



Psychotherapy & Counselling
Federation of Australia

PACFA Training Standards 2014

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 a single course **delivered 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

** includes institution approved articulations

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 meet 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. The guiding principle is that all training courses should be theoretically informed and practice based.
- 2.3.2. 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.
- 2.3.3. 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.
- 2.3.4. Members must have completed a course that includes the following subjects or their equivalent:
 - Models of assessment and intervention,
 - Knowledge and integration 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,
 - Alternative modes of working with clients, including telephone and real-time internet, incorporating potential security and confidentiality issues
 - Stages of human development,
 - Knowledge and integration of the range of understanding human diversity including culture, gender, sexual identity, sexual orientation, age, ability, class, religion and ethnicity,
 - Specific training in indigenous awareness and acknowledgement of indigenous history
 - Self awareness, *and*
 - Familiarity with research on counselling and psychotherapy effectiveness.

2.3.5. 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 of face-to-face, in the same room, 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 Learning

- 2.6.1. Distance Learning 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 learning 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 should provide a mixture of synchronous and asynchronous study. It 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 learning 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 learning, 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 learning 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. Trainings should provide transparency and accountability in their assessment processes.

3.2. 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.

3.3. 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 supervisee's clinical competence by their supervisees.

4.2. Principles

4.2.1. Methods of supervision. Supervision may be conducted in either 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, it is recommended that supervisors are 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 are expected to meet the PACFA Supervision Training Standards.
- 4.3.2. It is recommended that supervisors providing the first 10 hours of supervision for the trainee's initial 40 hours of practice hold a formal qualification in counselling or psychotherapy

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 role.
- 5.2.4. Course coordinators must demonstrate competence in facilitating adult learning, with some training or equivalent work experience in in training delivery.
- 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 Code of Ethics, 3.1 Values of Counselling and Psychotherapy*).
- 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).

PACFA Training Standards DEFINITIONS

Appendix 1. Definition of Terms Relating to Client Contact

1.1 Client

The term client is used in the context of the PACFA Professional 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 and /counselling provision.

The client must have no pre-existing, personal or professional relationship with the counsellor or psychotherapist to avoid dual roles.

1.2 Client Contact

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

Client contact hours, first and foremost, comprise face-to-face, in the same room contact with the client.

Some alternative client contact such as telephone, online, and web technology such as Skype may be considered after the initial 40 client hours. 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.

The following items are not part of client contact hours for the purposes of the Training Standards:

Case presentation, supervision, reflective teams, note taking, role plays, practice sessions and client observation.

These components are regarded as preparation for client work within the training context.

1.3 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 to provide 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** and **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 the supervisor and supervisee. It is an opportunity for supervisees 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.

2.3. Group Supervision

Group supervision is facilitated by a designated supervisor who simultaneously provides supervision and facilitates the group supervision process. Group supervision can be comprised of two to six supervisee members.

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

2.4. Supervisor

A supervisor is a practitioner with a minimum of five 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,.

2.5. Group Supervisor

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