

Pelling, N., (2005) Counsellors in Australia: Profiling the membership of the Australian Counselling Association, *Counselling, Psychotherapy, and Health*, 1(1), 1-18, July 2005.



Counsellors in Australia: Profiling the Membership of the Australian Counselling Association

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Abstract

This survey research aimed to describe Australian counsellors associated with the Australian Counselling Association (ACA). Data was collected using both a postal and an electronic mail survey. The counsellors' (a) demographic characteristics, (b) counselling training and development, (c) provision of counselling services, (d) professional involvement and interest in counselling, and (e) competence level regarding six specific counselling areas were assessed. Australian counsellors associated with the ACA are thus described and specific recommendations for ACA activities are provided.

Key words: counselling - counseling – description – counsellor – Australia

Acknowledgment

The questionnaire used in this research was based on a questionnaire used by Nadine Pelling, Pamela Brear, and Margaret Lau in a survey of advertised Australian counsellors (Pelling, Brear, & Lau, in press). In addition, some of the content and structure of the current article is based upon the material written by Nadine Pelling for the advertised Australian counsellors article. Nadine Pelling would like to thank Paul Whetham, Pamela Brear, and Margaret Lau for their literature review recommendations regarding Australian statistics, specifically for providing two Australian Bureau of Statistics references. The current Australian Counselling Association survey is one in a series of independent surveys of Australian counsellors and psychologists being conducted by Nadine Pelling.

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Counselling is a relatively new and developing profession in Australia. As a result, few articles examining counselling and counsellors specifically within the Australian context have been published. In early 2004 the Australian Counselling Association (ACA) indicated that it would like to engage in a review of the counsellors associated with its organisation and their basic activities, thus describing an important and influential group of counsellors and their work in Australia.

Who actually are the counsellors associated with the ACA and what are their activities? The present research was designed to explore the following: (a) ACA associated counsellor demographic and (b) training characteristics, (c) how and to whom ACA associated counsellors provide counselling services, (d) with what additional professional organisations are ACA associated counsellors involved and what was the basis of their initial interest in counselling, and (e) what are ACA associated counsellors' comfort level in six areas important to the provision of counselling in Australia.

In order to place the current descriptive findings in context, what is known about counsellors in Australia from the Australian Bureau of Statistics (2003b) will be briefly reviewed. This review is presented in conjunction with what the literature has to say about six specific areas important to the provision of counselling in Australia. Let us now look at what Australian statistics and the literature have to say about these specific areas studied in the current survey. Unless otherwise stated, statistics reported in the following review sections are taken from the Australian Bureau of Statistics (2003b).

Demographic characteristics

Counsellors in Australia appear to be a mature group, with the majority of counsellors being between 45 and 54 years of age (29.4%). Very few counsellors are aged under 25 (4.7%). The majority of counsellors are female (69%) with only 31% male. The majority of counsellors reside in New South Wales (31%), Victoria (30%), and Queensland (18%). Counsellor and general Australian resident information regarding rural/remote or urban location was not found in the sources examined.

Information regarding counsellor relationship status, family status, ethnic and cultural background, and sexual orientation was not found. However, general Australian statistics indicate that Australians tend to live in a couple family (82.7%) and tend to be parents (62.5%) in a couple family or as a single parent (Australian Bureau of Statistics, 2003a). Specifically, 50.7% of Australians are married, 3.4% separated, 7.4% divorced, 6.2% widowed, and 31.6% had never been married (Australian Bureau of Statistics, 2003a).

Regarding ethnic and cultural status, 2.2% of Australians identify as being of Indigenous origin and 20% indicated that English was not the only language spoken at home (Australian Bureau of Statistics, 2003a). Moreover, the seminal source on sexual orientation indicates that 10-15% of the population is same sex attracted (Kinsey, Pomeroy, & Martin, 1948). Counsellor and general Australian resident information regarding spiritual beliefs was not provided in the sources examined.

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Counselling training and development

In Australia a number of tertiary level educational qualifications are available. Details regarding what counselling specific tertiary educational qualifications counsellors hold on average is not available. Nevertheless, as counselling is not a regulated profession in Australia one can have many different or no official qualifications and engage in counselling. Generally, Australians tend not to hold tertiary level educational qualifications (65.3%) with only a moderate number having advanced diplomas, diplomas, or certificates (21.8%) and a minimum holding bachelor or postgraduate degrees (9.7% and 3.2%, respectively) (Australian Bureau of Statistics, 2003a).

Information regarding average counsellor participation in counselling supervision and the ratio of counselling to supervision hours maintained is not readily available. Missing also is Australian Bureau of Statistics information regarding average years of counselling and counselling supervision experience, professional development activities, and interest regarding further counselling education and personal development activities. Professional stress, or burnout, as an issue confronting Australian counsellors has also not been widely examined.

Provision of counselling services

Counsellors are evenly split into groups that work full-time and part-time. According to Australian statistics, almost half (46.9%) work 35 hours or more per week. Those working 34 hours or less per week totalled 53.1% of counsellors. Specifics regarding counselling practice, such as individual as opposed to group work involvement, are not available. Similarly, information on theoretical orientation and generalist or specialist practice orientation was not available.

The majority of counsellors are employed in health and community services as well as educational environments, 39.6% and 29.5% respectively. Average fees charged per hour for counselling and supervision service were not noted. However, for counsellors \$942 was indicated as the average weekly earnings before tax . This translates to \$49,504 gross per year, based on a 52 week year.

Professional involvement and interest in counselling

There are a number of counselling organisations in Australia. Some of these are generalist in orientation and others are specialist groups. An umbrella organisation also exists. Some of the more active counselling organisations in Australia include the Australian Association of Career Counsellors (AACC), the ACA, the Australian Guidance and Counselling Association (AGCA), the Australian Psychological Society's (APS) College of Counselling Psychology, and the Psychotherapy and Counselling Federation of Australia (PACFA) (Pelling, 2003a; Pelling, Gillies, & Sullivan, 2003, August; Pelling, Sullivan, & Gillies, 2003, October; Sullivan, 2003). Counsellors may belong to more than one organisation, as membership in various counselling organisations is not mutually exclusive.

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Currently, the extent to which counsellors follow established ethical codes and are covered by professional indemnity insurance is unclear. This is despite the fact that many counselling organisations have developed ethical codes and provide access to professional indemnity insurance at a reduced rate.

Individuals choose counselling as a professional activity for a number of reasons. One recent qualitative study examined why counsellors enter the profession of counselling within the Australian context. It found that men described a history of helping while women were aware of family disadvantage and indicated a capacity for empathy as reasons for choosing counselling and psychotherapy as a career (Lewis, 2004).

Competence level in specific counselling areas

Counselling as a profession helps individuals cope with problems of everyday life (Whetham & Pelling, 2003). Common problems include depression, anxiety, and substance abuse and dependence (Court, Ireland, Proeve, Pelling, & Cescato, 2003; Pelling, 2003b). As a result, it is important that counsellors be able to competently address these three common and widespread problems. As depression, anxiety, and substance abuse issues are frequent problems clients bring to counselling, counsellors are likely to have experience in working with such difficulties and thus view themselves as being sufficiently competent regarding them.

In addition to competently addressing the three issues identified above, it is important that Australian counsellors are able to competently address the unique needs of various multicultural groups prominent in Australia. Those from Non English Speaking Backgrounds (NESB), Indigenous and Torres Strait Islander (TSI) individuals, and those who are same sex attracted (gay, lesbian, and bisexual individuals) may present in counselling with special needs.

NESB clients have special needs that may not be addressed in general counselling training programs (Pelling, 2004c). Similarly, Australia has a meaningful proportion of Indigenous and TSI individuals in its population who may bring into counselling special issues relating to the '*stolen generation*' and other difficulties relating to cultural marginalisation (Armstrong, 2002, October; Pelling, 2004b; Petchkovsky & San Roque, 2002). Once again, while the ability to provide competent services for Indigenous clients is important, Australian counsellors are more likely to receive generalist training and not information specifically relating to Indigenous populations. Moreover, a significant proportion of the Australian population is likely to be same sex attracted. As a result counsellors need to be familiar with basic knowledge, awareness, and skill areas in order to work competently with same sex attracted populations (Kocarek & Pelling, 2003; Pelling, 2004a). Due to the heterosexist nature of our society, it would be expected that many counsellors would have limited competence in working with same sex attracted clients.

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Finally, electronic mail (email) and instant messages (IM) via mobile phones are now permanent features in the lives of many Australians. Some counsellors see such electronic means of communication as a way to provide service to isolated individuals and those hesitant about receiving services in traditional settings. This is despite the known difficulties associated with providing counselling through typed email and IM (Goss, Robson, Pelling, & Renard, 1999; Goss, Robson, Pelling, & Renard, 2001; Pelling & Renard, 2000; Pelling, 2004d). Training in the provision of counselling via email and other electronic means of communication has been presented at conferences and workshops. However, this training has not been widely integrated into more general counselling training (Pelling, 2004d). Thus, competence in counselling via electronic means is probably limited.

Method

Measure

A questionnaire predominantly based on a previous questionnaire created specifically for measuring advertised Australian counsellor characteristics (Pelling, Brear, & Lau, in press) was used in this survey research. Questions were designed to assess counsellor demographics, training and development, counselling service provision, professional involvement and interest in counselling, and comfort level regarding six specific Australian relevant counselling areas. Counsellor comfort relating to the six topics presented was assessed on a five point Likert scale: 1 being uncomfortable; 3 being neutral; and 5 being comfort regarding counselling in the specific area identified. The specific topic areas examined included: using email or IM to provide counselling services; providing counselling to individuals regarding sexual orientation issues; providing counselling to NESB and Indigenous and TSI individuals; and engaging in counselling about substance use issues, depression, and anxiety difficulties. The questionnaire was purposely designed to fit on one double-sided piece of paper and include a majority of 'fill in the blank' questions. The questionnaire was designed in this way so as to make it easy to complete in a practical amount of time.

Sample and procedures

Two different populations of counsellors associated with the ACA were surveyed using two different procedures. Firstly, a paper version of the questionnaire, including a stamped self addressed return envelope directing responses to the ACA, was sent to 1000 individuals via the April 2004 edition of the ACA journal *Counselling Australia*. The journal, which included encouraging statements requesting readers to complete and return the questionnaire, is provided routinely to ACA members as a membership benefit, as well as to other subscribers. Secondly, an electronic version of the questionnaire was sent by the ACA to 2000 members of the ACA Electronic Mail of the Month Club (EOM). Responses were electronically sent to the ACA main email address and/or printed out and sent by mail to the ACA by individuals. In order to encourage individuals of the EOM to return their completed questionnaire, the ACA provided the first 45 returns with a free counselling book.

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It should be noted that both ACA members and non-members receive *Counselling Australia* and belong to the EOM. One mailing occurred for each sample in each procedure. Data was collected during a one month period starting in April 2004. Questionnaire dissemination and collection was conducted solely by the ACA, although two individual respondents purposely sent their completed questionnaires to the author indicating that they wished to provide their data directly to the author. All survey materials were immediately removed from their return envelopes and electronic mail attachments, thus protecting participants' anonymity and privacy. Survey procedures were the responsibility of the ACA and conformed to standard research protocols and ACA ethical standards. Once the completed surveys were collected they were provided to the author for data entry, analysis, and write-up. All original survey materials have subsequently been returned to the ACA for storage along with the electronic database containing the entered results.

Results

Response rate

Two hundred and forty one paper surveys were received in response to the 1000 surveys distributed via the April 2004 edition of *Counselling Australia*, resulting in a return rate of 24.1%. In contrast, only 48 out of 2000 surveys distributed to the EOM were returned, culminating in a response rate of 2.4%. Together 289 out of 3000 surveys were returned resulting in a total response rate of 9.6%. Due to the low return rate of the email survey it was decided that the paper survey responses would exclusively be reported in this article. Thus, the results reported are from a sample representative of counsellors associated with the ACA via readership of *Counselling Australia*.

Demographic characteristics

The majority of the sample was female (75.5%) while males constituted only 19.5%. A small percentage indicated being intersexed (0.8%). The average age of the group was 48.9 years with a standard deviation of 10.1. Ages in the sample ranged from 24-69 years with a mode age of 51 and a median age of 50.

The majority of the sample was partnered or married (66.8%). A small percentage was single (17.8%) and divorced or separated (10.4%), with a minority widowed (2.1%). The majority indicated being heterosexual in sexual orientation (93.4%). Homosexual and bisexual orientations were also indicated, 2.1 and 0.4% respectively. Only a minority of the sample indicated having no children (16.6%). The average number of children was 2.3 with a standard deviation of 1.4. The maximum number of children reported was 8. The mode number of children was 1 with a median of 2. The majority of counsellors reported having children who were over 20 years of age (53.5%).

The majority of the sample lived in an urban environment (69.3%) versus a rural or remote area (26.6%). New South Wales (28.2%) and Victoria (24.1) were the states most represented in the sample. The rest of the sample lived in Queensland (20.3%), Western Australia (10.4%), South Australia (7.9%), Tasmania (3.3%), and the Northern Territory (0.4%).

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The majority of the sample was Caucasian or indicated being Anglo or European in background (14.9%). However, counsellors from an Asian (1.7%) and an Indigenous or TSI (0.8%) background were also present. Christian beliefs were held by a number in the sample (7.5%). Buddhist (0.4%), Muslim (0.8%), and Jewish (1.2%) beliefs were also indicated. Other backgrounds and beliefs were represented as well (40%), such as hearing-impaired individuals and Samoan individuals, and those who associate with Wicca as a belief system.

Counselling training and development

Baccalaureate, master's, doctorate, diploma, and certificate level training was reported in 34.4%, 18.3%, 4.6%, 21.6%, and 21.6% of the sample respectively. The sample reported receiving their counselling training from Tertiary and Further Education institutions (5.8%), universities (41.5%), and private providers (41.9%). A minority were self trained or mentored, 2.9% and 2.1% respectively.

Supervision was received by 69.7% of respondents (58.5% individually and 32.4% in a group) and provided by 22.8% (19.8% individually and 5.1% in a group) of respondents. The average ratio of counselling to supervision services maintained was 35.7 hours of counselling for every 2.8 hours of supervision, with standard deviations of 115.9 and 6.6 respectively.

Counsellors indicated supporting their professional development by reading books and journals (88.8%), structured training attendance (71%), conference attendance (64.7%), providing conference presentations or structured training (28.6%), and creating scholarship (3.7%). The most popular journals were *Counselling Australia* (94.6%), *Professional Counsellor* (34.8%), and *Psychotherapy in Australia* (24.9%). The journal *Australian Psychologist* was also read by 12.8% of the sample. Other journals were read by 23.6% of the sample and included various newsletters and journals including those from counselling, psychotherapy, social work, and psychological organisations in Australia. Working with adolescents, children, and child abuse victims along with family and relationship counselling, including domestic violence, were areas indicated as needing further education. Other further education areas that were noted include trauma and grief and loss. A majority of the sample (66.4%) engaged in personal counselling to support one's counsellor development. The sample generally did not indicate burnout was an issue, with only 26.1% indicating experiencing burnout or professional stress.

Provision of counselling services

Counsellors indicated providing counselling services for an average of 8.6 years with a standard deviation of 10.1. The provision of counselling services was mostly on a part-time basis (62.7%) while 22.4% provided services on a full-time basis. On average supervision was received for 5.5 years, with a standard deviation of 5.7, and provided for 4.9 years, with a standard deviation of 6.1.

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The majority of counsellors indicated that they provided individual counselling (80.5%). Couple and family counselling was also reported by a slight majority of counsellors (50.6%). Group counselling was reported by 26.1% of counsellors as a substantial proportion of their work. The majority of clients seeking counselling were adults (65.1%), although children and adolescents were also seen (38.2%). The majority of the sample indicated being generalists in their work (60.6%) with only 22.8% indicating specialising in their practice. Various specialty areas were reported. These included addiction related counselling, couple and family counselling, and workplace or trauma issues.

A great variety of theoretical orientations were reported as providing structure for the counsellors' counselling activity. The most popular listed theoretical orientation was eclectic (31.1%), with cognitive behaviour therapy being listed as the main influence upon one's eclectic orientation. Other eclectic influences were narrative therapy, psychodynamic, and person-centred approaches. Following eclectic, cognitive behaviour therapy, the most popular counselling theoretical orientations were narrative therapy, psychodynamic, person-centred approaches, and solution-focused therapy. Similarly, counsellors indicated using a number of theories to structure their supervisory interactions. Once again the most popular theoretical orientation was reported as eclectic (13.7%), with the most consistent influence being cognitive behaviour therapy. Cognitive behaviour therapy and solution-focused theoretical approaches were also popular orientations used to structure supervisory interactions.

Of the counsellors surveyed 62.7% indicated working in a solo practice, with 18.7% working in a group practice. The most common work setting of those surveyed was private practice (52.3%). A number of counsellors in the sample also indicated working in a community group (12.9%) or government agency (8.3%).

Of the sample, 48.4% indicated that they made \$40,000 or less gross income per year from counselling activities. Specifically, 29.8%, 12.4%, 6.2%, 12%, 7.5%, and 2.5% indicated earning less than \$10,000, \$10-20,000, \$20-30,000, \$30-40,000, \$40-50,000, and over \$50,000 per year respectively. Almost half of the sample supplemented their income with non-counselling activities (46.9%). The average fee for an hour of counselling was \$57.6 with a standard deviation of \$31.11. The average fee charged for a supervision hour was \$63.05 with a standard deviation of \$41.28. The average number of hours counselling and supervision provided per week were 15.5 and 2.6 with standard deviations of 29.6 and 3.9, respectively.

Professional involvement and interest in counselling

Counsellors were asked to indicate in which counselling organisations they have memberships and in the case of the ACA what level of membership they maintain. A small portion of the sample indicated being registered as a psychologist (4.1%) and belonging to the APS (4.1%). Almost a quarter of counsellors reported being members of an organisation represented by PACFA (23.7%). The AGCA was also represented with 0.4% of the sample holding membership. ACA membership was indicated by 97.5% of

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the sample. This included clinical (27.4%), professional (17%), qualified (29%), student (16.2%), volunteer (1.2%), and member by association (6.6%) memberships.

The majority of counsellors indicated following an officially published ethical code (76.3%). However, some counsellors did indicate not following an ethical code (8.7%). A majority of counsellors in the sample (58.9%) indicated obtaining professional indemnity insurance but a sizable portion did not maintain professional indemnity insurance (27.8%).

A history of helping people influenced respondents' interest in counselling, and this accounted for 72.2 percent of the sample. Only 8.7% indicated that a personal experience of disadvantage influenced their interest in counselling. Another large influence on one's counselling interest involved having a general interest in people.

Competence level and specific counselling areas

Counsellors indicated being uncomfortable (mean 2.1 and standard deviation 1.3) with providing counselling via email or IM. Counsellors indicated feeling neutral about counselling NESB, Indigenous, and TSI individuals (mean 2.96 and standard deviation 1.4). The sample indicated that they felt moderately comfortable about counselling on substance use issues (mean 3.6 and standard deviation 1.3) and counselling concerning sexual orientation issues (mean 3.8 and standard deviation 1.2). Counsellors indicated a fairly high comfort level with counselling involving depression (mean 4.5 and standard deviation 0.8) and anxiety issues (mean 4.5 and standard deviation 0.7).

Discussion of specific results

Response Rate

A low to moderate response rate was achieved with the paper version of the questionnaire sent to individuals via *Counselling Australia*. As a result, the data collected can guardedly be viewed as an accurate representation of ACA associated counsellors, associated via their reading of this particular journal. The low response rate obtained in reaction to the EOM email survey made these responses unrepresentative and not statistically useful for descriptive purposes. Consequently, the current article focuses on the postal responses received and calls into question the response rate and resultant utility of email surveys. It is interesting to note that the number of responses achieved via the EOM was only slightly higher than the number of free books offered by the ACA for responding to the electronic version of the survey. It is possible that response rates to future electronic, and paper, surveys might be increased with either payment for all responses or, more economically, a prize lottery in which all respondents are entered.

Demographic characteristics

The average ACA associated counsellor is female, mature in age, in a marital or partnered relationship, heterosexual, and has one or more adult children. Most ACA associated counsellors are Caucasian. Furthermore, ACA associated counsellors are most likely to reside in New South Wales or Victoria and in an urban environment.

These characteristics are similar to those reported by the Australian Bureau of Statistics (2003a; 2003b) for counsellors and the general Australian public previously described. These characteristics, however, raise some concerns. If the majority of counsellors in Australia are female and mature aged, are we meeting the needs of male and younger clients? Similarly, special attention may need to be paid to multicultural and sexual diversity issues given the Caucasian and heterosexual nature of ACA associated counsellors. Indeed, significantly fewer ACA associated counsellors indicated being same sex attracted than would be expected. The ACA should examine how they might increase diversity in their membership base. Similarly, as few counsellors reside in rural or remote areas the adequate provision of counselling services in those areas may need to be examined along with how rural counsellors can be supported in their work.

Counselling training and development

Counsellors associated with the ACA come from a number of different training backgrounds, including self-trained or mentored individuals and those who have earned a doctorate degree. Counsellors are more likely than the general Australian population to hold tertiary qualifications. This shows that counsellors are taking their professional development seriously.

Engaging in supervision as a supervisor was less popular than gaining supervision for counselling activities. A respectable ratio of counselling to supervision hours was also reported, despite having great variation in the ratios reported. This shows a keen interest in ongoing supervision and professional development. The latter was highlighted by counsellors indicating their practice of reading journals, engaging in training, and attending conferences. Not many ACA associated counsellors indicated providing training or writing for journals, possibly reflecting a small number of doctoral and research trained counsellors (academics) in the sample. The journals read were almost exclusively practitioner accessible journals. There is room for further counsellor research and scholarly involvement.

Counsellors were able to identify their further education needs and these included work with adolescents, children, and family-related items. Counsellors reported that burnout or professional stress, was not a significant issue. This illustrates that the ACA associated counsellors could be said to be a resilient group of professionals. Personal counselling is a popular activity for many counsellors, indicating that self care and the power of counselling are taken seriously by the survey respondents.

Provision of counselling services

Counsellors indicated a moderate level of experience providing counselling. Supervision was reportedly received for the majority of this experience, a positive finding as researchers recommend the use of ongoing supervision to help develop counsellor competence (McNeill, Stoltenberg, & Pierce, 1985; Schofield & Pelling, 2002; Wiley & Ray, 1986). Counsellors reported providing supervision for less time, a situation that appeared likely after the counsellors themselves had gained experience. This is also a positive finding as counselling experience is an important basis, although not sufficient,

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for the provision of supervision (Clarkson & Gilbert, 1991; Dye & Borders, 1990; Farrell, 1996; Hillman, McPherson, Swank, & Watkins, 1998; Leddick & Dye, 1987; Schofield & Pelling, 2002; Stoltenberg, McNeill, & Delworth, 1998; Styczynski, 1980).

The most popular counselling activity was individual counselling with adult populations. Counselling for families and couples was also a popular activity. Adolescents and children too were provided with counselling services. Additionally, group counselling was a moderately popular mode of service delivery. Most ACA-related counsellors indicated being generalists in their work. Thus, ACA related counsellors are providing a variety of services to a variety of Australian clients.

ACA associated counsellors worked mostly in private practice with less than a quarter working in community groups or government agencies. This is in contrast with the majority of counsellors reported to be working in health and community services by the Australian Bureau of Statistics (2003b). The ACA associated counsellors may thus appreciate private practice related support from their counselling organisation; including the ACA counsellor register, Yellow Pages group advertisements, regular *Counselling Australia* publications, and professional indemnity insurance availability.

The majority of counsellors worked alone and did so in a part-time manner. Indeed more of the ACA associated counsellors worked on a part-time basis than indicated by the Australian statistics previously cited. This, of course, would have an impact on the average income from counselling activity reported. The majority of ACA associated counsellors are making \$40,000 or less each year before tax. This is less than the average income listed for counsellors by the Australian Bureau of Statistics (2003b).

The average fee for a counselling hour was \$57.60. This is significantly less than the recommended fee for psychological services, which is \$176.00 per hour as of 1 July 2004 (Australian Psychological Society, 2004). If service is to be individually paid for, this is likely to make counselling, an unregulated profession, more accessible to the general Australian public than psychological service, a regulated profession. As a result, ACA associated counsellors may be providing much needed support to those who might otherwise be unable to afford applied service.

Professional Involvement And Interest in Counselling

ACA associated counsellors are not generally psychologists. However, a sizable portion of ACA associated counsellors are also involved with PACFA. Thus, cooperation between the two organisations (ACA and PACFA) is recommended, as it appears they share a number of members. Similarly, communication among the ACA and other organisations in Australia can be encouraged, despite the fact that fewer ACA associated counsellors were members of other organisations.

It is a concern that a number of ACA associated counsellors indicated not following an ethical code in their counselling work and also not obtaining professional indemnity insurance, especially given that the ACA has an established ethical code and access to discounted professional indemnity insurance as well as a preponderance of private

practitioners. It is suggested that the ACA engage in a structured campaign to remind its members and *Counselling Australia* readers of the availability of its ethical code and insurance coverage. Such reminders could overview the long known liability areas associated with counselling practice reported by Hendrickson (1982): negligence, intentional interference, battery, infliction of mental distress, defamation, invasion of property, misrepresentation, and liability areas associated with third party harm. Counsellors indicated engaging in counselling as a professional activity mainly due to a history of helping others. This history of helping may be a continuing influence of the volunteer foundation of counselling in Australia.

Competence Level And Specific Counselling Areas

The mature women counsellors in the sample indicated being uncomfortable with providing counselling via email or IM. This may be evidence of technophobia as traditionally, or stereotypically, women and older individuals tend to be more reticent regarding the general use of technology, and more specifically technology in the provision of counselling services.

Counsellors indicated feeling neutral regarding counselling NESB and Indigenous and TSI individuals. Mild comfort was reported regarding counselling individuals regarding sexual orientation and substance abuse issues. Given that counsellors are not likely to have been trained to help these populations and their unique needs, the relatively low level of comfort indicated may reflect an awareness of one's competence limits and need to refer specific cases to others with specialist training and experience in such areas. Indeed, the majority of ACA associated counsellors indicated that they were generalist in orientation and this may be reflected in their comfort level regarding various counselling topics. Given the widespread prevalence of substance use difficulties it might be prudent for the ACA to engage in some targeted education efforts regarding addiction in an effort to help its membership better serve those experiencing substance use problems. Similarly, information regarding multicultural counselling could be disseminated to ACA associated counsellors.

As expected, counsellors indicated they were comfortable when their counselling involved depression and anxiety problems. This is a positive finding as depression and anxiety issues bring many into counselling and thus ACA associated counsellors are likely to be experienced and thus show comfort in addressing such issues.

Limitations of study

In the present article counsellors associated with the ACA, via reading *Counselling Australia*, were described. This sample contained a majority of ACA members, a large and influential group of counsellors in Australia. The responses gained via the email survey distributed via the EOM were not included, due to the low response rate obtained. The ability of the present survey's results to be generalised to EOM counsellors would have been strengthened had a greater response rate been achieved from the EOM.

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The descriptions of ACA associated counsellors obtained may not be applicable to other groups of counsellors in Australia, for example, school-based counsellors or those who hold membership with the AGCA. Similarly, the descriptions of ACA associated counsellors obtained may not relate to counsellors who belong to the AACCC or those who are not involved with a counselling organisation.

Suggestions for future research

The current survey aimed to describe ACA associated counsellors. Future survey research could employ a multiple mailing technique designed to increase the response rate achieved and thus the ability of results to be generalised to the population of interest. Similarly, other survey techniques could be employed to increase response rates.

The present survey was also designed to merely describe ACA associated counsellors. An examination of ACA associated counsellor competence levels when working with specific counselling areas and multicultural populations, as well as the use of email and IM in counselling, could prove interesting. Investigating what helped the ACA associated counsellors avoid professional stress, burnout, could also be informative. Indeed, study regarding various aspects of stamina as presented by Osborn (2004) could help identify ways to increase resilience and reduce professional stress. Finally, an understanding of why various individuals choose counselling as a professional activity and become, or not, involved with professional counselling organisations could help the ACA develop a more diverse membership by better addressing the professional needs of prospective members.

Specific recommendations

The ACA is encouraged to engage in activities designed to increase the diversity of its membership, which could be achieved by increasing the number of men, Indigenous/TSI individuals, and sexual minorities. Such activities could include sending membership information to targeted groups of counsellors and the counsellors employed by various specialty government agencies working with specific target groups. Similarly, the ACA might be able to increase the number of younger and less experienced counsellors in its complement by engaging in membership drives via the various counselling training organisations in Australia. Relatively new counsellors, younger and less experienced, can bring new ideas and energy into an organisation who can then be mentored by the more mature and experienced members. Widespread advertising regarding the availability of student membership in the ACA could help increase the age and experience diversity of ACA associated counsellors. These individuals are the future of counselling in Australia.

The ACA is also encouraged to provide its membership with continuing education on the subjects of counselling adolescents, children, and families as these are areas of interest regarding further education outlined by ACA associated counsellors. Additionally, the ACA is encouraged to provide continuing education regarding substance use issues mainly because this is a common client problem with which ACA associated counsellors indicated little comfort. Continuing education can be provided to local communities or via the annual national ACA conference. Similar continuing education can address the specific counselling needs of various multicultural populations as well.

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Not all of the ACA associated counsellors indicated following a code of ethics and holding professional indemnity insurance. It is therefore recommended that the ACA remind its members of the availability of their ethical code and professional indemnity insurance. This reminder could take the form of an annual informative mailing to members or a regular discussion regarding liability and ethical issues in the ACA journal *Counselling Australia*.

Few counsellors indicated living in and serving rural or remote populations. The ACA could explore ways to support counsellors working in rural areas and also ensure that counselling services are readily available to populations living in remote areas. Given the difficulties involved with email and IM counselling and the low level of competence counsellors see themselves having in the use of technology of counselling, this might best involve the use of the telephone and nurturing other rural face-to-face counselling contacts.

The majority of counsellors associated with the ACA read practitioner-related journals and do not engage in scholarship development or research. The ACA could be encouraged to support the development of an Australian counselling research culture. This may involve encouraging counselling research by publishing it in *Counselling Australia* or advertising available funding possibilities for research projects in the journal. Academics involved with counselling scholarship could be targeted in a membership drive campaign detailing the advantages of membership in the ACA. Such a campaign could also have an impact on student memberships as well.

Finally, the ACA is encouraged to continue its examination of the counsellors whom it represents directly and by association. Such continuing examination is likely to help the ACA determine who they represent as counsellors in Australia and better meet the needs of these counsellors. It will thus enable them to respond to the needs of the Australian public.

Conclusion

ACA associated counsellors tend to be female, mature, Caucasian, married or partnered, heterosexual, and have families. ACA associated counsellors are educated professionals who hold a variety of qualifications and are experienced service providers. ACA associated counsellors are involved in professional development activities, including supervision, and indicate an awareness of the limits of their competence areas. They are mostly generalists working part-time in private practice and serve a variety of clients.

Who will the ACA represent in five or ten years? Possibly ACA associated counsellors will become a further diversified group of individuals, representing more fully the diverse characteristics of Australian society. Hopefully, this group of counsellors will stay involved in professional development activities and continue to serve a broad section of Australian clients. It is also hoped that this group can increase its scholarly involvement, thus helping to develop a counselling research culture in Australia.

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