



Psychotherapy & Counselling
Federation of Australia

PACFA Training Standards 2012

The revised Training Standards apply only to new applicants to Member Associations effective from the date stated above. Existing members of Member Associations were admitted under prior training standards.

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Introduction

These training 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 a **Postgraduate Equivalent** qualification 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).

OR

An **Undergraduate Equivalent** qualification of 350 hours person-to-person training in counselling and or psychotherapy and 50 hours of supervision relating to 200 hours of client contact. This must be over a minimum of three years. 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).

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

1. ADMISSION

1.1. Principles

- 1.1.1. Trainees need to demonstrate the presence of some fundamental human capacities (as outlined in Points 1.1.2 to 1.1.5 below) as a pre-requisite for beginning training as a psychotherapist/counsellor. These capacities can be demonstrated through live interviews, observing the trainee's participation in an experiential workshop, referees, etc.
- 1.1.2. Trainees need to demonstrate self-awareness, including the capacity to relate in a facilitative way with others and to reflect on and examine the impact of these actions.
- 1.1.3. Trainees need to demonstrate a relational capacity. This could be in a one-to-one therapeutic situation or, if the therapeutic modality involves couples/family/group work, an ability to work with a group or team.
- 1.1.4. Trainees need to 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 identity, disability or beliefs.

2. CURRICULUM

2.1. Introduction

- 2.1.1. Each training program should make a clear statement of the philosophy of training underpinning the course and give evidence that the guidelines the current PACFA Training Standards are being met.
- 2.1.2. Course outlines should be provided upon 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.
It is at the discretion of the training provider as to how the course integrates the academic and clinical components. Postgraduate courses which offer intensive full-time training over one academic year must include a second academic year of supervised clinical practice. Similarly, undergraduate courses which offer intensive fulltime training in less than 3 years must offer a third year of supervised clinical practice.

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 trainee 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 trainees and trainers 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 audiovisual), written notes, 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/counselling 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,
 - Suicide risk assessment and management,
 - Ethics of clinical practice and supervision,
 - Professional development,
 - Theories and processes of psychotherapy/counselling,
 - Stages of human development,
 - Understanding human diversity including culture, gender, age, ability, class, religion and ethnicity,
 - Self awareness, *and*
 - Familiarity with research on counselling and psychotherapy effectiveness.
- 2.3.4. Members who wish to apply for registration as Mental Health Practitioners must also have successfully completed training that enables them to demonstrate that they have:
- An understanding of research and evaluation methods in mental health, *and*
 - Knowledge of current assessment techniques and interventions in mental health.

If necessary, this training can be completed any time up to applying for placement on the PACFA Register as a Mental Health Professional.

2.4. Clinical Practice

- 2.4.1. Training in clinical practice should be informed by the theory of the modality, 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 methods, such as modelling by clinicians, counsellor-client practice, clinical placements, role-plays, and concrete and specific feedback.
- 2.4.4. Members must have completed a minimum 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. Co-therapy may only comprise 50 hours of the 200 hours client contact.
[See Appendix 1 for definition of the terms **client**, **client contact**, and **co-therapy**].

2.5. The use of 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 modality. In addition, trainees are encouraged to have experiences as a client in a modality compatible to the one in which they are training.
- 2.5.3. Where a trainee has need of 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 trainee's participation in the training program.

2.6. Distance Education

- 2.6.1. Distance education programs must meet the requirements of the current PACFA Training Standards (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 which requires trainees to engage actively with theoretical material, and includes recommended reading, and reflective exercises. Audiovisual lectures can also be used.
- 2.6.2.2. The course description should provide evidence of a reflective/interactive contact process with trainers and other trainees via phone, email and/or web-based interaction, as well as person-to-person discussions within residential workshops.
- 2.6.2.3. Frequent feedback on written work between such contacts keeps the trainees informed of their progress. It is particularly important in distance education programs that feedback engages with specifics in trainee work (both theory and skills development) rather than simply offering generalised judgments, since there may be little immediate opportunity for the trainee to press their trainer for details.
- 2.6.2.4. 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.
 - Clinical placement programs which include carefully monitored reports from approved supervisors giving evidence of clinical progress (see 4.1.2. under Clinical Supervision). It is not sufficient that supervision embraces merely a general administrative overview of the trainee's work. Rather a detailed report from the approved on site supervisor in a manner that addresses the trainee's practical competencies as set out in the course requirements should be sent to the course coordinator as part of the assessment.)
 - Audiovisual or other recordings of clinical sessions can be sent to trainers 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 trainee lives as part of the requirements. Evidence would always need to be given that the standards of this document are not compromised.

3. ASSESSMENT

3.1. Assessment Processes

Trainees 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 theory through written

assignments, examinations, oral presentations, case studies and contribution to class discussion, *and*

- Clinical skills via live supervision, recorded interviews (audio or audiovisual) and rigorous frequent one-to-one supervision.

3.2. Assessment Feedback

Trainees should receive timely, relevant and detailed feedback on all assessment tasks.

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. Supervision may be conducted either in one-to-one or small group settings.
- 4.2.2. Supervision group size. Groups should not normally be larger than six participants. Although 6 participants is deemed the maximum size for optimal supervision learning, in training circumstances the first 20 hours can be conducted within a group of up to 12 members. All subsequent hours must be conducted in groups of no more than 6. In groups of more than 12 members, no hours will be counted towards supervision.
- 4.2.3. Modes of supervision presentation. These may include live interviews, audio or audiovisual recordings, formal case presentations, process and/or case notes. Client consent should be sought as a precondition for recorded or live interviews.
- 4.2.4. Supervision should include a clear supervisory contract with an approved supervisor.
- 4.2.5. The level of supervision should be appropriate to the level of complexity of the course being offered.
[See Appendix 2 for definition of terms relating to ***Clinical Supervision***]

4.3. Supervisor Credentials

- 4.3.1. It is the task of the particular Member Association to determine the qualifications required by supervisors 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, i.e. a minimum total of 5 years clinical experience. Supervisors should meet the PACFA Supervision Training Standards.

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 trainee 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 course coordinator. It is the responsibility of the course coordinator, in conjunction with the other faculty members, to monitor the standards of those additional training staff identified above.

5.2. Course Coordinators

- 5.2.1. Course coordinators must have qualifications (or equivalent training) in psychotherapy/counselling at least one level higher than the training being conducted by them.
- 5.2.2. Course coordinators must be psychotherapists/ counsellors of at least five years experience. They must at least meet PACFA Register standards and be eligible for clinical membership of the professional body relevant to their qualification.
- 5.2.3. Course coordinators must be concurrently engaged in practice in psychotherapy/counselling relevant to the course they are teaching, or have had extensive clinical experience sufficient for their job role.
- 5.2.4. Course coordinators must demonstrate competence in facilitating adult learning, with some training or equivalent work experience in training delivery (refer to section 4.2 of the PACFA Code of Ethics, 2010).
- 5.2.5. Course coordinators must be willing to disclose to trainees their own training experience, philosophy of training and theoretical preferences.
- 5.2.6. Course coordinators must be conscious of their own ongoing professional development and give evidence of such development when required.
- 5.2.7. Course coordinators need to foster curiosity and exploration in trainees.
- 5.2.8. Course coordinators must not be in breach of professional ethical practice and should make sure that the same principle applies to trainees. (See *PACFA Ethical Guidelines*).
- 5.2.9. Course coordinators must engage in respectful interactions with trainees and facilitate an atmosphere of open and honest expression of thoughts and feelings relevant to the training.
- 5.2.10. Course coordinators must not discriminate between trainees on the basis of gender, class, cultural background, sexual identity, or any disability or belief that does not directly interfere with the

competent fulfilment of their training role.

- 5.2.11. Course coordinators must make sure that all courses are assessed by the participants, and that the feedback is made known to the director and the appropriate trainers.

5.3. Trainers

- 5.3.1. Trainers other than the course coordinator who have primary responsibility for substantial aspects of training delivery, and are designated as the title of trainer rather than tutor or consultant, etc, need to meet the same criteria as outlined for course coordinators (points 5.2.1 to 5.2.13 with a minimum of 5 years experience as practitioners within their field.

Appendix 1. Definition of Terms Relating to Client Contact

1.1 Client

The term client is used in the context of the Training Standards to refer to either client or patient. A client may be an individual, a couple, a family or a group in the context of psychotherapy/counselling provision.

The client must have no pre-existing, personal or non-professional relationship with the counsellor or psychotherapist.

1.2 Client Contact

Client contact, for the purposes of the Training Standards, involves a range of experiences of the trainee working directly with clients (as defined above) where there are no dual relationships between client and trainee.

Client contact hours, first and foremost, comprise real life, person-to-person contact with the client.

Alternative contact such as telephone, online, and web technology such as Skype may be considered when considerations such as geographical distance and disability of the trainee exist. In such unavoidable circumstances the training body needs to determine the means and feasibility of alternative client contact measures.

Case presentation, supervision, note taking, role plays and client observation are not part of client contact hours; these components are regarded as preparation for client work within the training context.

1.4 Co-Therapy

Co-therapy, for the purposes of the Training Standards, involves a trainee working with a trainer or qualified practitioner in a dual capacity of providing psychotherapy or counselling at the same time with the same client or client group.

Appendix 2. Definition Of Terms Relating To Supervision

2.1. Clinical Supervision

Clinical supervision is a contractual, collaborative process which monitors, develops and supports supervisees in their clinical role. Clinical supervision can be undertaken as **Individual Supervision, Peer Supervision & Group Supervision** (see definitions below).

In clinical supervision the central focus is on both the optimum treatment outcome for the client and the professional development and self care of the supervisee.

The process of clinical supervision is seen to encompass a number of significant components, including a formal agreement between supervisor and supervisee. It is an opportunity for the supervisee to present relevant material regarding their clinical practice via case discussion, recordings of client sessions, role plays, etc, allowing a space for reflective review by the supervisee and feedback by the supervisor. The supervisory relationship and process of supervision are congruent with the developmental needs of the supervisee.

2.2. Individual Supervision

Individual supervision refers to clinical supervision undertaken by an individual supervisee with a designated supervisor. The supervisor will most often be a more senior clinician or have acquired more experience in a specialist area of practice. Senior practitioners may well choose a supervisor of equal experience whereby the supervision lends itself as a space for reflection and for gaining alternative perspectives.

2.3. Peer Supervision

Peer supervision refers to reciprocal supervision arrangements where colleagues or peers work together for mutual benefit, rotating the roles of supervisor and supervisee. This is a formal process where clinicians contract to provide collegial critiquing and enhancement of each other's clinical work. Peer supervision can be undertaken as a dyad or within a small group of no more than 6 members.

Peer supervision is considered more beneficial for experienced practitioners than for novice practitioners. Peer supervision hours are not accepted for PACFA Register purposes for those with less than 5 years clinical experience post eligibility for clinical registration.

2.4. Group Supervision

Group supervision has a designated supervisor who simultaneously provides supervision and facilitates the group supervision process. Group supervision can be comprised of 2 to 6 supervisee members.

An exception to this recommended optimal group size exists for training situations where a proportion of group supervision provided in groups of up to 12 trainee members will count towards meeting PACFA Training Standards (see 4.2.2).

2.5. Supervisor

A supervisor is a practitioner with a minimum of 5 years clinical experience who has supervision competencies which satisfy the requirements of the PACFA Supervision Training Standards. The supervisor is generally seen to have more experience than the supervisee with regard to professional seniority, skill development and possibly within a particular speciality, although senior practitioners might select a supervisor of equal status.

2.6. Group Supervisor

A group supervisor who facilitates a group of supervisees, in addition to the requirements for supervisor (Appendix 2.4), has specific skills to conduct the group process and to manage any group dynamics that arise.

Please note that the PACFA Training Standards are formally reviewed on a 3 yearly basis by the Training Standards Committee.