

ATT: Inquiry Secretary

Health, Communities, Disability Services, and Domestic and Violence Prevention Committee

Parliament House
George Street
Brisbane, Qld, 4000
Australia

Email: hcdsdfvpc@parliament.qld.gov.au.

RE: Submission in response to the Mental Health Amendment Bill 2016 introduced into the Queensland Parliament

DATE: 16 January 2017.

Members of the Committee,

The ACA is Australia's largest single registration body for Counsellors and Psychotherapists with over 5,000 members. ACA serves a crucial role in advocating and advancing the profession of counselling and psychotherapy.

The Australian Counselling Association Inc. (ACA) welcomes the opportunity to present its Submission in relation to the Queensland Parliament Mental Health Amendment Bill 2016.

Following is the ACAs submission response to the Bill, specifically in relation to the recently published Scope of Practice for Registered Counsellors.

The ACAs submission Queensland Mental Health Amendment Bill 2016 is in response to Part 2 Principal Provision of the Bill regarding a Registered Counsellors ability to operate as an authorised mental health practitioner. An authorised mental health practitioner is an authorised person for the Act. The ACA acknowledges the ability of the Hospital Networks Chief Executive Officer to appoint an employee as an authorised person as defined under section 67 the Queensland *Hospitals and Health Boards Act 2011*.

The ACAs concerns are about its member to be considered authorised mental health practitioners under the Queensland Mental Health Amendment Bill 2016. Specifically relating to Part 2 Clause 3 Amendment of s 32(Powers of doctors or authorised mental health practitioners) Section 32(2)(c)(i).

The ACA believes that Registered Counsellors at Levels Three and Four are suitably trained and qualified and can be appropriately appointment as authorised mental health practitioners.

Registered Counsellors at Levels Three and Four have the ability to:

- examine a person and decide if a recommendation for assessment should be made.
- decide if there is sufficient evidence to support their view that the treatment criteria may apply to the person in accordance with internationally accepted medical standards and;
 - make recommendations and review assessment, including a mental state examination and comprehensive information gathering.
 - take account of clinical considerations and minimising any potential adverse impact on the person's health and wellbeing.
- upload the recommendations for assessment to Queensland Health Consumer Integrated Mental Health Application (CIMHA).

Attached is a copy of the ACAs *Scope of Practice for Registered Counsellors*. In particular the ACA would like to draw attention to Section A - Scope of Practice, defining the Professional Practice, Critical Thinking and analysis that supports recovery, Communication and Work Force Development. The ACA would recommend Registered Counsellors at Levels Three and Four to be considers as authorised mental health practitioners for the purposes of the bill.

Yours sincerely

Damien Jones

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Provided for Philip Armstrong FACA – CEO

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AUSTRALIAN COUNSELLING ASSOCIATION

Scope of Practice

for Registered Counsellors

10 October 2016



AUSTRALIAN COUNSELLING ASSOCIATION

Scope of Practice

for Registered Counsellors

10 October 2016

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PREFACE

Registered counsellors provide many social and economic benefits to the Australian mental health system, from improved consumer treatment engagement, increased independent living, reduced homelessness, lower levels of substance abuse and improved employment participation to a reduction in suicidal ideation and homicide risk. Providing counselling services within the mental health commissioning landscape enables consumers access to a wider range of efficient and appropriate services, which are safe and responsive to consumers' presenting and emerging mental health needs.

Registered counsellors are trained 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 supervision and ongoing professional development.

Registered counsellors train in assessment procedures and the use of assessment tools to communicate clinical outcomes with other allied health professionals such as general practitioners (GPs) and psychiatrists. Counselling provides consumers who would not normally benefit from standard treatment options provided by their GP 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 an 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 the *Scope of Practice for Registered Counsellors*, ACA has reviewed and evaluated the registration and practice requirements of their members, the type of programs and services in which they operate, 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 are: 1. the registered counsellor's relevant professional practice; 2. their critical thinking and analysis skills; 3. their communication responsibilities when providing support facilitation/case management; and 4. 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 registered counsellors into existing and emerging mental health programs and services.

This *Scope of Practice for Registered Counsellors* is the outcome of ACA's consultation with strategic stakeholder groups, from private enterprise and the non-government sector to state, territory and federal governments. The *Scope of Practice for Registered Counsellors* 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 wider health system. This scoping document is intended to help service program designers, bureaucrats, employers, government ministers and the consumer to understand the *Scope of Practice for Registered Counsellors*.

Philip Armstrong FACA—CEO
Australian Counselling Association Inc.

FOREWORD

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

The Australian Counselling Association'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 career of over 50 years. 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 from the *Scope of Practice for Registered Counsellors*, page 4.

Accountability—mental health consumers are some of the most vulnerable people in society, they, therefore, 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 for Registered Counsellors* defines a consistent and proficient use 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 the Australian Counselling Association'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 counsellor's capabilities and identifies the most important aspects of a registered counsellor's service provision and the delivery of psychological interventions
- 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 in 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, family communication and mental health.

The clarity of the *Scope of Practice for Registered Counsellors* 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.

Having been in 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; Society for the Psychological Study of Culture, Ethnicity and Race; and Asian American Psychological Association

Past president, Society of Counselling Psychology

Distinguished university professor, University of Massachusetts, Amherst

Allen E. Ivey received his counselling doctorate from Harvard University and is Distinguished Emeritus Professor at the University of Massachusetts, Amherst and Courtesy Professor, Counselor Education, University of South Florida, Tampa. 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 as well as neuroscience to the analysis and treatment of severe psychological distress.

His recent books include: *Intentional Interviewing and Counseling* 8th edn, Cengage (2013); *A Theory of Multicultural Counseling and Therapy*, Thomson Brooks/Cole (1996); and *Theories of Counseling and Psychotherapy: A Multicultural Approach* 7th edn, SAGE Publications (2011).



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.

The Scope has been developed in response to the National Mental Health Commission's *Review of Mental Health Programs and Services*, commissioned by the Australian Commonwealth Government.

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 Aged Care'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 workforce personnel to current service providers and add to the mental health field force shortages with core professional practitioners to:

- 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, 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
- 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. 'Registered counsellor' (Armstrong, 2014) under this Scope is an individual who meets the requirements for registration. 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 specifically relates to registered counsellors who work within the sphere of allied health professionals. The Scope framework addresses the issue of unplanned responses that can result in a wide variation in practice between counsellors of a similar background and experience and between similar mental health programs and services.

The Scope will enable consumers, health system 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
- 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, meet ongoing professional development 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.

ACA has established specialised professional colleges, each of these has unique standards

of practice for counsellors operating within their prescribed field. ACA Professional Colleges, established in 2010, include Alcohol & Other Drugs, Family Therapy, Grief & Loss, Professional Supervision, Counselling Hypnotherapist, Creative Arts Therapist, and Aboriginal and Torres Strait Islander Counsellors. Members of these professional colleges have demonstrated an in-depth understanding of their specialisation, supported by relevant education and practice experience. Each professional college requires members to meet the continuous professional development and supervision relevant to their professional college's specialisation, in addition to their annual ACA membership requirements.

Registered counsellors consistently demonstrate skills, knowledge, responsibilities and accountabilities commensurate with their level of attainment. The Scope demonstrates how registered counsellors can contribute widely within their program/service environment as therapeutic providers, case managers, team leaders and strategic thinkers. Registered counsellors are a critical component of service delivery, able to 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 up-to-date with industry movements.

Vision

Counsellors provide an essential service within the mental health system, providing psychological interventions that support the consumer's journey 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 and can 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 has originated from years of counselling experience and practice gained by established registered counsellors and draws on 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 frameworks for registered counsellors operating in programs/services. The Standards of Practice and Guidelines draw on 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
- Aboriginal and Torres Strait Islander peoples.

Principles

- *Safety*—Consumers have access to safe and of high-quality psychological interventions.
- *Quality in practice*—Ensure the delivery of counselling interventions and services are consistent with repeatable and evaluative outcomes.
- *Innovation*—Respond effectively to consumer mental health needs by providing evidence-based psychological interventions.
- *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 on 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 have the ability to 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 term ‘counsellor’ is not a title protected by law. This document refers only to ‘registered counsellors’ as those counsellors whose qualifications and experience have been verified through a formal membership application process to be registered with ACA.

ACA recognises the qualification standards as set out by the Australian Qualifications Framework (AQF). The AQF (2013) guides the learning outcomes of the graduate’s 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 application of knowledge and skills gained through the course of study. The frameworks provide for AQF levels of attainment, allowing graduates to progress through their studies utilising relevant knowledge and skills which 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, supported 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 2 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 employer assistant providers. Additionally, ACA has worked directly

with the Federal Minister for Health and Ageing, primarily with the senior mental health advisers from 2014 to 2016. ACA has met with over fifty training providers from both the vocational and higher education sectors including private providers, universities, TAFEs, colleges, religious-based training organisations and Aboriginal and Torres Strait Islander peoples. This Scope is the result of these many meetings.

Workforce inclusion

Over the last 2 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 in a number of ways, including:

- improved consumer engagement with treatment
- increased independent living
- reduced homelessness
- lower levels of substance abuse
- better global functioning
- higher employment rates
- 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 and coaching
- contributing to the clarification of diagnosis
- collaboration with consumers, carers, stakeholders to develop partnerships.

The Scope identifies a 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/ services and models of delivery and care.

Employment awards for counsellors

Counsellors are employed under various awards depending on the primary service they are delivering. The following are links to the relevant awards.

- Federal Award: Health Professionals and Support Services Award 2010
https://www.fwc.gov.au/documents/documents/modern_awards/pdf/ma000027.pdf
- Teaching in State Education Award—State 2016 (Community Education Counsellors Queensland)
http://www.qirc.qld.gov.au/qirc/resources/pdf/awards/t/teaching_in_state_education.pdf
- NSW Health Service Professionals (State) Award
http://www.health.nsw.gov.au/careers/conditions/Awards/hsu_health_professional.pdf
- Fair Work Commission Educational Services (Schools) General Staff Award 2010
https://www.fwc.gov.au/documents/documents/modern_awards/pdf/ma000076.pdf
- Fair Work Commission Health Professionals and Support Services Award 2010
https://www.fwc.gov.au/documents/documents/modern_awards/pdf/ma000027.pdf

ACA-registered counsellor requirements

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

Provisional—This level of membership is open to graduates who have completed a non-ACA-accredited AQF Level 5—Diploma that is nationally accredited. ACA has intentionally not included this membership title within the *Scope of Practice for Registered Counsellors* as the Scope is defined against skill levels of which ACA is aware. 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 are able to move to Level 1 membership after having completed 18 months of supervised practice which includes the completion of a minimum of 50 hours of documented supervision.

How ACA defines its membership levels against AQF qualifications

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

AQF Level 5—Diploma

AQF Level 6—Advanced diploma/associate degree

AQF Level 7—Bachelor's degree

AQF Level 8—Graduate certificate/diploma

AQF Level 9—Master's degree

AQF Level 10—Doctorate

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

Registered Counsellor Level 1

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 non-counselling degree, containing a minimum of a major in counselling.

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

Registered Counsellor Level 2

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

- diploma (AQF Level 5); or
- advanced diploma (AQF Level 6); or
- associate degree (AQF Level 6)

and has completed:

- post-qualification minimum of 50 hours of supervision; and
- 2 years of post-qualification supervised practice.

Or the registered counsellor has completed an ACA-accredited:

- graduate diploma at AQF Level 8 in counselling and has completed 1 year of post-qualification supervised practice; or
- an ACA-approved bachelor's (AQF Level 7) or master's (AQF Level 9) degree in counselling.

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

Registered Counsellor Level 3

The registered counsellor has:

- graduated from an ACA-accredited course of study at AQF Level 7 or 9; plus
 - completed a minimum of 3 years of post-qualification supervised counselling practice which includes 750 client contact hours; plus
 - completed a minimum of 75 hours of professional supervision.

Additionally, the registered counsellor must complete a minimum of 25 points of ACA-approved ongoing professional development per membership year and 10 hours of professional supervision per membership year.

Registered Counsellor Level 4

The registered counsellor has:

- graduated from an ACA-accredited course of study at AQF Level 7 or 9 plus:
 - completed a minimum of 6 years of post-qualification supervised counselling practice which includes 1000 client contact hours; plus
 - completed a minimum of 100 hours of professional supervision.

Additionally, the registered counsellor must complete a minimum of 25 points of ACA-approved ongoing professional development per membership year and 10 hours of professional supervision per membership year.

Academic

This is a non-practising level. This level is exclusive to lecturers, teachers or researchers who do not practice counselling but deliver training in counselling as part of an ACA-accredited program of counselling. The academic will hold a minimum of an ACA-accredited AQF Level 5, 7, 8 or 9 qualification. An AQF Level 10 qualification must be underpinned by a relevant AQF Level 7 to AQF Level 9 qualification in counselling or similar. If working within the vocational sector, the academic will also hold an AQF Level 4 certificate in training and assessment.

Academics are required to complete a minimum of 25 points of ongoing professional development per membership year.

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. As this is a non-practising level, an ACA-registered counsellor must formally apply to be moved to this level. Prior to returning back to practice, a member must re-apply to be returned to their previous level. Proficient counsellors are not required to undergo regular supervision or ongoing professional development. Proficient members must not practice counselling while on this level.

Grandparent clause

Counsellors who have completed a non-counselling qualification (e.g. psychology degree) but not completed a counselling qualification and, however, have been practising as a counsellor and can prove through documentary evidence they have been employed as a counsellor and worked as a counsellor under supervision for over a minimum of 10 years may be considered for membership at Level 1 or 2. Each applicant will be assessed against the documentation supplied for membership under this clause. Counsellors registered with ACA under this clause will not be eligible for registration at Level 3 or 4.

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 have developed practice/ethical frameworks that support registered counsellors in their decision-making process and guide their professional conduct. This Scope also guides registered counsellor employed within mental health programs/services by providing standards and guidelines. Additionally, the employment status of 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%20v8.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 disciplinary and complaints procedures of the mental health programs/services.

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 activity each membership year to maintain their ongoing professional development (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 evidence 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 are 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 also now a mandatory professional requirement. This policy is consistent with other similar peak bodies such as the Australian Social Workers Association and the Australian Psychological Society (Johnson, 2007). Supervision should be undertaken at a quota of 1 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 important areas (Pelling, Barletta & Armstrong, 2010).

1. Identifying any possible mental or emotional health issues. This is not inferring that 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 relation to the client and workplace.
3. Helping the counsellor to further develop themselves as a professional within accepted guidelines.
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 the Australian Counselling Association in 1999. Professional supervision is now being identified as 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 client's 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
- becoming judgemental, authoritarian or demanding, to the edge of sadism.

An ACA-accredited supervisor has completed an ACA-approved course in professional/clinical supervision and has completed a minimum of 3 years of 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 on a regular basis 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 2 hours of peer supervision per annual membership. Members are required to undertake a minimum of 10 hours of supervision per membership year.

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 that, 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 fair 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 their 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.

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 specifically trained in the use of advanced counselling skills that include a solid basis in 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 alongside other treatment options supports consumers in their recovery journey by providing choice to those who would not normally benefit from standard treatment options provided by a general practitioner (GP) or psychiatrist, such as pharmacotherapy treatment (Bower et al., 2011). A registered counsellor utilises empirical principles and systematic observations to accurately assess a consumer's presenting issues and support the consumer through their recovery journey with a choice of person-centred treatment options that respond to their social and cultural circumstances. The registered counsellor's practice 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 consumers. Registered counsellors have completed the necessary training in a range of evidence-based psychological interventions (Armstrong, 2014) and are well suited to providing cost-effective psychological interventions within primary care.

The following psychological interventions have an increasing evidence base and are identified as effective models of counselling:

- narrative therapy
- schema-focused therapy

- psychodynamic interpersonal psychotherapy
- emotion-focused therapy
- hypnotherapy
- self-help
- problem-solving therapy
- psycho-education.

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

- *Behavioural therapy*—This 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*—This 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, it often accompanies pharmacotherapy interventions when treating major depression.
- *Solution-focused brief therapy*—This 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 work out how to achieve them. Most consumers often respond to this type of therapy in as little as three or four sessions.
- *Person-centred therapy*—This 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. By entering into a therapeutic alliance with a 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 judgement. 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 GP 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 significantly impacts 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 such as:

- psycho-education (including motivational interviewing)
- cognitive behavioural therapy including:
 - behavioural interventions
 - behaviour modification
 - exposure techniques
 - activity scheduling
 - cognitive interventions
 - cognitive therapy

- relaxation strategies such as:
 - 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)
- narrative therapy (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 Programmes and Services identified person-centred design principles as the key 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, 2013a, p. 4).

A person-centred approach means that as a person's acuity and functional impairment increases, 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 a 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 give 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 important resources they have in order to build and sustain good mental health and overall wellbeing through the course of their lifetime. Resilience and wellbeing can also come from life 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 which are underpinned by their training and supervision.

The person-centred approach described here fits within a population-based model that aims to match available resources to an identified need, placing 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

Australia's National 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 Ministers' Advisory Council, 2013a, p. 11). 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 such as (Andresen, Oades & Caputi, 2011):

- *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 a meaning in life beyond illness; engaged in life
- *taking responsibility and control*—feeling in control of illness and distress, and in 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 deeper engagement strategies such as psychological interventions, which explore and seek to understand their behavioural determinants, and take the 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 Ministers' Advisory Council, 2013a & b). Person-centred counselling approaches provide an opportunity for consumers to explore their recovery journey in a safe and non-judgemental environment.

Recovery-oriented practice supports the consumer in identifying and embracing the possibility of recovery through their personal mental health journey, utilising person-centred approaches that support the consumer's 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 consumer's wellbeing and social inclusion, such as housing, education, employment, income, geography, relationships, social connectedness, personal safety, trauma, stigma, discrimination and socioeconomic hardship (Australian Health Ministers' Advisory Council, 2013a & b).

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 et al., 2010, pp. 15–16) identified four recovery outcome measures:

- Recovery Assessment Scale (RAS), designed to assess various aspects of recovery from the perspective of the consumer, with a particular emphasis on hope and self-determination
- Illness Management and Recovery (IMR) Scales which promote consumer's management and advancement of their illness towards their personal recovery goals

- Stages of Recovery Instrument (**STORI**), which identifies and measures the consumer's intrinsic self-awareness of recovery from their perspective
- Recovery Process Inventory (**RPI**) which identifies and measures the consumer's extrinsic capacity to engage in recovery from their perspective.

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

- 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
- problems with occupation and activities.

Assessment tools and procedures

As part of their education, some registered counsellors have trained in the use of assessment procedures and tools, and have the skills required for acquiring and adopting new outcome measures into their psychological interventions. Counsellors working with the consumer with a mental illness will be expected to have undertaken an ACA-approved training course or, as part of their counselling qualification, the use of International Statistical Classification of Diseases and Related Health Problems (ICD-10), *Diagnostic and Statistical Manual of Mental Disorders* 5th edition (*DSM-5*) and similar assessment tools. Registered counsellors

using these assessment tools have the ability to communicate clinical outcomes with the consumers, GPs, psychiatrists and so on.

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's needs. As such, a stepped-care approach to recovery-oriented service delivery would view traditional mental health service delivery as only one component of a wider mental health service delivery network which is responsive to both the consumer's needs and the broader health system. Within the recovery-oriented service delivery landscape, consumers can engage with a broad 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, p. 4).

Implications for recovery-oriented service delivery

The delivery of recovery-oriented service has been appraised by the Australian Government as part of their mental health strategies. The implications for this type of service are outlined in the following points, which are drawn from the Australian Health Ministers' Advisory Council (2013a & b) and Department of Health (2015).

- *Digital mental health gateway*—Consumers experiencing mental health issues will receive immediate access to phone and online counselling services through the digital mental health gateway. The gateway will provide consumers with digital access to information, advice and treatment services to support their emerging and current mental health issues. The gateway will significantly impact the provisioning of mental health services in Australia by providing additional access to support services when they are experiencing a crisis.
- *Aboriginal and Torres Strait Islander populations*—Consumers will receive culturally appropriate and safe mental health services. Skilled allied health teams will support mental health services through enhanced integration with services related to suicide prevention, drugs and alcohol, and social and emotional wellbeing.
- *Suicide prevention*—Provide an evidence-based approach for suicide prevention that supports consumers at risk of suicide ideation and those affected by grief and loss through suicide. 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 aimed at reducing the incidences of suicide among at-risk populations, including Aboriginal and Torres Strait Islander peoples.
- *LGBTI*—Ensure that mainstream mental health programs and services are inclusive, welcoming, safe and secure for lesbian, gay, bisexual, transgender and intersex (LGBTBI) participants.
- *Gender*—Ensure that mental health programs and services acknowledge the impact of gender constructs and can respond to current systemic disadvantages and barriers to mental health service provision resulting from perceived gender roles and discrimination.
- *Child mental health*—Provide a single integrated end-to-end school-based mental health program for children at risk of mental illness, with networked pathways to relevant and timely support services.
- *Youth*—Ensure youth experiencing mental health issues during developmental transition points receive services across a continuity of care. Youth will be able to access mental health referrals and services through a coordinated approach with other youth agencies and specialist mental health services.
- *Older people*—Ensure older people receive support to their presenting and emerging mental health issues, which may result from a persistent or reoccurring mental illness, a recent injury, illness, bereavement, or as a result of dementia or other degenerative neurological conditions (Daley et al., 2012).

Older people experiencing persistent mental illness across their life may have significant challenges engaging with the concept of recovery. Programs and services will need to provide support that addresses older people's developmental requirements, is responsive to their sense of fulfillment, supports increased relationship interdependence, and adapts their changing focus from themselves to others and their health care needs (McKay et al., 2012).

- *Rural and remote*—Ensure that rural and remote service delivery is integrated, with increased access to primary and secondary health services that meet the holistic needs of the consumer. Challenges to rural and remote service delivery include the distance consumers travel to access formal service providers, the cultural barriers which influence people's capacity to seek and accept support, and the associated stigma of mental health issues (Rickwood, 2006). Mental health programs and services need to respond to the changing rural and remote landscape, bolstering and coordinating existing community networks and services to answer local mental health issues that may affect all mental health consumers, such as the feeling of isolation. Additionally, mental health programs and services will need to respond the specific needs of identified populations including older people, Aboriginal and Torres Strait Islander people, fly-in/fly-out workers, and people from immigrant and refugee backgrounds.
- *People with severe and complex mental illness*—Ensure that consumers with complex mental health issues resulting from a disability receive the appropriate support they need through mechanisms such as the National Disability Insurance Scheme.

Outlining the 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 and youth, 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 to be 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 consumer's 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 a consumer's care pathways with a range of often increasingly specialised services. These services are offered within multiple levels: '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 evidence-based low-intensity treatments that require less time from a health care professional than a conventional treatment (Hill, 2014). Initially, a stepped-care model of services would 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. Each consumer's progress is monitored systematically through their support facilitation/case management plan. 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 such as 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, and 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 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 GP 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. As noted by Robinson and Triana (2013), 'some of the obstacles/barriers to change for patients who are presented with medication as the primary treatment option include cost, unwanted side effects, subtherapeutic relief, risk of polypharmacy, and limited symptom reduction without remission'.

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 wider range of consumers access to effective and appropriate services which are safe and respond to the consumers present and emerging mental health needs. The Scope provides an effective 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. These include:

- cost-effective low-intensity services for consumers with mild mental illness
- a focus on improving youth mental health services integration with other providers; and, supported 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 are not serviced not duplicate state services or the role of the NDIS
- regional community-based suicide prevention activities
- Indigenous mental health specific services with close collaboration with relevant local Indigenous and mainstream primary health care organisations, including 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 program/service 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:

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

All counsellors are bound by the standards and guidelines of confidentiality as part of their contractual relationship with a mental health program/service, in addition to the ACA Code of Practice.

A mental health program/service 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

(normally Level 3 or above) should be involved in the recruitment of counsellors, policy setting and program/service protocols.

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

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

- referral form
- initial assessment form
- attendance record
- final discharge form
- 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 in order to address and improve services.

The need to respect consumer confidentiality is a core principle of counselling. It is, therefore, important to be fully aware of the wide range of agencies or individuals that can gain access to personal information disclosed and explored in therapy. Counselling relationships are built on trust. Disclosure may be impeded if the consumer feels insecure or suspicious of what happens to the material offered during a counselling session. It is essential that issues of confidentiality be clearly and openly discussed with the counsellor and the consumer before engaging in counselling.

It is important that consumers 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, such as 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 will be obtained from the consumer and not merely be assumed.



SCOPE OF PRACTICE

All counsellors share a common response to individuals presenting with mental health issues; of unconditional regard, empathy and rapport, a duty of care and accountability.

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: unconditional regard, empathy and rapport; a duty of care; and accountability.

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

The parameters of scopes are defined by the education requirements of practitioners to operate within the type of counselling program and service being offered. Within this Scope, all counsellors are required to maintain their qualifications, skills, expertise and experience with professional

development, 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 Scope's framework is divided into four distinct domains.



SCOPE OF PRACTICE—COUNSELLOR LEVEL 1

Capability:

- | | |
|--|--|
| <p>A. work with clients on personal and psychological issues using established counselling modalities</p> <p>B. provide counselling, referral, advocacy and education/health promotion services</p> <p>C. deliver approaches to counselling, which supports consumers with low to moderate needs</p> <p>D. deliver early intervention programs</p> | <p>E. support facilitation/case management</p> <p>F. provide onward referral</p> <p>G. provide information to professionals and others</p> <p>H. may work within consumers with low to moderate needs within a primary care setting.</p> |
|--|--|

Domain 1 Professional practice

Qualifications and experience

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

1. a minimum qualification in counselling at AQF Level 5, 6 or 8; or
2. an AQF Level 7 non-counselling degree, containing a minimum of a major in counselling

Additionally, completes 25 points of ACA-approved ongoing professional development per membership year and completes 10 hours of professional supervision per membership year

Knowledge

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

Undertakes post-qualification professional development, short courses, counselling supervision, personal therapy and ongoing professional development

(cont.)

Domain 2 Critical thinking and analysis that support rehabilitation and recovery	
Values and attitude	<p>Understands, values and responds to consumers' needs with empathy and develops rapport</p> <p>Observes empathetically and understands different perspectives</p> <p>Treats people with respect and courtesy</p>
Skills and behaviour	<p>Analyses and interprets facts, offering a range of options</p> <p>Displays skills for assessing and recognising consumer conditions</p> <p>Plans and organises support facilitation/case management and appropriate interventions</p>
Domain 3 Communications	
Support facilitation/ case management	<p>Responsible for support facilitation/case management of counselling with other allied health professionals and where relevant to consumers' circumstances</p> <p>Able to refer to an appropriate service</p>
Domain 4 Workforce development	
Provide supervision	<p>Requires ongoing professional development</p> <p>Not able to provide clinical supervision as registered counsellor Level 1</p>
Leadership/ management	<p>Requires ongoing professional development and field force experience</p>

Table 1 Scope of practice—Counsellor Level 1

SCOPE OF PRACTICE—COUNSELLOR LEVEL 2

Capability:

- | | |
|---|--|
| <p>A. work with clients on personal and psychological issues using established counselling modalities</p> <p>B. assess and develop approaches to counselling, which support consumers with low to moderate needs</p> <p>C. deliver early intervention programs</p> <p>D. support specialist interventions</p> <p>E. support facilitation/case management</p> <p>F. provide onward referrals</p> | <p>G. provide information to professionals and others</p> <p>H. work with consumers with low to moderate needs within a primary care setting</p> <p>I. provide counselling to designated service users (e.g. adults, children, the elderly, a specialist service and other mental health consumers)</p> <p>J. support allied health professionals operating in secondary care.</p> |
|---|--|

Domain 1 Professional practice

Qualifications and experience

Has graduated from an ACA-accredited course of study in counselling at the following AQF levels:

1. diploma (AQF Level 5); or
2. advanced diploma (AQF Level 6); or
3. associate degree (AQF Level 6);

and has completed:

- a. post-qualification minimum of 50 hours of supervision; and
- b. 2 year of post-qualification supervised practice

Or has completed an ACA-accredited:

1. graduate diploma at AQF Level 8 in counselling and has completed 1 year of post-qualification supervised practice

Or has completed:

1. an ACA-approved bachelor's (AQF Level 7) or master's (AQF Level 9) degree in counselling

Additionally, completes 25 points of ACA-approved ongoing professional development per membership year and completes 10 hours of professional supervision per membership year

Knowledge

Advanced expertise underpinning theory

Professional knowledge acquired through completion of a recognised ACA-accredited qualification

Undertakes post-qualification professional development, short courses, counselling supervision, personal therapy and ongoing professional development

(cont.)

Domain 2 Critical thinking and analysis that support rehabilitation and recovery	
Values and attitude	<p>Understands, values and responds to consumers' needs with empathy and develops rapport</p> <p>Observes empathetically and understands different perspectives</p> <p>Treats people with respect and courtesy</p>
Skills and behaviour	<p>Analyses complex facts and their interpretation, offering a range of options plus skills for assessing and recognising consumer conditions</p> <p>Plans and organises a number of multifaceted activities including support facilitation/case management, appropriate interventions, and liaises with other health care professionals in primary care</p> <p>Assesses the appropriateness of counselling for service users and works with service users</p> <p>Maintains adequate records of clinical work and provides appropriate statistical returns as required</p> <p>Develops expertise in a specific area of counselling (e.g. counselling supervision, group work or other person-centred modalities)</p>
Domain 3 Communications	
Support facilitation/ case management	<p>Responsible for support facilitation/case management of counselling with other allied health professionals and where relevant to consumers' circumstances</p> <p>Able to refer to an appropriate service</p>
Domain 4 Workforce development	
Provide supervision	<i>Where the counsellor is an ACA-registered supervisor:</i> able 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:

- | | |
|---|--|
| <p>A. supervise the implementation of early intervention and primary care programs, which support consumers with low, moderate and high care needs</p> <p>B. deliver clinical counselling services which improve the outcomes for consumers with a clinically diagnosed mental disorder through evidence-based treatment</p> <p>C. coordinate early intervention strategies and case management</p> | <p>D. oversee clinical referrals</p> <p>E. designs behavioural programs for primary and secondary care consumers</p> <p>F. support teams providing complex psychological services</p> <p>G. support allied health professionals operating in tertiary/clinical care</p> <p>H. supervise service provision and clinical teams, including recruitment and budget holding</p> |
|---|--|

Domain 1 Professional practice

Qualifications and experience

Has graduated from an ACA-accredited course of study at minimum AQF Level 7 or 9 qualification

Has a minimum of 3 years of post-qualification supervised counselling practice, including a minimum of 750 client contact hours

Has completed a minimum of 75 hours of professional supervision and completes a minimum of 10 hours of professional supervision per membership year

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 ongoing professional development

Undertakes post-qualification professional development, short courses, counselling supervision, personal therapy and ongoing professional development

Offers specific professional expertise, dependent on experience

(cont.)

Domain 2 Critical thinking and analysis that support rehabilitation and recovery	
Values and attitude	<p>Understands, values and responds to consumers' needs with empathy and develops rapport</p> <p>Responds to unique client needs and can engage with different client perspectives</p> <p>Observes empathetically and understands different perspectives</p> <p>Treats people with respect and courtesy</p>
Skills and behaviour	<p>Plans and organises a number of complex activities including undertaking case conferencing with GPs, psychiatrists and other allied health workers, and reviewing relevant clinical treatment guidelines</p> <p>Plans and organises support facilitation/case management, arranging access to appropriate interventions with other health care professionals, including the consumer's GP</p> <p>Liaises with other support facilitators, establishing links with organisations that provide services under other programs, such as Partners in Recovery and the Personal Helpers and Mentors Service</p> <p>Assesses the appropriateness of counselling for service users and works with service users presenting with complex problems</p> <p>Assists 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 participates in research</p> <p>Supports the management team to ensure quality and evidence-based practice in the delivery of mental health treatment services</p> <p>Able to offer mentoring to other levels of counsellors and/or counsellors on placements</p>
Domain 3 Communications	
Support facilitation/case management	<p>Responsible for support facilitation/case management of counselling with other allied health professionals and where relevant to consumers' circumstances</p> <p>Able to refer to an appropriate service</p>
Domain 4 Workforce development	
Provide supervision	<i>Where the counsellor is an ACA-registered supervisor:</i> able to make use of clinical supervision, evidenced by a counselling supervisor's statement
Leadership/management	<p>Takes responsibility for a specialist sector of the counselling service (e.g. education, counselling supervision, research, specialist expertise, training)</p> <p>Shares some management roles, including deputising for service managers</p>

Table 3 Scope of practice—Counsellor Level 3

SCOPE OF PRACTICE—COUNSELLOR LEVEL 4

Capability:

- | | |
|---|--|
| <p>A. supervise the implementation of early intervention of primary care and secondary care programs, which support consumers with low, moderate and high care needs</p> <p>B. provide clinical counselling services to consumers with complex clinical mental health needs, which improve the outcomes for consumers through evidence-based treatment</p> <p>C. design early intervention, primary and secondary care programs</p> | <p>D. respond to clinical referrals</p> <p>E. work within tertiary care programs</p> <p>F. work within teams providing complex psychological services</p> <p>G. support allied health professionals operating in tertiary/clinical care</p> <p>H. coordinate service provision and agencies including recruitment and budget holding</p> |
|---|--|

Domain 1 Professional practice

Qualifications and experience

Has graduated from an ACA-accredited course of study at minimum AQF Level 7 or 9 qualification

Has a minimum of 6 years of post-qualification supervised counselling practice, including a minimum of 1000 client contact hours

Has completed a minimum of 100 hours of professional supervision and completes a minimum of 10 hours of professional supervision per membership year

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 ongoing professional development

Undertakes post-qualification professional development, short courses, counselling supervision, personal therapy and ongoing professional development

Has expertise in a specific area of counselling and contributes significantly to service development

Domain 2 Critical thinking and analysis that support rehabilitation and recovery

Values and attitude

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

Observes empathetically and understands 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

(cont.)

Skills and behaviour	<p>Plans and organises a number of complex activities including undertaking case conferencing with GPs, psychiatrists and other allied health workers, and reviewing relevant clinical treatment guidelines</p> <p>Plans and organises support facilitation/case management, arranging access to appropriate interventions with other health care professionals, including the consumer's GP</p> <p>Liaises with other support facilitators, establishing links with organisations that provide services under other programs, such as Partners in Recovery and the Personal Helpers and Mentors Service</p> <p>Displays competency in working within a variety of recognised therapeutic modalities and knowledge of other frameworks</p> <p>Able to offer mentoring to counsellors on placement</p> <p>Assists 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 participates in research</p> <p>Maintains and encourages training and continual professional development</p> <p>Promotes research and development</p> <p>Develops service protocols in accordance with policies and procedures</p>
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Domain 3 Communications

Support facilitation/ case management	<p>Arranges service meetings as required and oversees support facilitation/case management</p> <p>Able to refer to an appropriate service</p>
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Domain 4 Workforce development

Provide supervision	<i>Where the counsellor is an ACA-registered supervisor:</i> able to make use of clinical supervision, evidenced by a counselling supervisor's statement
Leadership/ management	<p>Operates independently and fills coordinator's position within an agency/mental health program/service</p> <p>Advises and supervises other allied health professionals within an agency/mental health program/service</p> <p>Leads and participates within a complex clinical mental health team</p> <p>Manages and coordinates agencies delivering clinical care services</p> <p>Delegates management roles where appropriate</p> <p>Develops service protocols in accordance with policies and procedures</p>

Table 4 Scope of practice—Counsellor Level 4

SCOPE OF PRACTICE—ACADEMIC

Capability:

a non-practising counsellor who is undertaking teaching, lecturing, tutoring or research in the counselling industry

Domain 1 Professional practice

Qualifications and experience

Holds a minimum of an ACA-accredited counselling course at the relevant AQF Level 5, 7, 9 or 10 qualification

If working within the vocational sector, also holds an AQF Level 4 certificate in training and assessment

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

Offers specific professional expertise, dependent on experience

Demonstrates professional experience using person-centred practices

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

Supervises students in clinical work and counsellors undertaking a PhD

Domain 2 Critical thinking and analysis that support rehabilitation and recovery

Values and attitude

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

Understands the current and emerging issues within mental health and provides constructive responses that enhance 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

Able to work within a time limit

Displays effective communication and presentation skills

Has management and implementation skills/experience

Displays an overview of current professional issues

Works effectively with colleagues from other disciplines

Has experience in audit and research and the presentation of findings

(cont.)

Domain 3 Communications	
Support facilitation/ case management	Not applicable
Domain 4 Workforce development	
Provide supervision	<i>Where the counsellor is an ACA-registered supervisor:</i> able to make use of clinical supervision, evidenced by a counselling supervisor's statement
Leadership/ management	<p>Contributes to strategic thinking in the area of counselling practice in mental health</p> <p>Champions the vision of counselling practice within all aspects of mental health and communicates this to relevant stakeholders</p> <p>Contributes to conference and seminar papers and publications from their field of research/specialisation</p> <p>Contributes to teaching associated with their field of research/specialisation</p> <p>Contributes to the organisational unit, departmental and faculty through meetings and membership of associated committees</p>

Table 5 Scope of practice—Academic

SCOPE OF PRACTICE—PROFICIENT

Capability:

a non-practising registered ACA counsellor who is taking extended leave (e.g. going on sabbatical, maternity leave and so on) for a period no shorter than 6 months

Domain 1 Professional practice

Qualifications and experience

Holds an ACA-accredited AQF Level 5, 7 or 9 qualification in counselling

Knowledge

Specialist expertise underpinning theory and research, and practical skills

Professional knowledge acquired through the completion of an ACA-accredited course

Offers specific professional expertise, dependent on experience

Demonstrates professional experience using person-centred practices

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

Domain 2 Critical thinking and analysis that support rehabilitation and 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 harnesses different viewpoints

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

Recognises and has empathy for the different working styles of individuals

Skills and behaviour

Able to work within a time limit

Displays effective communication and presentation skills

Has management and implementation skills/experience

Displays an overview of current professional issues

Works effectively with colleagues from other disciplines

Has experience in audit and research and the presentation of findings

(cont.)

Domain 3 Communications	
Support facilitation/ case management	Not applicable
Domain 4 Workforce development	
Provide supervision	May provide supervision as long as proficient member is maintaining their own 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 clinical supervision

Domain 1 Professional practice

Qualifications and experience

Has completed an ACA-approved program in professional/clinical supervision
 Has completed a minimum of 3 years of post-qualification supervised clinical practice
 Minimum Level 2 member of ACA
 Has completed a minimum of 50 hours of post-qualification supervised practice
 Has performed 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
 Demonstrates professional experience working with complex clinical cases over several years

Domain 2 Critical thinking and analysis that support rehabilitation and 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 harnesses 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

Displays professional leadership and clinical management

(cont.)

Domain 3 Communications	
Support facilitation/ case management	Conducts client case reviews, duty of care consultation and support 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

These nine Standards have been developed to define how the registered counsellors undertake their practice. These Standards reflect the various settings in which a registered counsellor may, from an individual counselling practitioner to a mental health program/service.

STANDARD 1

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

Rationale:

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 to provide 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.

Rationale:

ACA recommends that 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 appropriate to the registered counsellor's requirements and available on a pro rata basis.

STANDARD 3

A registered counsellor must identify time for supervision.

Rationale:

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.

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. Evidence of supervision should be kept.

Rationale:

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.

Rationale:

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

Practice outcomes:

Line management procedures for engaging registered counsellors shall be consistent with those of other professional staff within mental health programs/services. A counsellor operating within a program/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.

Rationale:

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. Maintenance of and privileges for consumer records will be similar to other allied health professionals.

Rationale:

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 the relevant access to 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.

Rationale:

Employers are to provide structure and standardise placements for registered counsellors within a mental health program/service.

Practice outcomes:

Responsibilities and accountabilities are standardised for counsellors placed within a mental health program/service.

STANDARD 9

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

Rationale:

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 the standard of services provided by registered counsellors.



GUIDELINES FOR REGISTERED COUNSELLORS

These eight 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 a mental health program/service, operating within the existing policies and procedures of the program/service as part of their employment contract. These Guidelines also discuss how managers can support registered counsellors to meet their ongoing professional development and clinical supervision requirements.

GUIDELINE I

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

The request for ongoing professional development needs to take into consideration client contact hours, the terms of employment, the counsellor's registration commitments and the needs of the employer. Where a 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 that includes:

- appropriate referral support for all consumers to the program/service during operational hours
- sourcing and developing appropriate information for consumers
- 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 meetings to discuss present and emerging issues
- discussion of data collection, reporting and evaluation
- access to up-to-date resources of ethical frameworks, the *Scope of Practice for Registered Counsellors* and clear complaint procedures.

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 consumer's 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.

A registered counsellor's caseload will not exceed a ratio of 80:20, with up to 80% consumer contact hours and the remaining 20% general administrative duties. Administrative duties include case management and research, commitments to the program/service such as attending meetings, and the development of ongoing professional development and clinical supervision. It is advised that the registered counsellor's caseload should not exceed 20 consumers 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 counsellors will be aware of and understand ACA's practice/ethical frameworks, and use these to inform their management practices.

GUIDELINE VII

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 to consumers.

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

SUPPORTING INFORMATION

APPENDIX A—POSITION DESCRIPTIONS FOR REGISTERED COUNSELLORS

The following 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

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

Factor	Relevant position information
Communication and relationship skills	Assesses consumers' needs; communicates complex information on the nature of counselling and the conditions under which it is delivered; and establishes a therapeutic alliance or referral pathways, requiring empathy and reassurance
Knowledge, training and experience	Gains specialist expertise underpinning theory through a recognised ACA-accredited qualification Undertakes post-qualification professional development, short courses, counselling supervision, personal therapy and ongoing professional development (OPD)
Analytical and judgement skills	Analyses complex facts and their interpretation, offering a range of options Displays skills for assessing and recognising consumer conditions Takes appropriate action, including responding to risk and child protection issues
Planning and organisational skills	Plans and organises a number of complex activities Plans and organises support facilitation/case management, appropriate interventions and liaison with other health care professionals
Physical skills	Displays keyboard skills, active listening skills, accuracy in recording, driving skills
Responsibility for consumer/consumer care	Develops approaches to counselling, facilitates specialist interventions and onward referrals, provides advice/information to professionals and others
Responsibility for policy/service	Follows policies and proposed changes as directed

(cont.)

Factor	Relevant position information
Occupational health and safety responsibility	Maintains safety of consumer during counselling, providing an appropriate physical environment and responsibility for physical and psychological wellbeing for consumers
Support facilitation/case management	Responsible for support facilitation/case management of counselling including any further provisions such as consumers' circumstances
Responsibility for information resources	Maintains consumer information and referral collateral (publications etc.), records personally generated clinical observations, updates consumers' records and provides feedback to refer Routinely maintains statistical data and contributes to clinical outcome data
Responsibility for research and development	Occasionally participates in specific research Routinely maintains records and provides data (as above)
Physical effort	Sits for long periods in an attentive position, conventionally for an hour at a time
Mental effort	Able 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 Displays sensitivity in recording counselling sessions, demanding literary dexterity
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 crisis
Working conditions	Varied, from customised provision to unsuitable, cramped and windowless, noisy, situations

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. Develop approaches to counselling, delivering early intervention programs, supporting facilitation/case management, onward referrals, providing information to professionals and others 2. May work within low-need primary care setting 3. Provide counselling to the designated service users; for example, adults, children, the elderly, a specialist service and other mental health consumers 4. Refer to an appropriate service 5. Plan and organise a number of early intervention activities, support facilitation/case management and appropriate interventions 6. Fulfil professional clinical supervision requirements 7. Maintain registration (professional and/or other) 8. Attend service meetings as required 9. Maintain adequate records of clinical work and provide appropriate statistical returns as required 10. Maintain training and continue professional development 11. Develop expertise in a specific area of counselling; for example, counselling supervision, group work or other person-centred modalities 12. Take specific responsibility for some area of a counselling practice within the program/service 13. Liaise with other mental health professionals and colleagues working in programs/services 14. Participate in any other activities as agreed with the service managers 15. Be aware of and comply with policies, procedures and service standards 	<p>Essential criteria:</p> <ul style="list-style-type: none"> • ACA-registered counsellor at Level 1 • expertise underpinning theory gained through a non-ACA-accredited qualification • currently registered ACA counsellor • able to make use of clinical supervision, evidenced by a counselling supervisor's statement • able to maintain confidentiality within a recognised theoretical framework • able to work within a time limit • effective communication skills, both oral and written • able to work effectively with colleagues from other disciplines

Table 9 Position description—Counsellor Level 1

Position description—Counsellor Level 2

Role specification	Person specification
<ol style="list-style-type: none"> 1. Develop approaches to counselling, delivering early intervention programs, supporting specialist interventions, supporting facilitation/case management, onward referrals, providing information to professionals and others 2. Able to work within low-intensity primary care setting 3. Provide counselling to the designated service users; for example, adults, children, the elderly, a specialist service and other mental health consumers 4. Support allied health professionals operating in secondary care 5. Refer to an appropriate service 6. Plan and organise a number of multifaceted activities, support facilitation/case management, appropriate interventions, and liaison with other health care professionals in primary care 7. Fulfil professional clinical supervision requirements 8. Maintain registration (professional and/or other) 9. Attend service meetings as required 10. Maintain adequate records of clinical work and provide appropriate statistical returns as required 11. Maintain training and continue professional development 12. Develop expertise in a specific area of counselling; for example, counselling supervision, group work or other person-centred modalities 13. Take specific responsibility for some area of a counselling practice within the program/service 14. Liaise with other mental health professionals and colleagues working in programs/services 15. Participate in any other activities as agreed with the service managers 16. Be aware of and comply with the policies, procedures and service standards 	<p>Essential criteria:</p> <ul style="list-style-type: none"> • ACA-registered counsellor at Level 2 • able to offer specific professional expertise, dependent on experience • able to offer mentoring to counsellors on placement • able to make use of clinical supervision, evidenced by a counselling supervisor's statement • able to maintain confidentiality within a recognised theoretical framework • able to work within a time limit • effective communication skills, both oral and written • able to work effectively with colleagues from other disciplines <p>Desirable criteria:</p> <ul style="list-style-type: none"> • experience in contributing to service evaluation • demonstrates 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"> 1. Supervise the implementation of early intervention and primary care programs 2. Deliver clinical counselling services 3. Coordinate early intervention strategies and case management 4. Oversee clinical referrals 5. Design behavioural programs for primary and secondary care consumers 6. Support teams providing complex psychological services 7. Support allied health professionals operating in tertiary/clinical care 8. Supervise service provision and clinical teams, including recruitment and budget holding 9. Fulfil professional and clinical supervision requirements 10. Attend service meetings as required 11. Maintain adequate records of clinical work and provide appropriate statistical returns as required 12. Assist in the evaluation of the service by contributing to data collection and analysis and to participate in research as required 13. Maintain training and continue professional development 14. Have expertise in a specific area of counselling and to contribute significantly to service development 15. Offer mentoring to other levels of counsellors and/or counsellors on placements 16. Liaise with other mental health professionals and colleagues working in programs/services 17. Participate in any other activities as agreed with the service managers 18. Be aware of and comply with policies, procedures and service standards 	<p>Essential criteria:</p> <ul style="list-style-type: none"> • ACA-registered counsellor at Level 3 • currently registered ACA counsellor • able to plan and organise a number of complex activities • able to plan and organise support facilitation/ case management, appropriate interventions, and liaison with other health care professionals • able to assess the appropriateness of counselling for service users and to work with service users presenting with complex problems • able to assist in the evaluation of the service by contributing to data collection and analysis and to participate in research • able to offer mentoring to other levels of counsellors and/or counsellors on placements • able to make use of clinical supervision (evidenced by a counselling supervisor's statement) • able to maintain confidentiality appropriate to the setting and work independently • demonstrates professional experience using person-centred practices • displays competency in working within a variety of recognised therapeutic modalities and knowledge of other frameworks • able to work within a time limit • effective communication skills, both oral and written • displays management and implementation skills/experience • displays an overview of current professional issues • able to work effectively with colleagues from other disciplines • experienced in 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"> 1. Supervise the implementation of early intervention primary care and secondary care programs 2. Provide services to consumers with complex clinical mental health needs 3. Design early intervention, primary and secondary care programs 4. Respond to clinical referrals 5. Work within tertiary care programs under supervision of clinical psychologist or psychiatrist 6. Work within teams providing complex psychological services 7. Support allied health professionals operating in tertiary/clinical care 8. Coordinate service provision and agencies, including recruitment and budget holding 9. Maintain a clinical practice 10. Fulfil professional clinical supervision requirements 11. Arrange service meetings as required and oversee support facilitation/case management 12. Maintain adequate records of clinical work and provide appropriate statistical returns and reports as required 13. Evaluate the service by contributing to data collection and facilitating analysis and reports 14. Promote research and development 15. Maintain and encourage training and continual professional development 16. Have expertise in a specific area of counselling and contribute significantly to service development 17. Offer mentoring to other levels of counsellors and/or counsellors on placements 18. Liaise with other mental health professionals and colleagues working with the program/service 19. Participate in any other activities as agreed with the service managers 20. Be aware of and comply with policies, procedures and service standards 21. Contribute significantly to strategic thinking 	<p>Essential criteria:</p> <ul style="list-style-type: none"> • ACA-registered counsellor at Level 4 • able to offer specific professional expertise, dependent on experience • able to offer mentoring to counsellors on placement • able to make use of clinical supervision, evidenced by a counselling supervisor's statement • able to maintain confidentiality appropriate to the setting • demonstrates professional experience using person-centred practices • displays competency in working within a variety of recognised therapeutic modalities and knowledge of other frameworks • able to work within a time limit • effective communication and presentation skills • displays management and implementation skills/experience • displays an overview of current professional issues • able to work effectively with colleagues from other disciplines • experienced in audit and research and the presentation of findings • works independently

Table 12 Position description—Counsellor Level 4

Position description—Academic

Role specification	Person specification
<p>Teaching and learning:</p> <ol style="list-style-type: none"> 1. Teach subjects relevant to counselling within a vocational or higher sector with a minimum of AQF Level 5 2. Initiate and develop course material 3. Coordinate courses 4. Provide tutorial support <p>Research:</p> <ol style="list-style-type: none"> 5. Develop a research program relating to counselling 6. Conduct research and publish scholarly papers 7. Develop a program of applied and contract research in the area of counselling 8. Work with other colleagues in the development of joint research projects 9. Contribute significantly to strategic thinking 	<p>Essential criteria:</p> <ul style="list-style-type: none"> • registered with ACA as an academic member • currently registered ACA counsellor • able to offer specific professional expertise, dependent on experience • demonstrates professional experience using person-centred practices • displays competency in working within a variety of recognised frameworks and knowledge of other ways of working • able to work within a time limit • effective communication and presentation skills • displays management and implementation skills/experience • displays an overview of current professional issues • able to work effectively with colleagues from other disciplines • experienced in audit and research and the presentation of findings

Table 13 Position description—Academic

APPENDIX B—JOB OPPORTUNITIES FOR REGISTERED COUNSELLORS

The job opportunities for registered counsellors were compiled from vacancies advertised during 2016. These opportunities are a guide for programs/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 Appendix A for relevant position descriptions for Counsellor Level 1

Job title: Community support worker

- Conduct risk and needs assessment, and provide information, advice and referral assistance to potential consumers
- Support each customer's recovery journey in community outreach settings
- Support person-centred/recovery-oriented planning with consumers, promoting and empowering their independence
- Contribute to the development of consumer support plans
- Manage 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 provision of counselling services, advocacy and other support on an 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

- Provide flexible and individualised support to consumers experiencing mental health issues living in a residential setting
- Work alongside consumers through their mental health recovery journey, assisting them to live more independently through the development and implementation of innovative strategies
- Demonstrate 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 Appendix A for relevant position descriptions for Counsellor Level 2

Job title: Early intervention counsellor

- Provide psychological interventions to individuals, couples and families who are seeking improved relationships or resolution of relationship difficulties
- Display an understanding of broad theoretical approach to:
 - relationship counselling
 - family therapy
 - practice frameworks applicable to family violence
 - trauma-informed child-inclusive practice
 - crisis intervention models
 - grief and loss
- Demonstrate experience in delivering:
 - relationship counselling
 - couples and family therapy
 - counselling to children and young people
 - therapeutic group work and educative programs
- Demonstrate knowledge and experience in legislative requirements of mandatory reporting and 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/or 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
- 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

(cont.)

Job title: Youth case worker	
<ul style="list-style-type: none"> • 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 responds 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 a strengths and risk-based approach that meets the needs of young people 	<ul style="list-style-type: none"> • 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, and undertaking 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 Appendix A for relevant position descriptions for Counsellor Level 3

Job title: Therapeutic specialist

- Provide clinical leadership and be 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 to 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 that 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 Appendix 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
- Develop an integrated professional supervision and staff development strategy
- Provide significant clinical leadership, management and 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 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 high-quality counselling services

(cont.)

Job title: Program manager	
<ul style="list-style-type: none"> • 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 • Provide a key role in collaborating with all levels of management in implementing, monitoring and reviewing organisational strategy 	<ul style="list-style-type: none"> • Work collaboratively to lead process reviews for models of service and supporting documentation as a subprocess manager, to support strategic agenda in achieving ISO accreditation

Table 17 Job opportunities for registered counsellors, Level 4

Academic

Opportunities: <i>May provide some or all of the following tasks in their role</i>
<ul style="list-style-type: none"> • Teach, lecture or tutor within the higher education and vocational sectors • Develop 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

ACA-accredited supervisor

Opportunities: <i>May provide some or both of the following tasks in their role</i>
<ul style="list-style-type: none"> • Work with individual supervisees or group work • Supervise counsellors who are either employed or in private practice

Table 19 Job opportunities for registered counsellors, ACA-accredited supervisor

APPENDIX 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 by this scoping document.

Level	Description	Title
Level 1	A qualified counsellor would: <ul style="list-style-type: none"> • be registered with ACA • provide counselling services for consumers in accordance with protocols and ACA's professional framework • assess suitability for counselling • make appropriate onward/alternative referrals • organise workloads and maintain appropriate records • liaise and collaborate with related services • be responsible for audit and evaluation of service provision • provide consumers with support facilitation/case management. 	Registered Counsellor Level 1
Level 2	More experienced counsellors would, in addition to the above: <ul style="list-style-type: none"> • be registered • offer specialist knowledge of work in specific areas • be skilled in audit, evaluation and research. 	Registered Counsellor Level 2
Level 3	Counsellor at a more senior level would, in addition to the above: <ul style="list-style-type: none"> • offer teaching and training • provide mentoring and/or supervision (if appropriately qualified) • be responsible for recruitment, appointment and retention of counsellors • advise on policy and protocols • manage and coordinate counselling services • be responsible for a budget • manage and monitor professional development of counsellors (i.e. ongoing professional development) • be responsible for audit, evaluation and research-based evidence • contribute to counselling research and development • undertake/complete supervision training • undertake training in mental health. 	Registered Counsellor Level 3
Level 4	Counsellor at a more senior level would, in addition to the above: <ul style="list-style-type: none"> • be qualified to AQF Level 9 or doctoral level in counselling; and/or • be involved in research, management and consultancy. 	Registered Counsellor Level 4

(cont.)

Level	Description	Title
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 • continue clinical practice with professional supervision and maintain ongoing professional development at the minimum rate required to maintain registration. 	
Academic	Academic members are non-practising counsellors undertaking teaching, lecturing, tutoring or research in the counselling industry.	Academic

Table 20 Proposed career structure

APPENDIX D—DECISION-MAKING TOOLS FOR IMPLEMENTING THE SCOPE

The following decision-making model flow chart provides a decision chart for working through various practice's options and outcomes, depending on the person-centred and behaviourist therapeutic intervention being implemented in the identified mental health program/service. 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 contexts and are known to most managers (Arkansas State Board of Nursing, 1999). It is anticipated that the accompanying decision-making tools will assist health system administrations in developing and implementing demonstrated evidence-based frameworks for utilising registered counsellors within a 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. make decisions.

Decision-making workflow for counsellors and professionals

The workflow below and in Figure 1 (Arkansas State Board of Nursing, 1999) is designed to assist counsellors and professionals understand how decisions are made on 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 in which the service or program is provided?
 - Refer to relevant legislation to identify if the activity/task is excluded from a specific location.
3. Is the activity/task precluded/restricted?
 - Refer to relevant legislation to identify if the activity/task is restricted to a specific profession.
4. Is the activity/task consistent with the counsellor's training?
 - Refer to the accreditation provisioning provided by the Australian Register of Counsellors and Psychotherapists.

5. Has the counsellor 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 in which 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

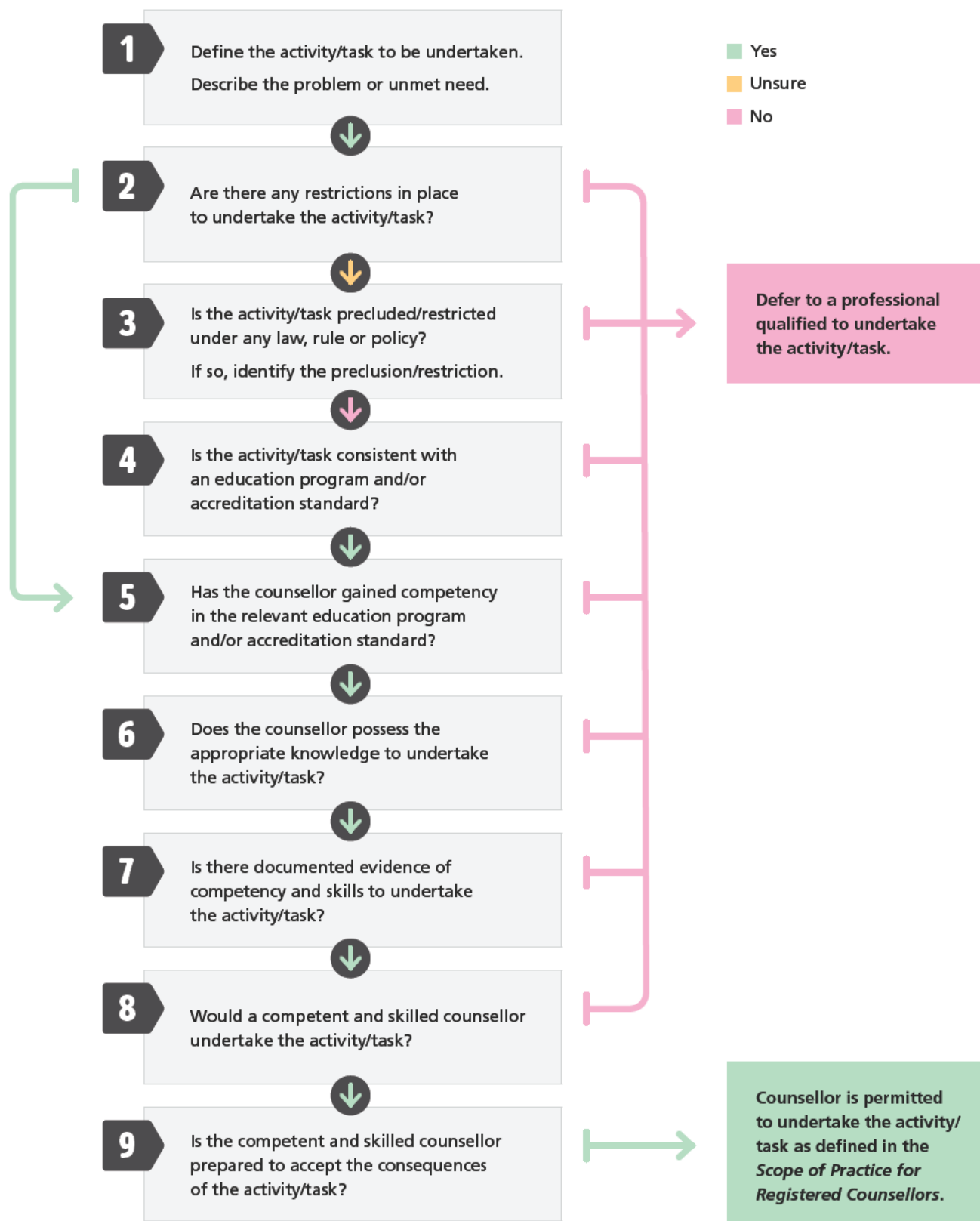


Figure 1 Decision flow chart—counsellor's activity/task (Arkansas State Board of Nursing, 1999)

Decision flow chart—management of outcomes

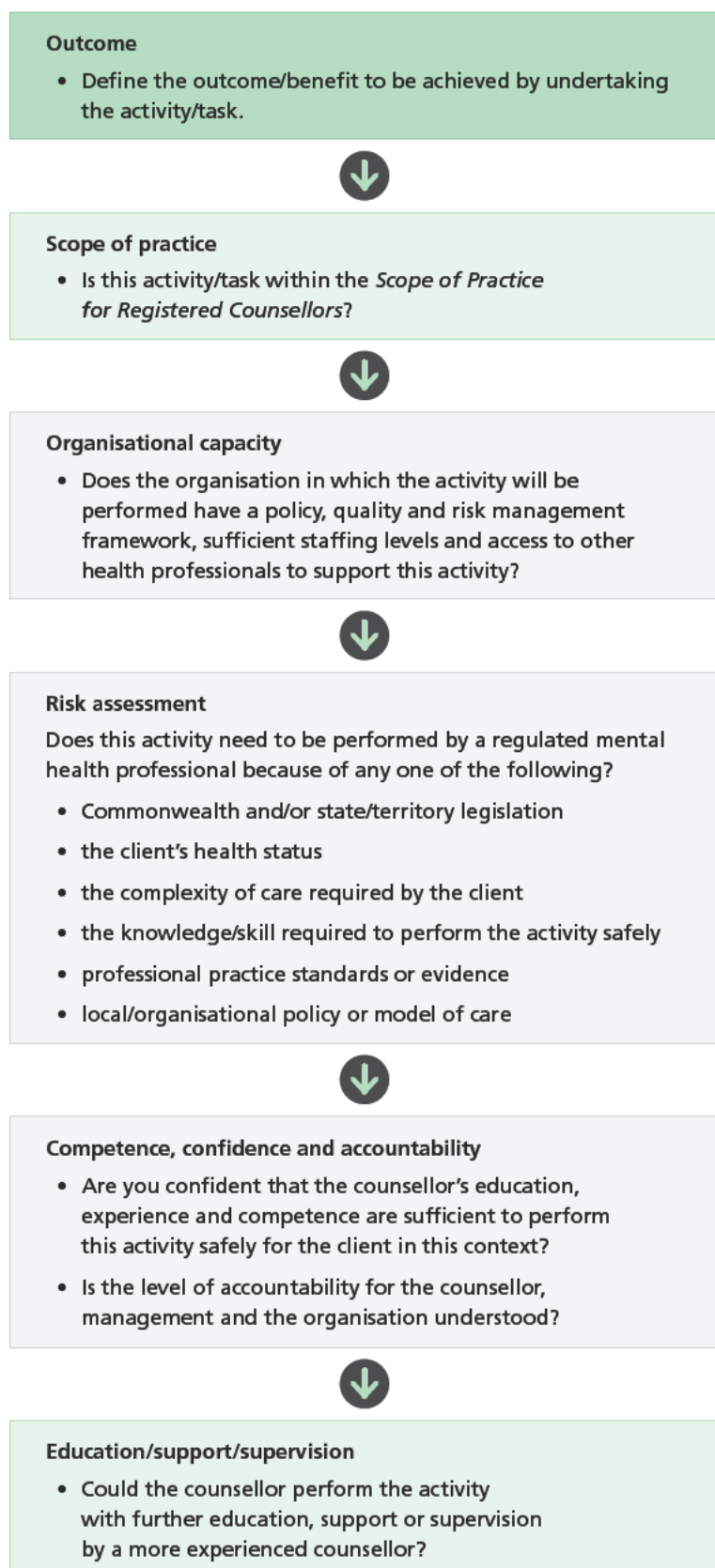


Figure 2 Decision flow chart—management of outcomes (Arkansas State Board of Nursing, 1999).

APPENDIX E—ACA PROFESSIONAL COLLEGES

ACA Professional Colleges (Australian Counselling Association, 2016) have been established to define standards of practice for counsellors working within defined specialist fields.

ACA has established eight professional colleges:

- ACA College of Alcohol & Other Drugs
- ACA College of Family Therapy
- ACA College of Grief & Loss
- ACA College of Counselling Supervisors
- ACA College of Counselling Hypnotherapist
- ACA College of Creative Arts Therapists
- Kanyini College of Australian First Nation People's Counsellors
- ACA College of School Counsellors.

Registered counsellors gaining membership to one of the specialist professional colleges have demonstrated further education, accompanying professional practice, and ongoing professional development and supervision in the specialist field.

The education and membership entry requirements for each professional college are in addition to standard ACA membership. Education and membership standards for entry to each professional college is determined by the Professional College Committee. Additionally, the standard of entry is unique to that Professional College.

APPENDIX F—DESCRIPTIONS OF COUNSELLING QUALIFICATIONS DEFINED IN THE SCOPE

This section will describe the Australian Qualifications 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 Qualifications Framework

The Australian Qualifications Framework (AQF) levels define the relative complexity and depth of achievement and the autonomy required of graduates to demonstrate that achievement. The AQF has ten 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 application of knowledge and skills.

AQF Level 5—Diploma of Counselling

The Diploma of Counselling qualifies individuals who apply integrated technical and theoretical concepts in a broad range of contexts to undertake advanced skilled or paraprofessional work, and is 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 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
- communication skills to transfer knowledge and specialised skills to others and demonstrate an understanding of knowledge.

Graduates of a diploma 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
- 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 rather than in independent practice.

AQF Level 7—Bachelor of Counselling

The Bachelor of Counselling degree 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 this 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's degree will have:

- cognitive skills to review critically, analyse, consolidate and synthesise knowledge
- cognitive and technical skills 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
- communication skills to present a clear, coherent and independent exposition of knowledge and ideas.

Graduates of a bachelor's degree 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
- with responsibility and accountability for their 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's degree (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.

Graduates of a master's degree (coursework) will have:

- 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
- technical and communication skills to design, evaluate, implement, analyse and theorise about developments that contribute to professional practice or scholarship.

Graduates of a master's degree (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
- 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, and 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.

APPENDIX G—DEFINITIONS OF TERMS USED IN THE SCOPE

Term	Definition/explanation/details
Accountable	Being answerable for an individual's or organisation's actions to the client, public and society.
Carers	Persons who have a support role for someone living with a mental health difficulty. They may be a family member or 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	Those people who access or could potentially access mental health services. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities.
Contributing life	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 by 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	Delivery of services targeting common mental health problems through phone, online and mobile phone interactive websites, apps, sensor-based monitoring devices, and computers.
DSM-5	<i>Diagnostic and Statistical Manual of Mental Disorders</i> 5th edition, used by many mental health professionals and GPs for the standard classification of mental disorders.
Focussed Psychological Strategies	A range of evidence-based strategies approved for use by allied mental health professionals utilising the Focussed Psychological Strategies Medicare items.

(cont.)

Term	Definition/explanation/details
HoNOS	Health of the Nation Outcome Scale (HoNOS), 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, 10th revision, Australian modification</i> (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	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 (DSM)</i> or the International Classification of Diseases (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 which incorporates clinical 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 that accepts their circumstances and position.
Pharmacotherapy	Use of pharmaceutical drugs in the treatment of psychological disorders and symptoms.
Psychological interventions	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.

(cont.)

Term	Definition/explanation/details
Scope of practice	The practice limits that a registered counsellor operates within, based on their level of competency and qualifications.
Severity of mental illness	Mental illness impacts at different levels of severity, ranging from mild to severe. Clinically, severity is judged according to the type of disorder the person has (diagnosis), the intensity of the symptoms they are experiencing, the length of time they have experienced those symptoms (duration) and the degree of disablement that is caused to social, personal, family and occupational functioning (disability). 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 of an episodic or persistent nature.
Social and emotional wellbeing	Used in the context of Aboriginal and Torres Strait Islander mental health, 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	Clinically supported services which 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	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 (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.

Table 21 Definitions of terms used in the Scope

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