

# *Becoming a psychotherapist or counsellor: A survey of psychotherapy and counselling trainers*

JENNI RICHARDSON, LIZ SHEEAN AND MATTHEW BAMBLING

Individuals seeking a career in the diverse field of psychotherapy and counselling in Australia may be confused by the different prerequisites and level of training required for entry into the field. Little information is available in the public arena to answer the typical professional pathway questions asked by prospective students. This exploratory study used a survey method to identify the position of Australian psychotherapy and counselling training bodies in relation to typical questions that cover the domains of: the differences between psychotherapy and counselling; years of study or training required; relevance of previous life experience; personal qualities required; motivation for entry into the field and reasons not to enter the field; personal therapy requirements; work opportunities on graduation; and, level of training and experience required for private practice. Survey data were analysed qualitatively and implications are discussed.

In Australia, the professions of psychotherapy and counselling have evolved within an unregulated environment with practitioners drawn from diverse professional and theoretical backgrounds. While regulations govern the use of the term 'psychologist' in Australia, there are no regulations to govern the use of 'psychotherapist' or 'counsellor'. Standardised pathways have been established for professions such as psychology and social work, while training in counselling and psychotherapy can take many forms.

Training programmes relevant to psychotherapy or counselling vary widely; from the doctoral level through to diplomas of one year or less. Turf wars exist around questions of what constitutes adequate training, supervision and experience before an individual is considered fit for professional practice. With the introduction in November 2006 of Medicare rebates through the *Better Outcomes in Mental Health* initiative,

a clear divide has occurred between professions recognised and not recognised by government for inclusion in this programme.

Within this diverse environment, individuals who seek a career in psychotherapy and counselling may be confused by the different prerequisites and level of training required for entry into the field. The *Psychotherapy and Counselling Federation of Australia* (PACFA) provide a set of generic training and course accreditation standards that training organisations might aspire to meet. However, little information is available in the public arena to answer the more generic professional pathway questions often asked by prospective students.

This exploratory study used a survey method to identify the position of Australian psychotherapy and counselling training bodies on typical questions asked by prospective students about entry into the field. Survey data were analysed qualitatively and implications are discussed.

## Literature review

A central and pervasive issue for this survey focuses on the distinction between 'psychotherapy' and 'counselling'. While these terms are used interchangeably in everyday language, they are assigned many different meanings by the helping professions. Such disparity can present a significant source of confusion for prospective students. The literature provides no conclusive definitions.

Corsini and Wedding (2008) suggest that the processes that occur in psychotherapy and counselling are identical and only differ in time spent. They observe that, in general, the helping professions understand counselling to be a short-term, problem oriented process, whereas psychotherapy is person-oriented and can continue for many sessions or even for years.

McLeod (2009) acknowledges the many different definitions and understandings of the terms 'psychotherapy' and 'counselling' that

range from a view of psychotherapy and counselling as the same, to a view of counselling as ‘... a junior partner of psychotherapy. From this latter perspective, counsellors receive a shorter training than psychotherapists, and work with clients or patients with less severe problems.’ (para.1).

PACFA (2009) states that ‘Counselling and psychotherapy practitioners work cooperatively with clients to develop responses to difficult life circumstances’ (para. 4). They suggest that ‘while counselling and psychotherapy may be viewed as being on a continuum, there can also be considerable overlap...’ (para. 7). They make the following distinction: ‘Counselling usually addresses particular issues or concerns for an individual, couple or family ... Psychotherapy is generally a long term process that focuses on the self—both conscious and unconscious.’ (para.5).

In Australia there is no legislative recognition of psychotherapy and counselling as a distinct profession or professional role. The *Health Professions Council* (HCP), an independent body responsible for regulation of UK healthcare professions, is undertaking a consultation on the statutory regulation of psychotherapists and counsellors to be completed late 2009 (HCP, 2009). The HCP’s Professional Liaison Group is proposing a legal separation of the titles of ‘counsellor’ and ‘psychotherapist’. Key distinctions are that psychotherapists have the capacity to make a diagnosis and to treat more serious mental health problems. McLeod (2009), in response to this initiative, argues that to secure a sustainable future post-regulation for counselling, a case must be made for counselling as a distinct professional activity. He warns ‘...in the longer term, a vague understanding of counselling as a dilute, ‘lite’ or ‘junior’ version of psychotherapy will result in its eventual disappearance and replacement by evidence based therapies.’ (“What needs to be done to put these ideas into practice?,” para. 3.)

### **Personal qualities**

A widely held view is that the therapist’s most valuable instrument is his or her own ‘self’. Lambert and Ogles (2004) report that individual therapist variables such as interpersonal

skills result in better alliances with clients. However, they conclude, ‘We simply do not know enough yet about the therapist factor to specify when and how it makes a difference, nor when it matters more than technique...’ (p. 168).

qualities that psychotherapists and counsellors are encouraged to aspire to including empathy, sincerity, integrity, resilience, respect, humility, competence, fairness, wisdom and courage. They draw attention to the

## *... individuals who seek a career in psychotherapy and counselling may be confused by the different prerequisites and level of training required for entry into the field.*

Wampold (2007) highlights the considerable empirical evidence to support the view that interpersonal aspects of psychotherapy created by the therapist are reliably related to outcome. ‘There is increasing evidence that it is the therapist and not the treatment per se that is responsible for therapeutic change’ (p. 868).

The *British Association of Counselling and Psychotherapy* (BACP, 2009 list

ethical or moral component of many of these personal qualities.

PACFA (2009) identify that individuals who seek admission to counselling or psychotherapy training programs need to demonstrate: ‘some fundamental human capacities’ (not specified); self-awareness; a relational capacity; and, a capacity to understand and practice ethical behaviour.

While few would argue with these

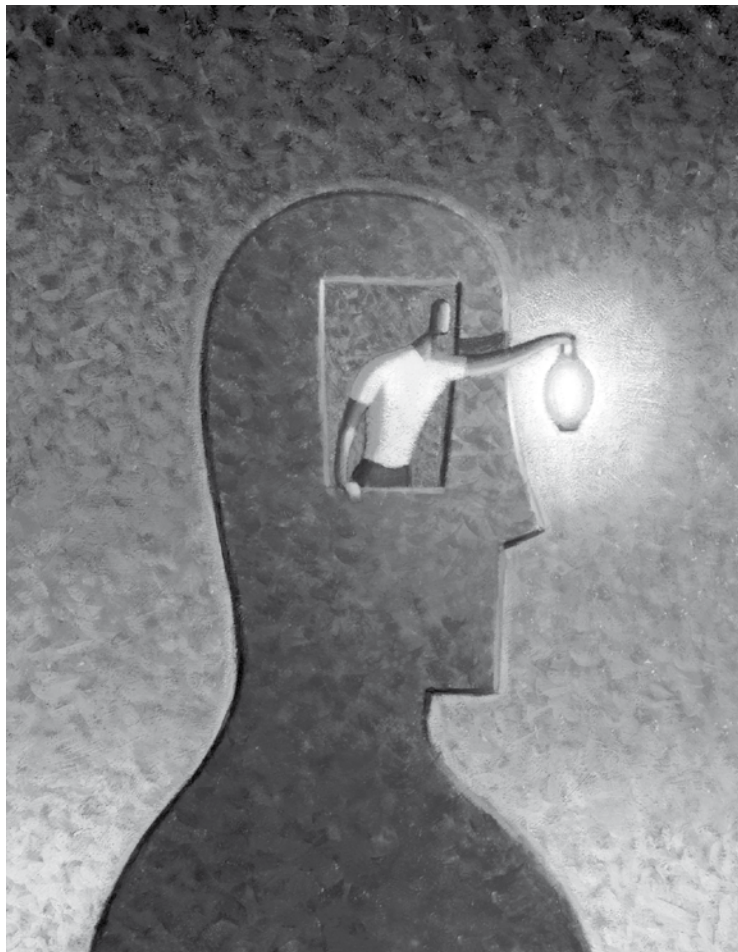


Illustration: © Rob Colvin, Stock Illustration Source, Getty Images.

lists of 'desirable personal qualities', there is no empirical evidence in the literature to indicate what specific personal qualities make a good therapist. Lambert in Barletta (2006) highlights the logistical complexity in research efforts to determine whether 'desirable personal qualities' used in traditional selection criteria do contribute to effective psychotherapy and counselling outcomes:

*'You've got to take people who don't have the trait, as well as people who do, and then wait three or four years to measure their impact on clients, but how clients turn out is partly due to the clients not therapists... That's a heck of a difficult research task; people who develop ideas about the qualities that make a good therapist use them to select people, so they never give themselves a chance to test if the ideas can be supported.'* (p. 69).

### **Motivation**

The reasons why people may choose a career in psychotherapy or counselling are complex. While it is not easy to identify the 'ideal' motivation for entry to any field, it is

## *Many prospective students perceive their own life experience to be an adequate 'qualifier' for entry to the psychotherapy and counselling field.*

fair to say that motivations can be naive and misinformed. Again, the literature offers no empirical evidence for what might constitute the ideal motivation for entry into the field. Sussman (2007) claims that *'an important determinant of the desire to practice psychotherapy involves the attempt to come to terms with one's own psychological conflicts'* (p. 175).

Geldard and Geldard (2009) support this view. They suggest that while actual motivations may not be important, some awareness of personal motivations and needs will better equip therapists to prevent the satisfaction of their own needs from interfering with the counselling process and the needs of their clients.

Understanding the motivations that drive us to enter the profession is an important consideration when reflecting on entry into the field.

However, some forms of motivation are positive. For example, Duncan & Miller (2008) suggest that the motivation to 'help others' can be associated with superior client outcomes. The field is characterised by these paradoxical forms of 'knowledge'.

### **Life experience**

Many prospective students perceive their own life experience to be an adequate 'qualifier' for entry to the psychotherapy and counselling field. Cooper (2008) defines life experience as *'the amount one has struggled with life's challenges and found their way through them'*. However, in examining the research, Cooper (2008) informs us that 'matched therapist-client life experience' does not make much difference to outcomes.

### **Personal therapy**

It is not uncommon for prospective students to cite their own experience of personal therapy as 'credentials' for entry into the field. The importance placed on personal therapy as a requirement varies according to

modality and level of training. Norcross (2005), in his review of research on this issue, comments that psychotherapists identify personal therapy as *'one of the most important developmental experiences'*. Corey (2009) views personal therapy as a means to help potential counsellors become more therapeutic persons, however, Cooper (2008) points out that research is yet to demonstrate a direct relationship between client outcomes and therapist engagement with their own personal therapy.

### **Training requirements**

McLeod (2009) informs us of the training requirements for counsellors and psychotherapists in the UK. *'The majority of counsellors enter training ... following successful careers in fields such as nursing, teaching and social work ... counsellors are selected for training on the*

*basis of their previous track record in being able to establish and maintain caring relationships, often in highly challenging situations.'* (para.16).

Graham Music, Associate Clinical Director of the Child and Family Department at The Tavistock Clinic, advises that *'a counselling training lasts three years and results in masters level qualification, whereas one in psychotherapy requires a masters level qualification to enter, lasts a total of seven or eight years, including the pre-clinical stage and turns people out at doctoral level.'* (Pointon, 2009, "Separating the public and the private," para. 1)).

Training guidelines offered by PACFA (2009b) specify the minimum requirement of a training program as: a) *'a two-year postgraduate qualification involving 200 hours of person-to-person psychotherapy and/or counselling training and 50 hours of supervision relating to 200 hours of client contact. A minimum of 10 hours of supervision relating to 40 client contact hours must have taken place within the training program'*, or b) *'a three year undergraduate qualification involving 350 hours person-to-person training in counselling and/or psychotherapy and 50 hours of supervision relating to 200 hours of client contact. A minimum of 10 hours of supervision relating to 40 client contact hours must have taken place within the training program'* (p. 1).

Bickman (1999), in a review of the existing literature, states *'findings still indicate no clear differences in outcome between professionals and paraprofessionals who lack an advanced degree.'* (p. 971). The literature does not provide clear answers to the questions asked by potential students with regard to the characteristics, experience and type of training needed to become an effective psychotherapist or counsellor.

### **Aims and objectives**

This exploratory qualitative survey sought to elicit the views of Australian psychotherapy and counselling training bodies on responses to 'typical' questions asked by prospective students about prerequisites and level of training required for entry into the field.



## Methodology

### Design

A qualitative survey was designed to reflect the questions frequently asked by prospective students seeking information on a career in the psychotherapy and counselling field. Open-ended questions sought to tap into personal experiences and illustrate opinions that could be drawn upon later to identify important themes. Surveys were administered to a representative of key training organisations in Australia.

### Question development

PsychOz Publications receives numerous telephone and email inquiries from prospective trainees from the *National Guide to Training Programs in Psychotherapy and Counselling* hosted at [www.psychotherapy.com.au](http://www.psychotherapy.com.au). Survey questions were developed from a documented record of these inquiries. Questions were categorised into themes by two staff members who are psychotherapists with research experience, using a consensual qualitative research method. The *Consensual Qualitative Research (CQR)* method was developed by Hill, Thompson and Williams (1997; see also Hill et al., 2005), and uses words or narratives rather than numbers to describe phenomena and was designed for intensive study of a typically relatively small case numbers.

Procedurally, CQR entails dividing questions, interview or questionnaire response data into domains (broad topic areas), constructing core ideas (brief summaries) for all the material within each domain for every case, and developing categories that describe themes in the core ideas within domains across cases. CQR involves a primary team of two to five researchers who use a consensus method of agreement so that a variety of viewpoints are given equal consideration. One or two auditors review the consensus judgments made by the primary team, who then engage in a continual process of revisiting the raw data to ensure that the interpretations and conclusions are consistent with the data (Hill et al., 1997, 2005).



Both staff members discussed question themes together until consensus was reached. These themes were reviewed by an auditor who is an experienced academic. After the auditing process, domain categories were then reworded as ten open-ended questions that required a text response from participants. Domains were:

- differences between psychotherapy and counselling;
- years of study or training required;
- relevance of previous life experience;
- personal qualities required;
- motivation for entry into the field and reasons not to enter the field;
- personal therapy requirements;
- work opportunities available on graduation.
- level of training and experience required for private practice.

Ethical standards were reviewed by the management of PsychOz Publications in accordance with the research guidelines for ethical conduct in human research proposed by the *National Health and Medical Research Council* (2007).

### Participants

A potential sample for the survey came from 102 training providers with a listing in the 2008 *National Guide to Training Programs in Psychotherapy and Counselling* compiled by PsychOz Publications and published at [www.psychotherapy.com.au](http://www.psychotherapy.com.au). While this

Guide does not represent all training programs offered in Australia, it does include a comprehensive range of training programs offered. Provider types are: universities (23%); professional associations (17%); private providers (56%); and government agencies (4%). Two professional associations, the *Psychotherapy and Counselling Federation of Australia* (PACFA) and the *Australian Counselling Association* (ACA), were also given an opportunity to participate. Both associations provided a response.

Surveys with electronic functionality were sent via email with a covering letter as an attachment. A reminder email was sent to potential respondents two weeks later and a reminder letter was mailed one week prior to survey close. Respondents were given the option of an anonymous response. Ten emails were returned 'undeliverable' due to training bodies no longer continuing to operate, leaving a sample group of ninety-two. Of the ninety-two possible respondents, thirty-seven responses were received (40.22% response rate) which is considered a typical response rate reported in the survey based research literature (Hamilton, 2003). The returned survey data represented a cross section of the full range of training programs available to prospective students in Australia.

All completed and returned surveys were coded (potentially identifiable) and on submission were de-identified.

### Data analysis

Data analysis consisted of a modified CQR method (Hill et al, 2005) used for the survey development. The modification related to use of pre-existing domains (questions) defined for the survey to organise the data and were treated as inductive, so as not to restrict or define any emerging themes. The original research team of two researchers and one auditor co-evaluated and discussed data until consensus was reached on identified categories for each question-domain.

### Characteristics of the sample

Surveys were completed by senior staff familiar with organisational training and teaching standards.

**Gender:** 45.95% were male, 51.35% were female, and 2.70% did not specify.

**Highest level of education achieved:** 40.54% reported Ph.D. level, 40.54% reported Masters level, 13.51% reported post-graduate diploma level, 2.70% reported undergraduate level, and 2.70% did not specify.

**Professional background:** 37.84% had a professional background in psychology, 16.22% in social work, 10.81% in medicine, and the remaining 35.14% specified backgrounds in counselling, education, art therapy, music therapy, social science, leadership and management.

**Private practice experience:** 86.49% had experience in private practice.

**Public sector experience:** 89.19% had some experience in the provision of counselling services in the public sector.

**Teaching environments:** 27.03% were teaching in a university environment, 32.43% in a private training environment, 29.73% were teaching in both university and private training provider environments, and 10.81% did not specify.

### Results

*Q1. Some people say that psychotherapy and counselling are the same. Others suggest they have significant differences. Are they different, and if so, what are the four main differences?*

In summary, 73% (n=27) identified counselling and psychotherapy as differing by degree; 13.5% (n=5) identified psychotherapy and

counselling as different, and 13.5% (n=5) of respondents identified no differences between psychotherapy and counselling. See Table 1.

Respondents provided a range of responses on perceived differences

between psychotherapy and counselling. Table 2 presents a thematic analysis of the perceived differences. In summary, 48.6% (n=18) viewed counselling as short-term, with a focus on present life problems

**Table 1. Respondents' views on whether counselling and psychotherapy are different**

Whether psychotherapy and counselling are different	Frequency of category response	Percentage of respondents
Counselling and psychotherapy differ by degree.	27	73%
Psychotherapy and counselling are different.	5	13.5%
Psychotherapy and counselling are the same.	5	13.5%

**Table 2. Respondents' views on the perceived differences between counselling and psychotherapy**

Differences between psychotherapy and counselling	Frequency of category response	Percentage of respondents
Counselling focuses on present issues/ life problems and problem-solving.	18	48.6%
Psychotherapy is longer-term and counselling is shorter-term.	15	40.5%
Psychotherapy deals with in-depth, complex problems, past issues and may deal with pathology.	14	37.8%
Psychotherapy is 'psychodynamic', and deals with unconscious processes and transference issues through the therapeutic relationship.	14	37.8%
Psychotherapy has a focus on restructuring personality, self-understanding, growth and insight.	12	32.4%
Psychotherapy requires a higher level of post-graduate training and an understanding of personality and development.	2	5.4%

**Table 3. Respondents' views on the minimum study commitment required to pursue a career in psychotherapy or counselling**

Minimum study commitment required	Frequency of category response	Percentage of respondents
Minimum of two to four years of study following an undergraduate degree.	25	67.6%
Minimum of four years of study with no previous higher education.	6	16.2%
Minimum of two years of study with no previous higher education.	3	8.1%
Two years of study with previous certificate level training.	1	2.7%
Minimum of four years of study with prior diploma level education.	1	2.7%
Minimum of one year of study with no previous higher education.	1	2.7%

and problem-solving. 40.5% (n=15) viewed psychotherapy as longer-term, 37.8% (n=14) viewed psychotherapy as dealing with more complex problems, 37.8% (n=14) viewed psychotherapy as 'psychodynamic' and dealing with unconscious process and transference, 32.4% (n=12) viewed psychotherapy as having a focus on restructuring the personality. A small group of

respondents, 5.4% (n=2) identified psychotherapy as requiring a higher level of training than counselling.

*Q 2/3. In order to pursue a career in psychotherapy or counselling, what is the minimum commitment I need to make with regard to study? What level of prior education do I need before commencing training?*

In analysing the responses to questions 2 and 3 an overlap in respondent themes was observed. On this basis it was decided to collapse these into one question for the purposes of reporting results. In summary, 67.6% (n=25) suggested a minimum of two to four years of study following an undergraduate degree, 16.2% (n=6) suggested a minimum of four years study with no previous higher education, 8.1% (n=3) suggested a minimum of two years study with no previous higher education, 2.7% (n=1) suggested a minimum of two years study with previous certificate level training, 2.7% (n=1) identified a minimum of four years study with prior diploma level of education, and 2.7% (n=1) of respondents suggested a minimum of one year study with no previous higher education, These findings are represented in Table 3.

*Q 4. Many people believe that their prior life experience qualifies them to pursue a career in psychotherapy or counselling. What are your thoughts on this?*

Respondents' views on the value of prior life experience are represented in Table 4. In summary, 59.5% (n=22) of respondents view life experience as valuable but not sufficient in itself, with training, skills and knowledge essential; and 48.6% (n=18) viewed life experience as valuable in understanding the complexity of life, but only if the individual integrates their experience and understands that their experience will be different to others.

*Q5. What are the most important personal qualities I need to have in order to be an effective psychotherapist or counsellor?*

The analysis of the personal qualities most frequently identified by respondents as needed to be an effective psychotherapist or counsellor is represented in Table 5. All respondents (n=37) identified 'empathy' as one of the most important qualities, 59.5% (n=22) identified 'self-awareness', 54.1% (n=20) identified 'a strong sense of self', 54.1% (n=20) identified 'a genuine interest in and respect for people', 48.6% (n=18) identified 'intelligence, wisdom and a capacity for analytical thought', 48.6% (n=18) identified a

**Table 4. Respondents' views on the significance of life experience**

Life experience	Frequency of category response	Percentage of respondents
Life experience can be valuable as a foundation, but in itself is not enough. Training, skills, knowledge and certain personal qualities are essential.	22	59.5%
Prior life experience helps in understanding the complexity of life, but only if the individual integrates their experience and understands that their experience will be different to others. The capacity to adjust and change in response to life experiences is crucial to being an effective counsellor or therapist.	18	48.6%
Prior life experience is no qualification for any profession, and certainly not psychotherapy. People who take this view should be discouraged from pursuing any form of counselling or psychotherapy as a career.	1	2.7%

**Table 5. Respondents' views on the personal qualities required to be an effective psychotherapist or counsellor**

Personal qualities	Frequency of category response	Percentage of respondents
Empathy, compassion, warmth.	37	100%
Self awareness and self-reflection, commitment to on-going learning.	22	59.5%
Strong sense of self, self-confidence and capacity to maintain boundaries.	20	54.1%
Genuine interest in and respect for people, willingness to be present.	20	54.1%
Intelligence and wisdom, capacity for analytical thought.	18	48.6%
Accepting, open minded and non-judgemental.	18	48.6%
Honest, ethical, integrity, accountable, professional.	12	32.4%
Courage and resilience—ability to sit with pain, strong emotion, uncertainty.	11	29.7%
Listening and communication skills.	10	27.0%
Patience and perseverance.	9	24.3%
Flexibility.	5	13.5%
Humility.	5	13.5%
Congruence ('walking the talk').	3	8.1%
Humour.	2	5.4%

'non-judgemental attitude', 32.4% (n=12) identified 'ethical behaviours', 29.7% (n=11) identified 'courage and resilience', 27% (n=10) identified 'listening and communication skills', 24.3% (n=9) identified 'patience and perseverance', 13.5% (n=5) identified 'flexibility', 13.5% (n=5) identified 'humility', 8.1% (n=3) identified 'congruence', and 5.4% (n=2) identified 'humour'.

**Q 6. What can you tell me so that I can be better informed and reflect on my motivations for entry into this field?**

It became evident that there was a significant overlap response to Question 6 and Question 10, 'What are some reasons not to become a psychotherapist or counsellor?', and the results were combined. Respondents' views on factors to reflect upon prior to entry to the field are represented in Table 6. In summary, 45.9% (n=17) identified a 'willingness to explore yourself before working with others', 45.9% (n=17) identified psychotherapy and counselling as 'emotionally demanding, challenging and hard work', 40.5% (n=15) identified the 'lack of financial rewards', 37.8% (n=14) cautioned that entry to the field should not be used as 'a method to solve or avoid personal problems', 35.1% (n=13) cautioned against 'wanting to rescue' others or 'fix people's problems', 29.7% (n=11) stated that psychotherapy is 'not about being an expert or having power over others', 16.2% (n=6) identified the problem of 'seeking to increase self-esteem through helping others', 16.2% (n=6) cautioned against 'personal agendas or preaching', 16.2% (n=6) identified 'a respect for and curiosity about people', 10.4% (n=4) identified 'a belief in people's capacity for change', 8.1% (n=3) identified that 'entry to the field requires an on-going commitment to training and personal growth', 8.1% (n=3) identified the value of 'seeking the experience of industry professionals', 5.4% (n=2) identified 'a capacity to develop intimate relationships', 2.7% (n=1) identified 'an ability to maintain confidentiality' and 2.7% (n=1) identified 'a willingness to accept feedback'.

**Q 7. I hear that personal therapy is a requirement of being an effective counsellor or psychotherapist. What can you tell me about this?**

In summary, 67.6% (n=25) of identified personal therapy as essential, 24.3% (n=9) identified personal therapy as helpful, but not essential, 5.4% (n=2) suggested that personal therapy should be a personal choice, and 2.7% (n=1) believed that personal therapy was not required. See Table 7.

From the responses of the 91.89% who identified therapy as essential or helpful, the themes presented in Table 8 emerged. Respondents identified

advantages that arise from personal therapy for the therapist; 75.7% (n=28) identified greater emotional availability to clients and a capacity to differentiate personal experiences from that of their clients, 37.8% (n=14) value the experience of being a client, 10.8% (n=4) point to the value of personal therapy for personal care and burnout prevention, 8.1% identified that 'personal therapy' can include activities such as yoga, meditation, and exercise.

**Table 6. Respondents' views on factors to reflect on prior to entry to the field**

Factors to reflect on prior to entry to the field	Frequency of category response	Percentage of respondents
Requires a willingness to explore yourself before working with others.	17	45.9%
The field is emotionally demanding, personally challenging and hard work. Requires a high level of responsibility. Not all people who seek help want to change and it is hard to measure success. Can have an impact on your own life and family. Can get a skewed view of humanity.	17	45.9%
The field is not necessarily financially rewarding.	15	40.5%
Be aware that counselling or psychotherapy training should not be used as a method to solve or avoid your own problems.	14	37.8%
Be aware of wanting to rescue others from the 'perils of life', to solve, 'help' or 'fix' people's problems, or a personal need to be needed.	13	35.1%
Counselling and psychotherapy is not about being an expert or 'all knowing', or having power or influence over others.	11	29.7%
Be aware of seeking appreciation, praise or to increase your own self-esteem or status through helping others.	6	16.2%
Be aware that personal agendas such as preaching your own ideals or crusading for a cause are not viable motivators.	6	16.2%
It is important to have a respect for and to be curious about why people do what they do.	6	16.2%
It is important to have a belief in people's capacity for change.	4	10.8%
Demands on-going commitment to training, study and personal growth	3	8.1%
It is worth discussing your interest in the field with friends or industry professionals and seek their feedback and first-hand experiences.	3	8.1%
Requires the ability to establish intimate relationships.	2	5.4%
Consider if you are able to maintain confidentiality.	1	2.7%
Consider if you are able to take feedback.	1	2.7%

**Table 7. Respondents' views on personal therapy as a requirement for becoming a psychotherapist or counsellor.**

Personal therapy as a requirement	Frequency of category response	Percentage of respondents
Personal therapy is essential	25	67.6%
Personal therapy is helpful but not essential	9	24.3%
Personal therapy should be a personal choice	2	5.4%
Personal therapy is not required	1	2.7%

**Table 8. Respondents' views on how personal therapy assists effective psychotherapy and counselling.**

Advantages of personal therapy	Frequency of category response	Percentage of respondents
Therapists can be more emotionally available to clients if they have inquired into and attended to their own experiences, issues, needs and feelings through a process in therapy. Personal therapy helps the therapist to differentiate their own experiences from that of their clients.	28	75.7%
A willingness to 'sit in the other seat' and experience being a client. Provides the therapist with the knowledge of what is important in a therapeutic relationship.	14	37.8%
Personal therapy means being able to look after yourself and take care of your needs, so that in your work you can focus on the needs of your clients. Prevents burnout.	4	10.8%
Personal therapy can include a range of things e.g. yoga and meditation, exercise.	3	8.1%

**Table 9. Respondents' views on work opportunities available to graduates on completion of psychotherapy and counselling training programs.**

Work opportunities on graduation	Frequency of category response	Percentage of respondents
Many varied opportunities are available across a broad spectrum of health, welfare, community and education agencies: schools, telephone counselling, drug and alcohol programs, family support programs, youth services.	20	54.1%
Depends on academic or professional background before training. Practitioners with backgrounds in psychology or social work can access many work opportunities in private practice, government and Medicare. If training is in counselling or psychotherapy alone, opportunities are more restricted, likely to attract a lower salary, be less secure, and offer less hope of promotion/ advancement within the profession.	16	43.2%
Private practice.	14	37.8%
The practitioner needs to be resourceful, play an active role to shape their own practice, create opportunities by combining qualifications with other life skills and experiences, make the most of fieldwork/ placement and volunteering opportunities, and develop networks.	8	21.6%

*Q 8. What work opportunities will be available to me on graduation?*

In summary, 54.1% (n=20) identified work opportunities across health, welfare and education settings, 43.2% (n=16) distinguished between good work opportunities for those with a background in a profession such as psychology or social work and more restricted opportunities for those with training in counselling or psychotherapy alone, 37.8% (n=14) identified the option of private practice, and 21.6% (n=8) emphasised the need for the practitioner to be resourceful and active in seeking out opportunities. See Table 9.

*Q 9. I understand there are no legal requirements of setting up private practice, however, what level of training do you recommend I have before establishing a private psychotherapy/ counselling practice?*

In summary, 51.4% (n=19) of respondents suggested that prior to entry into private practice individuals needed three to four years of undergraduate study followed by two to five years of clinical experience. A further 18.9% (n=7) identified two to five years of post-graduate training followed by two to five years of clinical experience, 5.4% (n=2) suggested two years of training plus two years experience, 8.1% (n=3) of respondents suggested that entry to private practice could be achieved after two or less years of training, 8.1% (n=3) suggested one to two years of post-graduate training, and 8.1% (n=3) provided no response. See Table 10.

## Discussion

### *Distinctions between psychotherapy and counselling*

In Australian training programs the terms 'counselling' and 'psychotherapy' are used interchangeably. A significant finding of this study is that only a small group of respondents identified the two as having no differences. Consistent with the findings in the literature (Corsini & Wedding, 2008; McLeod, 2009; PACFA, 2009), the vast majority of survey respondents reported that psychotherapy and counselling differed by degree. Differences were identified on a continuum of skill level with brief counselling at one end and



**Table 10. Respondents' views on the level of training and experience required prior to establishing a private practice in psychotherapy or counselling.**

Training and experience required prior to establishing a private practice	Frequency of category response	Percentage of respondents
Three to four years of undergraduate training plus two to five years of clinical experience.	28	75.7%
Two to five years of postgraduate training plus two to five years of clinical experience.	14	37.8%
Three to four years of undergraduate training.	4	10.8%
Two or less years training.	3	8.1%
Two years training plus two years clinical experience.	3	3
One to two years of postgraduate training.	3	3
No response.	3	3

long-term psychotherapy at the other. Counselling was perceived to be short-term with a focus on present issues and problem-solving. Psychotherapy was perceived to be longer-term, more in-depth, insight-based, with a focus on past issues and unconscious processes with the aim of facilitating personality change in the client. Psychotherapy was seen to require a greater level of skill, knowledge and training than counselling. Similarities observed were: the use of the relationship as a focus for therapeutic work; the shared aim of improved psychosocial functioning; and both draw from the same research and knowledge base.

In the Australian context training organisations might aim to define their position clearly with regard to the different theoretical and academic requirements of psychotherapy and counselling to ensure students are informed about the implications of the choice they make. Given the lack of clarity around this issue it cannot be assumed that prospective students would adequately understand the implications of a choice for a program termed counsellor over another termed psychotherapy.

#### **Training requirements**

The existing literature does not provide consensus on the degree of training required. However, some consensus in the Australian training setting can be observed in the survey results. The majority of respondents believe that entry into the field requires a minimum commitment of

an undergraduate degree followed by two to four years of further study (5–8 years), which is consistent with the training guidelines offered by PACFA (2009b). This is also consistent with the psychotherapy training literature and professional standards in other professions such as clinical psychology, which requires a minimum of six years training and a period of supervised practice. In relation to psychotherapy and counselling, the Australian position is that more training is not only better, but preferable. This is an important issue for prospective students to consider; to be recognised with adequate qualifications will involve a considerable time commitment to training. Fast track or shorter courses may not be well regarded in the field and not achieve the desired employment outcomes.

#### **Life experience**

Many prospective students who contemplate a career in psychotherapy and counselling perceive their own life experience to be an adequate 'qualifier' for entry into the field.

The consensus view was that life experience can be valuable as a foundation, but that it is not sufficient in itself. Not only are training, skills and knowledge essential, but life experience is only valuable when the therapist has had some opportunity to reflect upon and integrate these experiences. Such an opportunity can empower the therapist to differentiate their own experiences from those of their clients. Respondents confirmed

the view that life experience does not necessarily correlate with the development of maturity, or an appreciation for the complexity of life and relationships. While respondents were not asked directly about the value of 'matched therapist-client experiences', their responses do not contradict the findings of Cooper (2008).

#### **Personal qualities**

The personal qualities needed by effective psychotherapists and counsellors as identified by respondents were consistent with the literature (Corey, 2009; BACP, 2009; PACFA, 2009). However, what appears to be new in relation to the literature are 'intelligence, wisdom and a capacity for analytical thought', reported by almost half of the respondents. Prospective students often do not have an appreciation of the high level of conceptual and analytical skills required for psychotherapy and counselling. An ability to connect with others is important but not sufficient. Without sufficient intelligence and conceptual capacity, students may struggle with the clinical demands of practice.

#### **Motivation for entry to the field**

Respondents provided a range of practical and helpful suggestions for prospective students to reflect on their motivations for entry into the field. The two most frequently mentioned factors were; a 'willingness to explore yourself before working with others' and a recognition that the field is 'emotionally demanding, personally challenging, and hard work'. It was worth noting that prospective students were encouraged to consider the lack of financial rewards associated with work in the field. The concerns raised by Sussman (2007) and Geldard and Geldard (2009) were confirmed by the 37.8% of respondents who cautioned that entry into the field should not be used as a method to solve or avoid your own problems. This type of information and guidance is not readily available to prospective students.

#### **Personal therapy**

The experience of personal therapy was valued highly by respondents with the majority identifying personal

therapy as either essential or helpful to the process of becoming an effective counsellor or psychotherapist. These responses are consistent with what Norcross (2005) and Corey (2009) report. However, the responses did not postulate any benefit of personal therapy for therapeutic outcome or process. Some respondents were careful to acknowledge that there are effective practitioners who have not had their own therapy, and that self-awareness can be achieved through means other than formal therapy. Prospective students who are uncertain about the value of personal therapy would find these themes informative.

### ***Work opportunities***

Most students have a considerable investment in identifying the work opportunities available to them on graduation. While there is limited evidence with regard to work opportunities in the field of psychotherapy and counselling, respondents reported consistently that there were many work opportunities in both private and public settings for their graduates. However, greater work opportunities were reported for graduates with prior qualifications in psychology and social work. The work prospects for those with training only in psychotherapy or counselling were seen to be more restricted, and more dependent on the resourcefulness of the individual. Prospective students need to be aware that unless they have existing professional qualifications, psychotherapy and counselling training may result in limited work opportunities following graduation.

### ***Entry to private practice***

The majority of respondents believe that entry into private practice is only appropriate after considerable years of undergraduate and/or postgraduate training and two to five years of clinical experience. These responses more than satisfy current PACFA training standards and membership requirements, indicating that a level of consensus is beginning to develop within the industry.

Respondents emphasised the importance and benefits of considerable industry experience prior to entry into private practice. Benefits cited included opportunities to work

with a substantial number of clients presenting with a wide range of clinical issues, access to supervision and industry networking, and development of a professional support system. This information provides prospective students with a realistic indicator of the timelines and investment involved before entry to private practice is feasible.

### **Limitations**

This qualitative survey was designed to illicit a wide range of views. While achieving the aims of the study, the information received was broad. Although the results provide useful information, they do not define issues with great specificity and limit the potential inferences that can be made with regard to the practical applications of the findings. A more informative response to some of the issues raised may have been elicited if more refined and specific questions had been asked. Nonetheless, this research provides baseline information on which more specific questions could be developed to explore issues in greater detail.

It can be argued that a qualitative analysis is subject to bias, with therapeutic perspectives of the researchers affecting the analysis. However, measures were taken to limit this risk. Researchers declared and recorded therapeutic and training biases, and categories were co-rated through discussion until consensus was reached. This method has been promoted by Hill, Thompson and Williams (1997) to control bias and ensure validity in qualitative research involving human analysis of data. The analysis method could have, however, been strengthened further by the inclusion of an additional rater (Hill, Thompson & Williams, 1997).

Another limitation was the time and effort required to complete the survey. Feedback from participants indicated that it was personally confronting and challenging to contemplate such questions. While there was a general consensus of interest in the research, this level of demand may have had an impact on the response rate. Increasing the response rate would be important for future research. With that said, it is likely that findings from this study are representative of the sector due to

the high degree of confluence from respondents.

It may have been valuable to obtain more information on the training bodies represented, including: level of training offered and in what disciplines; size of organisation; and how long they have been training.

Despite these limitations we believe the data were representative of the Australian industry as it stands, with the acceptable cross section of training providers suggesting adequate sample validity.

### **Conclusion and recommendations**

The field of psychotherapy and counselling is characterised by many diverse professions and therapeutic approaches reflected in a range of entry pathways and training options. The results suggest that this diversity is typical in the Australian training setting and creates complexity for potential students in course selection. The findings of this study provide preliminary information that could be made available to prospective students to assist them to make a realistic appraisal of their own suitability for entry into the field of psychotherapy or counselling, and their subsequent selection of an appropriate training program.

It may be helpful for potential students seeking recognised training pathways to be aware that:

- a considerable commitment to study, extended clinical experience and supervision will be required;
- entering training in psychotherapy and counselling without a previous recognised professional degree, while carrying rewards, will also be accompanied by some challenges in locating employment;
- personal qualities such as self-knowledge and maturity while important are no replacement for a rigorous training program that demands a high level of analytical capacity;
- psychotherapy and counselling are regarded differently by training providers. This means that the name given to a program may well reflect its focus and content, the scope of

practice of the graduate, and industry perception of how the qualification may be used.

Much potential confusion for prospective students can be traced to the 'same but different' definitions offered for psychotherapy and counselling. Greater clarity and differentiation is needed with regard to how the profession defines the differences between counselling and psychotherapy. These terms continue to be used interchangeably, and many programs claim that students can practice in either orientation after graduation. However, this 'same but different' theme challenges the industry to translate the differences, as represented on a continuum of skill and knowledge level, into definitions of specific levels of training and experience required to deal with specific issues.

### Acknowledgements

Thank you to the respondents who took the time to complete the survey.

### References

BACP. (2009). Ethical framework for good practice in counselling and psychotherapy. Retrieved on 1 October 2009 from [http://www.bacp.co.uk/ethical\\_framework/personal.php](http://www.bacp.co.uk/ethical_framework/personal.php)

Barletta, J. (2006). An exceptional psychotherapy researcher: a conversation with Michael Lambert. *Psychotherapy in Australia*, 12(2), 66–70.

Bickman, L. (1999). Practice makes perfect and other myths about mental health services. *American Psychologist*, 54(11), 963–978.

Cooper, M. (2008). *Essential research findings in counselling and psychotherapy: The facts are friendly*. Thousand Oaks, CA: Sage Publications.

Corey, G. (2009). *Theory and practice of counseling & psychotherapy* (8th edn.). Belmont, CA: Thomson Brooks/Cole.

Corsini, R. J. & Wedding, D. (2008). *Current psychotherapies* (8th ed.). USA: Brooks/Cole.

Duncan, B. L. and Miller, S. D. (2008). 'When I'm good, I'm very good, but when I'm bad I'm better': a new mantra for psychotherapists. *Psychotherapy in Australia*, 15(1), 60–69.

Eriksen, K. P., & McAuliffe, G.J. (2006). Constructive development and counselor competence. *Counselor Education & Supervision*, 45, p.180–192.

Geldard, D. & Geldard, K. (2009). *Basic*

*personal counselling: A training manual for counsellors* (6th edn). Frenchs Forest: Pearson Education Australia.

Hamilton, M. B. (2003). Online survey response rates and times: background and guidance for industry. Tercent, Inc. Retrieved on 15 July 2009 from [http://www.supersurvey.com/papers/supersurvey\\_white\\_paper\\_response\\_rates.htm](http://www.supersurvey.com/papers/supersurvey_white_paper_response_rates.htm)

Health Professions Council. (2009). HPC launch consultation on the recommendations for the statutory regulation of psychotherapists and counsellors. Retrieved on 30 September 2009 from <http://www.hpc-uk.org/mediaandevents/pressreleases/index.asp?id=357>

Hill, C. E., Thompson, B. J. & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *Counselling Psychologist*, 25, 517–572.

Hill, C.E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. & Ladany, N. (2005). Consensual qualitative research: An update. Invited article in *Journal of Counseling Psychology*, 52, 196–205.

Hollingworth & Spencer. (2008). The Australian register of counsellors and psychotherapists constitution. Retrieved 29 September, 2009 from [http://www.pacfa.org.au/sitebuilder/announcements/knowledge/asset/files/1/arcapconstitution\\_final.pdf](http://www.pacfa.org.au/sitebuilder/announcements/knowledge/asset/files/1/arcapconstitution_final.pdf)

Lambert, M. J. & Ogles, B. M. (2004). The efficacy and effectiveness in psychotherapy, in Michael J. Lambert, *Bergin and Garfield's handbook of psychotherapy and behavior change*. New York, NY: John Wiley and Sons.

McLeod, J. (2009). Counselling: a radical vision for the future. *Therapy Today*, 20(6). Retrieved on 29 September, 2009, from <http://www.therapytoday.net/article/show/532/print/>

National Health and Medical Research Council. (2007). National statement on ethical conduct in human research. Retrieved on 4 September, 2008, from <http://www.nhmrc.gov.au/PUBLICATIONS/synopses/e72syn.htm>

Norcross, J. (2005). The psychotherapist's own psychotherapy: educating and developing psychologists. *American Psychologist*, 60(8), 840–50.

PACFA. (2009). FAQs – General. Retrieved on 30 September 2009, from <http://www.pacfa.org.au/resources/cid/15/parent/1/t/resources/1/layout>

PACFA. (2009b). PACFA training standards January 2009. Retrieved on 1 October 2009 from <http://pacfa.ivt.com.au/sitebuilder/resources/knowledge/asset/files/15/trainingstandards2009.pdf>

PsychOz Publications. (2008). 2008 National guide to training programs in psychotherapy and counselling. Retrieved on 3 August 2008 from <http://psychotherapy.com.au/pages/guide/guide.asp>

Pointon, C. (2009). Splitting the profession?, *Therapy Today*, 20(7). Retrieved 29 September 2009, from <http://www.therapytoday.net/article/show/795/print/>

Sussman, M. B. (2007). *A curious calling*. Second Edition. Lanham, Maryland: Jason Aronson.

Wampold, B. E. (2007). Psychotherapy: the humanistic (and effective) treatment. *American Psychologist*, 62(8), p. 857–873.

### AUTHOR NOTES

JENNI RICHARDSON B.App.Soc.Sc. (Counselling) is a Melbourne based Counsellor with experience in grief and loss, and crisis support. She is Editorial Coordinator of *Psychotherapy in Australia*.

LIZ SHEEAN BSW, MA (Psychoanalytic Studies) is Editor of *Psychotherapy in Australia*.

MATTHEW BAMBLING Ph.D., MAPS is Course Coordinator, Graduate Clinical Psychology Program, Australian Catholic University, Brisbane. Matthew is internationally recognised for his research into supervision and client treatment outcome. His research interests are psychotherapy training and supervision, evidence based practice, psychological treatment outcome, relapse prevention, health and youth counselling services.

Comments: [editor@psychotherapy.com.au](mailto:editor@psychotherapy.com.au)