

# **Addiction Counsellors of Ireland (ACI)**

## **Response to**

### **Standards of Proficiency for Counsellors & Psychotherapists & Criteria for Education and Training Programmes for Counsellors & Psychotherapists (2025)**

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#### **Introduction**

This submission is made on behalf of the Addiction Counsellors of Ireland (ACI) in response to the recent publication of the (i) Standards of Proficiency for Counsellors, (ii) Criteria for Education and Training Programmes for Counsellors, (iii) Standards of Proficiency for Psychotherapists and (iv) Criteria for Education and Training Programmes for Psychotherapists (2025) by the Counsellors and Psychotherapists Registration Board of CORU (the Board). ACI welcomes these publications and the clarity they seek to bring for both professions. We wish to acknowledge and commend the Board for its detailed and painstaking work undertaken to date.

Our submission is intended to advocate on behalf of our members and to contribute constructively to the Board's ongoing efforts by offering insights that will inform and support this important work. In doing so, we wish to highlight a number of key considerations and to set out a series of recommendations which we believe will be helpful. These recommendations focus specifically on four areas: (i) personal development, (ii) clinical supervision, (iii) scope of practice, and (iv) clinical placements. Seven recommendations traversing these four domains are summarised in Table 1.

In presenting this response, and in our capacity as advocates for the counselling and psychotherapy professions, we aim to provide a balanced evidence-informed perspective, whilst upholding the primacy of client welfare and adherence to best standards of professional practice. ACI remains committed to working collaboratively with the Board and welcomes opportunities for ongoing dialogue as the regulatory process progresses.

## **Executive Summary**

Addiction Counsellors of Ireland (ACI) fully supports the development of robust regulatory standards that promote professionalism, public protection, and consistency in the delivery of counselling and psychotherapy services in Ireland. This submission offers focused, evidence-based feedback on key areas central to achieving these aims. Representing members across statutory, voluntary, and community sectors, ACI brings extensive experience from frontline addiction and mental health services. We recognise the value of CORU's work in defining national standards and seek to ensure that implementation reflects both clinical realities and contemporary best practice.

Our response identifies four priority domains: personal development, clinical supervision, scope of practice, and clinical placements. Taken together we believe these proposed refinements will strengthen quality, clarity, and coherence across training and professional practice within the professions.

In relation to personal development, ACI highlights the importance of structured, reflective learning processes that cultivate professional self-awareness, self-care, and resilience. Our submission supports a pluralistic approach to personal development, incorporating methodologies including self-practice/self-reflection, personal therapy, reflective practice activities and personal development groups.

Clinical supervision is reaffirmed as a cornerstone of safe and effective practice. ACI recommends clear professional standards for course supervisors, emphasising formal training, extensive clinical experience, and ongoing continuing professional development. Direct observation methods, including live supervision and video review, are endorsed as

effective means of supporting competency-based assessment during training. Our proposal also proposes that clinical supervision be mandated within career long continuing professional development (CPD) requirements.

With respect to scope of practice, ACI welcomes CORU’s distinction between counselling and psychotherapy while stressing the need to protect the scope of existing practitioners. We support an approach that preserves flexibility, recognises experience, and avoids artificial hierarchies between the professions. To this end, we propose the development of a comprehensive scope of practice framework for both counsellors and psychotherapists.

Finally, regarding clinical placements, ACI supports CORU’s minimum client contact hours requirements during training. We do, however, encourage a broader focus with the allocation of specified additional placement hours/protected time for reflective practice, multidisciplinary engagement, and onsite clinical supervision. ACI remains fully committed to partnership with CORU to ensure that regulation enhances professional development, protects clients, and promotes accessible, high-quality care across the counselling and psychotherapy professions in Ireland. The following recommendations build upon these core themes and are intended to strengthen alignment between regulation, professional training, and client-centred care.

## Summary of Recommendations

A summary of Recommendations is presented in table 1 below.

Summary of Recommendations	
<b>Recommendation 1</b>	Training programmes should be required to embed a specific, clearly defined and robust personal development module within counselling & psychotherapy education programmes. This would incorporate diverse, evidence-based approaches designed to foster self-awareness, self-care, and professional growth.
<b>Recommendation 2</b>	Clinical supervision should be explicitly mandated within Continuing Professional Development and reflective practice requirements to sustain professional standards.

<b>Recommendation 3</b>	Practice education teams should be staffed by counselling and/or psychotherapy professionals who possess a prescribed minimum level of clinical practice experience and a minimum standard of training in clinical supervision.
<b>Recommendation 4</b>	Professional standards should formally recognise the established competencies of counsellors already working with complex presentations, including trauma and mental health co-morbidity. Grandparenting arrangements should safeguard the scope of practice of existing counsellors.
<b>Recommendation 5</b>	A clear and comprehensive scope of practice framework should be developed. This should be informed by both national and international models, to provide clarity for counsellors, psychotherapists, employers, and supervisors on the depth, focus, and context of therapeutic work.
<b>Recommendation 6</b>	Direct observation methodologies, such as live supervision, one-way mirrors, or video recordings, should be specified in detail within educational criteria. This will enhance the quality and rigour of assessment, while safeguarding confidentiality and the integrity of the therapeutic relationship.
<b>Recommendation 7:</b>	Placement requirements should be broadened to include specified hours for clinical supervision, reflective practice, engagement in multi-disciplinary teams and data management. This will ensure that graduates are fully prepared for the entry level professional responsibilities encountered upon registration.

## Personal Development

### Recommendation 1:

Training programmes should be required to embed a specific, clearly defined and robust personal development module within counselling & psychotherapy education

programmes. This would incorporate diverse, evidence-based approaches designed to foster self-awareness, self-care, and professional growth.

### **Rational for Personal Development Recommendation**

It is notable that personal therapy is not mandated within the published criteria for education and training programmes. As the board will be aware, this represents a departure from established traditions within the counselling and psychotherapy professions in Ireland, where such methodologies have historically been regarded as central to trainee development. Personal therapy has been associated with a range of developmental benefits, including enhanced emotional functioning, the cultivation of empathy, and the strengthening of the capacity to form effective therapeutic alliances; qualities consistently linked to effective practice and supported by self-report evidence (Moe and Thimm, 2021). Personal therapy has also been identified as contributing to professional role modelling, offering opportunities for experiential learning, deepening appreciation of the client perspective, fostering confidence in the therapeutic process, and supporting practitioner self-care (Haikal, 2022). However, despite these reported benefits, the board will no doubt be aware that this evidence base remains contested, with ongoing debate regarding both the efficacy and appropriateness of personal therapy as a mandatory training requirement.

Whilst international literature frequently highlights the potential benefits of personal therapy for counsellors and psychotherapists in training, the overall evidence base remains inconclusive. We are aware that research has not consistently demonstrated a causal relationship, or a reliable correlation, between personal therapy, therapist effectiveness, and client outcomes (Moe and Thimm, 2021; Kumari, 2011). We acknowledge that although personal therapy is frequently presented in training as a valuable pedagogical methodology that supports both professional and personal development (Murphy et al., 2018), the extent to which these reported benefits translate into measurable improvements in client outcomes remains uncertain (Haikal, 2022).

The literature indicates that although personal therapy has been associated with a range of potential benefits, its mandatory imposition may raise significant ethical concerns and indeed give rise to unintended consequences (Murphy et al., 2018). Its perceived

relevance also varies across therapeutic modalities, with some professional orientations attaching greater value to it than others (Atkinson, 2006; McMahon, 2018). Ethical debates on this issue are often polarised within the psychological therapies. On one hand, some argue that practising without personal therapy experience is both risky and ethically questionable. Conversely, critics highlight the lack of robust evidence to support making it a mandatory requirement for trainees (Murphy et al., 2018). Against this backdrop, alternative approaches to fostering self-awareness and reflective capacity in training, such as Self-Practice/Self-Reflection (SP-SR), warrant careful consideration.

Within cognitive behavioural therapy (CBT) training, structured and manualised Self-Practice/Self-Reflection (SP-SR) is often provided as a course module, serving as an alternative to personal therapy. Empirical studies demonstrate that SP-SR can enhance self-awareness, reflective capacity, communication skills, clinical competence, and self-care. It has also been shown to foster personal growth and well-being, whilst supporting the development of interpersonal, conceptual, and technical competencies regarded as essential to effective professional practice (Chigwedere et al., 2021; Bennett-Levy and Finlay-Jones, 2018; Chigwedere et al., 2019; Pakenham, 2015). Beyond SP-SR, the literature also highlights a broad range of structured approaches to personal development that may complement, act as an adjunct or even provide a substitute for personal therapy in training.

In addition to SP-SR, a wide range of structured approaches to personal development have been identified in the literature. These include personal development groups, reflective journaling, and other experiential activities designed to foster insight and professional growth (McLeod and McLeod, 2014). McMahon (2020) underscores the distinctive benefits of personal development groups, particularly their capacity to promote self-reflection and interpersonal learning. Such methods are also reported to create opportunities for trainees to process significant emotions, develop empathy, strengthen communication skills, and cultivate greater sensitivity to the needs and experiences of others (Murphy, 2024; Kivlighan et al., 2019). Taken together, these approaches provide viable alternatives, or at times valuable complements, to personal therapy in fostering both personal and professional development during training.

In light of these considerations, it is important that counselling and psychotherapy training programmes adopt a pluralistic model of personal development. This should allow for flexibility and learner choice, while embedding evidence-informed modalities that may include, but are not limited to, personal therapy. Structured methods such as Self-Practice/Self-Reflection, personal development groups, and reflective journaling offer credible, evidence-based alternatives within an assessed framework. Such provision would help ensure the cultivation of core competencies essential for effective practice and trainee development, whilst avoiding an exclusive reliance on any single mandated methodology.

## Clinical Supervision

### Recommendation 2

Clinical supervision should be explicitly mandated within Continuing Professional Development and reflective practice requirements to sustain professional standards.

### Recommendation 3:

Practice education teams should be staffed by counselling and/or psychotherapy professionals who possess a prescribed minimum level of clinical practice experience and a minimum standard of training in clinical supervision.

## Rational for Supervision Recommendations

The published criteria highlight the importance of critically reflecting upon the necessity of clinical supervision and recognising the dynamics that may arise within the supervisory process. This marks a clear departure from the prevailing expectations of most counselling and psychotherapy accreditation bodies in Ireland, which mandate active participation in clinical supervision as an essential component of career long clinical practice. As the Board will be aware, clinical supervision has come to be increasingly recognised as a fundamental and indispensable component of modern, effective healthcare practice. It supports professional development while also ensuring the delivery of safe, high-quality services (Milne, 2007; Reiser and Milne, 2014). Recent reviews in the United Kingdom highlight its role as an important resource across health systems. They identify supervision as integral to sustaining professional standards and fostering reflective practice (Department of Health, 2006; Scottish Executive, 2006, 2010). This recognition is echoed in both Irish and

international health policy. Within this context clinical supervision is increasingly positioned not only as a core professional responsibility but also as a strategic mechanism for enhancing workforce wellbeing, supporting continuous learning, and ultimately improving outcomes for service users (O'Shea et al., 2019; HSE, 2015a; HSE, 2015b; Milne, 2007).

Within counselling and psychotherapy training, clinical supervision is widely regarded as yielding positive outcomes for supervisees with research highlighting benefits such as increased competence, enhanced self-reflection, and professional growth (Knox and Hill, 2021; Wheeler and Richards, 2007). Evidence further suggests that supervisory support may be especially beneficial in the development of novice practitioners (Alfonsson et al., 2017). Whilst these findings are encouraging, we must acknowledge that the broader evidence base for clinical supervision remains limited.

Watkins (2020) argues that much of the support for supervision rests on association rather than direct causal proof. The evidence of impact on client outcomes is weak, and many supervision models lack a strong empirical foundation. Methodological challenges, present since the 1990s, continue to stifle the quality and generalisability of supervision research. As a result, even today, we are no more able than three decades ago to conclusively demonstrate that counselling and psychotherapy supervision directly improves client outcomes (Watkins, 2011). Nonetheless, clinical supervision continues to be strongly endorsed across the mental health professions where it is valued as a central pillar of safe and effective practice. Its role in promoting reflective capacity, fostering skills development, ensuring professional accountability, and supporting practitioner wellbeing is consistently emphasised.

Notwithstanding these debates, the requirement that at least 60 of the 200 practice placement hours be assessed through direct observation represents a particularly welcome development. It does however highlight the need for clear guidance on the most effective methodologies for supervisory observation. Contemporary literature suggests that direct supervision methodologies may include co-facilitation, live in-room observation, video recordings, audio recordings, live CCTV, one-way mirrors, case presentations, role play, and transcripts of therapy sessions (see Bernacchio et al., 2024; Howes, 2022; Viscu and Watkins,

2021; Bernard and Goodyear, 2020; Snipes, 2018; Snipes, 2017; Owen and Shohet, 2012; O'Donovan et al., 2011). Crucially, the implementation of such methods must be underpinned by robust ethical safeguards, including the informed consent of clients, clear parameters around confidentiality, and explicit measures to protect both service users and trainees alike. Supervisory observation not only serves the pedagogical function of developing competence but also provides essential oversight to uphold the highest standards of professional responsibility and ethical practice.

Consequently, those providing clinical supervision should be required to possess a high level of clinical skill and specific training in supervisory practice. Counselling and psychotherapy supervisors must have substantial clinical experience and formal training in supervision to ensure safe, ethical, and competent practice. Skilled supervisors understand therapeutic processes, developmental needs of supervisees, and risk-management responsibilities, enabling them to provide informed guidance, maintain client safety, and foster professional growth. The provision of supervision without appropriate training may increase the risk of inadequate oversight, ethical breaches, and compromised client care. Effective clinical supervision is a specialist competency rather than an extension of therapeutic work, and requires specific knowledge, skills, and professional preparation (see Bernard & Goodyear, 2020).

## Scope of Practice

### Recommendation 4

Professional standards should formally recognise the established competencies of counsellors already working with complex presentations, including trauma and mental health co-morbidity. Grandparenting arrangements should safeguard the scope of practice of existing counsellors.

### Recommendation 5

A clear and comprehensive scope of practice framework should be developed. This should be informed by both national and international models, to provide clarity for counsellors, psychotherapists, employers, and supervisors on the depth, focus, and context of therapeutic work.

## **Rationale for Scope of Practice Recommendations**

We note the comprehensive standards of proficiency established for both counsellors and psychotherapists are structured around five domains of competence. It is reassuring that many of these standards are consistent with those applied across other established regulated professions (see NMBI, 2023; CORU, 2019). In our view, they are appropriately framed as threshold standards, setting the minimum requirements for safe entry to practice. We welcome the clear statement that they are not intended as career-long benchmarks, as registrants are expected to engage in continuous professional development and the ongoing enhancement of practice after initial registration.

We welcome the Board's decision to place counselling at level eight and psychotherapy at level nine on the QQI National Framework of Qualifications (NFQ). In our view, this provides a clear distinction between the two professions in terms of educational requirements, academic depth, and scope of professional practice. As the board has designated counselling programmes at level eight should be designed to equip graduates with the core competencies necessary for safe, ethical, and effective therapeutic practice with a broad range of mild to moderate client presentations. Psychotherapy programmes at level nine, by contrast, should enable practitioners to work with greater depth and complexity, integrating advanced theoretical knowledge, research competencies, and specialist clinical skills. These differences might also extend to expectations regarding research engagement and the level of critical reflexivity required in practice. We do, however, wish to draw attention to the specific distinctions in scope of practice and the potential implications arising from them.

We note that many of our members holding the title of 'counsellor' already provide therapeutic support to clients presenting with complex difficulties, including trauma and co-morbid mental health conditions. A substantial proportion are appropriately trained and competent to deliver such interventions. We are concerned, however, that the delineation of scope between counsellors and psychotherapists may give rise to two significant unintended consequences: (i) existing counsellors may face undue restriction within their established scope of practice, and (ii) clients requiring complex therapeutic interventions

may experience reduced access to services where the availability of psychotherapists is limited.

This submission does not seek to revisit the longstanding debate on distinctions between counselling and psychotherapy. Such debates are often regarded as overly philosophical or ideological, and risk becoming reductive (Rakovec, 2019). Within the Irish context, legislative frameworks have already established the two as distinct professions. Nonetheless, the Board will be aware that the literature remains ambiguous in clearly delineating the scope of practice between counsellors and psychotherapists (Pybis et al., 2017). Some authors suggest that distinctions may relate to factors such as therapy duration, complexity of presentation, temporal focus, or underpinning theoretical modalities (Geng, 2023). These themes were, no doubt, influential in informing the Board's distinction in scope of practice between the two professions. Interestingly, and in parallel with these professional debates, evidence indicates that clients rarely make such distinctions. Instead, they tend to prioritise the quality of the relationship and the therapeutic engagement itself (Rakovec, 2019).

Internationally, distinctions between programmes titled 'counselling' and those designated 'psychotherapy' are most apparent within training contexts. These differences typically relate to entry requirements, competencies, practice standards, and, in some cases, the duration and academic level of training. Such variation is to be expected, as psychotherapy programmes are often longer, at a higher academic level, and demand more extensive client hours, supervision, reflective practice, and additional skills such as research (British Association for Counselling and Psychotherapy et al., 2022, amended 2025). This points to a continuum of practice rather than a rigid division. It is also evident that some counsellors attain competencies commonly associated with psychotherapy, while some psychotherapists choose to practise under the title 'counsellor' (BACP, 2025).

In light of the foregoing, it is recommended that the implementation of professional standards acknowledge that many counsellors already deliver therapeutic interventions for clients with complex needs. This recognition should be embedded within the proposed grandparenting arrangements to safeguard the established scope of practice of existing

counsellors. It is also necessary to ensure that no inadvertent restrictions are placed on practice or access to services during the transition to statutory regulation. It is further recommended that a comprehensive Scope of Practice Framework be developed to guide counsellors, psychotherapists, employers, and supervisors in determining the appropriate depth, focus, and context of therapeutic work. Drawing upon national precedents (Nursing and Midwifery Board of Ireland, 2015) and international exemplars like the SCoPEd framework (British Association for Counselling and Psychotherapy et al., 2022, amended 2025), this framework would enhance role clarity, facilitate effective service planning, and reinforce professional accountability.

## Clinical Placement

### Recommendation 6

Direct observation methodologies, such as live supervision, one-way mirrors, or video recordings, should be specified in detail within educational criteria. This will enhance the quality and rigour of assessment, while safeguarding confidentiality and the integrity of the therapeutic relationship.

### Recommendation 7

Placement requirements should be broadened to include specified hours for clinical supervision, reflective practice, engagement in multi-disciplinary teams and data management. This will ensure that graduates are fully prepared for the entry level professional responsibilities encountered upon registration.

## Rational for Clinical Placement Recommendations

We welcome the Board's position that practice placements should constitute an integral component of professional training programmes. In particular, we support the requirement that each student complete a minimum of 200 hours of direct therapeutic engagement with service users (with at least 60 of these hours assessed through direct or indirect observation). This level of engagement and oversight of therapeutic interactions strengthens competence, promotes higher standards of care, and reduces the risk of harm arising from insufficient oversight (Weck et al., 2024). Furthermore, by enabling course staff to attend to both verbal and non-verbal communication, direct and indirect observation methodologies

foster a fuller understanding of the therapeutic process (Maass et al., 2022; Glossoff et al., 2014; Powell, 2009).

A significant proportion of our members are employed within organisational settings and practise as part of multi-disciplinary teams. While the criteria for education and training specify minimum requirements for direct therapeutic engagement, they provide limited clarity on the corresponding hours for other essential aspects of placement. We therefore recommend that the board extend placement requirements to include specified hours for onsite clinical supervision, structured reflective practice, record keeping, data collection, data management and participation in multi-disciplinary team contexts. Such provisions would more accurately reflect contemporary service delivery, align professional training with practice realities, and ensure that graduates are fully prepared for the breadth of responsibilities they will encounter upon registration within organisational settings.

## Conclusion

Addiction Counsellors of Ireland (ACI) welcomes the publication of the standards of proficiency for counsellors and psychotherapists, together with the associated criteria for education and training programmes. We commend the board for the detailed work undertaken in developing these standards and for its commitment to safe, effective, and accountable professional practice. To support the next stage of this work, we have identified four important themes and outlined seven recommendations which, in our view, will strengthen the implementation of standards and ensure alignment with both evidence-informed practice and the practical realities of service provision (See Table 1).

Taken together, our recommendations are intended to enhance the coherence, rigour, and practical applicability of the published standards. They are rooted in the primacy of client welfare, informed by current research and best practice, and designed to promote the ongoing professional development of both counsellors and psychotherapists. ACI remains fully committed to working in partnership with the Counsellors and Psychotherapists Registration Board of CORU as this process evolves. We welcome continued dialogue to ensure that the standards not only safeguard the public but also nurture and strengthen the counselling and psychotherapy professions into the future in Ireland. We look

forward to contributing further to this important work and to supporting the successful implementation of the standards in a collaborative spirit.

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