

# Counselling in Australia: Counselling Supervisors' Views on the Strengths, Weaknesses, Opportunities, and Threats Facing the Profession

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Counselling is a developing profession in Australia without statutory regulation. In this study the strengths, weaknesses, opportunities, and threats (SWOTs) of Australian counselling are examined. Using a thematic analysis, eight verbatim transcripts of counselling supervisors individually talking about the monetary aspects and SWOTs facing counselling were analysed with semantic codes and themes identified. The professionalism and wide applicability of counselling were presented as attributes of the profession. Weaknesses encompassed financial concerns and public unfamiliarity around counselling. Opportunities to further develop the profession included Medicare coverage for and a more unified representation of counselling services. Lastly, factors threatening the profession included monetary limitations and aspects associated with being a voluntarily regulated profession. The identified SWOTs give insight into the profession and enhance public, stakeholder, client, and counsellor understanding of counselling in Australia.

**Keywords:** *Counselling, Supervision, SWOT, Strength, Weakness, Opportunity, Threat, Qualitative.*

## Australian Counselling

Counsellors are essential in the Australian workforce as they promote public mental health and wellbeing (Armstrong, 2007; Australian Counselling Association [ACA], 2019; Psychotherapy and Counselling Federation of Australia [PACFA], 2013a; Sharpley et al., 2004). No title or practice protection currently exists for counselling in Australia because the profession is without statutory regulation (Pelling, 2015), meaning that anyone can identify and work as a counsellor (Pelling, 2005b, 2006; Pelling & Sullivan, 2006). Counselling is thus different from the applied psychology professions in Australia which are legally regulated, including the practice of counselling psychology (Brown & Corne, 2004; Di Mattia & Grant, 2016; Pelling, 2017b, 2019).

Information about counselling in Australia remains in its infancy (Pelling, 2006; Pelling & Sullivan, 2006; Pelling & Whetham, 2006). As counselling is still a developing profession

in Australia (Pelling, 2009, 2015; Schofield, 2008b, 2013), it is vital to understand its strengths, weaknesses, opportunities, and threats (SWOT) to permit future informed decision-making (Helms & Nixon, 2010; Leigh, 2009). Therefore, the aim of the present study is to articulate and overtly present the SWOTs of the Australian counselling profession.

Information will be presented in a fourfold manner, with the SWOT topic headings used throughout each section of the research product. The purpose of overtly presenting the weaknesses and threats is not to explain how to implement change, but rather highlight areas needing attention. The SWOT terms are conceptualised as follows:

- Strength: an internal enhancer that is a valuable resource or strong attribute;
- Weakness: an internal inhibitor that is a resource or attribute that hinders;
- Opportunity: an external enhancer that can be pursued to benefit; and
- Threat: an external inhibitor that constrains development (Leigh, 2009, p. 115-116).

## Strengths.

There are currently two primary counselling associations that voluntarily regulate, promote, advocate, and represent counselling and counsellors in Australia: the ACA and

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PACFA (Armstrong, 2007; Lack et al., 2017; Pelling, 2005b; Schofield et al., 2006). The ACA and PACFA currently have approximately 6,000 and 3,000 members, with roughly 4,500 and 3,000 of those listed on the Australian Register of Counsellors and Psychotherapists (ARCAP), respectively (N. D. Alwis, personal communication, June 4, 2020; P. Armstrong, personal communication, June 1, 2020). ARCAP is the joint register of the ACA and PACFA. ARCAP provides the Australian public with the first online search platform to find registered, qualified, and ethically committed counsellors (ARCAP, 2020).

The professionalism of counselling is developing. The Australian counselling workforce surveys found that the majority of counsellors were registered with a counselling association and participated in regular professional development, while one in five counsellors had a university qualification (Pelling, 2005a; Pelling et al., 2007; Schofield, 2008a). The ACA and PACFA had (and have maintained) minimum qualification and professional development requirements for voluntary registration (ACA, 2020b; Pelling, 2008), which may explain such findings. These findings indicate that counsellors build their professional identity with qualities commonly seen in people working within legally regulated psychological professions (Brown & Corne, 2004; Di Mattia & Grant, 2016).

### Weaknesses.

The transferability of counsellor learnt skills is unknown (Pelling, 2005a; Pelling et al., 2007; Schofield, 2008a). However, it is unlikely that each counsellor undertook counselling-specific training as there are few counselling undergraduate programs available in Australia. This is concerning as counselling involves a specific education and skill set (Pelling, 2017a).

There is a lack of diversity amongst Australian counsellors. Counsellors are predominantly female, of mature-age, Caucasian, and heterosexual (Pelling, 2005a; Pelling et al., 2007; Schofield, 2008a). Hence, male, young, multicultural, and gender and sexually diverse clientele may be underrepresented (Constantine, 2002; Lack et al., 2017). The homogeneity of Australian counsellors could obstruct underrepresented clients from engaging in counselling.

The out-of-pocket fee for a counselling session in Australia is substantial. The average price for a counselling hour in 2005 was reported by two workforce surveys as \$57.60 and \$80 (Pelling, 2005a; Pelling et al., 2007), while PACFA (2013b) states that the fee ranges from \$60 to \$150. When calculating inflation, these reported figures suggest that the fee for a counselling session in 2019 was approximately between \$79.92 and \$166.85 (Australian Bureau of Statistics [ABS], 2020; Reserve Bank of Australia, 2020). This reported cost of a counselling hour is higher than what the majority of respondents on an Australian public survey deemed appropriate (Sharpley, et al. 2004). The substantial fee for counselling services could certainly discourage clients from seeking counselling.

Counsellors earn lower than the average fulltime Australian worker. The ABS (2019) suggests that fulltime (nonmanagerial) Australian counsellors earn \$82,368 annually, which is \$8,684 less than the average fulltime Australian women worker. In contrast, the Australian counselling workforce surveys found that majority of counsellors earned an annual gross income of \$40,000 (or less) for counselling activities (Pelling, 2005a; Pelling et al., 2007), which is approximately equivalent to \$56,993 (or less) in 2019 (ABS, 2020; Reserve Bank of Australia, 2020). However, the surveys did not seek the number of hours

counsellors worked weekly, which could explain such contrast between figures. Counsellor's inferior salary could be explained by the recognised gender inequality in Australian salaries, where female-dominated professions earn less than male-dominated professions (Job Outlook, 2020; Workplace Gender Equality Agency, 2020). Counsellors' below-average salary indicates that counsellors are not highly valued in Australia (in monetary terms).

### Opportunities.

Opportunities are increasing as the counselling industry becomes more professionalised. There are opportunities for consensus on training standards and self-regulation models, including a unified code of ethics, professional standard, and a coherent regulating and registration system (O'Hara & O'Hara, 2015; Pelling, 2017a). There is also continuing opportunity to build counselling literature with commentary and workforce surveys. Future workforce surveys are recommended to use either a multi-mailing method (Pelling et al., 2007) or a snowballing strategy to contact a substantial number of counsellors (Lack et al., 2017). Such consensus and research would assist in strengthening and understanding the dynamics and demographics of counselling and counsellors in Australia (Pelling, 2017a; Schofield, 2013; Schofield & Roedel, 2012).

### Threats.

Counsellor ineligibility to offer Medicare rebates (Services Australia, 2019) has harmed the profession (Schofield, 2013). This financial barrier has impaired public perception, accessibility to, and the affordability of counselling services (Armstrong, 2007; O'Hara & O'Hara, 2015). The lack of Medicare coverage threatens the number of people seeking counselling as well as the profession's identity.

The professionalisation of counselling in Australia is threatened by a lack of professional standardisation. The ACA and PACFA have distinct voluntary registration levels and requirements, codes of ethics, practice standards, and accreditation procedures which complicate the registration process and has introduced a credentialing dilemma (ACA, 2019a, 2020b; Pelling, 2006; Pelling & Sullivan, 2006; Pelling & Whetham, 2006; PACFA, 2013a, 2017; Richardson et al., 2009). The lack of consensus has resulted in a varied group of counsellors, ranging from counsellors without association oversight to counsellors with a Masters in Counselling (Pelling, 2005a; Pelling et al., 2007; Schofield, 2008a). Such dichotomy harms professional identity and confuses the general public, stakeholders, current as well as prospective counsellors and clients (O'Hara & O'Hara, 2015; Schofield, 2013).

From this review of the literature, it is evident that the SWOTs of the Australian counselling profession are under-researched and poorly understood. Thus, the aim of the present study is to articulate and overtly present the SWOTs of the Australian counselling profession by interviewing Australian counselling supervisors, which fulfils the identified literature gap. The research question forming the basis of the present study is: What are the SWOTs of the Australian counselling profession?

## Method

### Participants.

Two male and six female ACA Registered Counselling Supervisors gave consent to be recorded talking about

counselling as a profession and to have their recordings made public. The ACA Registered Supervisors had a minimum of three-years counselling experience and were members of the ACA College of Supervisors (ACA, 2019b).

**Design.**

A qualitative research design with a phenomenological focus was used. As a phenomenological focus was employed, the emphasis was on supervisors' subjective experience and understanding of the Australian counselling profession (Amedeo, 2012).

Braun and Clarke's (2006) six guidelines for conducting a thematic analysis were followed. Qualitative analysis began with familiarisation, followed by initial code generation, theme identification, theme review, final theme labelling, and concluded with report and literature connections. A thematic analysis was chosen as it is a common analytic method used in psychology to systematically identify, analyse, and report patterns from qualitative data (Nowell et al., 2017; Polio & Friedman, 2017). A SWOT analysis was integrated into the thematic analysis. The SWOT framework was chosen as it is a strategic, multidisciplinary tool previously used in counselling psychology (Leung et al., 2007; Yu et al., 2014) to identify internal and external constructs and inform future decision-making (Gürel & Tat, 2017; Helms & Nixon, 2010; Leigh, 2009).

**Materials.**

The recording studio at the University of South Australia, which houses multimedia recording facilities, was used for audio-videotaping. The NVivo 12 (Jackson & Bazeley, 2019) qualitative research computer software was used to store, access, visualise, and organise the deidentified transcripts, codes, themes, and thematic maps. The software allowed the researcher to track progress, lending transparency and efficiency to the data analysis (Hoover & Koerber, 2011; Richards, 2009).

**Procedure.**

Invitation to participate was sent to ACA registered counselling supervisors via email using a blind carbon copy address list to preserve privacy. Supervisors were asked to audio-videotape themselves talking about their views on the general practice, monetary aspects, and SWOTs of counselling in Australia. The eight supervisors that opted-in to the recording opportunity were sent the nine focus questions before participation, presented in Table 1.

The eight supervisors were recorded answering the focus questions during October and November 2018. Seven supervisors independently recorded in the professional recording studio at the University of South Australia, while one participant opted to audio-videotape themselves at a different location. The participants did not have contact with each other during data collection.

Ethics approval was classed exempt by the University of South Australia's Human Research Ethics Committee because video-taping was originally part of an educational program and not research focused. The explicit content of

the recordings were transcribed verbatim in April 2020 by an independent professional transcriptionist. The transcripts were deidentified by systematically assigning identification numbers to each, where F denoted female and M denoted male. Both, the transcriptionist and researcher checked the transcripts against the original recording for accuracy; errors were fixed accordingly. One section of M1's recording was no longer available and was thus not used in the study. The nine answered focus questions form the material for the thematic analysis; transcripts ranged from 550 to 2,277 words, totalling 10,500 words. NVivo was downloaded, and the eight deidentified transcripts were imported into the software before thematic analysis began.

**Table 1**  
*The Nine Analysed Focus Questions*

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What are your thoughts/experience regarding counselling being covered/funded by private health insurance?
What are your thoughts/experience regarding counselling not being covered/funded by Medicare?
If you are in private practice, how do you determine what fee to charge per hour and what is your ballpark fee?
If you are employed, can you tell us your ballpark hourly paid rate?
Do you use and what do you think of a sliding scale fee where clients who have a concession card/or make little money pay less for services than a fully-employed individual?
What do you believe are the 5 main challenges/threats facing counselling as a profession in Australia?
What do you believe to be the 5 main opportunities facing counselling in Australia?
What are the 5 greatest strengths of counselling as a profession in Australia?
What are the 5 greatest weaknesses of counselling as a profession in Australia?

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**Data Analysis.**

Following Braun and Clarke's (2006) six guidelines for conducting a thematic analysis, transcripts were analysed following an inductive approach, where semantic codes (and themes) that gave meaning to the research question were identified from the explicit data. Saturation was reached once the data did not lead to new codes that gave substance to the research question. Codes were simultaneously and thoughtfully categorised under the predefined SWOT categories; categorisation was dependent on the SWOT definitions, not the interview questions. Themes were then identified by merging and reconceptualising the codes to maximise representation of data. Table 2 presents the definitions denoted to each theme. The extracts are referenced to verbatim selections to decrease subjective distortion and increase trustworthiness (Astalin, 2013; Elo & Kyngäs, 2008).

**Table 2**  
*Definitions Denoted to the Final Themes*

Theme	Definition
<b>Strengths</b>	
Professionalism	Counselling-specific opportunities that enhance the professionalism of the counselling profession.
Widely Available	The diversity, accessibility, and fee variability of counselling services.
<b>Weaknesses</b>	
Financial Concerns	Worrying monetary aspects relating to counsellor wage and client outcome.
Unfamiliarity	Lack of public understanding for the Australian counselling profession.
<b>Opportunities</b>	
Medicare Coverage	Eligibility for counsellors to obtain Medicare provider numbers.
Representation	Ways to increase public perception of the counselling profession.
<b>Threats</b>	
Monetary Limitations	Lack of financial assistance for counselling services.
Voluntary Regulation	Lack of rules, standards, and protection around who can identify and work as a counsellor in Australia.

*Note.* The table represents steps taken to adhere to Braun and Clarke’s (2006) fifth guideline.

## Findings

A total of 179 meaningful extracts, 24 codes, and eight final themes were identified across the eight transcripts, presented in Table 3. As seen in Table 3, the Widely Available strength theme had the most codes and references, while the Unfamiliarity weakness theme had the least.

**Table 3**  
*The Properties of Each Theme*

Category	Theme	References	Codes	Transcript
Strength	Professionalism	25	4	7
	Widely Available	68	8	8
Weakness	Financial Concerns	11	3	8
	Unfamiliarity	7	1	4
Opportunity	Medicare Coverage	15	1	6
	Representation	17	3	4
Threat	Monetary Limitations	12	2	6
	Voluntary Regulation	24	2	6
TOTAL		179	24	-

*Note.* The table displays each theme and its designated category, the number of extracts (references) and codes per theme, and the number of transcripts that mentioned the theme.

### Professionalism (Strength).

Supervisors valued ACA and PACFA advocacy and lobbying efforts, with particular appreciation for the professional development, networking, and job opportunities that they introduced: "...[the] ACA and PACFA, fighting for the future of counselling is really, really good. Again, they have the conferences once a year nationally, there's things within your state that you can go to..." [F1].

The availability of counselling-specific education programs were said to enhance the profession's identity: "Counselling is getting a lot more recognition, you're starting to see a lot more things come up...within the [Universities, such as] Bachelors of Counselling [and] Masters of Counselling..." [F1]. Supervisors were grateful for the national and global training and networking opportunities: "...Support [for counsellors] is much more accessible now [thanks] to technology..." [F5]; "...there's going to be an international conference, so that's pretty amazing because there's opportunities that are globally available." [F6].

### Widely Available (Strength).

Counselling in Australia was described as a client-centred, preventive, and diverse mental health service:

[Counselling] can be used for the purpose of enhancing life experiences, rather than leaving things to be the worst-case scenario. It can be used for preventative treatment where other areas will quite often prefer diagnosis first. [F4]  
...[counsellors are] not little robots that get churned out, we're all very different and diverse...counsellors can be employed in a diverse range of places and a diverse range of industries. [F5]

Counselling was said to be increasingly accessibility due to the growth of online platforms and technology, while ethical challenges were highlighted: "...I think the online support roles in counselling...is a real potential for a lot of growth. ...it comes with this unique set of challenges around confidentiality, privacy, etc..." [F6].

The fee for a counselling hour was higher in more affluent areas compared to rural regional and disadvantaged areas: "...counsellors charge...between \$60 in rural regional areas and [low] socioeconomic areas, all the way [up] to \$180 in the more affluent areas" [M1]. However, supervisors offered discounted fees through various means, including payment packages and negotiations using sliding scale structures, to unemployed clients, concession card holders, and to those in dire financial circumstances to help make counselling accessible and affordable:

I also had various packages available so if people bought a package...it would reduce [the cost] for them, because they're paying upfront for so many sessions so I reduced the amount depending on that... [F1]  
...most of my clients come from very low socioeconomic areas of the community, it is an area that I have a great passion for, so I am very open to negotiating [the] fee with individual clients if they wish to have that happen. [F3]

Private health insurance coverage for counselling services in Australia encouraged clients to seek counselling due to the smaller out-of-pocket expense: "I believe [private health insurance] assists clients to seek intervention at an earlier stage and therefore afford them[selves] a better outcome" [F2]. However, counsellors must meet specific requirements to be eligible to offer private health rebates: "...you do need to be a certain level in your association depending on the fund and what they require and...you need to have some things in place" [F5].

### Financial Concerns (Weakness).

Supervisors found that when they charged very little or nothing at all for counselling services there was a higher "...do not attend rate..." [F4], services became "...abused by the clients..." [F3], and clients devalued the counsellor and the service: "...I did make the mistake a few times of charging very little or nothing and the people, they didn't come, they didn't value what you were

doing and weren't doing the work..." [F1].

Supervisors reported earning \$21 to \$50 an hour for counselling-related employment. The hourly rate was dependent on the supervisors' experience, qualifications, and education, the type of organisation they were employed by, and the location of practice:

...as an entry level worker you're probably looking at around the \$25 to \$27 per hour in the not-for-profit industry and the higher end is up to about \$40 to \$50 per hour...depending on your experience and...what level you come in at. [F1]  
 ...[in the Northern Territory] you always get more money than you do down in [South Australia]. ...down in the eastern states and the southern states, it tends to be more of a slower process to get [a higher wage]... [M2]

### Unfamiliarity (Weakness).

Four supervisors mentioned that the Australian community poorly understood counselling services: "...a lot of people really have no idea when they go to a counselling session what to expect, what the process will be..." [M2]. The lack of government recognition, public education, and standards around counselling was said to explain such unfamiliarity:

The lack of recognition [from] the Government [has caused a] lack of value for the profession by the community. ...[there is a] lack of understanding within the community [around] the distinct role of counselling...because there's not enough education out there about [counselling]... [F2]

### Medicare Coverage (Opportunity).

"F1" said that counselling services should be covered by Medicare as therapy contributes towards health: "I really strongly believe that we should be covered by Medicare because we are contributing [towards] a person's health, which is what [Medicare] is for."

The possibility of Medicare rebates for counselling fees was said to increase client affordability and service diversity:

...if [counsellors] were able to bulk bill...that would be an opportunity for some...there's a lot of people that...can't afford even a \$25 fee a fortnight... [F1]  
 ...if Medicare covered some of the therapy costs [counsellors] would have more money available to assist the community in other ways... [F2]

Supervisors acknowledged the ACA's extensive efforts in lobbying for Medicare coverage: "...[Medicare] has been debated and been on the forefront of...discussion for a long time and now we seem to be moving in that direction. ...the ACA is lobbying hard for this..." [F5].

### Representation (Opportunity).

Supervisors spoke about the importance of increasing public awareness around counselling: "...if there was more awareness out there in Australia especially around what it means to be a counsellor and how important that is in our community [would be] really good" [F1]. Recognition from the Australian Government as well as promoting ARCAP were mentioned as ways to educate the public on counselling: "...I am certain that if the Government were to recognise counselling that a lot more people would avail themselves [in] it" [F2]; "...the joint register needs to become more publicly [advertised] so that people in the community...[can find] professionals" [F3].

Strong cohesive standards and procedures were said

to promote a unified front, increase professional identity, public recognition, and comfort with and respect of counselling services:

I think if we were to...have a strong standard, that would help the community understanding. [F4]

...forming a united front in the way that we deliver our services to clients [would show] that we are able to embrace the community and [it would] provide opportunities for people in the community to seek counselling more openly. [F3]

### Monetary Limitations (Threat).

The lack of Medicare coverage was said to limit client accessibility to counselling services and account for the degrading of the profession:

...[counsellors] can be seen as social workers' and psychologists' poor cousin at times. This is unfortunate and I think it comes...from the fact that a lot of the funding...has gone to psychologists and social workers and they've been... given [eligibility for] Medicare rebates [which] lifts their profile. [F5]

...the lack of not having a Medicare rebate, I've found it quite...there are some clients that can only access external counsellors if they have Medicare funding. [F6]

The requirements to be eligible for Medicare provider numbers were presumed to be strict. Medicare coverage may actually initiate a higher demand for counselling services and an increased gap fee (out-of-pocket expense), consequently hindering session availability and client affordability: "...[Medicare rebates] will lift the requirements of counsellors in the industry, so to be eligible, you will need to have certain qualifications...this also mean not being as accessible and affordable to clients..." [F5].

### Voluntary Regulation (Threat).

The lack of mandatory rules, standards, and title and practice protection was concerning and harmful to professional identity as counsellors vary in levels of education, qualification, and experience:

People can go out there...put up their sign and say, I'm a counsellor, come and see me – there is no regulating industry to say they have to be insured, registered, anything like that... people [who] aren't being supervised [nor] regulated...give the counselling industry a bad name... [F1]

Supervisors were disappointed that counsellors were negatively compared to psychologists and psychiatrists due to being an unregulated profession: "...the counselling industry can be unfavourably compared to...clinical [psychologist]... [counsellors are] still not...as highly regarded as psychiatrists [or] psychologists, which is a shame..." [F1].

## Discussion

This study makes an important contribution to the Australian counselling literature as the first overt presentation of the profession's SWOTs. The counselling supervisors' perspectives highlight numerous factors that contribute to and detract from this developing profession.

### Professionalism (Strength).

Supervisors mentioned numerous counsellor prospects that promote both professional identity and counsellor competence. This suggests that both the counselling credentialing

dilemma may be subsiding and that the profession is gradually meeting the characteristics of professional activities in Australia (Australian Council of Professions, n.d; Evetts, 2011; Pelling, 2005b, 2006; Pelling & Sullivan, 2006). These factors which promote and support counsellor proficiency in Australia show respect to the ACA and PACFA's education, credentialing, and self-regulation efforts (Armstrong, 2007; ACA, 2020a; PACFA, 2013c).

### **Widely Available (Strength).**

Counselling was said to be a diverse and broad mental health profession. Supervisors suggested a diverse counselling workforce, while previous literature indicates counsellors are a homogeneous group (Job Outlook, 2020; Pelling, 2005a; Pelling et al., 2007; Schofield, 2008a). This suggests a possible increase in diversity since the 2005 workforce surveys. Additionally, supervisors supported the claim that counsellors provide a diversity of services to clients with various concerns (ARCAP, 2020). It could thus be said that counsellors assist in meeting the demand for mental health aids in Australia (Australian Institute of Health and Welfare, 2020).

Supervisors acknowledged the emerging use of online delivery for counselling services, noting ethical challenges associated with such delivery. Such issues have been previously highlighted, stressing the importance of counsellor competence when working through virtual platforms (ACA, n.d.; Harris & Birnbaum, 2015; Pelling, 2005a, 2009b). Relevant counselling codes of ethics need to be current and inclusive of challenges associated with online delivery to promote efficient counselling.

Regarding finances, supervisors indicated using negotiation and sliding-scale structures. The variable fee for counselling services was between \$60 and \$180, which is consistent with previously conducted inflation calculations (Pelling, 2005a; Pelling et al., 2007; PACFA, 2013b).

### **Financial Concerns (Weakness).**

Supervisors noted that lower-paying clients had poorer therapy attendance and outcomes compared to their higher-paying clients. This finding adds to the literature that suggests a relationship between money and client outcome (Aubry et al., 2000; Clark & Kimberly, 2014; Jensen & Lowry, 2012; Myers, 2008; Ward & McCollum, 2005). A fee-setting guide for counsellors could potentially minimise these risks and maximise client outcome.

Supervisors pay rates ranged from \$21 to \$50 an hour with an employer. Such variability may be explained as counsellors who have advanced education and qualification levels would most probably be paid a higher rate than the contrary. This variability and pay rate minimum may be concerning for those desiring financial stability and security.

### **Unfamiliarity (Weakness).**

Supervisors believed that the Australian public had unrealistic expectations and a limited understanding of counselling services, which has been widely documented in the literature (Jorm, 2009; Jorm et al., 2006; Rickwood et al., 2014). However, a self-report public survey conflictingly found that Australians essentially understood the counsellor role (Sharpley et al., 2004), suggesting that there may be other contributing factors impeding on clients understanding of services (Rickwood et al., 2014). Nonetheless, such gaps in knowledge likely inhibit

Australians from seeking counselling, thus strategies to counter this unfamiliarity are vital.

### **Medicare Coverage (Opportunity).**

Supervisors support the expansion of Medicare coverage to counselling services. The findings complement previous statements that suggest Medicare funding would promote public perception, the profession's development, minimise financial barriers, and reverse the hindering effects that have been noted since the introduction of Medicare rebates for other recognised helping professions (Armstrong, 2007; O'Hara & O'Hara, 2015; Schofield, 2013)

### **Representation (Opportunity).**

Supervisors mentioned that strong standards, a unified front, and increased education and awareness were necessary to improve public perception of counselling. A way said to achieve this was through the promotion of ARCAP, with the literature additionally suggesting agreed-upon registration levels and requirements (O'Hara & O'Hara, 2015; Pelling, 2005b, 2006, 2017a; Pelling & Sullivan, 2006; Schofield, 2013). Implementation of these strategies would likely minimise confusion, promote unity, and support public engagement in counselling.

### **Monetary Limitations (Threat).**

The lack of Medicare coverage was said to hinder the profession's development, public perception, and client accessibility, which was also stated by O'Hara and O'Hara (2015). Even though it was found that counsellors adjust fees to meet client needs, some clients still cannot afford counselling, which is especially detrimental as the demand for mental health services rises (Australian Institute of Health and Welfare, 2020; ARCAP, 2020). Interestingly, supervisors were concerned that eligibility for Medicare provider numbers would introduce new threats which executives should consider. Additionally, limited funding and employment opportunities would probably be unsettling for those desiring to establish a successful counselling career (Schofield, 2013).

### **Voluntary Regulation (Threat).**

Supervisors acknowledged that anybody could work and identify as a counsellor due to the lack of rules, legal regulation, and title protection. As 'counsellor' is not a protected title by the National Law, public perception and professional identity have been impaired (O'Hara & O'Hara, 2015). This specific difference between counsellors and psychologists (a nationally protected title) may explain statements regarding the poor regard for counsellors.

### **Implications.**

The identified SWOTs give insight into the current state of the Australian counselling profession and guide the way for the continual development of counselling in Australia. The supervisors' perspectives have important practical implications for the future of counselling in Australia, which mainly relate to the ACA and PACFA. The counselling associations can utilise the SWOTs to strategically plan ways to counter negative factors and continue reinforcing positive factors, ensuring that future decisions are informed and proactive.

## Strengths, Limitations, and Future Directions.

Relationships between participants' subjective opinions and their demographics, counselling experience, or expertise could not be made because the archival data did not obtain such information. It is hence recommended that future SWOT analyses conduct a mixed-methods study to explore possible relationships.

While the opportunities and threats provide useful information, suggestions to counter these are beyond the scope of the study. It is acknowledged that gaining title protection and eligibility for counsellors to obtain Medicare provider numbers is a lengthy process. It is thus suggested that the implementation of such significant changes should be considered over-time.

The sample may be biased as participants were each registered with the ACA. Nevertheless, supervisors had first-hand experience from working within and communicating with others involved in the Australian counselling workforce, demonstrating that they were indeed knowledgeable about the logistics and development of counselling in Australia. The recording process also promoted self-expression and individual, authentic, and rich responses of participant subjective experiences by utilising open-ended focus questions and by having the supervisors present information independently.

The identified SWOTs provide a baseline for future research to build upon. Future research is specifically recommended to further investigate public perceptions of counselling and fee setting structures in Australia. Future SWOT analysis should be conducted from various viewpoints, for example, by collecting data through client feedback (Miller et al., 2010), which would enable comparisons to be made and evidently facilitate prioritised decision-making.

## Conclusion

This study documents the contextual development of the counselling profession in Australia. The eight identified themes supply rich and informative information on strong counselling attributes, highlighting the need for standardisation, improved representation, and Medicare coverage for counselling services. The implications of this study are valuable as the SWOTs supply feedback to the primary counselling associations to guide future informed decision-making.

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The datasets generated during and/or analysed in the current study are available from the corresponding author upon reasonable request. Specifically, the transcribed deidentified verbiage from the original recordings and the qualitative data analysis upon which the manuscript is based are both available via the University of South Australia under Dr Nadine Pelling's data repository for same created by the University of South Australia's Library Support Services. Additionally, the original identifiable recordings are available, upon request, via Vimeo links. This manuscript formed the basis of Kaitlyn Platt's Psychology Honours research product and was based upon archive data collected and made available by Dr Pelling.

## Bio

Dr Nadine Pelling is a Senior Lecturer at the University of South Australia where she teaches into the postgraduate Clinical Psychology and undergraduate Psychology (Counselling and Interpersonal Skills) programs. Additionally, Dr Pelling maintains a small private practice in the Southern Suburbs of Adelaide. Her scholarly work involves article and textbook writing relating to the professional application of both counselling and psychology in Australia.

Kaitlyn Platt is a Psychology (Honours) graduate from UniSA currently engaging in postgraduate counselling training at Adelaide University.

## References

- Amedeo, G. (2012). The Descriptive Phenomenological Psychological Method. *Journal of Phenomenological Psychology*, 43(1), 3-12. doi:10.1163/156916212X632934
- Armstrong, P. (2007). The Australian Counselling Association: Meeting the needs of Australian counsellors. *International Journal of Psychology*, 41(3), 156-162. doi:10.1080/00207590544000130
- Astalin, P. K. (2013). Qualitative research designs: A conceptual framework. *International Journal of Social Science and Interdisciplinary Research*, 2(1), 118-124.
- Aubry, T. D., Hunsley, J., Josephson, G., & Vito, D. (2000). Quid pro quo: Fee for services delivered in a psychology training clinic. *Journal of Clinical Psychology*, 56(1), 23-31. doi:10.1002/(SICI)1097-4679(200001)56:1<23::AID-JCLP3>3.0.CO;2-8
- Australian Bureau of Statistics. (2019). Employee Earnings and Hours (Cat. no. 6306.0). Canberra, Australia: Author. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/6306.0Main%20Features2May%202018>
- Australian Bureau of Statistics. (2020). Consumer Price Index (Cat. no. 6401.1). Canberra, Australia: Author. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/6401.0>
- Australian Council of Professions. (n.d). What is a Profession? Retrieved from <https://www.professions.org.au/what-is-a-professional/>
- Australian Counselling Association. (2016). Scope of Practice for Registered Counsellors. Retrieved from <https://www.theaca.net.au/documents/ACA%20Scope%20of%20Practice%20for%20Registered%20Counsellors%202016.pdf>
- Australian Counselling Association. (2019a). Code Of Ethics and Practice of the Australian Counselling Association. Retrieved from <https://www.theaca.net.au/download-documents.php>
- Australian Counselling Association. (2019b). Supervision Policy. Retrieved from <https://www.theaca.net.au/documents/ACA%20Supervision%20Policy%20V12.2019.pdf>
- Australian Counselling Association. (2020a). About: Aims & Objectives. Retrieved from <https://www.theaca.net.au/about.php?about=aims-and-objectives>
- Australian Counselling Association. (2020b). Membership. Retrieved from <https://www.theaca.net.au/becoming-a-member.php>
- Australian Counselling Association. (n.d.). Guidelines for online counselling and psychotherapy. Retrieved from <https://www.theaca.net.au/documents/Guidelines%20for%20online%20>

counselling%20and%20psychotherapy.pdf

Australian Institute of Health and Welfare. (2020). Mental health services in Australia. Retrived from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia>

Australian Register of Counsellors and Psychotherapists. (2020). Medicare provider numbers for Counsellors and Psychotherapists: Submission from the Australian Register of Counsellors and Psychotherapists (ARCAP). Retrived from <https://www.theacanet.au/documents/ARCAP%20Submission%20Medicare%20provider%20numbers%20for%20Counsellors%20and%20Psychotherapists%20April%202020.pdf>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa

Brown, J., & Come, L. (2004). Counselling psychology in Australia. *Counselling Psychology Quarterly*, 17(3), 287-299.

Clark, P., & Kimberly, C. (2014). Impact of Fees Among Low-Income Clients in a Training Clinic. *Contemporary Family Therapy*, 36(3), 363-368. doi:10.1007/s10591-014-9303-9

Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology*, 49(2), 255-263. doi:10.1037/0022-0167.49.2.255

Di Mattia, M. A., & Grant, J. (2016). Counselling Psychology in Australia: History, status and challenges. *Counselling Psychology Quarterly*, 29(2), 139-149. doi:10.1080/09515070.2015.1127208

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115. doi:10.1111/j.1365-2648.2007.04569.x

Evetts, J. (2011). Sociological Analysis of Professionalism: Past, Present and Future. *Comparative Sociology*, 10(1), 1-37. doi:10.1163/156913310X522633

Gürel, E., & Tat, M. (2017). SWOT Analysis: A Theoretical Review. *Journal of International Social Research*, 51(10). doi:10.17719/jjsr.2017.1832

Harris, B., & Birnbaum, R. (2015). Ethical and legal implications on the use of technology in counselling. *Clinical Social Work Journal*, 43(2), 133-141. doi:10.1007/s10615-014-0515-0

Helms, M. M., & Nixon, J. (2010). Exploring SWOT analysis – where are we now? A review of academic research from the last decade. *Journal of Strategy and Management*, 3(3), 215-251. doi:10.1108/17554251011064837

Hoover, R. S., & Koerber, A. L. (2011). Using NVivo to answer the challenges of qualitative research in professional communication: Benefits and best practices tutorial. *IEEE Transactions on Professional Communication*, 54(1), 68-82. doi:10.1109/TPC.2009.2036896

Jackson, K., & Bazeley, P. (2019). *Qualitative data analysis with NVivo: Windows & Mac* (3rd ed.). London, United Kingdom: Sage Publications.

Jensen, S. A., & Lowry, L. S. (2012). Payment Schedules Do Not Affect Attendance/Completion of Group Behavioral Parent Training. *Psychological Services*, 9(1), 101-109. doi:10.1037/a0027101

Job Outlook. (2020). Counsellors. Retrived from <https://joboutlook.gov.au/Occupation?code=2721>

Jorm, A. F. (2009). Australian young people's awareness of headspace, beyondblue and other mental health organizations. *Australasian Psychiatry*, 17(6), 472-474. doi:10.1080/10398560902915596

Jorm, A. F., Christensen, H., & Griffiths, K. M. (2006). The public's ability to recognize mental disorders and their beliefs about treatment: changes in Australia over 8 years. *Australian and New Zealand Journal of Psychiatry*, 40(1), 36-41. doi:10.1080/j.1440-1614.2006.01738.x

Lack, C., Pelling, N., & Abbott, D. (2017). Who are Australian Counsellors and How Do They Attend to Their Professional Development? In N. Pelling & P. Armstrong (Eds.), *The Practice of Counselling & Clinical Supervision* (2nd ed., pp. 247-258). Bowen Hills, Australia: Australian Academic Press.

Leigh, D. (2009). SWOT Analysis. In R. Watkins & D. Leigh (Eds.), *Handbook of Improving Performance in the Workplace: Selecting and Implementing Performance Interventions* (pp. 115-140). Somerset, United Kingdom: John Wiley & Sons, Inc. doi:10.1002/9780470587102.ch5

Leung, S. A., Chan, C. C., & Leahy, T. (2007). Counseling psychology in Hong Kong: A germinating discipline. *Applied Psychology*, 56(1), 51-68. doi:10.1111/j.1464-0597.2007.00275.x

Miller, S. D., Hubble, M. A., Duncan, B. L., & Wampold, B. E. (2010). Delivering What Works. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 421-429). United States: American Psychological Association.

Myers, K. (2008). Show Me the Money: (The "Problem" of) the Therapist's Desire, Subjectivity, and Relationship to the Fee. *Contemporary Psychoanalysis*, 44(1), 118-140. doi:10.1080/00107530.2008.10745956

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1). doi:10.1177/1609406917733847

O'Hara, D. J., & O'Hara, F. E. (2015). Counselling and Psychotherapy: Professionalisation in the Australian Context. *Psychotherapy and Counselling Journal of Australia*, 3(1).

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

Pelling, N. (Presenter). (2005b). An introduction to credentialing issues in counselling and some main counselling groups in Australia [Video File]. Adelaide, South Australia: University of South Australia.

Pelling, N. (2006). Introduction to the special issue on counselling in Australia. *International Journal of Psychology*, 41(3), 153-155. doi:10.1080/00207590544000121

Pelling, N. (2008). The relationship of supervisory experience, counseling experience, and training in supervision to supervisory identity development. *International Journal for the Advancement of Counselling*, 30(4), 235-248. doi:10.1007/s10447-008-9060-2

Pelling, N. (2009). Professional organisations and resources in counselling and psychology. In N. Pelling, J. Barletta, & P. Armstrong (Eds.), *The Practice of Clinical Supervision* (pp. 45-

- 55). Bowen Hills, Australia: Australian Academic Press.
- Pelling, N. (2015). Mental Health in Australia. *International Journal of Mental Health*, 44(1-2), 1-3. doi:10.1080/00207411.2015.1009741
- Pelling, N. (2017a). Counsellor Competence. In N. Pelling & P. Armstrong (Eds.), *The Practice of Counselling & Clinical Supervision* (2nd ed., pp. 305-314). Bowen Hills, Australia: Australian Academic Press.
- Pelling, N. (2017b). International counselling and psychology professional organisations and resources. In N. Pelling & P. Armstrong (Eds.), *The Practice of Counselling & Clinical Supervision* (2nd ed., pp. 71-84). Bowen Hills, Australia: Australian Academic Press.
- Pelling, N. (2019). Overview of ethics in Australian psychology. In N. Pelling & L. J. Burton (Eds.), *The Elements of Ethical Practice: Applied Psychology Ethics in Australia* (pp. 12-38). Abingdon, Oxon: Routledge. doi:10.4324/9780429259319-3
- Pelling, N., Brear, P., & Lau, M. (2007). A survey of advertised Australian counsellors. *International Journal of Psychology*, 41(3), 204-215. doi:10.1080/00207590544000202
- Pelling, N., & Sullivan, B. (2006). The credentialing of counselling in Australia. *International Journal of Psychology*, 41(3), 194-203.
- Pelling, N., & Whetham, P. (2006). The professional preparation of Australian counsellors. *International Journal of Psychology*, 41(3), 189-193. doi:10.1080/00207590544000185
- Polio, C., & Friedman, D. A. (2017). *Thematic Analysis. In Understanding, Evaluating, and Conducting Second Language Writing Research* (1st ed., pp. 211-235). New York, NY: Routledge. doi:10.4324/9781315747293-16
- Psychotherapy and Counselling Federation of Australia. (2013a). Individual Membership. Retrieved from <https://www.pacfa.org.au/membership/individual-membership/>
- Psychotherapy and Counselling Federation of Australia. (2013b). Therapy Costs. Retrieved from <https://www.pacfa.org.au/community-resources/therapy-costs/>
- Psychotherapy and Counselling Federation of Australia. (2013c). What is PACFA. Retrieved from <https://www.pacfa.org.au/what-is-pacfa/>
- Psychotherapy and Counselling Federation of Australia. (2017). PACFA Code of Ethics. Retrieved from <https://www.pacfa.org.au/wp-content/uploads/2020/09/PACFA-Code-of-Ethics-2017.pdf>
- Psychotherapy and Counselling Federation of Australia. (2018). Scope of Practice for Registered Counsellors. Retrieved from <http://www.pacfa.org.au/wp-content/uploads/2018/09/Scope-of-Practice-for-Registered-Counsellors-2018.pdf>
- Reserve Bank of Australia. (2020). Inflation Calculator. Retrieved from <https://www.rba.gov.au/calculator/>
- Richards, L. (2009). *Handling Qualitative Data: A Practical Guide* (2nd ed.). London, United Kingdom: Sage Publications.
- Richarson, J., Sheean, L., & Bambling, M. (2009). Becoming a therapist or counsellor: A survey of psychotherapy and counselling trainers. *Psychotherapy in Australia*, 16(1), 70-81.
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2014). Young people's help-seeking for mental health problems. *Advances in Mental Health*, 4(3), 218-251. doi:10.5172/jamh.4.3.218
- Schofield, M. J. (2008a). Australian counsellors and psychotherapists: A profile of the profession. *Counselling and Psychotherapy Research*, 8(1), 4-11. doi:10.1080/14733140801936369
- Schofield, M. J. (2008b). Special Issue: Australian Counselling and Psychotherapy Research. *Counselling and Psychotherapy Research*, 8(1), 1-3. doi:10.1080/14733140801945105
- Schofield, M. J. (2013). Counseling in Australia: Past, Present, and Future. *Journal of Counseling & Development*, 91(2), 234-239. doi:10.1002/j.1556-6676.2013.00090.x
- Schofield, M. J., Grant, J., Holmes, S., & Barletta, J. (2006). The Psychotherapy and Counselling Federation of Australia: How the federation model contributes to the field. *International Journal of Psychology*, 41(3), 163-169. doi:10.1080/00207590544000149
- Schofield, M. J., & Roedel, G. (2012). *Australian Psychotherapists and Counsellors: A Study of Therapists, Therapeutic Work, and Professional Development*. La Trobe University.
- Services Australia. (2019). About Medicare provider numbers. Retrieved from <https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/medicare-benefits-health-professionals/apply-medicare-provider-number/about-medicare-provider-numbers>
- Sharpley, C. F., Bond, J. E., & Agnew, C. J. (2004). Why Go to a Counsellor? Attitudes to, and Knowledge of Counselling in Australia, 2002. *International Journal for the Advancement of Counselling*, 26(1), 95-108. doi:10.1023/B:ADCO.0000021552.13762.dd
- Workplace Gender Equality Agency. (2020). Australia's Gender Pay Gap Statistics. Retrieved from [https://www.wgea.gov.au/sites/default/files/documents/Gender\\_pay\\_gap\\_fact\\_sheet\\_Feb2020.pdf](https://www.wgea.gov.au/sites/default/files/documents/Gender_pay_gap_fact_sheet_Feb2020.pdf)
- Yu, K., Suh, S., & Lee, S. (2014). Strengths, Weakness, Opportunities, and Threats (SWOT) Analysis of School Counseling in Korea. *Journal of Asia Pacific Counseling*, 4(2), 247-256. doi:10.18401/2014.4.2