The Psychotherapy and Counselling Federation of Australia (PACFA)

Submission to the Senate Select Committee on Mental Health

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SUMMARY

This submission defines counselling and psychotherapy, explains their relationship to and difference from other mental health professions such as psychologists and social workers, and makes recommendations about how counselling and psychotherapy need to be better integrated into the national and state mental health systems.

The **key recommendations** in this submission by PACFA are:

1. There is an urgent need for a substantially increased commitment of resources to the prevention, early intervention and treatment of the rapidly growing rate of mental health problems in the community. These resources need to be spread across the range of services and across a wider mix of the health professional workforce. The National Health and Medical Research Council recommends counselling as the first line of treatment for mild to moderate depression, one of the most common mental health problems, and yet funding for specialised counsellors and psychotherapists is seriously lacking.

2. Current models of care are demonstrably inadequate, with a focus primarily on crisis and acute care. The development of alternative models of care needs to recognise the valuable contribution which can be made by the currently under-utilised counselling and psychotherapy workforce. Their role is of particular value in prevention, early intervention, and community care, as well as contributing to an integrated approach to acute and crisis care models. While a range of professionals may provide counselling as part of their services, the role of specialist trained counsellors needs to be recognised and funded appropriately. This would potentially be a far more cost-effective model of care than training already over-worked GPs in basic counselling skills.

3. The coordination and delivery of funding needs to ensure that clients can have reasonable access to their mental health professionals of choice without undue gatekeeping by the medical profession, and unrealistic demands on doctors to develop detailed and time-consuming care plans. Past research clearly shows that clinical expertise of individual practitioners, the match between client and practitioner, and a strong therapeutic alliance are critically important factors predicting good outcomes. Clients/patients thus need to have choice from a range of professional groups and types of therapy.

4. The private and non-government sector provide a valuable, cost-effective and under-funded role. Funding to this sector needs to be substantially increased and equitable recognition given through government policy to the role of all appropriately trained health professionals who provide approved services.

5. Current government policy provides barriers to employment of well trained counsellors and psychotherapists within the non-government sector and access of clients to private providers. The most important barrier is that the current GST legislation does not recognise counsellors and psychotherapists as approved providers of counselling services. The GST legislation provides for GST-exemption on counselling services provided by several other health professions such as psychiatry, psychology and social work, many of whom would not meet the minimum

requirements for specialist training in counselling or psychotherapy, as defined by PACFA. This situation is inequitable. Government policy should provide the same funding to the various health professional groups who can provide counselling services. We recommend that Psychotherapists and Counsellors who are eligible for registration on the PACFA national Register for Psychotherapists and Counsellors be recognised in the GST legislation as a recognised provider of counselling services. This level of training is at least equivalent to a four year graduate training, and many practitioners hold lengthy postgraduate specialist training in areas such as masters and PhD programs in counselling, and specialist training in areas such as psychoanalytic psychotherapy, interpersonal psychotherapy, family therapy, and couples counselling.

6. Currently under-funded services support services such as family counselling have a crucial role to support people at the community level. Such an investment would help to prevent more serious presentations to acute services.

7. There is a need for integration of specialist counselling services into primary health care setting, along the lines of the NHS funded counselling services provided in over 50% of GP surgeries in the UK.

8. Funding for mental health research needs to be substantially increased, with a substantial component ear-marked to support research into the following areas:

    - alternative care models involving integration of specialist counselling services
    - the cost-effectiveness of counselling and psychotherapy services compared with existing services and models of mental health care
    - workforce studies to map the workforce characteristics and practices of counsellors and psychotherapists
    - studies of counselling outcomes and factors influencing outcomes, including the role of counselling in maintaining improved outcomes and preventing relapse among particular groups of chronic mental health clients
    - tracking of clients who use multiple services or repeat users of one service
    - the role of Lifeline and other community telephone support services in dealing with failures of the current mental health system
    - the role of non-government agencies and private providers in supporting failures of the current mental health system.
    - case studies of integrated treatment programs and how multidisciplinary teams can support difficult and chronic clients.
    - the role of clinical supervision in supporting mental health professionals, preventing burnout, and producing improved client outcomes.

9. There is a strong need for development of appropriate client, service and outcome measures that can be integrated into services. Because of the complexity of many mental health clients, there is a need for clinical supervision and other quality assurance processes to support reflective practices and provide more qualitative assessment of the quality of services provided as well as client outcomes.

10. There is a need for government incentives to support the PACFA initiated self-regulation of the counselling and psychotherapy profession. The most urgent incentives are:

a. GST-exempt status for counsellors and psychotherapists who are eligible for the PACFA Register,
b. funding of counselling positions within integrated mental health services,
c. inclusion of PACFA Registered practitioners in government funded schemes such as Better Outcomes, Allied Health and Chronic Disease program, and Carers support programs. The achievement of equity in opportunities for employment and referral would provide a much needed addition to the severely stretched mental health system and provide greater consumer choice, and better mental health outcomes.

PACFA and its member associations are committed to working towards more productive partnerships with the health system and request the opportunity to appear at the hearings of the Senate Select Committee on Mental Health.

BACKGROUND

DEFINITIONS OF COUNSELLING AND PSYCHOTHERAPY

Counsellors and psychotherapists work within a clearly contracted, principled and collaborative relationship to enable their clients to explore and resolve a wide range of personal and relational issues. Good therapists facilitate the development of clients' life skills, self-management and the capacity for healthy relationships. While there is no title or practice protection for counselling, a rigorous self-regulation model has been implemented by the Psychotherapy and Counselling Federation of Australia (PACFA), setting the level and standards of training and professional practice for professional counsellors and psychotherapists.

Professional counsellors and psychotherapists

- Undergo in-depth training to develop their understanding, knowledge and experience of human behaviour, therapeutic capacities and ethical and professional boundaries
- Work with individuals, couples, families and groups in the public and private sectors
- Use advanced interpersonal skills to work with current problems, immediate crises or long-term difficulties
- Respect their clients and their clients' values, beliefs, uniqueness and right to self-determination
- Are committed to self-monitoring, self-examination, self-awareness, self-development, with on-going professional development and clinical supervision.

The training of counsellors and psychotherapists differs from that of psychologists, social workers, psychiatrists and doctors in that it contains a much greater emphasis on interpersonal communication, clinical skills and experiential learning. Since recent research demonstrates that the strength of any therapeutic relationship accounts for 30% of those factors predicting a successful outcome, counsellors and psychotherapists offer important relational and clinical skills. By comparison, doctors, psychiatrists and psychologists are trained in a way that is more theoretically and less relationally based than counsellors and psychotherapists.

While counselling and psychotherapy overlap considerably, there are some distinctive differences. The focus of counselling is more likely to be on specific problems or changes in life adjustment. Psychotherapists are more likely to work intensively with deeper issues and/or more deeply disturbed clients who are seen more frequently and over a longer period of time. Counsellors and psychotherapists are unique within the mental health field with respect to undertaking in-depth training, usually at a post-graduate level, in counselling and psychotherapeutic theory and skills, as well as their mandatory requirements for ongoing clinical supervision for the duration of the therapist's career.

Clinical supervision distinguishes counsellors and psychotherapists from other mental health professionals

Clinical supervision aims to enhance self awareness, clinical skills, therapeutic understandings, professional transparency and accountability, and thus helps to prevent or minimise practitioner burnout. Professional supervision is an important quality assurance measure to enhance client outcomes and ensure competent and ethical practice. A mental health system which had clinical supervision as a required practice would help to safeguard client rights and health outcomes.

THE IMPORTANCE OF THE COUNSELLING AND PSYCHOTHERAPY PROFESSIONS IN ADDRESSING THE NATIONAL MENTAL HEALTH CRISIS

Growing need for counselling and psychotherapy services to address the national Mental Health crisis

In the 2001 National Health Survey,[1]

- ***more than one third of adults (36%) were classified as having moderate to very high levels of psychological distress***, compared with 26% in 1997.
- one in five (***18%) of adults reported using medication for mental wellbeing*** in past 2 weeks, with high rates of antidepressant use, sleeping tablets and medications for anxiety or nerves.

This very rapid rise in the rates of psychological distress and use of costly medications contributes greatly to the growing pressures on the health system and suggests that urgent action is needed. Psychological distress is also associated with breakdown of couple relationships and family systems, impaired development of children, lost productivity and widespread social problems. The flow-on effects are huge.

The National Health and Medical Research Council has recommended ***counselling as the first line of treatment*** for mild to moderate depression.[2] Counselling has been shown to be highly effective with a wide range of mental health, social and psychological problems. Despite this evidence, there is an acute lack of planning and strategic initiatives to define and develop the counselling workforce and integrate it more effectively within the health system.

Barriers to service provision

Barriers to equitable, accessible and affordable counselling services include:

- Inequitable classification of counselling positions: Most counselling jobs are restricted to psychologists and social workers (who may have minimal training in counselling), and exclude many who meet PACFA-defined qualifications;
- No mention of counselling and psychotherapy in most Health Department documents, policy and planning forums, and career structures;
- Poor integration of counselling into most health care systems;
- No statutory regulation of the profession, resulting in difficulty in identifying appropriately trained practitioners;
- No recognition under government funded programs such as Medicare Plus, Better Outcomes, Beyond Blue, Vietnam Veterans, DVA counselling, WorkCover, Victims of Crime, etc;
- No GST exemption for majority of counsellors and psychotherapists (those who are not eligible as psychologists, social workers or psychiatrists);
- Very few private health fund rebates available to majority of well trained counsellors.

Counselling: a cost-effective treatment

Research has shown that ***counselling and psychotherapy are highly cost-effective*** treatments for many mental health and relationship problems. This has been taken up in other western countries, with the ***UK now having more than 50% of GP services offering NHS funded counselling services***.[3] The Mental Health Needs and Expenditure in Australia report in June 2002,[4] highlighted the current inequitable allocation of available mental health resources, and the urgent need to delineate the role of various providers of mental health services.

To address the significant and growing challenge in Australia, there is clearly an urgent need for a comprehensive review of current health system structures and funding models in Australia to ensure that cost-effective integration of services such as counselling can be better integrated. A brief summary is provided below of some of key funded mental health initiatives which fail to include options for provision of services by well trained counsellors and psychotherapists:

- Some $120 million was allocated in the Commonwealth 2001 budget to the *Better Outcomes in Mental Health Care* initiative as reported in the *National Mental Health Report 2002,* to teach general practitioners how to use counselling skills (in six sessions under the Medical Benefits Schedule - Focussed Psychological Strategies). Such counselling services are available through already trained specialist counsellors and psychotherapists, at lower cost to consumers and the health care budget.
- The allied health and chronic diseases initiative does not recognise counsellors or psychotherapists despite their capacity to provide cost-effective services.
- Funding for Carers under the National Consumer Carer Policy is grossly under-funded and data from the first two years demonstrates very high demand for services. As carers are a critical component of mental health care system and containment of expensive in-patient treatment costs, the funding of carer support schemes needs to be reviewed. The inclusion of counsellors and psychotherapists in funded carer support programs is critical to the long-term sustainability of home-carer programs.
- The National Rural Mental Health Alliance, the peak non-government rural and remote health organisation, outlines inequities in the provision of services to the rural community.[5] The Alliance reports how shortages of mental health professionals undermine the development of intervention and prevention strategies for people at risk, and that non-mental health professionals in rural areas are more likely to treat people with mental illness. When counsellors are selected on merit in job selection processes, it is common for Human Resource departments to then refuse to classify them as professionals because they do not fit into recognized professional groups. This inequity is highly problematic, especially in areas where there is great difficulty attracting staff.

Policy setting forums also fail to provide input from the profession of counselling and psychotherapy. For instance, the Commonwealth and State health ministers have established a formal process that affords clinicians (doctors and nurses) and major stakeholders in the private sector a seat at the table to provide input into policy development for the five-year Australian Health Care Agreements (AHCAs). Currently the professions of counselling and psychotherapy are not represented. This omission needs to be addressed.

BENEFITS TO PATIENTS THROUGH PARTNERSHIPS

At present there is no formal connection between counsellors, psychotherapists and the general practitioners who provide 80 – 85% of health services in any given community,[6] despite the considerable benefits such partnerships can bring for improved patient care. There are also benefits for the medical practitioners, as illustrated by a 2-year GP-Link program, conducted by the Gold Coast Division of General Practice,[7] and other more recent programs.[8]

A small number of general practitioners currently involve counsellors and psychotherapists in their practices. Some of the deterrents to general practitioners referring patients to a counsellor/psychotherapist are:

- non-registration of counsellors/psychotherapists
- lack of information regarding where to find counsellors and psychotherapists and the lack of time to search for the relevant information
- lack of knowledge about professional standards, ethical codes, grievance procedures and supervision governing the members of professional associations
- lack of knowledge of the effectiveness of counselling and psychotherapy, including the NHMRC recommendation of counselling and psychotherapy as the first-line of therapy for mild and moderate depression
- lack of reports in medical literature of successful partnerships between counsellors and psychotherapists and GPs
- lack of promotion
- lack of health fund rebates for clients with private health care insurance(clients currently meet all the costs of the services of the counsellor including GST)
- lack of research and reporting in medical literature of successful “partnerships” with counsellors and psychotherapists

The potential role for a more integrated mental health care system is illustrated by a few case scenarios. These are based on real recent cases but with identifying information removed or changed. The implications for improved mental health care are clear.

Case studies of how counselling services support an inadequate mental health system

A Specialist trained counsellor

A 22 year old male was found trying to jump off a roof by police on a Friday night. He wouldn't come down but was eventually brought down and taken to the local hospital. Even though he was suffering from mental health problems, the hospital couldn't cope with him and the local mental health team was not available on the weekend to deal with him. He was released from hospital and found again on Sunday trying to commit suicide. He was referred to a private practice counsellor who contained him by phone and saw him on the Monday. The counsellor tried to contact the local mental health team, but they couldn't offer an appointment before Thursday. Given the urgency, the counsellor worked with the client immediately, liaised with a local private psychiatrist to see him, and continued working with him therapeutically. The counsellor and client have formed an effective and supportive therapeutic alliance and collaboratively developed a therapeutic contract to prevent further suicide attempts and clear contact arrangements. The suicidal attempts have stopped and the client is more stable but requiring longer-term supportive therapy in conjunction with psychiatric monitoring.

B Specialist trained counsellor

A professional woman in her early 30's became agoraphobic, had to give up her job, was living on a disability pension, and completely unable to even get on public transport. She had previously been put on medication and was seeing a Psychiatrist but with no real change in her symptoms. She was referred for counselling to a postgraduate trained generalist counsellor and in 12 months worked through a wide range of the underlying causes and is now a home owner, working full time, and in a committed relationship. She has not had a relapse in 5 years.

C Specialist family therapist and integrated multidisciplinary team

A young 21year old woman had spent most of her adolescence struggling with a complex presentation of mental health issues including very lengthy and repeated hospitalization. She was eventually referred to a family therapist in private practice. A committed treatment team was assembled and provided a combination of medication, individual and family therapy. Over time she has stabilized in her use of hospital based care, medication and she is successfully living in a Community Care Unit with a growing connection to the community. She works part time in a community service, holding a coordinating position. She belongs to two local choirs, is in regular contact with her parents and wider family, manages her everyday living needs, and is planning additional activities. Currently she is struggling with nightmares and flashbacks of the trauma she experienced while hospitalized. This progress is a result of the formation of an integrated treatment program which combines elements of the traditional mental health system and the individual counselling and family therapy services from the private sector. The integrated program was instigated by the private family therapist.

D Effective integration of services for treating complex mental health problems

A young woman had been a high demand client of an area mental health service. Her service needs were extensive in relation to her serious episodes of attempted suicide, her self harm (cutting own throat, leg, genitals) and her eating disorder (severe and chronically life threatening). The client had been regularly admitted to inpatient units, but was often not contained within these units due to her level of eating disorder, psychosis and/or self harm. She did not fit into either category of eating disorder specialty, adult mental health or Borderline Personality services and used a range of services in an uncoordinated way. A specialist family therapy centre became involved due to the need for family therapy, the desperation of the client, the overloaded mental health service situation, the need for across-service liaison, and the particular skills of the director-psychiatrist in the area of family work with eating disorders. This Therapy Centre sits between sectors, has a relationship with the various arms of the state mental health service and takes a systemic view of mental health care. The Centre undertook direct family work which involved the client's husband and her father in the context of extensive sexual and psychological abuse issues and systemic consultation with other service providers to work toward achievable goals.

This client had severely tested the capacity of the service system to be responsive and to be persistently compassionate and optimistic. Workers in the mental health system were being traumatised by the crises that constituted the care of this client, for example when the client cut her own throat. Due to bed pressure and the client's destructive behaviours, it was often difficult for services to respond in a manner that did not, in the process, exacerbate the client's triggers for self destructiveness. The different arms of the services were able to meet specific needs but had difficulty when they overlapped, for example when the client was self harming in the eating disorders unit or when she needed intensive support after hours.

The turning points for this work appeared to have been the capacity of the family therapy centre to both engage the family and to maintain a long-term relationship with both the family and their other service providers as part of a systemic approach to mental health care This alliance has been able to hold a consistent position in relation to working slowly toward a recovery position rather than crisis management and using inpatient services strategically. Although there is a long way to go, the client has been able to sustain placements in specialist clinics, has remained in therapy for treatment of trauma and has changed her home/family dynamics even moving into an independent flat. This last effect has been the result of particularly careful and systemic intervention with the family and the education/support of the spouse.

APPENDIX
PSYCHOTHERAPY AND COUNSELLING FEDERATION OF AUSTRALIA (PACFA)

The Psychotherapy And Counselling Federation of Australia (PACFA), Inc. a self-regulating umbrella association comprising a membership of 42 major professional associations for counselling and psychotherapy in Australia. PACFA was established in 1998 following several years of consultation among practitioners, educators and professional associations. This consultative process resulted in the setting of rigorous minimum standards for professional and ethical practice, development of professional accountability and public protection systems through a rigorous process of registration, and transparent and accountable mechanisms to regulate therapeutic practice. PACFA represents several thousand individual practitioners and many different modalities.

PACFA has a Board of Management drawn from institutions of learning and practice from across Australia. PACFA's minimum professional standards involves a minimum of two years' postgraduate or three years undergraduate level training in a generalist or specialised area of counselling or psychotherapy, as well as careful selection into training programs, monitoring of suitability throughout and supervised practice requirements. These requirements are at least equivalent to other professional groups who are recognized as providers of counselling services.

The PACFA National online Register of Psychotherapists and Counsellors represents rigorous standards in training, ethical practice and ongoing professional development. It provides a structure for identifying appropriately trained practitioners that supports the functions of government bodies (www.pacfa.org.au).

The Department of Human Services (DHS) Victoria funded PACFA in 2003 to undertake a substantial study of the profession in Australia towards development of an innovative co-regulatory model for the profession. It has also undertaken a nation-wide survey of professional members, providing the first comprehensive set of data on the practice of professional counsellors.

PACFA Board of Management

President: Ron Perry OAM, B.A (Q), M.S (Fordham), M.A.P.S. Registered Psychologist
Email: ron@institutecounselling.org.au
Ron Perry is the Director of the Institute of Counselling in Sydney. The Institute is currently celebrating thirty years of counselling training under his leadership. He is a consultant psychologist and Family Therapist in private practice. Ron serves as a consultant/supervisor at several non-government and government agencies, where Family Therapy and systems thinking are an important adjunct to the work agenda.

Past President: Jim Crawley, BA (Hons), MSocSc, Dip Mental Health
Jim Crawley has a private practice in individual and couples psychotherapy in West Perth. Until recently he was also Course Coordinator of the MSocSc (Counselling) course at Edith Cowan University, where he continues as a visiting lecturer. He was Executive Director of the Marriage Guidance Council of WA (now Relationship Australia WA) 1984-1990, and has lectured in Schools of Social Work in Victoria and the UK. He is author/editor of several books and some 25 journal articles.

Vice President & Director of Research
Margot Schofield, BA, Grad.Dip.Sc, M.Clin.Psych, PhD., MAPS, Reg Psychologist
Dr Schofield is Associate Professor in Counselling in the School of Health at the University of New England in Armidale NSW and a Member of the Society for Counselling and Psychotherapy Educators (SCAPE) and Gestalt Australia New Zealand (GANZ). She is also Director of Research for PACFA.

Secretary: David Axten, BA, B Ed, M Ed St, FTCL, LSDA
David Axten is a member of the Queensland Counsellors Association and Course Coordinator of the Master of Counselling course and Director of the Family Therapy and Counselling Clinic at the Queensland University of Technology.

Treasurer: Tim Johnson-Newell, MA (Cantab); MAppSci, Post Grad Cert Ed; Cert Workplace Training; Member Australian Association of Somatic Psychotherapy; Member SCAPE, Member of Australian Institute for Socio-Analysis. Tim has worked as a psychotherapist for 16 years in Sydney and Canberra and originally in Britain where he trained. He trains welfare workers in counselling skills and organisational dynamics, and Somatic Psychotherapists as well as consulting to organizations.

Chair of Register Committee
Nitya Amrita M.Couns, MNLP, CMCAPA
Nitya is a member of the Counsellors & Psychotherapists Association of NSW. She has been counselling for over 16 years and is currently in private practice in Sydney. She has taught counselling at both Undergraduate and Post Graduate level as well as having an extensive corporate consultancy career. Nitya is keenly interested in supporting counsellors and psychotherapists in their professional lives.

Chair of Training Standards Committee
Banu Moloney, BSW, BEd (Couns), MCoun & HS, MAPS, VAFT.
Banu Moloney is a lecturer at the Bouverie Centre, La Trobe University. She is a qualified Social Worker, Psychologist and Family Therapist with over 25 years experience as a family therapist, and educator in family therapy, counselling and a consultant to a wide range of organizations. She has a special interest in working with children and adolescents in the context of their families and has been involved in the Centre for Grief Education in curriculum development and delivery in the Graduate Diploma in Child and Adolescent Grief Counselling.

Chair of Ethics Committee
Sophie Holmes is a Psychologist, Family Therapist, Director of Williams Road Family Therapy Centre, former President of the Victorian Association of Family Therapists. She works in private practice as a Family Therapist and also as a Consultant Educational Psychologist specialising in working with the larger system of family and school. She has been invited to present her work at many conferences, both in Australia and overseas.

Chair of Liaison Committee
Charles Wilson B.A, M. Litt, M.A, L.Th, Ass. Dip.Wel.Stud, Grad.Dip,Mgt, M.A.P.S, A.A.M.F.C, F.A.I.M.
Charles Wilson is CEO for Communicare Sydney. In addition he works as a psychologist and relationship counsellor in a small private practice from home. Charles has been a counsellor for over 19 years and been actively involved on a National level in the Australian Association of Marriage and Family Counsellors.

SCAPE Representative
Andrew Little B Com (UQ), BSW (UQ), MSW (UQ)
Andrew is Executive Director of Education and Development at the Australian College of Applied Psychology (ACAP), and President of SCAPE (Society of Counselling & Psychotherapy Educators). He has been actively involved as a counsellor, supervisor and counsellor educator since 1985 in the non-government community services sector. Andrew is involved in the development of a counselling and psychotherapy course accreditation program for PACFA.

APPENDIX: PACFA MEMBER ASSOCIATIONS

- Adelaide Institute for Psychoanalysis
- Association of Personal Counsellors Inc.
- Association of Solution Oriented Hypnotherapists and Counsellors of Australia
- Australian and New Zealand Association of Psychotherapy (NSW Branch)
- Australian and New Zealand Psychodrama Association Inc.
- Australian and New Zealand Society of Jungian Analysts
- Australian Association of Group Psychotherapists
- Australian Association of Relationship Counsellors
- Australian Association of Somatic Psychotherapists
- Australian Centre for Psychoanalysis
- Australian Association of Spiritual Care and Pastoral Counselling
- Australian College of Psychotherapists
- Australian Hypnotherapists Association
- Australian Radix Teachers Association
- Australian Somatic Integration Association
- Christian Counsellors Association of Australia Inc
- Clinical Counsellors Association
- Counselling and Psychotherapy Association Canberra and Region
- Counselling Association of South Australia Inc
- Counsellors And Psychotherapists Association of NSW Inc
- Counsellors And Psychotherapists Association of Victoria Inc
- Dance Therapy Association of Australia
- Emotional Release Counsellors Association of NSW
- Gestalt Australia New Zealand
- Institute of Clinical Psychotherapy Inc
- Melbourne College of Contemporary Psychotherapy
- Melbourne Institute of Experiential and Creative Arts Therapy
- Melbourne Institute for Psychoanalysis
- Music and Imagery Association of Australia
- New South Wales Family Therapy Association
- NSW Institute of Family Psychotherapy
- Professional Counsellors Association of Tasmania
- Psychoanalytic Psychotherapy Association of Australasia
- Psychotherapists and Counsellors Association of WA
- Queensland Association for Family Therapy
- Queensland Counsellors Association Inc
- Queensland Transpersonal and Emotional Release Counsellors Association Inc.
- Society of Counselling and Psychotherapy Educators
- Sydney Institute for Psychoanalysis
- Victorian Association of Family Therapists
- Victorian Child Psychotherapists Association
- Western Pacific Association of TransactionalAnalysis

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