



The following Training Standards will come into effect as of the 1st January 2007.

PACFA Training Standards January 2007

Introduction

These standards are at least Bachelor degree or equivalent in terms of level and depth of training, as defined by the Australian Qualification Framework*. Members must have completed, over a minimum of two years, 200 hours of person-to-person psychotherapy and/or counselling training and 50 hours of supervision relating to 200 hours of client contact. A minimum of 10 hours of supervision relating to 40 client contact hours must have taken place within the training program (These 10 hours are part of the 50 hours of supervision).

1. ADMISSION

1.1 Principles

1.1.1. Students need to demonstrate the presence of some fundamental human capacities as a pre-requisite for beginning training as a psychotherapist/counsellor. These capacities can be demonstrated through live interviews, observing student's participation in an experiential workshop, referees, etc.

1.1.2. Self-awareness. Students need to demonstrate the capacity to relate in a facilitative way with others and to reflect on and examine the impact of these actions.

1.1.3. Since therapy is fundamentally a relational art, students should demonstrate a relational capacity. This could be in a one-to-one therapeutic situation or, especially if the therapeutic modality involves

couples/family/group work, an ability to work with a group or team.

1.1.4. Students should demonstrate a capacity to understand and practice ethical behaviour and be prepared to follow a code of ethics, which is an integrated part of the training program.

1.1.5. The above qualities presume a certain level of mature life experience on the part of the applicant, and this is shown by the capacity to reflect on and learn from experience, including being open to positive and challenging feedback.

1.2 Process

1.2.1 The process of selection should be non-discriminatory on the grounds of gender, class, cultural background, sexual preference, disability or beliefs.

2. CURRICULUM

2.1 Introduction

2.1.1. Each training program should make a clear statement of the philosophy of training in the course and give evidence that the guidelines of this document are being met.

2.1.2. Course outlines should be provided with application.

2.1.3. Members must have completed a training course substantially focused on psychotherapy and/or counselling that extends over a minimum of two years to allow the integration of personal and clinical learning.

2.2 Principles of Learning

2.2.1. The learning environment needs to be set up according to the following principles:

2.2.1.1. An environment in which the student feels supported emotionally and in the learning process,

2.2.1.2. Opportunities for practice, reflection, experimenting, and training delivery,

2.2.1.3. An active partnership between learners and teachers which includes the opportunity to reflect interactively on theory and practice and to receive appropriate feedback on performance,

2.2.1.4. Clearly articulated learning goals, with a course content and process appropriate to those goals, and

2.2.1.5. Adequate physical facilities to enable a learning experience to occur.

2.3 Theory

2.3.1 Members must have attended 200 hours of person-to-person theoretical teaching in psychotherapy and/or counselling. This class based teaching should involve methods such as lectures, (live or video), written notes, and set readings, seminars, group discussions, role-plays and experiential methods. Since psychotherapy/counselling is a practical art, theoretical components should be taught in ways, which relate to practical situations.

2.3.2 Members must be able to situate their modality within the broader field of psychotherapy models and have a broad understanding of relevant psychological theory on human functioning.

2.3.3 Members must have completed a course that includes the following subjects or their equivalent:

- Models of assessment and intervention
- Knowledge of social contexts.
- Referral and referral options
- Ethics of clinical practice and supervision
- Professional development
- Theories and processes of counselling/psychotherapy
- Stages of human development
- Understanding human diversity including culture, gender, age,

ability, class, religion and ethnicity.

- Self awareness
- Familiarity with research on counselling and psychotherapy effectiveness

2.4 Clinical Practice

2.4.1. Training in clinical practice should be informed by the theory of the modality in question and the link between theory and practice should be clearly articulated in the course document.

2.4.2. Members must have completed a course that teaches interpersonal communication skills such as accurate listening, well informed understanding of what has been heard, and clear, accurate and helpful responding to the cognitive, emotional, behavioural and non-verbal components of the client's story.

2.4.3 Members must have completed a course of which at least 100 hours is experiential. Experiential activities refer to clinical training, such as modeling by clinicians, counsellor-client practice, clinical placements, role-plays, concrete and specific feedback.

2.4.4 Members must have completed a minimum of 50 hours of supervision relating to 200 hours of client contact. A minimum of 10 hours of supervision relating to 40 hours client contact hours must take place within the training program. Client contact may include direct client contact and co therapy. Client contact hours must include a range of experience in counselling clients including experiences where there are no dual relationships between client and trainee.

2.5 The use of one's self in therapy and dealing with personal problems, which emerge in training.

2.5.1 Members must have completed a component of self-awareness as part of their training. This must be a minimum of 20 hours duration and may include group or individual therapy, self-awareness experiences, or family therapy.

2.5.2. An understanding of how one may use one's self in the therapeutic relationship should be integrated within the training

program according to the particular model in question. In addition students be encouraged to have experiences as a client in a modality compatible to the one in which they are training.

2.5.3 Should a student need psychotherapy/counselling, it should be encouraged as a way of deepening personal congruence and self-awareness. It should be sought in a way which does not disadvantage either the psychotherapy/counselling itself or the student's participation in the training program.

2.6. Distance education

2.6.1. Distance education programs must meet the requirements of this document (e.g. admission, curriculum, assessment, supervision, etc).

2.6.2. Some of the ways distance education programs can do this include:

2.6.2.1. A carefully designed subject guidebook should be written which requires the students to engage actively with theoretical material, recommended reading, and reflective exercises. Video lectures can also be used. The course description should provide evidence of a reflective/interactive process with lecturers and other students via phone, email and video contact, as well as person-to-person discussions within residential workshops.

2.6.2.2. Frequent feedback on written work between such contacts keeps the students informed of their progress. It is particularly important in distance education programs that feedback engages with specifics in student work (both theory and skills development) rather than simply offering generalised judgments, since there may be little immediate opportunity for students to press their tutor for details.

2.6.2.3. Clinical training which is adequately supervised and assessed needs to be incorporated in the program through:

- Intensive residential programs which provide skills training,

supervision, and feedback.

- Placement programs with a carefully monitored report from approved supervisors to give evidence of clinical progress (see 4.1.2. under Supervision). It is not sufficient that supervision embraces merely a general administrative overview of the student's work. Rather a detailed report from the approved supervisor on site in a form that addresses the student's practical competencies as set out in the course should be sent to the director of training as part of the assessment.)
- Videotapes of clinical sessions can be sent to tutors for assessment and detailed supervisory feedback on clinical skills.

2.6.3. Given the special circumstances of distance education, each program needs to show how its particular sequence of training meets the standards of this document, including the 200 hours of person-to-person training. For instance, a particular distance education training program might link in with another accredited program in the area where the student lives as part of the requirements. Or an additional well-supervised placement in the student's locality could partially fulfill the requirements. Evidence would always need to be given that the standards of this document are not compromised.

3. ASSESSMENT

3.1 Students should demonstrate not only knowledge of the model-specific theory but also an ability to apply this theory in competent clinical practice. Assessments may include:

A demonstration of knowledge of therapy through written assignments, examinations, oral presentations, case studies and contribution to class discussion;

Clinical skills via live supervision, video and audio taped interviews or rigorous frequent one-to-one supervision.

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- A demonstration of knowledge of theory through written assignments, examinations, oral presentations, case studies and contribution to class discussion.
- Clinical skills via live supervision, video and audio taped interviews or rigorous frequent one-to-one supervision.

3.2. Students should receive relevant and detailed feedback on all assessment tasks as soon as possible.

4. CLINICAL SUPERVISION

4.1. Introduction

4.1.1. Supervision is a formal, collaborative process between supervisor and supervisee, which monitors, develops and supports supervisees in their clinical role. Supervision is an essential component of any training program.

4.1.2. Supervisors must play more than an administrative role during supervision and seek evidence of clinical competence by their supervisees.

4.2. Principles

4.2.1. Methods of supervision include live interviews, audio/video tapes, process/case notes. Supervision may be conducted either in one-to-one or small group settings. Groups should not normally be larger than six participants.

4.2.2 Client consent should be sought as a precondition for taped or live interviews.

4.2.3 Supervision should include a clear supervisory contract with an approved supervisor.

4.2.4 The level of supervision should be appropriate to the level of complexity of the course being offered.

4.3. Supervisor Credentials

4.3.1. It is the task of the particular association to determine the qualifications required of a supervisor who prepare trainees for membership. However, as supervision presumes a level of competence beyond the most basic, supervisors should have been eligible to be *clinical* members of a relevant professional association

for at least three years.

5. TRAINER CREDENTIALS

5.1 Introduction

5.1.1. Any training program in Psychotherapy/Counselling involves educators with varying levels of qualifications and experience. Besides those who have primary responsibility for the training program, other educators with less or different training may enrich the learning environment with particular contributions. These contributions may be from a graduate student/tutor who has a particular role with the students, or a trainer who is working towards full faculty membership, or from visiting consultants.

5.1.2. The following guidelines apply directly to those who have the primary responsibility for a training program, in particular to the director of training. It is the responsibility of the director of training, in conjunction with the other faculty members, to monitor the standards of those additional professionals identified above.

5.2 Director of Training

5.2.1. Directors of training should have qualifications (or equivalent) in Psychotherapy/Counselling at least one level higher than the training/education being conducted by them.

5.2.2. Directors of training should be psychotherapists/counsellors of at least five years experience and at least meet PACFA Registered Standards.

5.2.3. Directors of training should be concurrently engaged in practice in psychotherapy and counselling relevant to the course they are teaching, or have had extensive clinical experience sufficient for their job.

5.2.4. Directors of training should be eligible for membership of the professional body relevant to their qualification.

5.2.5. Directors of training should demonstrate competence in facilitating adult learning, with some training or equivalent work experience in training delivery.

5.2.6. Directors of training should be willing to disclose to students their own training experience, philosophy of training and theoretical preferences.

5.2.7. Directors of training should be conscious of their own ongoing professional development and give evidence of such development when required.

5.2.8. Directors of training should foster curiosity and exploration in students.

5.2.9. Directors of training should not be in breach of professional ethical practice and should make sure that the same principle applies to participants. (See. PACFA Ethical Guidelines).

5.2.10. Directors of training should engage in respectful interactions with students and facilitate an atmosphere of open and honest expression of thoughts and feelings relevant to the training.

5.2.11. Directors of training should not discriminate between students on the basis of gender, class, cultural background, sexual preference, or any disability or belief that does not directly interfere with the competent fulfillment of their training role.

5.2.12. Directors of training should make sure that all courses are assessed by the participants, and that the feedback is made known to the director and the appropriate lecturer/trainer.

5.3 Trainers

5.3.1 Trainers other than the director of training who have primary responsibility for substantial aspects of training delivery, and are designated as trainer rather than tutor or visitor etc., should meet the same criteria, with allowably fewer years of experience than directors.

Appendix

Definition of 'client'

A client is defined as a client or a patient who has no pre-existing or personal/non-professional relationship with the counsellor or psychotherapist.

Definition of 'client contact'

Client contact hours comprise live contact with the client only. Case presentation, supervision, observation, note taking and role plays (see *definition of role play*) are not part of the client contact hours; these components are regarded as preparation for client work within the training context.

*AQF Australian Qualifications Framework www.aqf.edu.au