evaluation and research-based evidence; • contribute to counselling research and development; • undertake/complete supervision training; and • undertake training in mental health . 	Registered counsellor level 3
Level 4	<p>Counsellors at a more senior level, in addition to the above, would:</p> <ul style="list-style-type: none"> • be qualified to AQF level 9 or doctoral level in counselling; and • be involved in research, management, and consultancy. 	Registered counsellor level 4
All counsellors from level 1 to level 4	<p>All counsellors at these levels would be expected to:</p> <ul style="list-style-type: none"> • be registered with a professional body; and • continue clinical practice with professional supervision and maintain OPD at the minimum rate required to maintain registration. 	
Academic	Academic members are non-practicing counsellors undertaking teaching, lecturing, tutoring or research in the counselling industry.	Academic

Table 20, Proposed career structure

ANNEX D:

DECISION-MAKING TOOLS FOR IMPLEMENTING THE SCOPE

The following decision-making model flow chart provides a decision chart for working through various practices, options and outcomes, depending on the person-centred and behaviourist therapeutic intervention being implemented in the identified mental health service and program. Decision-makers start at the top of the chart and answer each question according to the determinant response in the context of where the decision is to be implemented. Factors to consider when making decisions include choices relating to resource allocation, including cost, staffing and training and the number of consumers receiving treatment.

The decision-making tools have been implemented in several health systems context and are familiar to most managers (Arkansas State Board of Nursing, 1999). It is anticipated that the accompanying decision-making tools will assist health system administration in developing and implementing demonstrated evidence-based framework for utilising registered counsellors within primary health setting.

Identifying how a counsellor makes decisions and solves problems

A counsellor is consistently making decisions and identifying needs when undertaking a therapeutic intervention. It should be recognised that counsellors within a person-centred and behaviourist practice, regardless of the setting, practice certain decision making and problem-solving skills consistently.

The following steps outline the decision-making and problem-solving process:

- 1) Reframe and clarify
- 2) Assess resources
- 3) Identify options
- 4) Decisions

Decision-making workflow for counsellors and professionals

The following workflow (Arkansas State Board of Nursing, 1999) is designed to assist counsellors, and professionals understand how decisions are made regarding the activities defined in the Scope.

1. Defining the activity/task by using the following questions:
 - What is the problem or need?
 - Who are the people involved in the decision?

- What is the decision to be made and where (what setting or organisation)?
 - Will it take place?
 - Why is the question being raised now?
 - Has it been discussed previously?
2. Is the activity/task restricted in the location which the service or program is provided?
 - Refer to relevant acts to identify if the activity/task is excluded from a specific location.
 3. Is the activity/task precluded/restricted?
 - Refer to relevant acts to identify if the task is restricted to a specific profession.
 4. Is the activity/task consistent with the training counsellors received?
 - Refer to the accreditation provisioning provided by the Australian Register of Counsellors and Psychotherapists.
 5. Has completed the required training to undertake the activity/task?
 - Refer to the accreditation provisioning provided by the Australian Register of Counsellors and Psychotherapists.
 6. Does the counsellor possess the appropriate knowledge to undertake the activity/task?
 - Refer to the accreditation provisioning provided by the Australian Register of Counsellors and Psychotherapists.
 7. Is there documented evidence of competency or skill?
 - Refer to the accreditation provisioning provided by the Australian Register of Counsellors and Psychotherapists.
 8. Would a competent and skilled counsellor undertake the activity/task?
 - Define the attributes of a person-centred and behaviourist approach suitable for the activity/ task and the setting that it is provided.
 9. Is the counsellor prepared to accept the consequences of undertaking the activity/task?
 - Is the activity/task consistent with a counsellor's accredited status?

Decision flow chart—counsellor’s activity/task



Table 21, Decision flow chart – counsellors activity/task (Arkansas State Board of Nursing, 1999).

Decision flow chart—management of outcomes

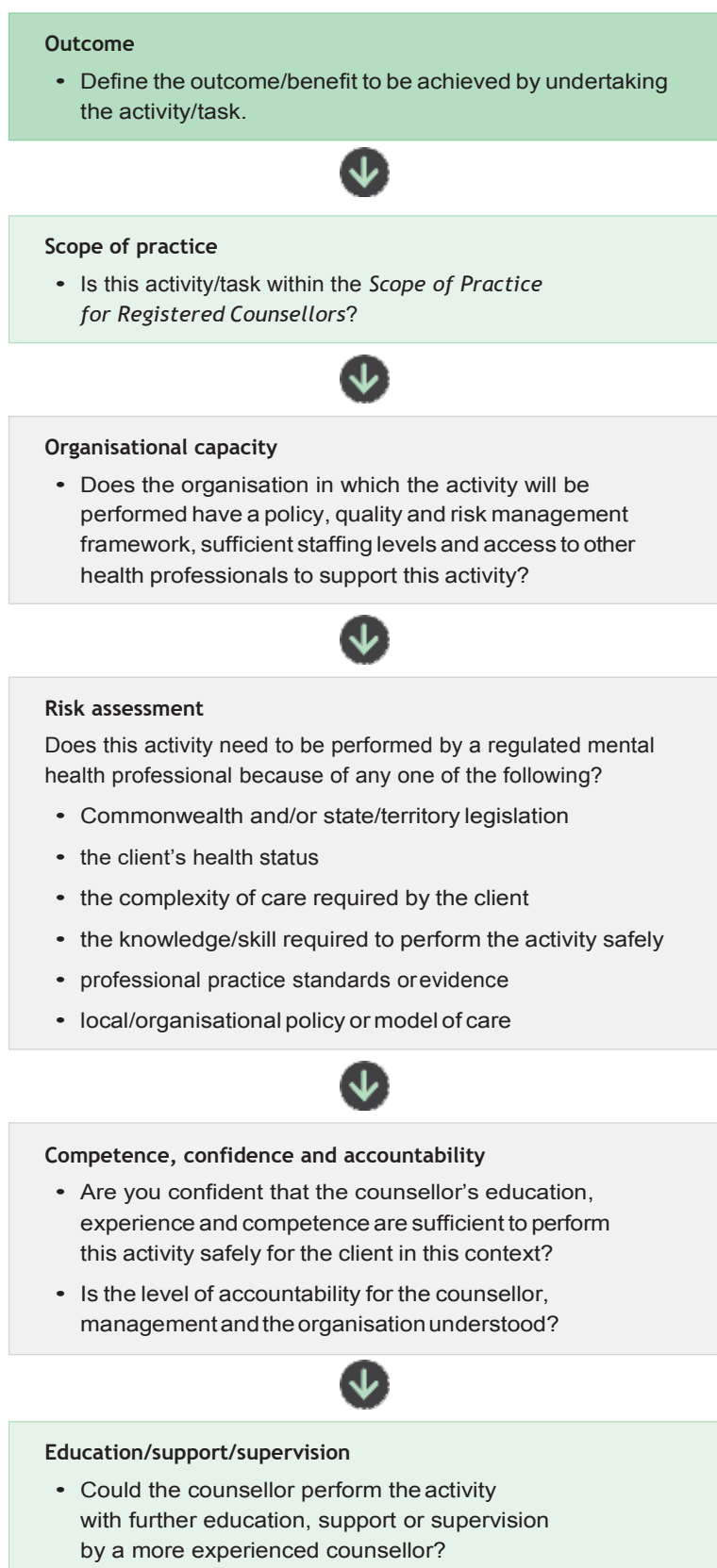


Table 22, Decision flow chart – management of outcomes (Arkansas State Board of Nursing, 1999).

ANNEX E:

DESCRIPTIONS OF COUNSELLING QUALIFICATIONS DEFINED IN THE SCOPE

This section will describe the Australian Qualification Framework (AQF) for three qualification milestones: AQF level 5 Diploma of Counselling, AQF level 7 Bachelor of Counselling, and AQF level 9 Master of Counselling.

Australian Qualification Framework

The AQF levels define the relative complexity and depth of achievement and the autonomy required of graduates to demonstrate that achievement. The AQF has 10 levels, with level 1 having the lowest complexity and AQF level 10 the highest complexity. The levels are defined by criteria expressed as learning outcomes. The learning outcomes are constructed as a taxonomy of what graduates are expected to know, understand and be able to do as a result of learning. They are expressed in terms of the dimensions of knowledge and skills and the application of knowledge and skills.

AQF level 5 - Diploma of Counselling

The diploma qualifies individuals who apply integrated technical and theoretical concepts in a broad range of contexts to undertake advanced skilled or paraprofessional work and as a pathway for further learning. Graduates of a diploma will have technical and theoretical knowledge and concepts, with depth in some areas within a field of work and learning.

Graduates of a Diploma of Counselling will have:

- cognitive and communication skills to identify, analyse, synthesise and act on information from a range of sources;
- cognitive, technical and communication skills to analyse, plan, design and evaluate approaches to unpredictable problems and/or management requirements;
- specialist technical and creative skills to express ideas and perspectives; and
- communication skills to transfer knowledge and specialised skills to others and demonstrate an understanding of knowledge.

Graduates of a Diploma of Counselling will demonstrate the application of knowledge and skills:

- with depth in some areas of specialisation, in known or changing contexts;
- to transfer and apply theoretical concepts and/or technical and/or creative skills in a range of situations;
- with personal responsibility and autonomy in performing complex technical operations with

responsibility for own outputs in relation to broad parameters for quantity and quality; and

- with initiative and judgement to organise the work of self and others and plan, coordinate and evaluate the work of teams within broad but generally well-defined parameters.

Qualification description

AQF level 5 - Diploma of Counselling

This qualification reflects the role of counsellors, who work with clients on personal and psychological issues using established counselling modalities. They use communication, micro-counselling and interviewing skills and draw on varied counselling therapies to assist clients. At this level, the counsellor will be working in defined and supported counselling roles in established agencies or if they have the relevant experience in a private practice setting.

AQF level 7 - Bachelor of Counselling

The Bachelor of Counselling qualifies individuals who apply a broad and coherent body of knowledge in a range of contexts to undertake professional work and as a pathway for further learning. Graduates of a bachelor's degree will have a broad and coherent body of knowledge, with depth in the underlying principles and concepts in one or more disciplines as a basis for independent lifelong learning.

Graduates of a Bachelor of Counselling will have:

- cognitive skills to review critically, analyse, consolidate and synthesise knowledge;
- cognitive and technical expertise to demonstrate a broad understanding of knowledge with depth in some areas;
- cognitive and creative skills to exercise critical thinking and judgement in identifying and solving problems with intellectual independence; and
- communication skills to present a clear, coherent and independent exposition of knowledge and ideas.

Graduates of a Bachelor of Counselling will demonstrate the application of knowledge and skills:

- with initiative and judgement in planning, problem-solving and decision-making in professional practice and skills and/or scholarship;
- to adapt knowledge and skills in diverse contexts; and
- with responsibility and accountability for own learning and professional practice and in collaboration with others within broad parameters.

Qualification Description

AQF level 7 - Bachelor of Counselling

The Bachelor of Counselling provides a comprehensive grounding in counselling frameworks and skills, ethical practice and cultural diversity. The course provides counsellor training with a strong focus on contemporary techniques, counselling and psychology theory, research and practice.

AQF level 9 - Master of Counselling

The Master of Counselling (Coursework) qualifies individuals who apply an advanced body of knowledge in a range of contexts for professional practice or scholarship and as a pathway for further learning.

Graduates of a Master of Counselling (Coursework) will have:

- a body of knowledge that includes the understanding of recent developments in a discipline and/or area of professional practice;
- knowledge of research principles and methods applicable to a field of work and/or learning;
- cognitive skills to demonstrate mastery of theoretical knowledge and to reflect critically on theory and professional practice or scholarship;
- cognitive, technical and creative skills to investigate, analyse and synthesise complex information, problems, concepts and theories and to apply established theories to different bodies of knowledge or practice;
- cognitive, technical and creative skills to generate and evaluate complex ideas and concepts at an abstract level;
- communication and technical research skills to justify and interpret theoretical propositions, methodologies, conclusions and professional decisions to specialist and non-specialist audiences; and
- technical and communication skills to design, evaluate, implement, analyse and theorise about developments that contribute to professional practice or scholarship.

Graduates of a Master of Counselling (Coursework) will demonstrate the application of knowledge and skills:

- with creativity and initiative to new situations in professional practice and/or for further learning;
- with high-level personal autonomy and accountability; and
- to plan and execute a substantial research-based project, a capstone experience and/or a piece of scholarship.

Qualification Description

AQF level 9 - Master of Counselling

The Master of Counselling provides professional, specialised training in counselling to prepare graduates to work in a range of professional contexts. Emphasis is given to producing counsellors who are self-reflexive and committed

to lifelong learning. This award incorporates the Graduate Diploma in Counselling.

This course aims to equip students with advanced counselling skills, the ability to apply specialised knowledge to new situations and to conduct research in order to solve the complex problems that arise in counselling practice.

Master of Counselling students will undertake a capstone unit in the final teaching period. This will enable them to apply their knowledge, investigate practice problems or professional issues and seek innovative solutions to real concerns in therapy.

ANNEX F:

DEFINITIONS OF TERMS USED IN THE SCOPE

Term	Definition/explanation/details
Accountable	Being answerable for an individual's or organisation's actions to the consumer, public and society.
Carers	Are persons who have a support role for someone living with a mental health difficulty. They may be a family member, friend or have another close relationship with the person.
Commissioning	A continual and iterative cycle involving the development and implementation of services based on planning, procurement, monitoring, and evaluation. A key characteristic of commissioning is that procuring or purchasing decisions occur within a broader conceptual framework.
Consumers	Are those who access or could potentially access mental health services. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.
Contributing life	Is a fulfilling life where people living with a mental health difficulty can expect the same rights, opportunities and health as the wider community. It is a life enriched with close connections to family and friends, supported by good health, wellbeing and health care. It means having a safe, stable and secure home and having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering.
Cultural safety	An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together.
Digital mental health	Digital mental health is the delivery of services targeting common mental health problems through phone, online and mobile phone interactive websites, apps, sensor-based monitoring devices, and computers.
DSM-V	<i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM) is used by some mental health professionals and general practitioners for the standard classification of mental disorders.
Evidence-based practice	Is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values.
Focused psychological strategies	A range of evidence-based strategies approved for use by allied mental health professionals utilising the focused psychological strategies Medicare items.
HoNOS	The Health of the Nation Outcome Scale (HoNOS) is a clinical assessment tool used by mental health professionals to evaluate psychiatric symptoms and psychosocial functioning. HoNOS is designed to be used by clinicians before and after interventions so that changes attributable to interventions can be measured. HoNOS is widely used as outcome measures in the United Kingdom, Australia and New Zealand.

ICD-10-AM	<i>International statistical classification of diseases and related health problems</i> , 10th revision, Australian modification (ICD-10-AM) includes Australian extensions of the World Health Organization codes in ICD-10 and some specific Australian disease codes. An important feature is the addition of a classification of procedures based on the Commonwealth Medicare Benefits Schedule (MBS) of fees for health services.
Mental health problems	Diminished cognitive, emotional or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.
Mental illness	Mental illness is a clinically diagnosable disorder that interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classifications systems of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM) or the <i>International Classification of Diseases</i> (ICD).
Needs assessment	A systematic method of identifying unmet health and health care needs of a population and making changes to meet these unmet needs. It involves an epidemiological and qualitative approach to determining priorities that incorporate clinically and cost-effectiveness and patients' perspectives. This approach must balance clinical, ethical, and economic considerations of need.
Person-centred	Allows the consumer to see himself or herself as a person who has the power to change their circumstances rather than an object who accepts their circumstances and position.
Pharmacotherapy	The use of pharmaceutical drugs in the treatment of psychological disorders and symptoms.
Psychological Interventions	Psychological interventions are a range of treatment options that aim to change the behaviour of the individuals participating in the process.
Recovery-oriented	Supporting people to recognise and take responsibility for their own recovery and wellbeing, as well as in defining their goals, wishes and aspirations. Recovery-oriented approaches are underpinned by hope, self-determination, self-management, empowerment and advocacy.
Scope of Practice	The practice limits that a registered counsellor operates within, based on their level of competency and qualifications.
Severity of mental illness	<p>Mental illness impacts at different levels of severity, ranging from mild to severe. Clinically, severity is judged according to:</p> <ol style="list-style-type: none"> 1) the type of disorder the person has (diagnosis); 2) the intensity of the symptoms they are experiencing, the length of time they have experienced those symptoms (duration); and 3) the degree of disablement that is caused to social, personal, family and occupational functioning (disability). <p>Severe and complex mental illness refers to individuals with clinically severe mental illness as well as complex multiagency needs, often both clinical and non-clinical, which may be or an episodic or persistent nature.</p>
Social and emotional wellbeing	Used in the context of Aboriginal and Torres Strait Islander mental health, it is a culturally shaped understanding of health as holistic and that connects the health, mental health and wellbeing of an individual to the health of their family and kin, community, culture, country and the spiritual dimension of existence.

Step up/step down	These are clinically supported services that offer short-term care to manage the interface between inpatient and community settings. They provide an alternative to hospital admission (pre-acute) and provide bridging support following discharge from hospital (post-acute). Step up/step down services are usually delivered through staffed residential facilities but may be delivered in the person's home.
Stepped care	Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. Within a stepped care approach, an individual will be supported to transition up to higher intensity services or transition down to lower intensity services as their needs change. Stepped care is a different concept from 'step up/step down' services which are defined above.
Suicidal ideation	Thoughts about taking one's own life. Also referred to as suicidal thoughts and may indicate a preoccupation with suicide. Suicidal thoughts can range from fleeting to pervasive and all-consuming.
Suicide prevention	Actions or initiatives to reduce the risk of suicide among populations or specific target groups.
Venerable	A past ACA member who has formally retired from practice.

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Simon Clarke

Simon Clarke

President of ACA

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