

Counselling and Counselling Psychology in New Zealand: *Similarities and Differences*

Robert Manthei, Peter Stanley and Kerry Gibson

Abstract

What is meant by the terms counselling and counselling psychology? How are they similar to and different from one another? How did each field grow and develop in New Zealand and what are the pressures and challenges facing each discipline? In this paper, the histories, definitions, and professional identities of each are described. Current legislation (the Health Practitioners Competence Assurance Act) is discussed, and its possible effects on the future prospects of the two fields are outlined.

Introduction

Given the rather different histories of *counselling* and *counselling psychology* in New Zealand and the passage of the Health Practitioners Competence Assurance Act (HPCA) 2003, it seemed timely to compare the two disciplines and to speculate about what the future might hold, both for the counselling profession as a whole and for potential clients of these services. This paper discusses these two variants of counselling in terms of how they are defined and differentiated, the professional identity of each as represented in legislation and their current professional associations, how each is represented in New Zealand's counselling/therapy literature and, finally, the future outlook for both disciplines.

Counselling

Although counselling in the form of guidance, vocational and educational guidance, and various psychological services has existed in New Zealand since the early 1900s, the New Zealand Counselling and Guidance Association was not formed until 1974 (Manthei, 1996). This event and the earlier 1966 Cabinet decision establishing guidance counselling in secondary schools (Hermansson, 1999) marked the beginnings of what has been the rapid and rather startling growth of the country's counselling profession. At present the New Zealand Association of Counsellors (NZAC)¹ is the country's

largest and most active group of mental health service providers who identify as counsellors, with a membership of 2441 (NZAC Annual Report, 2002–2003). The Association has its own specialist journal (the *New Zealand Journal of Counselling*) and is served by over 40 training courses in public and private educational institutions offering qualifications from basic certificate level to Masters degrees.

Counselling psychology

By comparison, counselling psychology as a stand-alone professional entity in New Zealand has had a relatively brief history, one that has been characterised by a struggle to establish a clear identity and muster widespread support both within the psychology/mental health profession and with the public. Beginning with the formation of a Division of Counselling Psychology within the New Zealand Psychological Society (NZPsS) in 1985, counselling psychology has at times found it difficult to maintain a presence within NZPsS as it has had to compete with other disciplines in psychology: clinical, educational, community and industrial. However, there are recent signs of renewed vigour and commitment to developing this specialised area of psychology. This impetus stems from at least three sources: (i) the enthusiasm of a few psychologists who see themselves as *counselling psychologists*, not clinical psychologists; (ii) the establishment of the Institute of Counselling Psychology within NZPsS in 2003, and (iii) the replacement of the Psychologists Act 1981 with the Health Practitioners Competence Assurance Act 2003. The HPCA is an overarching act that provides for the regulation of all the health professions in New Zealand, and in response to this legislation psychologists – including counselling psychologists – have engaged in efforts to define and demarcate their practice. Unlike NZAC counsellors, however, counselling psychologists do not have a specialist journal of their own, nor is there a single counselling psychology training programme in existence. The latter gap may soon be filled by Auckland University of Technology's proposed postgraduate programme in counselling psychology.

Defining counselling and counselling psychology

Establishing definitions of each might seem a rather straightforward task. However, it is actually difficult to differentiate in meaningful ways counselling from therapy, psychotherapy, clinical psychology, and counselling psychology, primarily because the theories, techniques used, and actual field-based practices of each discipline can overlap considerably. Although a discipline's identifying tag may seem self-explanatory, the use of common terms, techniques, therapeutic rituals and theories of change to describe the various disciplines can render these “tags” less than distinct. Looked at

another way, the terms used to identify the different specialities sometimes describe the context in which a counsellor works (e.g., school counselling, community counselling) or the main concern they address in their work (e.g., vocational counselling, marital and family counselling, addictions counselling). In a sense all of these terms can be thought of as forms of the overarching field that Fong (1990) called mental health counselling. Nevertheless, we have attempted to distinguish the two fields below using currently accepted views of their philosophies, contexts, practices, and training requirements.

Counselling

Historically, counselling in North America (as well as here in New Zealand) grew out of the career guidance/vocational guidance movement that attempted to fit people into appropriate job placements (Baruth & Robinson, 1987; Manthei, 1996; Neukrug, 1999). Influences from the mental hygiene, testing and progressive education movements also provided key elements and perspectives along the way. While psychology played a part, its influence was not nearly as direct as it was on counselling psychology as a speciality. Traditionally, counselling as a professional activity is thought of as being “a collaborative process of sharing your thoughts, feelings and experiences with someone who is trained to be understanding, insightful, analytical, reflective and skilled at ‘drawing you out’ as they listen to you” (Manthei & Miller, 2000, p. 13). Certain features are thought to be present in counselling: it is voluntary; it is a “working alliance” aimed at achieving identified goals (Egan, 1998); it provides hope, healing and comfort (Peavy, 1996) and does so in a more or less confidential context; it is not compromised by any other relationships that might exist between client and counsellor (Sheppard, 1994).

The American Counseling Association’s website (<http://www.aca.org>) provides this definition and description of counselling:

Professional counseling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology. Professional counselors work with individuals, families, groups and organizations. Counseling is a collaborative effort between the counselor and client. Professional counselors help clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health. Through counseling you examine the behaviors, thoughts

and feelings that are causing difficulties in your life. You learn effective ways to deal with your problems by building upon personal strengths. A professional counselor will encourage your personal growth and development in ways that foster your interest and welfare.

Further, it has this to say about specialities within the generic area encompassed by the term counselling:

A professional Counseling Specialty is narrowly focused, requiring advanced knowledge in the field founded on the premise that all Professional Counselors must first meet the requirements for the general practice of professional counseling. (Adopted by ACA Governing Council, Oct. 17–19, 1997)

Neither of these definitions/descriptions is specific enough to clearly distinguish counselling from other forms of mental health counselling, but the following hallmarks exist: a developmental and educative focus rather than a rehabilitative orientation; a collaborative relationship between client and counsellor rather than an expert-managed one, and a client-defined and -driven process that downplays the importance of formal diagnosis, à la the DSM-IV. The discussion of counselling psychology that follows further distinguishes philosophical and practical differences that help to define the two.

Counselling psychology

Division 17 (Counseling Psychology) of the American Psychological Association suggests that in their work counselling psychologists emphasise the following: a focus on the psychological development of the normal person, not just those exhibiting psychological disturbance; enhancement of client well-being and self-actualisation; and the prevention, rather than remediation, of problems (<http://www.div17.org>).

The New Zealand Psychological Society's Division of Counselling Psychology has twice published definitions/descriptions of what constitutes counselling psychology. In their 1993 Annual Report it was stated that:

Counselling Psychology is a specialty within the area of applied Psychology. It uses concepts, tools, and techniques which may be found in other areas of Psychology such as Clinical or Community Psychology, or in other professional disciplines such as Counselling or Psychotherapy.

In practice and research, counselling psychologists take an integrative approach to three areas of human functioning:

1. The person's inner life (i.e., cognition and emotion)

2. *The person's social functioning (with other people and the immediate environment)*
3. *The impact of structural (socio-political, cultural and political) factors on the person's well being.*

Counselling psychologists can be found working in a wide range of roles and environments, including education, welfare, industry, and health-care settings.

In 2002 the Institute of Counselling Psychology Establishment Group published its more expansive definition of counselling psychology in the New Zealand Psychological Society's *Bulletin*.

Counselling psychology is a psychological specialty that utilizes and applies psychological knowledge and research at the individual, group and organizational level. Counselling psychologists enable and empower clients experiencing typical and atypical problems of living to enhance their personal, social, educational, and vocational functioning. The specialty embraces a range of approaches including preventative and educational programmes, and acknowledges the importance of phenomenological perspectives as well as the influence of developmental and ecological factors. (Cooper et al., 2002, p. 17.)

Most typically, the discipline of counselling psychology is distinguished from counselling on the basis of the range of problems addressed; the "pool" from which therapeutic techniques and procedures are selected; the level, length and content of the training necessary to become a counselling psychologist; and the adherence to the scientist-practitioner model of practice. Other distinctions are also possible, such as the areas where personnel are employed, where services are provided, a generally greater reliance on psychological theory and research, and having more consistency in the quantum of knowledge and skills that its practitioners possess. These points of contrast, which have a collective effect, stem from the central fact that counselling psychology is thought of by those who practise it, and those who use it, as an applied scientific speciality in psychology (Whiteley, 1999). In general, counselling psychologists think of themselves as psychologists first and counsellors second (Gelso & Fretz, 1992, p. 24). In the main, the speciality is committed to the use of empirical evidence to justify the ways problems are formulated, and a philosophical commitment to the utilisation of intervention methods whose effectiveness has been supported by research.

A commitment to the scientist-practitioner model can be reflected in many aspects of professional behaviour (Evans, 1997). It is likely, for instance, to have a significant bearing on the sort of information that is initially gathered from a client and on the

methods that are used to obtain it. Counselling psychologists can administer and interpret the results of psychological tests, and while major criticisms can be made of these measures (Olssen, 1988) they nevertheless represent serious attempts to obtain objective client information. Applications of the scientific method can also be shown in the monitoring of treatment and in programme evaluation. Evans (1997) contends that a close connection between science and practice is the hallmark of applied psychology and “an essential condition for the continued health and credibility of the profession” (p. 335).

Empirically supported therapies (ESTs) have been described as a juggernaut (Davison, 1998) and they have various drivers, including managed care in the US, and more widespread public demands for accountability. ESTs attempt to answer the question of what works in psychotherapy, and one established criterion is demonstration of efficacy in at least two randomised clinical trials, or in single-case experiments (Chambless & Hollon, 1998). There are many issues surrounding this approach, since efficacy is not the same as effectiveness and neither of these terms is necessarily synonymous with efficiency. Nonetheless, a number of ESTs have now been identified and the majority of these are behavioural and cognitive-behavioural interventions (Chambless & Ollendick, 2001). ESTs are endorsed by mainstream counselling psychologists (e.g. King & Heyne, 2000) and they are now a required part of training in the US (Goodyear et al., 2000).

In spite of counselling psychology’s general support for the use of evidence-based practice, there is also an awareness of alternative methodologies that are increasingly being used to integrate existing research in this area and to demonstrate the effectiveness of a range of different intervention approaches (Wampold, 2001). While counselling psychology shares, with other branches of psychology, a commitment to carefully researching its methods of intervention, its own philosophical underpinnings, which are client-centred and contextually sensitive, may direct practitioners toward a somewhat different framework for their research in the future (Neimeyer & Diamond, 2001). Driving this process are concerns about the need to match interventions as closely as possible with clients and their contexts, as well as the need to investigate the efficacy of the ESTs in relation to different cultural groups (Hall, 2001). The bicultural context of New Zealand specifically requires consideration in local interpretations of psychological theory and practice (Durie, 1997).

The discipline of counselling psychology has been difficult to distinguish from clinical psychology, and in the US the practitioners of both psychological specialities compete for the same jobs (Goodyear et al., 2000). However, there is a fundamental difference, and it is that counselling psychologists respond to commonly experienced

problems of living and they incline towards a strengths focus, whereas clinical psychologists tend to work with people who are seen as sick and tend to have a deficit orientation (Nelson-Jones, 1982). In addition, counselling psychology tends to be seen as more humanistic and person-centred. Counselling and counselling psychology can converge in these stated commitments, and counselling psychology is probably unique among applied psychological specialities in the extent that it acknowledges diversity (Goodyear et al., 2000) and in the provision of vocational counselling services. There are inevitably tensions between the humanism and the science of counselling psychology, as these are competing conceptions about the character of human nature (Matson, 1973) but, equally, counselling psychologists have the benefit of being able to provide psychotherapy which is person centred and values driven while also being empirically indicated and evidence based.

Counselling psychologists, like general counsellors, can be very critical of medically oriented counselling and of psychiatry in particular (e.g., Albee, 1999; Laungani, 2002). The organic or disease model of adjustment is described as inappropriate, paternalistic, and dangerously expansive. In this context, counselling is concerned with social conformity and symptom relief, and it is a denial of the human essence. There are echoes here of Szasz's earlier analysis (Szasz, 1960) but the power and predominance of the medical approach to personal issues has persisted, and it is supported by the activities of government agencies, the insurance industry, and pharmaceutical companies.

It may be that counselling psychology contrasts with *all* other human service professions in the strength of the emphasis that it gives to the prevention of emotional and social difficulties. Certainly, prevention is a central focus of the discipline, as evidenced by the dedication of entire journal editions to the topic (e.g., *The Counseling Psychologist*, November 2000). This concern with the prevention of problems reflects counselling psychology's developmental and ecological perspectives, where adjustment issues are seen as stemming from environmental influences across the life span. Programmes are needed to address poverty and other negative social circumstances, and the early childhood years are a special opportunity for intervention.

Defined by training?

In the future, training requirements may become one relatively easy criterion for differentiating the two areas of practice. At present, counsellors can seek training from a number of institutions, programmes and individuals. The qualifications they receive also vary widely. As a result there is no standard, agreed-upon body of knowledge that it can be assumed a practising counsellor will have mastered, nor can it even be assumed that they have done any substantial training in counselling (e.g., people with

a paper-based MA in psychology and some social workers practise as counsellors with minimal, if any, counselling training). Some years ago, the NZAC instituted a training programme approval scheme which set out minimal training requirements for NZAC membership, but training providers have been slow and/or reluctant to take it up. Of the more than 40 counsellor training programmes in existence few have applied for approval and only nine are currently listed as “approved” by NZAC. This number includes only one of the four university Masters-level courses and three polytechnics; the rest are private providers (<http://nzac.org.nz>).

At the moment there are no training programmes designed specifically for counselling psychologists in New Zealand. However, when (not if) they are introduced in this country, the minimum requirements will be identical to those of the other professional specialisations within psychology. These requirements include the completion of an undergraduate major in psychology as a necessary prerequisite for entry into professional training, which happens at postgraduate level. The standard components of an undergraduate education in psychology cover biological, cognitive, affective, and social determinants of behaviour, psychological measurement, and research methods and evaluation.

At the postgraduate level counselling psychology students would be expected to complete a two-year Masters degree in psychology together with a postgraduate diploma in the specialist area of counselling psychology. Taken together these qualifications, coupled with the required 1500 hours of supervised practice, would enable students to meet the requirements for registration with the New Zealand Psychologists Board. This amount and level of training would clearly distinguish them from most of those practising as counsellors.

As well as building on principles and practices which are common to the other branches of professional psychology, a central focus of training for counselling psychologists would be using research as a basis for informing appropriate interventions, as would be the related adherence to the scientist-practitioner model (Richards, 2001). Students would be required to become critical consumers of research, as well as being able to show that they can conduct a substantial piece of research themselves – usually in the form of a thesis or dissertation. By way of contrast, this focus on research, either as a critical consumer of it or as a trained researcher, varies among the many counsellor education programmes. Such training clearly lacks the standardisation that would be present in training geared toward registration as a psychologist.

There are many areas of overlap in the training of clinical and counselling psychologists (Richards, 2001). Psychological assessment and its translation into selected intervention strategies remains an accepted part of psychological practice (Phelps et al.,

1998) and thus constitutes an essential element of training in both areas. “Psychological testing” using a range of standardised tools and instruments can be used together with less formal, but no less rigorous, methods of assessment including interviews and observations. The selection of an appropriate intervention is made on the basis of the assessment together with research and theoretical knowledge of its efficacy for the particular group.

Training in counselling psychology would aim to develop similar sets of skills but also to reinterpret them in the light of its own underlying theoretical and philosophical orientation (Watkins & Campbell, 2000). In the dominant field of clinical psychology, assessment and intervention have tended to focus on client pathology. In counselling, client strength and resilience are acknowledged and attempts are made to develop a shared understanding of problems and their solutions (Woolfe & Dryden, 1996). The psychologist’s knowledge in this situation is treated as only one of the resources available. The thrust towards prevention- and promotion-oriented interventions in counselling psychology has also necessitated a shift in conventional psychological practice to suit the wishes and cultural beliefs of target communities (Romano & Hage, 2000). It is this sensitivity to the needs and autonomy of clients that may make this approach a “safe”, or at least safer, one for Maori in the absence of dedicated Maori psychology intervention programmes. In fact, sensitivity to cultural difference has been recognised as one of the defining features of counselling psychology relative to other psychologies (Neimeyer & Diamond, 2001). While cultural sensitivity on its own is not sufficient in a bicultural society, it may provide a framework within which it is possible to better address Maori psychology needs, but this could need to be accompanied by more substantial development of a specifically Maori psychology within or alongside it (Herbert, 2002). These sorts of concerns and orientations are shared by counsellors, and in these areas counselling psychologists could be seen to be moving closer in philosophy and practice to counsellors and away from traditional clinical psychology.

It is generally acknowledged, however, that the most significant aspect of training may not be in what is overtly taught in seminars, but in hands-on work with clients and the supervision that accompanies this (Orlinsky et al., 2001). It is the placement experiences of counselling psychologists which perhaps help to differentiate them from clinical psychology and place them closer, once again, to the experience of counsellors. With the focus on adjustment difficulties, prevention and promotion work, it is unlikely that the mainstream psychiatric system will offer the best range of experience for counselling psychology trainees. Suitable placements for counselling psychologists may be more easily found within the education system, the justice system, primary health care and the not-for-profit sector where there are greater opportunities to deal

with those experiencing the normal problems of living. These placement settings are similar to those utilised by counsellors.

The training of counselling psychologists may also overlap significantly with other aspects of counsellors' training. The humanistic frame of counselling psychology draws attention to the process and the quality of the client-practitioner relationship, an area that has been well developed in the counselling field. This focus corresponds with empirical evidence that acknowledges the significance of the therapeutic relationship as one of the most important predictors of the success of an intervention (Andrews, 2001). The ability to provide warmth and empathy to the client along with other helpful counsellor characteristics is a significant part of the training of counselling psychologists. As with many counsellors, counselling psychologists would also be encouraged to gain experience of counselling in the role of the client. The opportunity to know something of the client's experience may increase empathy with clients and simultaneously may help to address "blind spots" in the counselling psychologist's understanding of others (Gibson et al., 2002).

Summary

There are certain words and concepts that are common to the discussion above, and this emphasises the difficulty of neatly and simply delineating the two areas of work. As Gelso and Fretz stated, "[counselling] is perhaps most similar of all [the other specialty fields] to counselling psychology" (1992, p. 25). Terms such as personal growth, self-actualisation and optimal wellness are common to both. So, too, is the notion of working with individuals, families, groups and organisations. Both specialisations claim to focus on helping normal people cope with everyday problems, but both also specify that they work with the disturbed. Both claim to be collaborative and goal-focused in their approach.

This overlap in the distinction between counselling and counselling psychology is not unique. According to Gelso and Fretz, "... counselling psychology has struggled to define itself and the ways in which its identity is unique ... virtually all of the applied specialties in psychology overlap with each other" (1992, p. 24). Nevertheless, there do seem to be significant differences. In general, compared to counsellors, counselling psychologists:

- undergo training that is longer, shares a common content, contains more psychological material, is more research-based, more consistently teaches students to be researchers, and has a coherence that is lacking across the wide variety of counselling and counselling skills courses in existence;
- profess to adhere to the scientist-practitioner model and the use of ESTs;

- work in a wider range of jobs with a wider range of client problems and types, due in part, it is thought, to the wider acceptance of “psychology” and what it stands for in mental health circles.

Counselling and counselling psychology as represented in the New Zealand literature

The literature of a profession often reflects its vitality, history and current concerns (Heppner et al., 2000), and several useful reviews of counselling-related literature originating in New Zealand make for interesting reading. No matter what the title of the discipline (clinical or counselling psychology, counselling, or psychotherapy), in terms of *productivity* and the *methodology* employed the production of counselling research in New Zealand is not particularly good (see Bushnell, 1990; McKerracher & Walker, 1982; Raeburn, 1978; Taylor, 1979; Thomas, 1990, and Webb, 1975, for comments on psychology research; Manthei & Miller, 1991, 2001, and Small, 1980, for comments on counselling and therapy research).

These opinions parallel those about research productivity in the US (see, for example, Samler, 1980, regarding psychologists and Whiston, 1996, for comments about counsellors) even though by the end of the 1990s Heppner et al. (2000) were more upbeat and of the opinion that research was substantially influencing both knowledge and professional practices in counselling psychology in the US.

Worldwide there may be few inducements for practising counsellors or counselling psychologists to become researchers since they are seldom rewarded or promoted for their research and writing. Furthermore, there may actually be disincentives for such work as employers actively discourage their clinical staff from doing research because it is time consuming, non-fee-generating, and seldom leads to clear-cut policy or practice innovations (see Pistole & Roberts, 2002, for this view in the US, and Manthei, 2001, for a New Zealand opinion).

Reviews of the New Zealand literature spanning 30 years have revealed that practising counsellors have become less active in publishing in the *New Zealand Journal of Counselling* (NZJC), with the percentage of practitioner-authors dropping from over 50% in the 1970s and 80s to about 30% in the 1990s (Manthei, 2001; Small, 1980). Finally, Manthei (2001) estimated that 33% of the articles published in the *NZJC* during the 1980s and 90s reported original data (collected by whatever method), a proportion he thought was insufficient in scope, variety and amount to rigorously scrutinise New Zealand counselling practices and contexts. Almost none of that literature discussed the characteristics of counselling which would define it as a unique field of practice, distinguishable in clear-cut ways from other forms of helping such as counselling psychology.

Professional identities and organisations

Counselling

A detailed history of the NZAC can be found in Hermansson's excellent 25-year history of the Association (1999). From its modest but enthusiastic beginnings in 1974 the Association has grown rapidly, from a membership of only 300 at the end of its first 15 years to an organisation of 2441 counsellors in 1993. Formal structures have had to be put in place: a constitution, a code of ethics, a complaints procedure, and membership criteria. In addition, the Association publishes an informative *Newsletter* and a credible specialist journal, the *New Zealand Journal of Counselling*. Several books and edited volumes of writings on counselling have been published by the Association, underscoring its ongoing interest in fostering research, critical comment and professional opinion on best practices for its members. The Association holds annual conferences, lively affairs that have wrestled with social and policy issues as well as with internal matters to do with membership, biculturalism, and the effective administration of a large, complex organisation. A system of active branch committees was developed to both support and challenge the national body on pressing issues of the day, and over the years the Association has investigated ways in which it might co-operate and collaborate with other professional helping groups, for example the NZ Association of Social Workers, the NZ Association of Psychotherapists, the NZ Vocational Guidance Association, and others. Thus, most members can participate in the life of the Association at some level, and to the extent they wish. Hermansson summarised this as "... a sense of togetherness that came from meeting with those who understood the nature of the work and 'spoke the same language'" (1999, p. 2).

In the late 1980s a series of government decisions led to a profound political and economic shift, from a largely state-controlled economy to a marketplace-driven one. One of the results was the burgeoning of counsellors working in private practice and, consequently, a surge in the Association's membership largely caused by this group. In response, the Association has had to shift its focus to take on more of a protector/watchdog role since many counsellors took out membership seeking legitimisation of their skills and qualifications, something the Association was not really set up to provide. This has resulted in the work of the Association becoming more complex, more broadly based and more legalistic. In addition, the Association has had to assume an increasingly political advocacy stance vis-à-vis its membership and client groups, and to wrestle with standards of practice, questions regarding registration/certification, approved training courses, matters of ethics, the need for Pakeha members to become more knowledgeable about taha Maori and biculturalism generally, and establishing international links with similar counselling organisations

(e.g. the British Association of Counsellors and Psychotherapists, International Association of Counsellors).

Looking back it is clear that the Association has been very active and, to date, effective in promoting the interests of counsellors and their client groups. In its largely reactive role, it has still managed to preserve the inclusive, friendly, whanau-like essence of its gatherings while coping with the not inconsiderable demands of a vital, professional lobby group for counselling and counsellors.

Counselling psychology

The major professional association for psychologists in this country is the New Zealand Psychological Society (NZPsS) which presently has about 800 members and a further 200 student members (Sean McKinley, personal communication, May 26, 2004). There is also a separate organisation for clinical psychologists (New Zealand College of Clinical Psychologists, NZCCP) which broke away from NZPsS in the late 1980s, and which currently has 350 members and another 200 student subscribers (Kim Turner, personal communication, May 26, 2004).

NZPsS caters for both research scientists and professional practitioners, and it contains an array of psychological disciplines including clinical, industrial/organisational, educational and developmental, and counselling psychology (<http://www.psychology.org.nz>). By contrast, and as its name suggests, NZCCP represents clinical psychologists and all of its members are registered under the Psychologists Act 1981 (<http://www.nzccp.co.nz>). The two organisations have much in common with each other, and with NZAC. Each organisation promotes the interests of its members and has expectations of them (e.g., compliance with an ethical code), each operates a branch system, and each provides publications and offers professional development, which extends to a conference.

The goal of NZPsS, the umbrella organisation for counselling psychology, is “To encourage the practice of psychology to its highest standards by advancing psychology as a science, a profession and a means of improving human welfare” (Whittaker & Seymour, 1997, p. 401). NZPsS publishes a refereed journal (*New Zealand Journal of Psychology*), the practice-oriented *Bulletin of the New Zealand Psychological Society*, and a newsletter called *Connections*. Several books have also been published related to professional practice (*The Practice of Psychology and the Law: A Handbook* (1996) and *Practice Issues for Clinical and Applied Psychologists in New Zealand* (1997)). New members of the Society are balloted and are required to have at least an honours degree in psychology or an advanced degree in education with a significant psychology component (New Zealand Psychological Society, 1996; <http://www.psychology.org.nz>).

The history of counselling psychology within NZPsS might be generally characterised as one of tentative and transient interest. The Counselling Division that was formed at the Society's conference in 1985 started with 32 members, but entry was based solely on expressed interest and many of those who were listed had also joined the Clinical Psychology Division. Whatever impetus the Counselling Division had at the beginning was not maintained and it was in recess a mere three years after its inauguration. Nonetheless, the Annual Report for 1993 shows that there were 61 members at that time, and in 1994 an edition of the *Bulletin* was devoted to counselling psychology (Wright & Stanley, 1994). Again, however, there was a fall-off of interest, and the 1999 Annual Report says "... activities between Conference [*sic*] have been non-existent for a number of years. The consensus was that it is difficult to have a membership if there is no clear benefit derived from belonging" (New Zealand Psychological Society, 1999, p. 22). The next report to appear was in 2001, and here the retiring chairperson recorded his difficulty in trying to engender enthusiasm and support for the Counselling Division.

More recently there have been indications of new interest and in 2002 an Establishment Group was formed to develop an Institute of Counselling Psychology. Institutes are constituent bodies of NZPsS, which cater for the particular needs and aspirations of the applied psychological specialities. A number of tasks were accomplished in 2002, including the formulation of objectives and a definition of counselling psychology (see above). As well, membership criteria were determined and consideration was given to the training requirements for counselling psychologists. The Institute of Counselling Psychology was launched at the 2003 NZPsS Conference. This event was described in the Annual Report as a major milestone for counselling psychology, and it was also seen as a special achievement since the discipline did not have an identified group of practitioners or a university training programme. Chairperson Peter Stanley said that counselling psychology was now "putting in place the processes and structures to ensure that a vital and vigorous specialty develops" (New Zealand Psychological Society, 2003, p. 20).

Current legislation: the HPCA

The practice of psychology in New Zealand is presently regulated by the Psychologists Act 1981. Counsellors have no such legislation controlling their work. Legislative governance was actively sought by NZPsS and the profession, despite "the absence of tangible reinforcement over many years" (New Zealand Psychological Society, 1978, p. 13). The Psychologists Act did three important things: it set up the Psychologists' Registration Board; it specified the criteria for practitioners to be registered, and it put in place

procedures for the discipline of registered psychologists. Henceforth, only people whose names were listed on the register could call themselves registered psychologists, and the requirements for registration were variously determined to be some combination of six years of academic study and supervised practice (Psychologists Act 1981, Schedule 1).

The Psychologists Act was a major developmental accomplishment for the professional identity of psychology. In a sense, however, it represented premature foreclosure because it did not define the practice of psychology, and neither did it give adequate protection of title. As a consequence, conceivably, any engagement with clients was psychology, and everyone was a psychologist. The Society considered this situation to be unacceptable and dangerous (Whittaker, 1995). A ministerial inquiry into standards of practice in psychology had earlier expressed more pervasive concerns: "The present legislative, administrative and ethical framework is such that the profession cannot maintain, nor the public be assured of high standards of practice and professionalism" (McDonald, 1991, p. 2).

The Psychologists Act 1981 is to be replaced by the Health Practitioners Competence Assurance Act (HPCA) in September of this year. HPCA embraces a host of health professions, including medical practitioners, nurses, occupational therapists, optometrists, pharmacists and physiotherapists, as well as psychologists. The purpose of the new legislation is to protect the public by ensuring that practitioners are competent and fit to practise. Competence is to be assured by such measures as protection of title, through the determination of scopes (or provinces) of practice, by restricting specified activities to particular professions, by ongoing competency requirements, and through a complaints process. A central feature of HPCA is the registration authority for each occupation, which has comprehensive powers and whose decrees and other actions will determine the compass, contribution, and stature of the respective professions. NZAC has set up a Registration Working Party, one of whose tasks was to investigate applying to be included under the act. Members were surveyed in 2003 on this question, but a low return rate (3%) left the question unresolved and discussion continuing (for details, see <http://www.nzac.org.nz>).

HPCA is both evolutionary and revolutionary in terms of professional regulation, and while it may resolve some outstanding matters it also raises new issues. Disputes over territory are inevitable, both between and within occupations, and they are already in evidence. For instance, dental therapists (previously known as dental nurses) have suggested a scope of practice that would put them in competition with dentists (Johnston, 2004). There are other issues with HPCA, such as authorities being able to investigate the work of a practitioner at any time, whether or not deficiencies are

presumed to exist. Further, health practitioners are protected from liability when they report on each other for incompetence, and organisations have the option of reporting on employees as well (New Zealand Psychologists Board, 2004).

There has been considerable discussion within the psychological community about scopes of practice. Most psychologists would prefer a single generic scope (Woolley, 2004), to acknowledge the substantial overlap that exists among applied psychological activities. The Psychologists Board, which will become the profession's authority under HPCA, discussed this possibility initially (New Zealand Psychologists Board, 2003a) but it now favours a two-tier system comprising a general scope and several or more vocational scopes (New Zealand Psychologists Board, 2003b). Scopes have been written for educational and developmental psychology and clinical psychology, and specialist status is to be conferred on those possessing the relevant postgraduate psychology diploma. The Institute of Counselling Psychology has petitioned unsuccessfully for a counselling psychology scope (Stanley, 2004). The lack of progress here may be related to the absence of locally available training in counselling psychology but it is surprising nonetheless, given the purpose of HPCA, as there are undoubtedly significant risks to the public in the practice of the speciality.

The future for both disciplines

The current climate for both disciplines is characterised by uncertainty and, inevitably, changes to come. In this section a number of possible pressures, threats and scenarios are identified. We do not claim to be soothsayers on this topic, nor do we have privileged insights into the workings of each speciality. However, we are convinced that the next few years will bring interesting and major changes as both groups of professionals strive for stability, certainty and, in the case of counselling psychologists, public and peer recognition. Both groups, too, will have to adjust to outside influences on the structure and delivery of their services: the wishes of so-called third-party funding bodies; new legal requirements; changing public perceptions of the professions; new courses and training developments; so-called qualification inflation or enhancement; changes in targeted government health and community development funding; the vagaries of the job market, and other unforeseen developments.

1. Groups of members within NZAC have been concerned for many years about how to protect the term "counsellor", and how to register only safe and competent practitioners under the title "counsellor" while excluding the unqualified, the unfit, and the unprofessional. This issue first arose during the 1980s and has never been resolved satisfactorily. Most counsellors who are in favour of registration would argue for it on the basis of "client protection and safety", but the professional literature

is not at all unanimous on this motive. In fact, there are convincing arguments to the contrary (see, for example, Dattilio, 2002, and Manthei, 1993). Counselling psychologists, on the other hand, do not have the same concern since the Psychologists' Registration Board will continue to operate and function in a new form as professional gatekeeper under the HPCA.

2. Even if they wanted it, counsellors might find the cost of registration prohibitive. Their earning potential is considerably less than that of registered psychologists and, inevitably, there would be a shake-out of those counsellors whose income was insufficient to remain in practice. Many counsellors would have to decide whether to continue to practise outside of the registration scheme or to move out of the field altogether. The cost of administering a registration scheme might have to be borne jointly by the NZAC (in effect, its members) and by means of a sizable levy placed on anyone practising as a "counsellor". In this situation there would be less incentive for practitioners to be members of NZAC (with its ever-increasing annual membership fee) and still have to pay an annual registration fee (a second, substantial annual fee). Thus, NZAC's membership numbers could decrease markedly. Psychologists have already faced up to and adjusted to this problem, but the cost is still considerable (about \$800 for membership in NZPsS, plus an annual practising licence).
3. The cost of "policing" registered or licensed members becomes considerable since licensure would necessarily be for a specific time only and regular renewal would have its own costs associated with it. This, too, would be a cost that would have to be borne by someone, and inevitably it would be some form of a "user pays" system.
4. The HPCA will put added pressure on counsellors of whatever persuasion to define and delimit their sphere of influence, field of competence and the unique tools of their trade. For counselling psychologists, the resolution of the Scopes of Practice question (how many and which ones) will be of concern, since the viability of the speciality of counselling psychology may depend on achieving a separate identity within mainstream psychology and no longer being subsumed (mistakenly) under the title clinical psychology. On the other hand, it may be that clear distinctions and differentiations are unnecessary. Instead, it could be that what matters most is a professional's identification with a "tag", the implied philosophy associated with that tag, and the training undertaken to wear it. Establishing a professional identity that is consistent with one's work is important, even if the identity is not all that separate from other identities (e.g., Skovholt & Ronnestad, 1992). Finding a professional home, a sense of belongingness, may be more important (Beck, 1999; Palmo, 1999).

5. HPCA psychology scopes set six years of university study (Masters degrees and postgraduate diplomas) as the minimum educational standard as part of a comprehensive accountability package. This level and amount of training compared to variable levels of training that counsellors typically receive may leave counsellors ill-equipped to compete with counselling psychologists for higher status and better paying jobs, especially in statutory agencies, public and private mental health services and insurance-funded treatment contracts. This situation may become exacerbated if funding agencies opt to pay for only “evidence-supported therapies” delivered by more highly trained psychologists. In the longer term this could consign many counsellors to the category of less-preferred helpers, a sort of discount, alternative service delivered by what might be perceived as less qualified, less accountable providers. There will be exceptions, of course, such as school counsellors and vocational counsellors, groups that will continue to be seen as specialist practitioners.
6. It is usually thought best to do something before having it done to you. In effect, most counsellors might favour the former over the latter and NZAC, for example, might find itself trying to anticipate the least desirable outcomes of current legislation and how to minimise those effects in advance of them happening. The success of this will depend on an informed, skilled, knowledgeable leadership spending a great deal of time and energy if it is to be done effectively. Can a largely “voluntary” organisation, staffed by non-professional administrators and managers with limited time, resources and funds hope to be successful in this work?

The development of general counselling in New Zealand to date has been impressive. Its success has been due to a dedicated, committed group of skilled and enthusiastic professionals, and growing acceptance of the service among the New Zealand public. Counselling psychology, though not nearly as developed or advanced as an organised group of practitioners, is similarly poised to grow and develop, but only if it, too, can tap into similar commitment and enthusiasm among like-minded psychologists. Interestingly, both specialities are facing slightly different internal challenges and similar external pressures, such as new legislation, lack of clear career opportunities, and more competition for available third-party funding. Interesting times lie ahead.

References

- Albee, G.W. (1999). Prevention, not treatment, is the only hope. *Counselling Psychology Quarterly*, 12 (2): 133–46.
- Andrews, H.B. (2001). Back to basics: Psychotherapy is an interpersonal process. *Australian Psychologist*, 36: 107–114.

- Baruth, L.G. & Robinson III, E.H. (1987). *An introduction to the counselling profession*. Englewood Cliffs, NJ: Prentice-Hall.
- Beck, E.S. (1999). Mental health counselling: A stakeholder's manifesto. *Journal of Mental Health Counseling*, 21: 203–204.
- Bushnell, J. (1990). Commentary on “The two profiles of psychology”. *New Zealand Journal of Psychology*, 19: 80–81.
- Chambless, D.L. & Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66 (1): 7–18.
- Chambless, D.L. & Ollendick, T.H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology*, 52: 685–716.
- Cooper, L., Frewin, K., Gardiner, B., O'Connell, D. & Stanley, P. (2002). Report of the Establishment Group, Institute of Counselling Psychology. *Bulletin of the New Zealand Psychological Society*, 100: 16–17.
- Dattilio, F.M. (2002). Board certification in psychology: Is it really necessary? *Professional Psychology: Research and Practice*, 33 (1): 54–57.
- Davison, G.C. (1998). Being bolder with the Boulder model: The challenge of education and training in empirically supported treatments. *Journal of Consulting and Counseling Psychology*, 66 (1): 163–67.
- Durie, M.H. (1997). Identity, nationhood and implications for practice in New Zealand. *New Zealand Journal of Psychology*, 26 (2): 32–38.
- Egan, G. (1998). *The skilled helper: A problem management approach to helping*. 6th edn. Pacific Grove, CA: Brooks/Cole.
- Evans, I.M. (1997). The role of research in psychological practice: Implications of the scientist-practitioner model. In H. Love & W. Whittaker (Eds), *Practice issues for clinical and applied psychologists in New Zealand*, pp. 323–39. Wellington: New Zealand Psychological Society.
- Fong, M.L. (1990). Mental health counseling: The essence of professional counseling. *Counselor Education and Supervision*, 30: 106–113.
- Gelso, C.J. & Fretz, B.R. (1992). *Counseling Psychology*. New York: Harcourt Brace College.
- Gibson, K., Swartz, L. & Sandenbergh, R. (2002). *Counselling and coping*. Cape Town: Oxford University Press.
- Goodyear, R.K., Cortese, J.R., Guzzardo, C.R., Allison, R.D., Claiborn, C.D. & Packard, T. (2000). Factors, trends, and topics in the evolution of counseling psychology training. *The Counseling Psychologist*, 28 (5): 603–621.
- Hall, G.C.N. (2001). Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *Journal of Consulting and Clinical Psychology*, 69 (3): 502–510.
- Health Practitioners Competence Assurance Act 2003*. Public Act 2003, No. 48.
- Heppner, P.P., Casas, J.M., Carter, J. & Stone, G. (2000). The maturation of counseling

- psychology: Multifaceted perspectives, 1978–1998. In S.D. Brown & R.W. Lent (Eds), *Handbook of counseling psychology*. 3rd edn. New York: Wiley.
- Herbert, A. (2002). Bicultural partnerships in clinical training and practice in Aotearoa/New Zealand. *New Zealand Journal of Psychology*, 31 (2): 110–23.
- Hermansson, G. (1999). *Pieces of silver: Twenty-five years of the New Zealand Counselling and Guidance Association/New Zealand Association of Counsellors. 1974–1999*. Hamilton: New Zealand Association of Counsellors.
- Johnston, M. Dentists, nurses to vie for patients. *New Zealand Herald*, 18 May 2004: 1.
- King, N.J. & Heyne, D. (2000). Promotion of empirically validated psychotherapies in counselling psychology. *Counselling Psychology Quarterly*, 13 (1): 1–12.
- Laungani, P. (2002). Mindless psychiatry and dubious ethics. *Counselling Psychology Quarterly*, 15 (1): 23–33.
- Manthei, R.J. (1993). Clients, counsellors and the credentialing boom: Who wins? *Community Mental Health in New Zealand*, 8 (1): 58–63.
- Manthei, R. (1996). Counselling in New Zealand: Past, present and future developments. In W. Evraiff (Ed.), *Counseling in Pacific Rim countries*, pp. 91–108. San Mateo, CA: Lake Press.
- Manthei, R. (2001). Content analysis of the *New Zealand Journal of Counselling*: Volumes 13–21, 1991–2000. *New Zealand Journal of Counselling*, 22 (1): 1–12.
- Manthei, R.J. & Miller, J. (1991). New Zealand counselling, therapy and guidance-related literature, 1980 and 1989: A bibliography. *New Zealand Journal of Counselling*, 13: 35–71.
- Manthei, R. & Miller, J. (2000). *Good counselling: A guide for clients*. Auckland: Longman.
- Manthei, R. & Miller, J. (2001). New Zealand counselling, therapy and guidance-related literature published between 1990 and 1999: A bibliography. *New Zealand Journal of Counselling*, 22 (1): 13–110.
- Matson, F.W. (1973). Introduction. In F.W. Matson (Ed.), *Without/within: Behaviorism and humanism*, pp. 1–10. Monterey, CA: Brooks/Cole.
- McDonald, K.P. (1991). *Report of an inquiry into standards of practice in psychology*. Wellington: Department of Health.
- McKerracher, D.W. & Walker, F.A. (1982). Professional activities of New Zealand psychologists employed in the public service: Actual, ideal and expected. *New Zealand Psychologist*, 11: 20–26.
- Neimeyer, G.J. & Diamond, A.K. (2001). The anticipated future of counselling psychology in the United States: A Delphi poll. *Counselling Psychology Quarterly*, 14 (1): 49–65.
- Nelson-Jones, R. (1982). *The theory and practice of counselling psychology*. London: Holt, Rinehart and Winston.
- Neukrug, E. (1999). *The world of the counsellor: An introduction to the counselling profession*. Pacific Grove, CA: Brooks/Cole.

- New Zealand Association of Counsellors Annual Report (2002–2003)*. Hamilton: NZAC.
- New Zealand Psychological Society (1978). *AGM agenda and annual reports*. Wellington: Author.
- New Zealand Psychological Society (1996). *Rules*. Wellington: Author.
- New Zealand Psychological Society (1999). *AGM agenda and annual reports*. Wellington: Author.
- New Zealand Psychological Society (2003). *AGM agenda and annual reports*. Wellington: Author.
- New Zealand Psychologists Board (2003a). *Scopes of practice: Discussion document*. Wellington: Author.
- New Zealand Psychologists Board (2003b). *A developmental approach to scopes of practice*. Wellington: Author.
- New Zealand Psychologists Board (2004). *An approach to competence reviews and competence programmes*. Wellington: Author.
- Olsen, M. (Ed.) (1988). *Mental testing in New Zealand: Critical and oppositional perspectives*. Dunedin: University of Otago Press.
- Orlinsky, E.E., Botermans, J.F. & Ronnestad, M.H. (2001). Towards an empirically grounded model of psychotherapy training: Four thousand therapists rate influences on their development. *Australian Psychologist*, 36: 139–48.
- Palmo, A.J. (1999). The MHC child reaches maturity: Does the child seem short for its age? *Journal of Mental Health Counseling*, 21: 215–28.
- Peavy, R.V. (1996). Counselling as a culture of healing. *British Journal of Guidance and Counselling*, 24: 141–50.
- Phelps, P., Eisman, E. & Kohout, J. (1998). Psychological practice and managed care: Results of the CAPP practitioner survey. *Professional Psychology Research and Practice*, 29 (1): 31–36.
- Pistole, M.C. & Roberts, A. (2002). Mental health counselling: Toward resolving identity confusions. *Journal of Mental Health Counseling*, 24: 1–19.
- Psychologists Act 1981*. Public Act 1981, No. 5.
- Raeburn, J. (1978). Clinical psychology vs. the people: A community psychology perspective. *New Zealand Psychologist*, 7: 41–45.
- Richards, J.C. (2001). Rewriting the agenda for training in clinical and counselling psychology. *Australian Psychologist* 36: 99–106.
- Romano, J.L. & Hage, S.M. (2000). Prevention and counselling psychology: Revitalizing commitments for the 21st century. *The Counseling Psychologist*, 28 (6): 733–63.
- Samler, J. (1980). Where do counseling psychologists work? What do they do? What should they do? In J.M. White (Ed.), *The history of counseling psychology*. Monterey, CA: Brooks/Cole.
- Sheppard, G.W. (1994). Boundary violations in counsellor-client relationships. In W.E. Schulz (Ed.), *Counselling ethics casebook*. Ottawa: Canadian Guidance and Counselling Association.

- Skovholt, T.M. & Ronnestad, M.H. (1992). Themes in therapist and counsellor development. *Journal of Counseling and Development*, 70: 505–515.
- Small, J.J. (1980). Guidance and counselling research in New Zealand. In *Research in education in New Zealand: State of the art*. Delta, Research Monograph No. 3. Palmerston North: New Zealand Association for Research in Education.
- Stanley, P. (2004). *Response to a developmental approach to scopes of practice*. Wellington: Institute of Counselling Psychology, New Zealand Psychological Society.
- Szasz, T. (1960). The myth of mental illness. *American Psychologist*, 15: 113–18.
- Taylor, A.J.W. (1979). Clinical psychology in New Zealand: An historical note. In R. St George (Ed.), *The beginnings of psychology in New Zealand: A collection of historical documents and recollections*, pp. 70–76. Delta, Research Monograph No. 2, Palmerston North: Department of Education, Massey University.
- Thomas, D.R. (1990). Expanding perspectives. *New Zealand Journal of Psychology*, 19: 96–97.
- Wampold, B.E. (2001). *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ/London: Lawrence Erlbaum Associates.
- Watkins, C.E. & Campbell, V.I. (2000). *Testing and assessment in counselling practice*. 2nd edn. Mahwah, NJ: Lawrence Erlbaum.
- Webb, O.J. (1975). Clinical psychology, who is to decide? *New Zealand Psychologist*, 4: 65–72.
- Whiston, S.C. (1996). Accountability through action research: Research methods for practitioners. *Journal of Counseling and Development*, 74: 616–23.
- Whiteley, J.M. (1999). The paradigms of counseling psychology. *The Counseling Psychologist*, 27 (1): 14–31.
- Whittaker, W. (Ed.) (1995). Regulating the profession. *Bulletin of the New Zealand Psychological Society*, 86: 13–29, 36.
- Whittaker, W. & Seymour, F. (1997). The New Zealand Psychological Society. In H. Love & W. Whittaker (Eds), *Practice issues for clinical and applied psychologists in New Zealand*, pp. 396–407. Wellington: New Zealand Psychological Society.
- Woolfe, R. & Dryden, W. (Eds) (1996). *Handbook of counselling psychology*. London: Sage.
- Woolley, C. (2004). *NZPsS feedback and submissions to Psychologists Board on a developmental approach to scopes of practice*. Wellington: New Zealand Psychological Society.
- Wright, B. & Stanley, P. (Eds) (1994). Counselling psychology. *Bulletin of the New Zealand Psychological Society*, 83: 10–39.