



Psychotherapy & Counselling
Federation of Australia

Specialist Training Standards 2018

Table of CONTENTS

SPECIALIST ACCREDITED PROGRAMS

1	BACKGROUND TO THE SPECIALIST TRAINING STANDARDS	- 1
2	ELIGIBILITY FOR PACFA MEMBERSHIP OR REGISTRATION	- 1
3	SPECIALIST EDUCATION AND TRAINING	- 2
4	ADMISSION	- 2
5	LEARNING AND TEACHING	- 3
6	ASSESSMENT	- 4
7	STAFFING	- 5
8	CLINICAL SUPERVISION	- 6

APPENDICES

1	DEFINITIONS OF TERMS RELATING TO CLIENT CONTACT	- 7
2	DEFINITIONS OF TERMS RELATING TO SUPERVISION	- 8

1. Background to the Specialist Training Standards

1.1 Purpose of the Specialist Training Standards

The Specialist Training Standards set standards for specialist training in counselling or psychotherapy. Specialisation may relate to in particular counselling or psychotherapy modalities or fields of practice.

Completion of a Specialist Training Program in counselling or psychotherapy provides enhanced knowledge and skills in the specialist modality or field of practice and graduates have substantial involvement, experience and expertise in their specialisation.

The Specialist Training Standards aim to benefit the public and the counselling and psychotherapy profession of by:

- Offering counsellors and psychotherapists opportunities to be recognised for obtaining a high level of competency in a specialist modality or area of practice;
- Providing a means of identifying practitioners who are recognised as having a specialisation in a specialist modality or area of practice; and
- Assuring high quality education and training is provided to those seeking specialist recognition.

1.2 Minimum requirements

The Specialist Training Standards provide **minimum** requirements for training while recognising that different theoretical approaches and specialties have different needs when it comes to length and breadth of training and curriculum. For example, the training required for someone who wishes to specialise in grief and loss counselling, versus someone who seeks to specialise in psychoanalytic psychotherapy, will be vastly different. The minimum requirements in these Training Standards should not be interpreted as being adequate for all types of specialist training. Each course will be assessed individually on its ability to provide high quality specialist training that meets learning and training requirements of the modality or practice area.

2. Eligibility for PACFA membership or registration

The Specialist Training Standards are intended for training programs in counselling or psychotherapy that prepare practitioners to specialise in a particular therapy modality or field of counselling or psychotherapy practice.

Trainees undertaking specialist training will have previously completed training in counselling or psychotherapy that meets the PACFA Registration Requirements if they wish to be eligible for PACFA membership or registration.

This requirement does not limit training providers to accepting only qualified counsellors and psychotherapists or professionals from related fields, such as social workers, occupational therapists, chaplains, and psychologists, into their courses. It is recognised that anyone may potentially benefit from PACFA-accredited specialist training.

PACFA members who complete a PACFA-accredited Specialist Training Program will receive recognition from PACFA for their specialisation.

3. Specialist Education and Training

3.1 Level and depth of training

These training standards require Specialist Training to be, at a minimum, **equivalent** to a Graduate Certificate in terms of level and depth of training, as defined by the Australian Qualification Framework. For details see www.aqf.edu.au.

3.2 Volume of Learning

Training must have a minimum volume of learning of 144 hours of instruction made up of at least 4 units of study in the specialist modality or area of practice, completed over a minimum of six months.

This may be made up of:

- i. 72 hours direct person-to-person instruction or online synchronous instruction e.g. interactive webinars, interactive videoconference. The focus of person-to-person or online synchronous instruction is on skills development in the specialist modality or area of practice.
- ii. 72 hours of instruction may be conducted via online asynchronous training for theory-based studies.

3.3 Client Contact

- i. A minimum of 15 hours of face-to-face counselling or psychotherapy practice in the specialist modality or field of practice (client contact) must be completed during training and assessed as successful by the training provider. A minimum amount of clinical supervision equaling 25% of the client contact hours must also be completed during training. Successful completion of supervised practice is required to be evidenced by a log signed by the responsible supervisor(s). For example, 20 hours of face-to-face counselling practice requires 5 hours of clinical supervision.
- ii. Details of the client work must be included in a professional log which the student maintains and presents at assessment as evidence of competence to practice in the specialist modality or area of practice. (Client confidentiality must be maintained in the log).
- iii. Client contact generally includes other activities in addition to the minimum 15 hours of face-to-face supervised client contact (e.g., writing case notes and administration).
- iv. Training providers may request an exemption of the requirement for client contact in the specialist training program if they can demonstrate alternative pathways to client contact in order to enable students to obtain appropriate clinical experience and competence to practice in the specialist modality or area of practice.

4. Admission

4.1 Principles

- i. Prospective trainees must have completed previous training in counselling or psychotherapy that meets the requirements of the Registration Requirements if they wish to be eligible for PACFA recognition for specialised training; however, Specialist Training Programs may accept

trainees from other backgrounds.

- ii. Prospective trainees must demonstrate the presence of fundamental human capacities, including self-awareness, relational capacity, mature approach, and the ability to reflect on and learn from experience as a pre-requisite for acceptance into Specialist Training. Previous education or work experience in counselling and/or psychotherapy is acceptable evidence. If trainees do not have previous education or work experience, accepted methods for assessing these capacities are interviews, questionnaires, and/or references from employers, past academic staff, etc.
- iii. Prospective trainees should demonstrate a capacity to understand and practice ethical behaviour and be prepared to follow the PACFA Code of Ethics as an integrated requirement of the program.
- iv. Applicants must be aware that they will need to have supervised client contact as part of their training, if required by the Specialist Training Program.

4.2 Process

- i. The process of selection should be non-discriminatory on the grounds of gender, class, cultural background, sexual identity, religion, disability or beliefs.
- ii. Academic Credit for admission to a Specialist Training Program may be awarded as long as it meets the following requirements:
 - No academic credit is allowed for the client contact and clinical supervision requirements which may be required during training unless the client contact relates specifically to the specialist modality or area of practice.
 - No academic credit is allowed for units of study undertaken in a first counselling or psychotherapy training programs towards specialist training. Units of study cannot be counted twice towards a first counselling or psychotherapy training and a Specialist Training Program.
 - When academic credit is awarded, the total length of the specialist training, including the academic credit, must meet the minimum requirements of the Specialist Training Standards in terms of the volume of learning and length of training.
 - When academic credit is awarded, no more than 25% of the required specialised training course credit can be awarded.
- iii. Admission to a specialist training program may be granted on the grounds of advanced standing equivalent to the requisite academic entry requirements of the training institution.

5. Learning and Teaching

5.1 Philosophy of Training

The Specialist Training Program should make a clear statement of the philosophy of training and theoretical framework underpinning the course.

5.2 Curriculum and Program Content

i. The training provider has a comprehensive curriculum that is organised according to defined outcomes and graduate attributes, and which includes:

- Program structure
- Modes of delivery
- Curriculum content mapped to show linkages between the teaching objectives, learning outcomes, and assessment
- Teaching and learning approaches
- A client contact placement plan. Where an exemption from client contact is requested, the training provider must demonstrate alternative pathways to supervised client contact where trainees obtain appropriate clinical experience and competence to practice in the specialist modality.
- The duration of training should be shown to relate to the optimal time required to achieve specialization and enable graduates to fulfill the role of specialist in the field.

ii. Program content supports the development and application of specialist knowledge and skills in the areas of:

- Theory and methods of counselling/psychotherapy relevant to the speciality;
- Application of relevant theory and methods of counselling/psychotherapy to practice;
- The diversity of clients (with respect to their cultural, social, physical and other experiences and identification) and how this impacts effective and respectful counselling/psychotherapy;
- Understanding of the value and application of research in evidence-based practice;
- Effective planning, assessment and evaluation practices;
- Critical thinking and reflective practice with respect to the role of counsellor/psychotherapist;
- Legal and ethical issues that underpin competent and effective practice; and
- Understanding of the importance of ongoing and appropriate personal and professional development for effective practice.

iii. The curriculum is underpinned by a scholarly foundation to ensure the specialised training is evidence based.

iv. Trainees are given the opportunity to provide feedback about the course curriculum and content to the to the training staff and director/program manager.

6. Assessment

6.1 Trainers should clearly document assessment and completion requirements, and these documents are accessible to all staff and trainees.

6.2 Trainers should provide transparency and accountability in their assessment processes.

6.3 Assessment Processes

Trainees should demonstrate not only knowledge of the theory underpinning the specialist modality or area of practice but also an ability to apply this theory in competent specialist clinical practice.

Assessments should include a variety of assessment approaches across a range of contexts to evaluate competence for specialist practice. This may include:

- demonstration of knowledge of theory through written assignments, examinations, oral presentations, case studies, practice capability, and contribution to class discussion; and
- Where client contact is included as part of the specialist training, clinical skills via live supervision, recorded interviews (audio or audiovisual) and rigorous frequent one-to-one supervision.

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

6.5 The training provider has processes for identification of trainees who are not meeting the outcomes of the Specialist Training Program and implements appropriate measures in response.

7. Staffing

7.1 Any training program in psychotherapy/counselling involves educators with varying levels of qualifications and experience. Besides those who have primary responsibility for the Specialist Training Program, other educators and trainers with less or different training may enrich the learning environment with particular contributions.

7.2 The number of staff required to resource the teaching and learning within a program will vary depending on the size and structure of course. It is recommended that there are at least two staff members involved with any course, and that the staff to student ratio within the program is no more than 1:20. The range of qualifications and experience of academic staff should reflect the needs of the training program.

7.3 Training Staff

- i. Training staff have qualifications in psychotherapy/counselling or a related discipline as well as qualification in the specialist modality or area of practice of the Specialist Training Program. If there has been no Australian qualification in the specialist modality, they must have five years' of experience in the specialist area.
- ii. Training staff are psychotherapists/counsellors or professionals from a related discipline of at least five years' experience who are clinical or full members of the professional body relevant to their qualification.
- iii. Training staff are concurrently engaged in practice in psychotherapy/counselling relevant to the specialist modality or area of practice of the course they are teaching, or have had extensive clinical experience sufficient for their role.
- iv. Training staff can demonstrate competence in facilitating adult learning, with some training or equivalent work experience in in-training delivery.

- v. Training staff adhere to and demonstrate ethical professional practice and support their application in trainees.
- vi. Training staff do not discriminate between trainees on the basis of gender, class, cultural background, sexual identity, religion, or any disability or belief that does not directly interfere with the competent fulfilment of their training role.
- vii. Trainees are given the opportunity to provide feedback about the training staff, and the feedback is made available to the director/program manager and the appropriate trainers.

8. Clinical Supervision

- 8.1 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.
- 8.2 Supervisors must undertake a professional supervisory role and seek evidence of and report supervisee's clinical competence.
- 8.3 Supervision may be conducted in either one-to-one or small group settings.
- 8.4 Supervision groups should not normally be larger than six participants. Although 6 participants is deemed the maximum size for optimal supervision learning, larger supervision groups may be appropriate where a rationale can be provided.
- 8.5 Modes of supervision presentation 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.
- 8.6 Supervision should include a clear supervisory contract with an approved supervisor.
- 8.7 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.]
- 8.8 As supervision presumes a level of competence beyond the most basic, supervisors must have been clinical members of a relevant professional association for at least three years. Where supervisors do not meet this requirement, they must currently hold the required membership and must have been eligible to be clinical members of a relevant professional association for at least three years, i.e. they have a minimum total of five years clinical experience. Supervisors are expected to meet the PACFA Supervision Training Standards.
- 8.9 Supervisors should have experience supervising in the specialist modality of the training or be approved as appropriately qualified by the training provider.

APPENDIX 1

Definition of Terms Relating to Client Contact

Client

The term client is used in the context of the PACFA Specialist 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.

Client Contact

Client contact, for the purposes of PACFA's Specialist 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 may be face-to-face, in the same room contact with the client, or other methods of client contact such as telephone counselling, online counselling using web technology such as Skype, or co-therapy.

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.

Co-therapy

Co-therapy involves a trainee working with a trainer or qualified practitioner or another trainee 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

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 should be congruent with the developmental needs of the supervisee.

Individual Supervision

Individual supervision refers to clinical supervision undertaken by an individual supervisee with a designated supervisor.

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, or larger groups where a rationale has been provided.

Supervisor

A supervisor is a practitioner with a minimum of five years clinical experience who has supervision competencies which are equivalent to 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.

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).