

## Where Have They Gone? What Are They Doing?

*The Profiles and Destinations of Counselling Graduates, 1997–2002*

Sue Cornforth and Sue Sewell

### **Abstract**

This paper presents the findings of a survey designed to examine the employment outcomes, perceptions of training and future career/life plans of counsellors who graduated between 1997 and 2002 from a range of counselling programmes in an Aotearoa/New Zealand polytechnic. Their responses describe an enterprising population of new counsellors who find and create employment as well as demonstrating an ongoing commitment to further education. In line with overseas trends, many counsellors appear to be employed in health contexts and in private practice. The survey, however, raises many questions for further investigation.

### **Introduction**

Counselling programmes at the Central Institute of Technology (now Wellington Institute of Technology) were developed in the 1990s in response to a perceived need for academic and professional training for people who were already working as counsellors without a recognised qualification. While initially only certificate and diploma level programmes were offered, a Bachelor of Counselling was approved by the New Zealand Qualifications Authority (NZQA) in 1997.

Since their inception, an increasingly market-driven educational environment (Codd, 1994; Lauder, 1990) has required increased levels of accountability and quality assurance from programme providers (TEAC, 2001). In addition, there has been a growing demand for professional accountability from a rapidly expanding professional body (New Zealand Association of Counsellors) (Miller, 1991).

As part of the ensuing internal and external programme reviews, it seemed timely to survey our graduates in order to:

- i. gather information about their occupational destinations, their post-training professional development, and the usefulness of their training in relation to these;
- ii. ascertain the validity of anecdotal reports from supervisors, agencies and professional colleagues that the market for counsellors was flooded;

- iii. find out if current graduates were entering the programme with less practical counselling experience than earlier cohorts.

### **Previous findings**

An initial search of the literature yielded few relevant studies. The few we did locate were American and British in origin. We were unable to find any published material with an Aotearoa/New Zealand focus. While other tertiary institutions and Private Training Enterprises (PTEs) may have undertaken their own graduate surveys, they have not been made widely available.

In the US, Zimpfer and DeTrude (1990) carried out a nationwide survey of 270 students who graduated in 1984–85 from 105 doctoral counselling programmes in the United States, to gather information on their employment history, current employment and future career plans. Data from a 1970 survey of doctorate graduates in counselling (Zerface & Birch, 1974), which focused on job search strategies, appropriateness of work found and job satisfaction, was used as a basis of comparison. Zimpfer and DeTrude (1990) noted that the graduates in their study were slightly older than those surveyed 15 years earlier, with the mean age increasing from 34.9 to 36.7 years. They were entering training with an average of 6.7 years' work experience, largely in the human services field. Seventy-four percent had an average of 3.8 years' experience as a counsellor prior to training. A marked shift in the gender balance of the participants was also found. In the 1970 sample, 77% were male and 23% female; in the 1984 sample, 43% were male and 57% female. Ninety-two percent of those who responded to a question on ethnicity identified as Caucasian (Zimpfer & DeTrude, 1990).

A key finding was an increased trend in graduates' involvement in, and intent to move into, private practice. Zimpfer and DeTrude (1990) reported that 11% of their 1984–85 respondents were employed fulltime in private practice compared with less than 2% in Zerface and Birch's (1974) 1970 sample. They also noted that while only 7% of the respondents in Zerface and Birch's 1974 study (as cited in Zimpfer & DeTrude, 1990) expressed a desire to be self-employed, almost 50% of graduates in their 1984–85 sample were hoping to achieve this.

Although colleges and universities remained the most common work setting, there was a decline of two-thirds in the number who were primarily employed there (down from 65% to 22%). The numbers providing counselling within the K-12 school system remained constant at approximately 10%. In contrast, there was an almost three-fold increase in the number of graduates who were working in the health field (from 4.7% to 11.5%) and a two-fold increase in those working in community mental health systems (Zimpfer & DeTrude, 1990).

Increased employment opportunities for counselling graduates were reported (Zimpfer & DeTrude, 1990). All but six of those actively seeking work in their 1984–85 sample had found satisfactory employment within 18 months of graduating, whereas in the 1970 study many experienced greater difficulty in finding relevant employment.

However, it is noted that a doctoral degree did not guarantee a large entry-level salary (Zimpfer & DeTrude, 1990). Although the mean annual income had increased from US\$14,196 in 1970 to US\$25,824 in 1985,<sup>1</sup> adjustments for the cost of living index (CPI) showed that income had actually decreased in terms of its purchasing power. Females earned less than males.

A five-year follow-up study of 226 of the original 270 participants in the Zimpfer and DeTrude (1990) study was conducted in 1990–91 by Zimpfer (1996). He found that the number of respondents working in almost all of the fulltime work settings identified in the earlier study had declined, with the biggest drop being in community mental health services. Zimpfer estimated that almost all of the decline in each category could be accounted for by the increase in the number of respondents who were working in private practice. The proportion of respondents working in this context had risen from 14% to 30%, making private practice the most common fulltime work setting. A further 65% indicated a desire to be self-employed within the next five years, lending further support to Zimpfer and DeTrude's (1990, p. 51) comment that "Private practice has emerged as a significant employment setting and is projected to increase even more."

Again in the US, Myers and Blake (1984) surveyed graduates from 25 counsellor education departments offering gerontological specialisations. Like Zimpfer and DeTrude (1990), they found high rates of employment among their respondents following course completion; 94% were employed in some form of counselling, and all but 5% of this group had found employment within two years of graduating. They also noted that 35% of those in employment had already been employed as students while enrolled on the training programme.

Crisler and Fowler (1981) found a high percentage of US rehabilitation counselling graduates obtained employment within their specialist field, but in private rather than state-funded agencies. The primary reasons for making a move to the private sector were better salaries and better advancement opportunities.

Randolph (1990) searched for trends in employment settings, career prospects and hiring patterns of US doctoral counselling and psychology graduates. He concluded that those who described themselves as "counsellor education" graduates seemed to be underemployed, and suggested the descriptor "clinical" would have more market appeal.

Berg and Landreth (1980, p. 179), in their follow-up of undergraduate guidance majors in the US, noted that 93% of respondents were “mostly, or very satisfied with their training programme”, even though graduates were often working in a variety of non-educational settings. Respondents placed particular emphasis on the usefulness of involvement in an experiential counselling group, 90% judging it “just as important, or more important, than other programme experiences” (p. 179). They noted a gender-biased trend towards further education, with twice as many males as females having completed a Master’s degree. Although graduates were in general satisfied with the conditions of their initial helping-related employment, 35.4% were dissatisfied with their pay even though “annual salary data were similar to expected salary ranges for entry-level positions” (p. 179).

In the United Kingdom, Coldridge and Mickelborough (2003) analysed the demographic profiles of students entering four British Association for Counselling and Psychotherapy (BACP)-recognised diploma-level training programmes. They found that in the Higher Education (university-based) programmes, 90% of the students were female and 95% identified as “white”. In the Further Education Programme (community-based education at pre-university level), 67% were female and 87% identified as “white”. Data on income showed that 54% of the Higher Education students had household incomes less than 20,000 pounds sterling (national average earnings were £21,842 at the time of the study) compared with 84% of Further Education students.

On entry to counselling training, 20% of the students were support workers (paid and unpaid) in a range of health and social service contexts; 23% were in human services professions (teaching, nursing, social work); 8% were already working as counsellors; 12% identified as housewives; 12% were in voluntary roles; 22% came from a diverse range of other unrelated occupations, and 3% had occupations that were unknown (Coldridge & Mickelborough, 2003). Overall, students were predominantly white and female, with a significant number coming from households with less than the average income. We found no data comparable to the earlier US studies.

It would appear that even from a very limited amount of research, the evidence suggests a view of counselling graduates in the US who found employment easily and achieved a moderate income in an expanding market. Whether they found their services recognised and valued to the same extent as other health professionals appears debatable. Among the graduates in the Zimpfer and DeTrude (1990) and the Zimpfer (1996) studies, private practice emerged as a preferred work setting.

While the samples were not graduates, it is of interest to note that this move into private practice has also been reported in other recent studies. A New Zealand survey of private practitioners found that the number of NZAC-registered counsellors

involved in private practice increased from 18% to 28% between 1993 and 1996 (Paton, 1999), while Manthei et al. (1994) noted that over 50% of the NZAC membership was involved to some degree in private practice. A similar shift into private practice has also been found in the UK (Mellor-Clark, 2000).

## Method

In the current study, all graduates at bachelor, diploma and certificate level of training between 1997 and 2002 were sent a short questionnaire which consisted of a four-page mix of closed and open-ended questions. These were designed to gather a range of information regarding demographic details, employment history, current employment details, future career plans and professional development activities. We were also interested in the time taken to find employment after training, and graduates' perceptions of the usefulness of programme content.

Two hundred questionnaires were sent out and 79 responses received. All but one respondent gave permission for their information to be used for research processes. This gives us a response rate of 39%. No follow-up mail-outs were sent.

## Results

### Demographic data

Of the 79 respondents, 56 (71%) identified as female and 23 (29%) as male. The majority (86%) were aged between 30 and 49 years. Five respondents (6%) chose to identify as Maori, two (3%) as Pacific Islander and 58 (73%) as European/Pakeha New Zealanders. Of the remainder, two (3%) identified as Caucasian and four (5%) as coming from ethnic groups from the northern hemisphere. Five (6%) chose a national rather than an ethnic identity (New Zealander) and three (4%) chose not to respond.

Graduates identified their course of study as listed in Table 1.

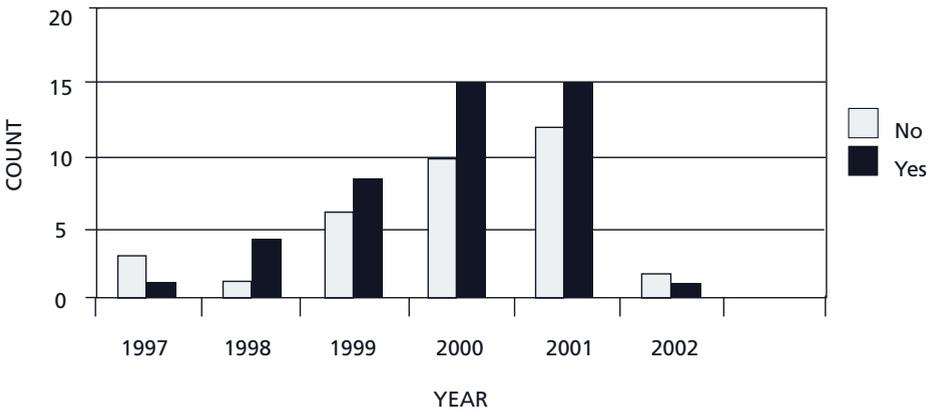
**Table 1: Qualifications gained, by number and percentage of students**

Qualification	No. of students	%
Bachelor of Counselling	29	37
Diploma of Counselling	30	38
Diploma in Career Counselling	14	18
Diploma of Child and Adolescent Counselling	6	7
<b>Total</b>	<b>79</b>	<b>100</b>

### Employment prior to entry

A slight majority of those who graduated from the training programme prior to 2001 appear to have been already employed in the counselling field at entry. Forty respondents (52%) were employed in the counselling field before commencing study and 38 (48%) were not. One person did not respond. However, for 2001 and 2002 the proportion of students already employed in a counselling or related field declined slightly. The low number of respondents from these years means that any conclusions about whether this is a trend must be tentative (see Figure 1).

**Figure 1: Number of students employed as a counsellor prior to training, by year**



Comments from 32 of the 40 students who were already employed in the counselling field when they entered our programmes clarified their positions. Just over half of the 32 (56%) identified their position as a “counsellor”. The rest used a variety of terms to describe their positions (see Table 2).

**Table 2: Counselling and counselling-related occupations prior to entry, by number of students**

Occupation	No. of students
Counsellor	18
Management	5
Facilitator/advisor (careers)	2
Support worker	2
Traineeship	1
Nurse	1
Special Education Services (SES)	1
Social worker	1
Self-employed	1
<b>Total</b>	<b>32</b>

The 18 already engaged in counselling were practising across a range of settings (see Table 3) with the most common being private practice.

**Table 3: Counselling work settings prior to training, by number of students**

Setting	No. of students
Private practice	4
School	2
Family centre	2
Health-based service	2
Alcohol and drug agency	1
Church agency	1
Employer-assisted programme	1
Non-government organisation (NGO)	1
Rape Crisis	1
Therapeutic community	1
Other counselling settings	2
<b>Total</b>	<b>18</b>

### Current employment status

Sixty-four (81%) of the 79 respondents said they were currently employed as a counsellor. Two (3%) chose not to respond. For 29 respondents (36%) this was their first counselling position since graduating. All were in employment as a counsellor within a

year of graduating, with only three taking longer than six months to find employment in a counselling position. It appears that the majority of employed students found employment before, during, or immediately on completion of the course.

When asked to state their current position and place of work, 70 respondents identified 66 counselling positions and 17 counselling-related positions, including five in careers (see Table 4). Some held more than one position. Twenty-one respondents identified private practice as part or all of their practice; five of these private practitioners were based in medical centres. One respondent was retired and one was working in a different field.

**Table 4: Current employment position, by number of respondents**

---

Position	No.
Counsellor (general)	26
Counsellor (Maori Service)	7
Counsellor (health)	5
Counsellor (voluntary)	1
Counsellor (careers)	5
Private practitioner	21
Education (counsellor/management)	8
Education (teaching)	1
Counselling management (excluding education/health)	3
Welfare/support worker	2
Youth worker	2
<b>Other</b>	<b>2</b>
<b>Total</b>	<b>83</b>

---

While the respondents were not specific about the services they provided, they were clearer about the orientation of their employing body. Of the 66 who responded to this question, 26 (40%) worked in a context where health was the primary service provided by their employing body, eight (12%) worked where counselling was the primary service, eight (12%) where education was the primary service, and seven (11%) each where vocational services and social work were the primary service. The remainder worked for organisations that delivered a range of other services (see Table 5).

**Table 5: Primary service provided by current place of employment, by number of respondents**

Primary service	No.
Health	26
Counselling	8
Education	8
Social work	7
Vocational	7
Family services	3
Alcohol and drug	2
Pastoral	1
Defence	1
Violence prevention	1
Youth	1
Other	1
<b>Total</b>	<b>66</b>

## Income

Forty-seven (66%) were earning more than the New Zealand national median income of \$18,500 in 2001 (Statistics NZ, 2001); 24 (34%) were earning less than \$20,000; five (7%) were earning between \$20,000 and \$29,999; eight (11%) were earning \$30,000–39,999; 24 (34%) were earning \$40,000–49,999, and ten (14%) were earning more than \$50,000. Fifty-nine percent were earning above \$30,000 p.a.

There was a marked gender difference in income levels (see Figure 2). Sixty-four percent of the male respondents were earning over \$40,000 p.a. in comparison with only 36% of the female respondents. At the other end of the scale, 23% of males earned less than \$20,000 p.a., as compared to 41% of the female respondents. Seven female respondents and one male respondent declined to answer.

Figure 2. Percentage distribution of income, by gender



### Relevance and perceived quality of the training programme

Seventy-two out of 74 people viewed the counselling skills gained in the counselling programmes as relevant to their current work. Graduates found the core “majors” of the programme which dealt specifically with counselling practice most useful. This was followed by support for the three counselling approaches that are taught on the programme: cognitive behavioural; systemic approaches to couples and family counselling, and existential. Overall, most modules in the programme were seen as useful.

Seventeen out of 33 responses to an open question asking for “any other comments” were strongly supportive of the programme structure and learning environment. Ten students made comments regarding the soundness of the programme, such as: “gave wealth of tools and resources”; “relevant and comprehensive”; “exceedingly beneficial core skills”; “really developed confidence”, and “helped develop competence”. A further seven students commented favourably on the learning environment and the quality of teaching/tutorial support.

Three people struggled with the financial commitment involved and had difficulty finding employment afterwards. Three students raised issues around assessment processes. One student would have liked improved cross-crediting between institutions, and one would have liked distance learning. Thirteen people identified areas in which they thought the course content needed development. These included requests for skills in specific areas such as practice management, in-depth training in particular modalities and supervision. Two mentioned the management of stress in relation

to course requirements. Four responses requested greater time allocation for group work and personal processing.

Two students would have liked more help in arranging practicum placements. Three students would have appreciated ongoing contact with the institution and fellow graduates. Two students expressed dissatisfaction with the quality of teaching on some modules, and a further student expressed concern that the feminist voice was “overpowering”.

### Professional development since graduating

Since graduating, 43 respondents (54%) had engaged in a range of further training and study: 36% of respondents identified 48 types of study and/or training (see Table 6).

**Table 6: Professional development since graduating**

Training course	No.
Postgraduate qualification	2
Undergraduate degree/papers	10
Training for specific client issue/context	
Child/adolescent	6
Alcohol and drug	4
Gambling	2
Grief	1
Mental health	1
Taha Maori	3
Trauma	1
Supervision	4
Training in a specific modality	
CBT	2
Gestalt	1
Interactive Drawing Therapy	2
Narrative Therapy	2
NLP	1
Psychodrama	1
Facilitation	1
Other short courses	4
<b>Total</b>	<b>48*</b>

\* Note: Some respondents gave more than one answer.

### Future plans for career development

Fourteen respondents planned postgraduate study and seven aimed at further undergraduate study. Thirty-four identified areas of development that ranged from ongoing training to changing direction in practice. Of the latter, six respondents hoped to move into private practice and four wanted training in supervision.

### Discussion

Perhaps the most surprising outcome of the survey was in relation to our initial concerns about the possibilities of a flooded market that was no longer able to accommodate the numbers of students being trained. The results from this limited sample of graduates did not substantiate these concerns. In line with the US research cited above, most were employed within two years of graduation. Only three respondents indicated difficulties in finding employment in a counselling-related field. Out of the 29 graduates who said their current employment was their first counselling-related position since graduating, only three took longer than six months to find this employment. Eight students indicated that what began as a practicum placement had become a paid counselling position by the time they graduated. Information on graduates from other courses would be useful for comparison.

### Employment contexts

Many of the respondents found employment in health contexts. Almost 40% of our respondents were working for organisations whose primary orientation is health. This included mental health providers, Maori mental health providers, community mental health teams, adolescent inpatient services, iwi health providers, district health boards, medical centres and youth health centres. Given the level of increasing accountability and professionalisation in the human services sector (Miller, 2003; Webb, 1998), a diploma/degree-level qualification may facilitate the employment of graduates in this field. However, further investigation into how well programmes equip graduates with the knowledge and competencies required for working within the health context is needed.

Research from both the US and the UK indicates a growing trend towards private practice. This survey also found evidence of this. Not only did 30% of respondents have a private practice component to their current portfolio (see Table 4), but 13% also identified private practice as a future goal for career development. Five of the 21 private practitioners were working within medical practices. A shift to the provision of counselling in a primary health service has also been noted in the UK, where Mellor-Clark (2000) found that between 1992 and 1998 the proportion of general

medical practices in England and Wales that provided access to an on-site counsellor grew from 31% to 51%.

There has been considerable discussion in the literature about how much experience a counsellor needs before they set up in private practice. McMahon (as cited in Paton, 1999) suggested two to three years' experience if there are defined boundaries around the client group and range of issues worked with. Syme (1994) recommended using British Association of Counsellors (BAC) accreditation as a minimum standard. She identified two avenues to accreditation that were approved by BAC: either completion of recognised training criteria, including 450 supervised practice hours over a minimum period of three years, or ten years' supervised experience working in the field.

The revised NZAC Code of Ethics (NZAC, 2002) gives no direction to graduates intending to move straight from training into private practice, apart from an injunction that "Counsellors shall work within the limits of their knowledge, training and experience" (5.9c, p. 29). Paton's (1999) New Zealand study of private practitioners was unable to identify how much experience counsellors had before entering private practice. As the first cohort of graduates in our sample exited in 1997, the highest number of years of post-training experience that they could carry forward into private practice would be five years. Further exploration of whether or not our graduates are adequately experienced and trained to work in this domain is needed. This has implications for programme design and review.

There are currently no restrictions in Aotearoa/New Zealand governing who is able to claim to be a counsellor and set up in private practice. The profession has only recently begun to debate the advantages and disadvantages of registration and the implications of the recent Health Practitioners Competence Assurance Act (2003). We were therefore interested to note that five of the respondents had been self-employed as private practitioners prior to entering the training programme.

### **Income**

The median income level for respondents was above the national median of \$18,500 in 2001 (Statistics New Zealand, 2001). A small majority were earning above \$30,000. Given that the questions on salary did not differentiate between full and part-time work, these results seem particularly significant. The median for females in our group was in the band \$30,000–39,000 p.a., and for males, in the band \$40,000–49,000. This compared with a national median for males of \$24,900 and \$14,500 for females. It would appear that graduate training had significantly benefited the employment prospects of trainees. While we were unable to find any New Zealand data relating specifically to counselling graduates, Paton (1999), in his New Zealand survey, found

that 64.5% of private practitioners earned under \$30,000. It is interesting to note that our graduates compared favourably with this figure in terms of income earned.

### Usefulness of programme

The positive response re the usefulness of the programmes suggests that graduates were satisfied with their career path. We do not want to be too optimistic about this result, since bias in responses may have had an effect here. For example, it may be possible that only graduates who had successfully found a position chose to answer the questionnaire.

While we did not address the balance of theory and practice directly, comments from students appeared to support the integrated nature of the programmes. At a time when there is increasing pressure to respond to the practical needs of industry and a neo-liberal marketplace, theory may hold a tenuous position in a polytechnic environment (Middleton, 1998). Not only had some graduates completed higher degrees since leaving our programme and while in employment, but their future professional development goals also indicated an ongoing commitment to education, with at least 24 out of 80 indicating an intention to pursue further academic study. A further 37 named areas of development that may or may not have required academic study.

Practicum management has been one of the most contentious and challenging aspects of programme design. Tutors continue to grapple with the many issues around managing practica, agency placements, and the interface of theory and practical learning. In response to perceived difficulties in accumulating sufficient client contact hours and associated ethical concerns, the diploma and bachelor programmes have gone through a series of reductions in requisite practice hours, eventuating in the removal of the requirement for client contact altogether in the first year. The first cohort who may have experienced practicum changes would have graduated in 2001. Given the amount of anxiety generated in finding an often elusive practicum placement and meeting course requirements for practice hours, we were somewhat surprised that students did not comment more critically about their practicum experiences. On the contrary, practica were given the highest rating in perceived usefulness of modules.

Emerging from the data is an overall perception of our graduates as flexible, entrepreneurial managers of a diverse range of activities. Individuals were frequently involved in a number of counselling positions at any one time and interested in a wide range of ongoing training and qualifications.

## Limitations of the study

One limitation of this study is the low response rate of 39%. It is difficult to know whether there are any significant differences between non-respondents and respondents. Given the somewhat surprising numbers of respondents who had found employment in what is often perceived as a shrinking market, were those who had successfully found employment more likely as a group to respond than those who had not? Due to a design flaw, we were unable to conduct any follow-up and have no way of knowing.

Furthermore, efforts to establish the representativeness of the respondents in relation to the total sample of graduates surveyed have been hindered by changes in data management practices following the merger of the institution in question with another polytechnic in the middle of the survey period. However, while we are unable to make comparisons on the basis of age or ethnicity, we do know that males are slightly over-represented in the data set, in that 29% of responses are from males while they comprise 25% of the total sample of graduates surveyed.

While we are unable to determine the number of graduates among non-respondents who identified as Maori, programme statistics show that Maori comprised 12.4% and 15.2% of total enrolments in counselling programmes in 2001 and 2002 respectively. This suggests that at 6%, Maori were also under-represented in our study.

## Concluding thoughts

This study leaves many unanswered questions. What was the experience of those who did not respond? How did the experience of male and female graduates differ? How does one access the Maori voice? Is it possible to speak for Maori? What differences are there in the experience of graduates from the degree- and diploma-level programmes? If, as this research indicates, students from more recent cohorts are less experienced on entry than those in earlier cohorts, and if health contexts and private practice are the most common destinations, to what extent do we need to adjust our programme content in order to meet these needs?

If counselling is being used in a variety of different contexts, inevitably comparisons will emerge around career structure and income levels. It may be time, as suggested by Feltham (2002), to engage in interdisciplinary dialogue and debate around defining the scope and expertise of counselling in relation to other human services. This might provide a clearer focus for the ongoing training and development to which our graduates are so clearly committed.

The current EFTS (Equivalent Full-time) driven, student-centred focus of tertiary education is at times at odds with the requirements of professional training guide-

lines. The NZAC Professional Codes and Guidelines for the selection of counsellors and entrants to training programmes states, "... selecting appropriate personnel for counselling work is crucial to the maintenance of an effective profession" (NZAC, 2002, p. 43). The pressure to continually increase student numbers may result in the selection of applicants who do not meet specified professional criteria. The management of these conflicting interests may be one of the most pressing challenges of the next decade.

Given the limitations of this study and the ethical requirements of the profession to monitor for whose benefit counsellors are being trained, we recommend further research in this area.

While we acknowledge the limited scope of this particular study, we believe this line of inquiry is worthy of further research. Students put a lot of time and money into acquiring a qualification in the hope of finding work. There is a lack of data regarding local conditions, and as Myers and Blake (1984, p. 335) note, "The employment experience of past graduates is certainly not an adequate basis for future planning, though better than nothing."

## References

- Berg, R. & Landreth, G. (1980). Undergraduate guidance majors: Where are they now? A five-year follow-up. *Counselor Education and Supervision*, 19: 177–81.
- Codd, J.A. (1994). Managerialism, market liberalism, and the move to self-managing schools in New Zealand. In J. Smyth (Ed.), *A socially critical view of the self managing school*. London: Falmer.
- Coldridge, L. & Mickelborough, P. (2003). Who's counting? Access to counsellor training: A demographic profile of trainees on four courses. *Counselling and Psychotherapy Research*, 3 (1): 72–75.
- Crisler, J. & Fowler, N. (1981). Employment outcome of graduates of a rehabilitation counselor training program: A comparison of graduate employment between 1965–1974 and 1975–1979. *Journal of Rehabilitation*, July/August/September, 28–35.
- Feltham, C. (Ed.) (2002). *What's the good of counselling and psychotherapy? The benefits explained*. London: Sage.
- Health Practitioners Competence Assurance Act 2003*. Public Act 2003, No. 48.
- Lauder, H. (1990). The new right revolution and education in New Zealand. In S. Middleton, J. Codd & A. Jones (Eds), *New Zealand education policy today: Critical perspectives*. Wellington: Allen & Unwin.

- Manthei, R., Rich, P., Agee, M., Monk, G., Miller, J., Bunce, J., Webb, S. & Hermansson, G. (UCEN Research Group) (1994). "Being in control": A survey of counsellors who have moved into private practice. *New Zealand Journal of Counselling*, 16 (2): 14–31.
- Mellor-Clark, J. (2000). *Counselling in primary health care in the context of the NHS quality agenda: The facts*. Rugby: British Association for Counselling and Psychotherapy.
- Middleton, S. (1998). *Disciplining sexuality: Foucault, life histories and education*. New York & London: Teacher's College Press, Columbia University.
- Miller, J. (2003). Marketing counselling in New Zealand: The images of practice. *New Zealand Journal of Counselling*, 24 (1): 66–83.
- Miller, J.H. (1991). Professionalisation in counselling: Are we in danger of losing our way? *New Zealand Journal of Counselling*, 16 (2): 285–96.
- Myers, J. & Blake, R. (1984). Employment of gerontological counseling graduates: A follow-up study. *Personnel and Guidance Journal*, February: 333–35.
- New Zealand Association of Counsellors, (2002). *Handbook*. Hamilton: Author.
- Paton, I. (1999). The nature and experience of private practice counselling in New Zealand. *New Zealand Journal of Counselling*, 20 (1): 1–24.
- Randolph, D. (1990). Changing the non-psychology doctorate in counselor education: A proposal. *Counselor Education and Supervision*, 30: 135–47.
- Statistics New Zealand/Te Tari Tatau (2001). *Census snapshot 3: Work, education and income*. Retrieved September 8, 2002 from: <http://www.stats.govt.nz/domino/external/pasfull/.pasfull.nsf/web/Media+Release+2000>.
- Syme, G. (1994). *Counselling in independent practice*. London: Open University Press.
- Tertiary Education Advisory Commission/Te Ako Pae Tawhiti (2001). *Shaping the funding framework: Summary report*. Wellington: Author.
- Webb, S. (1998). NZAC: Helping make a difference. *New Zealand Journal of Counselling*, 19 (2): 67–79.
- Zerface, J.P. & Birch, W.G. (1974). Counselling and guidance graduates: Follow-up. *Counselor Education and Supervision* 13: 232–38.
- Zimpfer, D. (1996). Five year follow-up of doctoral graduates in counseling. *Counselor Education and Supervision*, 35 (3): 218–30.
- Zimpfer, D. & DeTrude, J. (1990). Follow-up of doctoral graduates in counseling. *Journal of Counseling & Development*, 69: 51–56.

## Footnotes

1. Comparisons are based on the assumption that the 1970 income data included total income earned.