Received: 2 August 2018 | Revised: 9 December 2018 | Accepted: 17 February 2019

DOI: 10.1111/ap.12393

Australian Psychologist WILEY

ORIGINAL ARTICLE

Challenges facing Australian counselling psychologists: A qualitative analysis

Catriona Davis-McCabe[1] | Michael Di Mattia[2] | Emma Logan[1]

[1]School of Psychology, Curtin University, Perth, Australia

[2]Faculty of Education, Monash University, Melbourne, Australia

Correspondence
Catriona Davis-McCabe, School of Psychology, Curtin University, Perth, WA 6845, Australia.
Email: c.davis-mccabe@curtin.edu.au

Objective: In the last decade, Australian counselling psychologists have seen a decline in the profession as academic programs close and their professional identity diminishes. In 2006, the Federal Government introduced the *Better Access* mental health initiative, which provides Medicare (Australia's national public health insurance scheme) funding for the community to access psychological services. While the *Better Access* initiative has been successful for consumers, it has created significant tensions within the psychology profession, offering higher rebates for services offered by a clinical psychologist. The literature highlights that the *Better Access* system has placed counselling psychology in a vulnerable position. Is this the only threat to the profession? This study sought to establish what Australian counselling psychologists perceive as the challenges facing the profession.

Method: A web-based survey was distributed to Australian counselling psychologists seeking information on a range of demographic and professional characteristics. The survey collected information on various aspects of professional identity and practice. Respondents were asked to identify what they see as the challenges facing counselling psychology.

Results: The main challenges highlighted were related to inequalities in rebate schemes between clinical and counselling psychologists, ingrained biases towards clinical psychology resulting in power imbalances, divides, and in-fighting within the profession, difficulties demarcating the unique identity of counselling psychologists (both from within and outside), and changes threatening the existence of counselling psychology as a viable training pathway in Australia.

Conclusion: This paper explores the current challenges to the profession, recommendations for change at the individual and system levels, and directions for the future of the profession.

KEYWORDS

challenges, counselling psychology identity, Medicare, professional issues

1 | INTRODUCTION

1.1 | The psychology profession in Australia

In Australia, the psychology profession is regulated by the Psychology Board of Australia (PsyBA). All psychologists have "general" registration, following the completion of a minimum of 6 years of training and there currently exists three pathways to registration. The first pathway, known as the "4 + 2" pathway, requires completion of 4 years of undergraduate study in psychology, followed by a 2-year internship under the supervision of a psychologist. The second pathway, known as the "5 + 1" pathway, requires completion of 4 years of undergraduate study, a 1-year Masters in general psychological practice, followed by a 1-year internship under the supervision of a psychologist. The third pathway involves 4 years of undergraduate study, followed by either a 2-year Masters, 3-year Doctorate, or 4-year

combined Masters/Doctorate program in one of nine areas of practice (clinical psychology, clinical neuropsychology, community psychology, counselling psychology, educational and developmental psychology, forensic psychology, health psychology, organisational psychology, and sport and exercise psychology). These nine fields are referred to as areas of practice endorsement (AoPE).

Psychologists who have trained via the third pathway are eligible to work towards an additional qualification (from what is required for general registration as a psychologist) through engaging in advanced supervised practice in one of the nine areas of endorsement recognised by the PsyBA. Like all AoPEs, a minimum of 8 years of study and supervised practice are required to gain endorsement as a counselling psychologist, which permits use of the title "counselling psychologist." In September 2018, the PsyBA reported there to be 963 endorsed counselling psychologists in Australia, second only to clinical psychology, which had 8,653 endorsed psychologists (PsyBA, 2018).

1.2 | A brief history of counselling psychology in Australia

The first reference to counselling psychology was in 1970 in the Rose Committee Report (Rose, 1971). This report defined the training and the role of counselling psychologists, which emphasised the broad focus of counselling psychologists, including providing counselling to individuals and groups, offering supervision, training, and engaging in research. The first university training program commenced in 1975 at La Trobe University in Melbourne. In 1976 the Australian Psychological Society (APS) Division of Counselling Psychology was established, and in 1993 the Division became known as the College of Counselling Psychologists.

Much of the early writings on counselling psychology focused on issues of identity and the uniqueness of counselling psychology. The inaugural chair of the Division of Counselling Psychology emphasised the importance of counselling psychology establishing its own identity, to justify the existence of the Division, and to consider how counselling psychology distinguishes itself from other fields of applied psychology (Williams, 1977). Wills (1980) explored the role and definitions of counselling psychologists and examined the overlap with "paraprofessional" counsellors, to identify what uniqueness could be claimed for counselling psychology. Wills noted that many paraprofessionals were engaged in similar tasks and functions to the work of counselling psychologists, but identified psychometrics, job re-design, and selection, as unique to counselling psychology.

Penney (1981) completed the first known survey of Australian counselling psychologists, revealing that 25% chose not to identify themselves as counselling psychologists, with many respondents preferring the title of "counsellor," viewing themselves as practitioners of counselling. The theme of identity was further explored by Schoen (1989), who surveyed members of the APS Board of Counselling Psychologists (the Division of Counselling Psychology was renamed the Board of Counselling Psychologists in 1983), with a specific focus on activities performed by counselling psychologists. Schoen found that the majority of respondents were employed in tertiary institutions and in contrast to Penney's findings, 43% identified themselves as "counselling psychologists." In addition, there was considerable overlap between respondents holding membership of both the Board of Counselling and Clinical Psychologists.

Throughout the 1980s and 1990s, counselling psychology thrived in Australia—there was an expansion in training programs and active research in the field, represented in the *Australian Journal of Counselling Psychology.* Both clinical and counselling psychology professionals were able to operate alongside each other in health settings (Brown & Corne, 2004; McKeddie, 2013; Pelling, 2007) and it seemed that although there were similarities between clinical and counselling psychologists, there were also significant differences in training and philosophy (McKeddie, 2013).

1.3 | Introduction of the Better Access initiative

In 2006, the Federal Government introduced the *Better Access* mental health initiative, which provides Medicare (Australia's national public health insurance scheme) funding for the community to access psychological services when referred by their general practitioner (GP). In the decade that has followed, the scheme has been hailed a success, both in terms of improving community access to psychological services (Giese, Lindner, Forsyth, & Lovelock, 2008;

WHAT IS ALREADY KNOWN ON THIS TOPIC

1. Counselling Psychologists provide assessment, diagnosis, formulation, and treatment of psychological problems and complex mental health disorders.
2. There is a need for greater advocacy for counselling psychologists by the psychology profession.

WHAT THIS PAPER ADDS

1. The Better Access 2-tier model has not only split the profession, but has publicly created misinformation about the unique and overlapping competencies of endorsed psychologists.
2. Given the overlap between counselling and clinical psychology, as evidenced by the training, skills, and competencies, future directions may need to consider whether the two fields could be joined.

Littlefield, 2017) and improving outcomes for people living with common mental health problems (Pirkis, Harris, Hall, & Ftanou, 2011). While the *Better Access* initiative has been successful for consumers, it has created significant tensions within the psychology profession (Littlefield & Giese, 2008), as the program involves a "two-tiered" rebate system. The first tier offer clients of a clinical psychologist access to a higher rebate for "psychological therapy". The second tier groups all other psychologists together (whether qualified through 4 + 2, 5 + 1, Masters or Doctoral pathways), providing clients a lower rebate for "focussed psychological strategies" (a term devised for this initiative). This terminology created difficulties for counselling psychologists, as the provision of psychological therapy is a core competency of counselling psychologists (APS, 2018; APAC, 2018), yet under the scheme, they are ineligible to provide psychological therapy to clients.

1.4 | Challenges of the Better Access initiative

As early as 2008, just 2 years after the inception of *Better Access,* concerns were raised about the future of training in the psychology profession and the initiative creating a clinical versus non-clinical divide. Montgomery and Voudouris (2008, p.217) described the likelihood of increased tension between "generalist and specialist psychologists, and between the various specialist psychologists such as health versus clinical psychologists, or clinical versus clinical neuropsychologists", stating that in the future such tensions would require careful management within the profession.

Meteyard and O'Hara (2015) noted that the introduction of the *Better Access* initiative has been the "single most significant issue" (p. 24) to impact counselling psychology in Australia. Meteyard and O'Hara contend that the *Better Access* scheme privileges clinical psychologists over other psychologists and is based on the "faulty assumption" that clinical psychologists are more specifically trained in, and work with, more serious mental health issues and client presentations than do other psychologists. This assumption is not consistent with research evidence, with results of a large scale evaluation of the first 5 years of the *Better Access* scheme finding no differences in client presentations and outcome between clinical and other psychologists (Jorm, 2011). A second large scale evaluation was conducted by Jorm (2018), finding similar results where there has been an increase in the use of mental health services after the introduction of *Better Access,* but that this has had no detectable effect on the mental health of the Australian population. Jorm examined the per capita use of mental health services provided by mental health professionals between 2006 and 2015, the prevalence of psychological distress in adults from National Health surveys in 2001, 2004–2005, 2007–2008, 2011–2012, and 2014–2015; and annual suicide rates from 2001 to 2015 according to the Australian Bureau of Statistics. Jorm (2018) acknowledged that from the beginning of the *Better Access* initiative there was considerable controversy regarding cost, inequities in the distribution of services, the model of care and the quality of treatment.

It appears that *Better Access* has, over time, negatively impacted the public perception of counselling psychologists. A recent study by McKeddie (2013), 7 years after the introduction of *Better Access*, investigated lay attitudes towards and knowledge of counselling psychologists. The results found that while counselling psychologists were held in high regard, they were perceived as being less qualified, less trained, and less capable of dealing with complex mental health disorders, than clinical psychologists.

1.5 | Definition of counselling psychology and scopes of practice

With the introduction of national registration for psychologists in 2010, Di Mattia and Grant (2016) report that one of the significant issues for counselling psychologists has been the definition and scopes of practice for counselling psychology developed by the PsyBA. The PsyBA's definition asserts that counselling psychologists "use their knowledge of psychology and therapy to help individuals develop positive strengths and well-being" (PsyBA, 2016, p. 15). Di Mattia and Grant contend that the PsyBA's definition and scopes of practice represent a more restrictive scope than was established by the APS College of Counselling Psychologists, which emphasised the competencies of counselling psychologists in the mental health arena.

This definition has been a concern for many counselling psychologists, as evident in the response to the PsyBA's consultation paper in 2016, seeking feedback on the definition and competencies of the area of practice endorsements (PsyBA, 2016) and the Australian Psychology Accreditation Council's (APAC) proposed accreditation standards for psychology programs (APAC, 2017). The PsyBA consultation resulted in the largest response (to date) to any consultation paper released, with approximately 90% of all submissions from counselling psychologists. The main point respondents focused on was the current definition of counselling psychology, with many arguing that the PsyBA's definition is not an accurate reflection of the training they received and the realities of their day to day practice as counselling psychologists. In addition, many respondents contended that the scopes of practice should be expanded to acknowledge counselling psychologists' expertise in treating a wide range of severe and complex mental health disorders.

Similarly, nearly 50% of all submissions received for the APAC consultation on training standards were from individual counselling psychologists, who requested changes to training guidelines for counselling psychology programs, to acknowledge counselling psychologists' skills and competencies in working with mental health disorders. Responses to these two consultation papers suggests there is tension surrounding the identity of counselling psychology—a

significant difference in how practitioners and the regulatory and accrediting bodies view the profession.

1.6 | Challenges facing counselling psychologists in other countries

Many of the challenges facing Australian counselling psychologists are not unique—they are challenges faced by counselling psychologists across the world. In particular, tension with counselling psychology's scopes of practice is evident in other countries. Young, Bantjes, and Kagee (2016) report the introduction of revised scopes of practice for South African psychologists in 2011 de-emphasised the work of counselling psychologists in treating mental health problems. Restrictions with employment is also common, particularly in accessing positions in health departments for both Australian counselling psychologists (Di Mattia & Grant, 2016) and counselling psychologists in New Zealand (du Preez, Feather, & Farrell, 2016), with these positions often restricted to clinical psychologists.

The concern with counselling psychology's identity is shared in most countries, in particular differentiating counselling psychology from clinical psychology (Goodyear et al., 2016). Jones Nielsen and Nicholas (2016) note that in the United Kingdom, over recent years, it has been increasingly difficult to differentiate the two fields, with counselling and clinical psychologists working in similar settings and performing similar functions. In the United States, Lichtenberg, Goodyear, Hutman, and Overland (2016) describe overlaps in the training and practice of counselling psychology and clinical psychology. A recent survey of Canadian counselling psychologists (Bedi, Christian, & Sinacore, 2018) found that developing a clearer professional identity is a key challenge facing the profession in Canada.

1.7 | The current scene

Di Mattia and Grant (2016) recently reported that the most pressing issue facing counselling psychology is the reduction in post-graduate training programs, with the challenge of maintaining a profile and significance in Australia. There is one counselling psychology Master's program in Australia enrolling new students, a reduction from seven training programs in 2007, with a number of programs now in teach-out mode. Meteyard and O'Hara (2015) contend that since the introduction of the *Better Access* scheme, counselling psychology training programs have closed, as demand to study clinical psychology has increased, which is also supported by data from the APS (2012).

This reduction in training programs is likely to impact the profession in other ways too, for example the *Australian Journal of Counselling Psychology* was discontinued in 2013, after more than 20 years of operation, due to lack of submissions. It is likely that the lack of counselling psychology graduates and a reduction in counselling psychology academics has led to less counselling psychology research being conducted (Meteyard & O'Hara, 2015).

1.8 | Aims of the current study

The current study profiled the demographics, roles, and perceived functions of counselling psychologists and sought to identify the unique challenges facing counselling psychologists in Australia. The literature highlights that the two-tier system has placed counselling psychology in a vulnerable position. This study aimed to establish what Australian counselling psychologists perceive to be the greatest challenges facing the profession. In late 2018/early 2019, the Department of Health is conducting a Medicare Benefits Schedule Review, which involves a review of the provision of mental health services in Australia. It is, therefore, timely to ask counselling psychologists about their subjective experiences of challenges to the profession.

2 | METHOD

2.1 | Design

The findings reported in this paper form part of a broader mixed methods study profiling the demographics and role responsibilities of counselling psychologists across Australia (see Di Mattia & Davis-McCabe, 2017). Representing the smaller embedded qualitative component of a concurrent nested design, the dataset analysed presents a rich description of what respondents perceived to be the main challenges facing counselling psychology in Australia.

2.2 | Participants

Respondents were 346 adults (249 women, 80 men, 17 undisclosed), aged between 23 and 79 years ($M = 52.33$, $SD = 12.53$). The sample included endorsed counselling psychologists ($n = 262$, 81%), psychologists who had completed postgraduate training in counselling psychology, but had not commenced a registrar program ($n = 17$, 5%), psychologists completing a registrar program in counselling psychology ($n = 16$, 5%), and postgraduate counselling psychology students ($n = 29$, 9%). The majority (64%) of respondents were in advanced stages of their career (16 years plus), 54% were mid-career (8–16 years), 12% were early career (1–7 years), and the remainder were students. Further demographic details have been published in Di Mattia and Davis-McCabe (2017). Of the 346 respondents, 308 provided a response to the final question and have their data presented in this paper. This resulted in a response rate of 32% of all eligible counselling psychologists in Australia.

2.3 | Materials and procedure

Ethics approval was granted by the Curtin University Human Research Ethics Committee. In October 2016, an Internet-hosted survey was distributed to the counselling psychology profession via the email lists of the APS College of Counselling Psychologists and Association of Counselling Psychologists. The full survey comprised a combination of forced choice and open-ended questions pertaining to personal and professional demographics, employment settings and services provided, and perceived roles and responsibilities of a counselling psychologist. The final question asked respondents to provide a written description of what they identified to be the main challenges facing counselling psychology in Australia.

2.4 | Analysis

Qualitative responses were analysed inductively using Braun and Clarke's (2006) approach to thematic analysis. A critical realist epistemological orientation (Willig, 1999) was chosen to examine the realities and meanings the study participants ascribed to the challenges experienced by counselling psychologists and how the broader professional context further shaped these meanings. Given the anticipated diversity of counselling psychology practice across Australia, a data-driven approach was deemed most appropriate to describe individual experiences free from researcher preconceptions.

All data analysts familiarised themselves with the data through carefully reviewing each of the responses and noting down any significant patterns that appeared significant to the dataset. Two authors and a research assistant conducted an independent open-coding of the first 10% ($n = 30$) of responses. These initial codes were compared and contrasted and any discrepancies were resolved through discussion. The remaining 268 responses were split among the two authors and research assistant and were independently coded using the same core coding structure. Patterns of meaning across the identified codes were collated before significant themes were developed, named, and organised in relation to each other at the theme or subtheme level. The themes developed were semantic, in that they focused on participants' communication of explicit meanings, and were considered salient if they captured relevant information pertaining to the research question and were sufficiently represented across the majority of study participants.

3 | FINDINGS

The overarching theme, three main themes, and nine subthemes that emerged from the data are presented in Table 1.

3.1 | Medicare: Negative consequences as an overarching theme

Issues with Medicare and the Medicare two-tier system emerged as an overarching theme which flowed through every other theme and sub-theme, either directly or indirectly challenging the profession. Respondents perceived the introduction of *Better Access* to be the most significant challenge that the profession has faced in its history. It was reported that *Better Access* has had, and continues to have, negative consequences related to a divide between clinical and counselling psychologists, an attack on identity from within and outside the profession, a negative impact on the client, and the demise of the profession as university programs close and counselling psychologists struggle to secure employment.

> *The two tier Medicare system is slowing strangling the specialisation. (P111)*

> *In conjunction with the ongoing discrimination, which the two tier Medicare rebate system is posing, my Counselling Psychology qualification has effectively become worthless. (P161)*

Respondents raised concerns that the Medicare two-tier system unfairly misrepresents the counselling psychology profession by perpetuating beliefs that counselling psychologists hold fewer skills and provide inferior services when compared with clinical psychologists. The following excerpts illustrate the degree of frustration experienced by counselling psychologists:

> *The use of Medicare item numbers to draw a distinction between counselling psychology and other branches; one group can offer a strategy, whilst the other group can offer psychotherapy. It is confusing, and does not reflect how knowledge and skill continue to develop through the lifespan. To be told in one way or another that the training you have received, knowledge and experience is less than or not good enough – is demeaning. (P80)*

TABLE 1 Overarching theme, themes and subthemes

Overarching theme	Theme	Subtheme	*N*
Medicare: Negative consequences	A lack of identity	Recognition of skills and competencies	153
		A view from the outside	49
		The difficulty of a definition	7
	The clinical bias	Glorification of the medical model	10
		The power elite	43
		The great divide	110
		Impact on the client	19
	A shrinking field	Course closures	72
		Employment and opportunity	39

> *The lower Medicare benefit for counselling psychologists sends a message that our services are less effective and of lower value and our advocates seem unable to demonstrate that this is untrue. (P258)*

For many respondents, this misinformation was perceived as equally damaging when held by referring health professionals as well as potential consumers of psychological services. The profession was described as being under threat as a direct result of the two-tier scheme, resulting in ongoing battles to gain respect as equals.

> *The sad fact is that the discrepancy between Medicare rebates is promoting the message to both referring health practitioners and the general public that in some way counselling psychologists are lacking in skills which hold significant value. It is my belief that this is a false message to portray, however, still threatens the profession as a whole. (P197)*

Many respondents contended that, as a direct result of the two-tier scheme, clients are financially disadvantaged when they visit a counselling psychologist, despite receiving a comparable service to what they would receive with a clinical psychologist. Similarly, they expressed concern that clients may opt to see a clinical psychologist over any other.

> *The current Medicare system discourages freedom of choice for clients due to a disincentive for clients to use any other psychologist other than clin psychs. (P146)*

3.2 | A lack of identity

Respondents described concerns about the identity of counselling psychology, with many contending that the skills and competencies of counselling psychologists are not acknowledged. It was noted that other psychologists, mental health professionals, GPs, and the public lacked an understanding of the roles and functions of a counselling psychologist. The difficulty defining counselling psychology was a concern for participants.

3.2.1 | Recognition of skills and competencies

One of the most frequent challenges noted by respondents was a lack of recognition of counselling psychologists' skills and competencies. The following excerpt highlights this point:

> *Lack of recognition by government, other psychologists and therefore the general population about the skills, capability and role of a counselling psychologist. (P119)*

Many respondents made direct reference to an inaccurate perception of counselling psychology held by the regulatory body and professional organisations.

> *Recognition of actual work conducted versus PsyBA definition. (P107)*

> *Governing bodies and representative organisations hold a perception of counselling psychology that is not accurate and does not acknowledge the extensive training and resulting skill set of counselling psychologists. (P123)*

For many respondents, lack of recognition was particularly evident in working with mental health disorders.

> *Receiving acknowledgement and recognition of skills, knowledge and experience in assessment and treatment of mental health disorders. (P149)*

> *The legitimate recognition of competencies in diagnosis, assessment, treatment of mental health disorders. (P156)*

It was noted the lack of recognition of working with complex mental health disorders is directly linked to the structure of the Medicare system.

> *The sad fact is that the discrepancy between Medicare rebates is promoting the message to both referring practitioners and the general public that is some way counselling psychologists are lacking in skills. (P197)*

> *The Medicare rebate difference leads the Medical doctors, general public and some Clinical psychologists to believe that the work of Counselling Psychologists is not as complex or skilled as Clinical. (P266)*

Respondents expressed a need to be recognised as equally trained and skilled as clinical psychologists, and see the current Medicare two-tier structure as reinforcing the notion they do not possess equal skills and training.

> *The outrageous inference that Counselling Psychologists are not as well equipped as Clinical Psychologists, which is most often assumed as a result of the unjustifiable Medicare two-tier system. (P222)*

> *Being perceived as inferior in training & skills to clinical psychologists. This is reflected in the lower Medicare rebate available to our clients. (P61)*

3.2.2 | A view from the outside

A lack of knowledge of counselling psychology from those outside the field was reported by respondents, with the need to describe differences between a counselling and clinical psychologist.

> *I frequently need to explain the "difference" between a clinical psych and a counselling psych to GPs, … clients, the general public and Mental Health NGO. (P183)*

Other respondents reported clients have not heard of counselling psychology, while others noted clients have been advised to specifically seek the services of a clinical psychologist.

> *Majority of my clients have never heard of Counselling Psychology. (P186)*

> *I've had clients telling me they've been told by friends, relatives, even GP's, they should be seeing a clinical psych. (P60)*

3.2.3 | The difficulty of a definition

Respondents reported difficulty in defining counselling psychology, noting the similarities and overlap with clinical psychology.

> *It has always been a difficult specialty to define, or to compare and contrast with other specialties, particularly clinical psychology. This may reflect a strong overlap between the two areas of endorsement, or may reflect a lack of definition of one area or the other. (P214)*

> *Definition of the specialty, which seems to have been diluted over time, and with overlapping boundaries with other psychology specialities. (P95)*

Other respondents discussed the importance of having a definition that is unique, yet one that is seen as equal to clinical psychology.

> *Defining itself and having an identity as a field of psychology which is distinct from and equal in status and importance to clinical psychology. (P233)*

3.3 | The clinical bias

Respondents reported that clinical psychologists are perceived by health and mental health professionals, and the general public, as superior to counselling psychologists. This clinical bias is seen as a consequence of the alignment of clinical psychology with the medical model, and is perpetuated by the Medicare two-tier system. Respondents reported less diversity in psychology since the introduction of the two-tier system. A majority of respondents reported feeling unsupported, and expressed concern that regulatory and representing bodies have missed opportunities to challenge the clinical bias.

3.3.1 | Glorification of the medical model

Respondents reported concerns that psychology services are being medicalised and clients pathologised. Other important therapeutic factors were cited as important and central to counselling psychology, such as the therapeutic relationship, developmental and environmental factors, and positive psychology.

> *I also find the deeply entrenched medical model of mental health most present in clinical psychology difficult. As a CounsPsych registrar my training, practice, and personal experience is that treating psychological problems in a reductionistic cluster of pathology is not good enough. (P186)*

> *The main challenge lies in the fact that psychological practice is moving towards a medical model, in which clinical psychologists are recognised as medically trained, symptom and diagnosis oriented clinicians, unlike counselling psychologists who are regarded by some or many clinical psychologists as "hand holders". (P70)*

Respondents see the alignment of clinical psychology to the medical model as strategic and politically driven, and that this serves to promote clinical psychology over all other areas of psychology.

> *The political and systemic strides that clin psychs have made which promotes their field over any other discipline of psychology. The alignment of clin psychs with the medical model and fraternity. (P119)*

> *The political positioning of Clinical psychology alongside (or should that be "below") medical practitioners leaves little room for any other AoPE, and hence the "demand" drives the "supply" of University training, and ultimately employment option. (P18)*

3.3.2 | The power elite

Respondents described the APS and PsyBA as holding the power within the profession. Psychologists with clinical

endorsement were perceived to hold the majority of senior positions within these organisations, argued by respondents to support the privileging of clinical psychology over all other areas of psychology.

> *Overcoming an apparent privileged support by APS and university psychology departments for clinical psychology. It is based on mistaken assumptions about the content of counselling psychology programs and a distortion of the ability of clinically-trained psychologists to conduct relationship-based therapy. (P195)*

> *Stigma. Clinical psychology believed to be superior and promoted at such by APS, AHPRA, politicians. Counselling Psychology has no representation at the highest levels. (P76)*

Many respondents reported feeling undervalued by the representative bodies, and that the competencies and training of counselling psychologists is not sufficiently recognised by the APS.

> *Our training in the Masters course was extremely rigorous and we are well-equipped, on graduation, to work with the most complex of cases (and often do) but receive little recognition for this by the APS, who are supposed to be our representative body. As a consequence, GPs, other doctors and the society at large are not aware of or value the high-level skills we have. We were trained to assess, diagnose and treat a wide range of psychopathology but our expertise is not recognised and instead we are relegated into a general category of psychologists, completely invalidating our knowledge and the complexity of our work. (P228)*

3.3.3 | The great divide

Respondents saw a divide between clinical and counselling psychology as a significant threat to the profession. Counselling psychologists reported having to compete with clinical colleagues, rather than work alongside them. Again, this was seen as reducing diversity within the profession and devaluing the work of counselling psychologists.

> *The divide between "clinical" and all other psychologists which has devalued the worth and expertise of Counselling Psychologists both within the extended helping professions (particularly GP's) and the general public. (P239)*

> *Some government bodies also pay clinical psychologists a higher rate for reports and the provision of counselling services. The "great divide" continues to worsen. There will be less diversity in the profession of psychology as students gravitate for the higher paying work in clinical psychology. (P176)*

3.3.4 | Impact on the client

Many respondents reported a major challenge as the negative impact on the client accessing psychology services. Significant financial disadvantage to the client was reported as the client is "funnelled" to a clinical psychology service where they will receive a higher rebate and further adding to the clinical bias.

> *The current situation funnels clients to clin psychs despite the equivalent expertise of other trained psychologists. (P146)*

> *While providing the exact same interventions that our clinical psychologist colleagues provide, yet they are able to offer their clients a larger rebate. (P275)*

Respondents believe that this disadvantages the client by restricting their access to psychology services and their right to choose a psychology provider.

> *Not only unfairly impacts on Counselling Psychs at large in Australia, but also patients who find Counselling Psychologists who are better equipped to deal with their presenting problems. (P222)*

> *The two tier division of psychology in Australia has divided and devalued the profession, limiting access to highly skilled service provider. (P40)*

3.4 | A shrinking field

Respondents reported fears of losing counselling psychology as a profession in Australia. They raised current concerns about course closures and a lack of employment and opportunity in the counselling psychology field, describing the profession as a shrinking field.

3.4.1 | Course closures

Concerns that counselling psychology is diminishing, with the loss of training programs in recent years, were noted by respondents.

> *The resultant loss of university training courses in counselling psychology is the death knell for this specialty. (P137)*

> *There are very few courses now being offered for Counselling Psychology and I fear we are a dying breed. (P219)*

Respondents described the challenge of remaining relevant in light of course closures.

> *With small numbers of practitioners and training opportunities, a major challenge is to retain a cohesive presence in the mental health field and ensure the place of counselling psychology in a community that continues to remain ignorant of its value as a specialised mental health service. (P126)*

Some respondents linked concerns with relevance to the status of clinical psychology.

> *Existing in the shadow of clinical psychology which is blindly seen as superior to all other streams or branches of Psychology. (P288)*

Respondents believe that the course closures are due to a higher uptake of clinical psychology programs, another consequence of the Medicare two-tier system. Respondents again related this to counselling psychologists being devalued and seen as secondary to their clinical colleagues.

> *Without a Medicare rebate comparable to that for clinical psychologists, my understanding is that fewer people are attracted to and graduating as counselling psychologists. (P147)*

3.4.2 | Employment and opportunity

A lack of employment and opportunity was reported, where counselling psychologists were not viewed to be as competent as clinical peers. Participants described reduced job adverts for counselling psychologists and limited progression/opportunity in the field. A perceived preference for clinical psychologists was cited by many respondents, but it was stated that this has not always been the case. The Medicare two-tier system is said to have created this imbalance.

> *Unless you are a registered "clinical" psychologist our services are "no longer required" and our expertise no longer acknowledged in doing reports for certain organisations, such as hospitals, Centrelink etc. (P239)*

Centrelink was quoted by many participants as having changed their policies regarding who can offer an expert opinion. Participants reported that before the introduction of the Medicare two-tier system Centrelink had taken advice from counselling psychologists.

> *The negative impact this has on us from both a financial aspect with the reduced Medicare rebate as well as the refusal by some agencies such as Centrelink to accept our recommendations. (P263)*

Respondents reported discrimination against counselling psychologists when seeking employment, despite having the same level of training, skills and competencies as clinical psychologists.

> *A limited understanding, by major stakeholders (e.g., Government Departments, Employers, Referral Networks, etc.), of the counselling psychologist's scope of practice expertise in the assessment, diagnosis and treatment of mental health disorders. (P170)*

> *The narrowed job opportunities as a result of this distinction many jobs state they require a clinical psychologist. This is frustrating due to counselling psychologists having the same skills and knowledge as those who have completed a clinical psychology degree. (P20)*

4 | DISCUSSION

The purpose of this study was to investigate and offer comprehensive insight into the unique challenges facing counselling psychologists in Australia. Respondents highlighted issues relating to inequalities in rebate schemes between clinical and counselling psychologists, ingrained biases towards clinical psychology resulting in power imbalances, divides, and in-fighting within the profession, difficulties demarcating the unique identity of counselling psychologists (both from within and outside), and changes threatening the existence of counselling psychology as a viable training pathway in Australia. This paper concludes with a summary of the key challenges facing counselling psychologists, recommendations for change at the individual and system levels, and limitations of the study with directions for future research.

The *Better Access* initiative has consistently been hailed a success in improving access to and outcomes from psychological services (Giese, Lindner, Forsyth, & Lovelock, 2008; King, 2013; Littlefield, 2017). However, respondents in this study highlighted how the model has not only split the profession, but has publically spread misinformation about the unique and overlapping competencies of endorsed psychologists. It has narrowed clients' freedom of choice, such that a therapy pathway may be chosen based on least financial

disadvantage, rather than appropriateness of fit. The structure of the two-tier model suggests to the consumer that clinical psychologists are somehow better trained or equipped to deal with complex mental health disorders when there is, in fact, no evidence that a clinical psychologist achieves any better client outcomes when compared to any other psychologist (Grant, Mullings, & Denham, 2008; Pirkis, Harris, Hall, & Ftanou, 2011; Jorm, 2011; Jorm, 2018). Consequently, respondents reported that the model itself is harming both the consumer and the profession, through funnelling an uninformed public into higher rebated clinical psychology services when a counselling psychologist is equally trained to treat the presenting issue. This bias was viewed by respondents as a consequence of the alignment of clinical psychologists with the medical model and the focus on cognitive behavioural therapy over all other therapies, despite the evidence that one size does not fit all (King, 2013; Wampold, 2010).

Further impacting on treatment outcomes, respondents emphasised key limitations caused by *Better Access,* underestimating the importance of the therapeutic alliance and client engagement and overestimating the impact of the therapy approach provided by the psychologist. One of the core competencies of counselling psychology training is the establishment and monitoring evidence-based therapy relationships, including maintaining the therapeutic alliance (APAC, 2018). Many respondents in this study identified that it is the relationship that produces change for the client, rather than the type of manualised treatment offered. This assumption supports the work of King (2013) which acknowledges that *Better Access* appears to be a great success from the perspective of the public, but restricts itself to only rebating a specified set of interventions, and compromises the role of the client as an active agent in therapeutic change. Research by Cooper et al. (2017) identifies consumer preference and choice as a predictor of outcomes in psychological therapy, something which is presently ignored by *Better Access.* Respondents raised concerns that the unique philosophies and practices of counselling psychologists have been undermined by *Better Access* which reduces distinct skills and competencies to a set of strategies. However, respondents also noted the similarities in the competencies of clinical and counselling psychologists and questioned whether the two professions were actually distinct. In the present study, it was noted that the Medicare top-tier allows clinical psychologists to provide "psychological therapy," while the second-tier only allows counselling psychologists to offer "focussed psychological strategies." This split was viewed as an insult, given that the core competencies and definition of a counselling psychologist include "tailored psychotherapies" for "complex and severe mental health disorders" (APAC, 2018, p. 20). Evidently, the far-reaching implications of the two-tier system for consumers' freedom of choice and treatment outcomes, as well as the diversity of the psychology profession, are of considerable concern, particularly given the lack of an evidence base or rationale for the two-tier system as highlighted by respondents in this study and previously noted elsewhere (Jorm, 2011, 2018; King, 2013; Meteyard & O'Hara, 2015; Pirkis, Harris, Hall, & Ftanou, 2011).

In addition to inequalities between the *Better Access* funding tiers, another notable challenge reported to be facing counselling psychologists in Australia is the distinct lack of a professional identity among other health professionals and the lay public. This may be another consequence of the two-tier system where counselling psychologists have become "non-clinical psychologists," alongside all other AoPE and generalist psychologists. Even though counselling psychologists have an equal level of training to clinical psychologists, the system has produced a "them and us" problem, and a significant challenge to counselling psychology as a profession, and "counselling psychologist" as a title. This possible negative consequence of the two-tier system was acknowledged by Montgomery and Voudouris (2008) when they discussed the tensions the Medicare items had caused between the various specialist psychologists. Respondents reported the sudden loss of eligibility to perform certain role functions (e.g., writing reports for Centrelink and the National Disability Insurance Scheme) following the introduction of the two-tier system. This finding raises important questions about how counselling psychologists may be viewed in the public sphere as compared to clinical psychologists. In a recent survey (7 years after the introduction of *Better Access*) exploring Victorian lay attitudes towards and knowledge of counselling psychologists, McKeddie (2013) found a primarily positive public image with some clear limitations. Counselling psychologists were perceived as dealing with less severe problems and relationship difficulties, while clinical psychologists were seen as working with complex and life-threatening problems. The study also revealed that the general public assumed clinical psychologists to possess greater qualifications, skills, and experience than counselling psychologists. These perceived differences were echoed by respondents in this study who expressed concerns about a "clinical bias," which was viewed as both a contributor to and consequence of the two-tier model. Respondents also believed that there is a distinct lack of recognition of the skills and competencies of counselling psychologists, in part caused by the considerable degree of overlap between the work of clinical and counselling psychologists. This finding is similar to that reported in a study of counselling psychologists in eight countries, where there was a struggle to differentiate themselves from clinical psychologists (Hutman, Lichtenberg, Goodyear, Overland, & Tracey, 2016). These researchers noted that in several countries, clinical psychologists held a more privileged status despite the significant overlap in their skills and competencies.

Prior to the introduction of *Better Access*, clinical psychologists tended to work in public health settings (Smith & Lancaster, 2000), while counselling psychologists worked predominantly in the community and private practice (Schoen, 1989). Once universally accessible Medicare rebates for individual and group therapy sessions became available, there has been a notable increase in the number of psychologists, including clinical psychologists, shifting to private practice (Stokes, Matthews, Grenyer, & Crea, 2010), creating considerable overlap in the role and function of clinical and counselling psychologists. Participants described this shift as a significant contributor to the "in-fight," with both professions fighting to retain their place in mental health support. Di Mattia and Grant (2016) discussed difficulties with the definition of counselling psychology and the overlap with clinical psychology, proposing that these difficulties have been exacerbated by extremely vocal and effective clinical psychology advocacy claiming singular and unique expertise in working with mental health disorders. Evidently, counselling psychology has lacked the numbers, power, and advocacy to firmly establish its place in the Australian mental health arena and develop a unique professional identity which compliments, but is not displaced by, clinical psychology.

Further contributing to a blurred professional identity, respondents reported being let down by the APS which, although paid to support counselling psychologists, has failed to successfully challenge the current placement of the profession in mental health support. Littlefield and Giese (2008) acknowledged this criticism and described accusations of elitism and injustice. Certainly, this is the feedback from respondents in this study who viewed the APS and the PsyBA as the "power elite," failing to recognise the equivalent training and qualifications of counselling psychologists as compared to clinical psychologists. It seems that in 2018, counselling psychologists are no further forward than they were in 2008. Littlefield and Giese (2008) conceded the negative impact *Better Access* has had on the APS and the profession, acknowledging the "attractiveness" of clinical psychology over other AoPE due to the higher rebate.

Since the introduction of *Better Access* in 2006, many psychologists and academics (Di Mattia & Grant, 2016; Meteyard & O'Hara, 2015) have shared fears about the decline of the profession, a concern raised by nearly all respondents. This decline is seen not only in academic programs, of which now only one with an intake remains, but also in the diversity of the profession more broadly. The sheer number of clinical psychologists and clinical training programs supersede all other AoPE and result in the status quo being very difficult to challenge. Respondents described counselling psychologists as a "dying breed" and shared concerns for the sustainability of the profession into the future with so few new graduates emerging. However, encouragingly, the respondents expressed an expectation and hope that the profession may recover if the two-tier model is changed to allow counselling psychologists to provide tier-one psychological therapy, permitting the reopening of postgraduate training programs and a renewed interest in joining the profession.

4.1 | Recommendations

Based on the core challenges identified by counselling psychologists that are both impeding their work with clients and threatening the existence of the profession, a number of recommendations are made. First, there is a need for greater advocacy for counselling psychologists by the psychology profession. Professional bodies such as the APS and PsyBA have a responsibility to recognise the differences and similarities between psychology professions in terms of their training, philosophies, and practices, and ensure Government funding is allocated to support the best fit, rather than most convenient fit, between consumer and psychologist. The PsyBA has a responsibility to act on the feedback received in the 2016 consultation about the definition and competencies of counselling psychologists. The consultation closed over 2 years ago, yet the PsyBA continue to leave the profession with an outdated and inaccurate definition. Counselling psychologists also have a responsibility to increase public and professional awareness of the profession, highlighting how the unique services they provide fill a gap in mental health support. The key message in this recommendation is that the responsibility for promoting counselling psychology needs to be taken by all key players in the profession (the APS, PsyBA, the College of Counselling Psychologists, academic programs, and all counselling psychologists in Australia).

Second, given the breadth of evidence supporting the therapeutic alliance and client factors as the primary agents of change in therapy (Duncan, Miller, Wampold, & Hubble, 2010; Norcross & Wampold, 2011), there is a need to de-emphasise a specified set of interventions delivered by one type of psychologist and re-emphasise the approach of what therapy works best, for whom, and under what circumstances. Third, it is recommended that Australia review and build on international models of psychology and mental health which have been successful in establishing a unique presence and identity for each branch of psychology, while still respecting the overlap inherent between them. This recommendation relates to the current Medicare model, which is arguably not working for the consumer given Australian mental health and suicide rates are continuing to worsen since the introduction of *Better Access* (Jorm, 2018).The Medicare model is also damaging the profession and the public image of psychology as it has created significant tensions and caused a rift between psychologists.

Finally, given the overlap between counselling and clinical psychology, as evidenced by the training, skills, and competencies (APAC, 2018) and the evidence of the

psychological problems and complex mental health disorders that counselling psychologists work with (Di Mattia & Davis-McCabe, 2017), future directions may need to consider whether the two fields could be joined, while each maintains their unique philosophies.

4.2 | Limitations and future directions

Although this study offered valuable insight into the unique challenges facing counselling psychologists in Australia, it is worth noting that a small proportion ($n = 25$) of the sample were current students of counselling psychology whose limited experience in the field may impair their capacity to accurately comment on specific challenges. However, a particular strength of the study was that 208 respondents had worked for more than 16 years in the field, and could therefore comment on the role of counselling psychologists and changes to the profession both before and after the introduction of *Better Access* in 2006. Additionally, the majority (75.68%) of the sample were women, not dissimilar to previous research by Goodyear et al. (2016) and largely reflective of the proportion (79.7%) of female psychologists in Australia more broadly (PsyBA, 2018). Future research should seek to be forward facing, to focus on how counselling psychology moves forward as a profession. The profession needs to re-establish its relevance in the current Medicare climate, rather than looking backwards at the splits within the profession. To achieve this, counselling psychologists will need to promote their identity from within and outside the profession, and unite in a way that has been absent since the introduction of the *Better Access* model. In 2019, the Department of Heath are reviewing all Medicare items in Australia, it seems appropriate that the concerns raised in this research should be provided to the reviewing committee.

5 | CONCLUSION

This study sought to establish what Australian counselling psychologists perceive to be the greatest challenges currently facing the profession. The introduction of the *Better Access* initiative in 2006 was seen as the most significant challenge facing counselling psychology in Australia. The two-tier model introduced an unequal rebate to clients of clinical and counselling psychologists. Respondents cited this as the root of all other challenges facing the profession. As a consequence of the two-tier model, the professional identity of counselling psychologists was seen as diminishing, to the point of health professionals and the general public not knowing the difference between generalist and counselling psychologists. Respondents reported that clients were funnelled into clinical psychology services due to a "clinical bias" rooted in the two-tier system and the attractiveness of a higher rebate. It was clear that the two-tier has divided the psychology profession in Australia, and ultimately led to reduced numbers of students studying counselling psychology. Despite the challenges, respondents highly valued their training, competencies and ability to provide evidenced based psychological therapy to clients. They identified that they worked with the same complexity of psychological problems and mental health disorders as clinical psychologists, albeit formulating and providing treatment through a slightly different lens. Respondents saw their practice as occurring within a strengths-based mode; yet, remaining firmly embedded in evidence-based practice. Despite the challenges, it was believed that if the two-tier model was challenged, and counselling psychologists were able to offer tier-one psychological therapy, then university programs would re-open and counselling psychology would flourish once again.

ORCID

Catriona Davis-McCabe https://orcid.org/0000-0003-4847-3395

Michael Di Mattia https://orcid.org/0000-0002-8014-8800

REFERENCES

Australian Psychological Society. (2012). *Psychology 2020: The 2011–2012 presidential initiative on the future of psychological science in Australia*. Melbourne, Australia: Australian Psychological Society.

Australian Psychological Society. (2018). *Competencies for counselling psychologists*. Retrieved from https://groups.psychology.org.au/ccoun/about_us/#competencies

Australian Psychology Accreditation Council. (2017). *Accreditation standards for psychology programs*. Retrieved from https://www.psychologycouncil.org.au/Assets/Files/APAC_Accreditation%20Standards_20170908_Final.pdf

Australian Psychology Accreditation Council. (2018). *Accreditation standards for psychology programs*. Retrieved from https://www.psychologycouncil.org.au/sites/default/files/public/APAC_Accreditation_Standards_2018_Jan_Version_for_Online_Publishing_Single.pdf

Bedi, R. P., Christian, K. D., & Sinacore, A. L. (2018). A survey of the characteristics and professional practices of members in the Canadian Psychological Association's section on counselling psychology. *Counselling Psychology Quarterly.*, 1–19. https://doi.org/10.1080/09515070.2018.1538935

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

Brown, J., & Corne, L. (2004). Counselling psychology in Australia. *Counseling Psychology Quarterly*, *17*(3), 287–299. https://doi.org/10.1080/09515070412331317567

Cooper, M., Messow, C. M., McConnachie, A., Freire, E., Elliott, R., Heard, D., … Morrison, J. (2017). Patient preference as a predictor of outcomes in a pilot trial of person-centred counselling versus low-intensity cognitive behavioural therapy for persistent sub-threshold and mild depression. *Counselling Psychology Quarterly*, *31*(4), 460–476. https://doi.org/10.1080/09515070.2017.1329708

Di Mattia, M., & Davis-McCabe, C. (2017). A profile of Australian counselling psychologists. *InPsych*, *39*(2), 38–39.

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

du Preez, E., Feather, J., & Farrell, B. (2016). Counselling psychology in New Zealand. *Counselling Psychology Quarterly*, *29*(2), 163–170. https://doi.org/10.1080/09515070.2015.1128397

Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.

Giese, J., Lindner, H., Forsyth, C., & Lovelock, H. (2008). Survey of clients receiving Medicare-funded psychological services under the Better Access initiative. *InPsych*, *30*(5), 32–33.

Goodyear, R. K., Lichtenberg, J., Hutman, H., Overland, E., Robinder, B., Christiani, L., … Young, C. (2016). A global portrait of counselling psychologists' characteristics, perspectives, and professional behaviors. *Counselling Psychology Quarterly*, *29*(2), 115–138. https://doi.org/10.1080/095155070.2015.1128396

Grant, J., Mullings, B., & Denham, G. (2008). Counselling psychology in Australia: Past, present and future – Part one. *The Australian Journal of Counselling Psychology*, *9*(2), 3–14.

Hutman, H., Lichtenberg, J. W., Goodyear, R. K., Overland, E. A., & Tracey, T. J. G. (2016). Counselling psychology's genotypic and phenotypic features across national boundaries. *Counselling Psychology Quarterly*, *29*(2), 225–233. https://doi.org/10.1080/09515070.2015.1128400

Jones Nielsen, J. D., & Nicholas, H. (2016). Counselling psychology in the United Kingdom. *Counselling Psychology Quarterly*, *29*(2), 206–215. https://doi.org/10.1080/09515070.2015.1127210

Jorm, A. F. (2011). Australia's better access initiative: Do the evaluation data support the critics? *Australian and New Zealand Journal of Psychiatry*, *45*, 700–704. https://doi.org/10.3109/00048674.2011.604302

Jorm, A. F. (2018). Australia's 'Better Access' scheme: Has it had an impact on population mental health? *Australian and New Zealand Journal of Psychiatry*, *52*, 1–6. https://doi.org/10.1177/0004867418804066

King, R. J. (2013). Psychological services under Medicare: Broken but not beyond repair. *Psychotherapy in Australia*, *19*(2), 38–42.

Lichtenberg, J. W., Goodyear, R. K., Hutman, H., & Overland, E. A. (2016). Counselling psychology in the United States. *Counselling Psychology Quarterly*, *29*(2), 216–224. https://doi.org/10.1080/09515070.2015.1127207

Littlefield, L. (2017). Ten years of Better Access. *InPsych*, *39*(1), 7–10.

Littlefield, L., & Giese, J. (2008). The genesis, implementation and impact of the Better Access mental health initiative introducing Medicare-funded psychological services. *Clinical Psychologist*, *12*(2), 42–49. https://doi.org/10.1080/13284200802192084

McKeddie, J. (2013). Profiling a profession: A Victorian survey assessing lay attitudes toward and knowledge of counselling psychologists. *Australian Psychologist*, *48*, 128–138. https://doi.org/10.1111/j.1742-9544.2011.0046.x

Meteyard, J., & O'Hara, D. (2015). Counselling psychology: A view from Australia. *Counselling Psychology Review*, *30*(2), 20–31.

Montgomery, I., & Voudouris, N. (2008). A commentary on the context for training issues for the profession of psychology in Australia and beyond. *Australian Psychologist*, *43*(4), 217–218. https://doi.org/10.1080/00050060802471352

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy: Theory, Research, Practice, Training*, *48*(1), 98–102. https://doi.org/10.1037/a0022161

Pelling, N. (2007). Advertised Australian counselling psychologists: A descriptive survey of their practice details and self-perceived competence in six counselling psychology practice areas. *Counselling Psychology Quarterly*, *20*(3), 213–227. https://doi.org/10.1080/09515070701475784

Penney, J. F. (1981). The development of counselling psychology in Australia. *Australian Psychologist*, *16*(1), 20–29. https://doi.org/10.1080/00050068108254412

Pirkis, J., Harris, M., Hall, W., & Ftanou, M. (2011). *Evaluation of the Better Access to psychiatrists, psychologists and general practitioners through the Medicare benefits schedule initiative: Summative evaluation. Final report*. Melbourne, Australia: University of Melbourne.

Psychology Board of Australia. (2016). *Public consultation paper 26: Review of area of practice endorsements*. Retrieved from http://www.psychologyboard.gov.au/News/Past-Consultations.aspx

Psychology Board of Australia. (2018). *Registrant data 1 January 2018–31 March 2018*. Retrieved from http://www.psychologyboard.gov.au/About/Statistics.aspx

Rose, D. E. (1971). *The professional training of counselling psychologists (report of Standing Committee on Training)*. Melbourne, Australia: Australian Psychological Society.

Schoen, L. (1989). In search of a professional identity: Counselling psychology in Australia. *The Counseling Psychologist*, *17*(2), 332–343. https://doi.org/10.1177/0011000089172011

Smith, D., & Lancaster, S. (2000). The practice of clinical psychology in Victoria, part 1: Where they work and what they do. *Clinical Psychologist*, *5*, 27–32. https://doi.org/10.1080/13284200010851075

Stokes, D., Matthews, R., Grenyer, B. F. S., & Crea, K. (2010). The Australian psychology workforce 3: A national profile of psychologists in salaried employment or in independent practice. *Australian Psychologist*, *45*(3), 178–188. https://doi.org/10.1080/00050061003777126

Wampold, B. E. (2010). The research evidence for the common factors models: A historically situated perspective. In B. L. Duncan, S. D. Miller, B. E. Wambold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 49–81). Washington, DC: American Psychological Association.

Williams, C. (1977). Counselling psychology in public service. In M. Nixon & R. Taft (Eds.), *Psychology in Australia* (pp. 229–242). Sydney, Australia: Pergamon Press.

Willig, C. (1999). Beyond appearances: A critical realist approach to social constructionism. In D. J. Nightingale & J. Cromby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 37–51). Philadelphia, PA: Open University Press.

Wills. (1980). An examination of the relationship between counselling and counselling psychology. *Australian Psychologist*, *15*, 73–84. https://doi.org/10.1080/00050068008254372

Young, C., Bantjes, J., & Kagee, A. (2016). Professional boundaries and the identity of counselling psychology in South Africa. *South Africa Journal of Psychology*, *46*, 3–8. https://doi.org/10.1177/0081246315603620

How to cite this article: Davis-McCabe C, Di Mattia M, Logan E. Challenges facing Australian counselling psychologists: A qualitative analysis. *Aust Psychol*. 2019;1–13. https://doi.org/10.1111/ap.12393