



An Overview of the History of Counselling and Psychotherapy and its Training in Ireland and the UK- Implications for Future Development

 **Graham Gill-Emerson**

*Department of Sociology & Criminology, University College Cork;
School of Nursing and Midwifery, University College Cork*

 **Orla Lynch**

Department of Sociology & Criminology, University College Cork

 **James O'Mahony**

School of Nursing and Midwifery, University College Cork

Abstract

Despite being in existence for the past century as a mental health treatment, counselling and psychotherapy continue to represent an ill-defined therapeutic field. Research identifying the core characteristics of effective therapy and the qualities of effective therapists have been well evidenced. There is, however, a dearth of literature examining the training and development of trainee therapists, leaving a space wherein it is difficult to determine whether current training practices of therapists are fit for purpose. Given the quality assurance role of counselling training in nurturing the establishment of best practice therapy and ensuring that therapists are appropriately skilled to deliver it, research into and conversations on what is optimal and effective in this domain are central to the profession as a whole.

Ireland is currently transitioning its governance of the discipline, away from voluntary governing bodies to the establishment of state regulation. This brings renewed emphasis on how the profession is understood and the expectations placed upon those practicing and training within it. This article identifies the context in which the discipline has developed. It offers an understanding of the current empirical base of counselling and psychotherapy training and makes recommendations into what is required to progress this base.

Keywords: counselling, psychotherapy, history, training, education.

1.0 Introduction

Health is no longer defined solely in physical terms but also in relation to psychological wellbeing. In 2022, two decades after the first World Health Organisation landmark report on mental health (World Health Organization, 2001), the issue of mental health and illness has seen an

increase in understanding, yet despite research-informed technical advances, mental health conditions continue to heavily affect people (World Health Organization, 2022). The global burden of mental disorders (GBMD) describes the prevalence and impact of mental health conditions worldwide. GBMD has remained consistent for the three decades between 1990 and 2019, remaining within the top ten leading causes of disease burden worldwide (GBD 2019 Mental Disorders Collaborators, 2022).¹ At an economic level, the global burden of mental health disorders has been estimated at USD\$ 5 trillion (Arias, Saxena and Verguet, 2022, p. 1). In Ireland alone, the cost of poor mental health is estimated at 4% of GDP or €12.4 billion (Mental Health Reform, 2021). Counselling and psychotherapy can be seen as a global professional solution to address mental health issues (Chen *et al.*, 2025, p. 147).

This article explores the current empirical foundations of counselling and psychotherapy training, both internationally and within Ireland, tracing its evolution and identifying key areas for advancing its evidence base. The article begins by offering an examination of counselling and psychotherapy as a mental health discipline, before presenting the background of counselling and psychotherapy, outlining an understanding and definition of the profession and charting its historical evolution within the UK and Ireland. It then presents an overview that highlights the research gaps around training of such professionals. The article outlines the constructs of education and training as a base from which to understand both historical and contemporary structures in therapist training and concludes with recommendations for future national research in this domain.

2.0 Counselling and Psychotherapy

Though little more than a century old as a form of mental health treatment, the psychotherapeutic field remains at a pre-scientific stage in its development (Goldfried, 2019, p. 484). One characteristic of such a stage is the lack of a common language across the field (Rief, 2021). There is a wide selection of counselling and psychotherapy governing bodies throughout the world and over five hundred therapeutic approaches (Prochaska, 2018). The discipline originated with psychoanalysis at the

¹ As articulated in the *Burden of Disease Overview* (2024): “Burden of disease measures the impact of living with illness and injury and dying prematurely”.

turn of the century, and was followed by behaviourism in 1919, humanistic therapy in the 1950's (McLeod, 2019), and what could be classified as postmodern approaches thereafter. Today, the discipline can be consolidated into four main traditions: systemic, cognitive-behavioural, psychodynamic and humanistic (Cozolino, 2024). Though these traditions vary in their methods, they strive to achieve the singular goal of facilitating the creation of circumstances in which a client can lead a fuller existence. This achievement is described as ego strengthening, affect regulation, symptom reduction or differentiation depending on the therapist orientation (Goldfried, 2019; Cozolino, 2024). Though the mental health field has made many technical advances informed by research (World Health Organization, 2022), counselling and psychotherapy remain ill-defined field(s) (Bond, 2009). The discipline is still finding itself as a distinct profession within mental healthcare, and as such, often gets subsumed as a subspecialty within other disciplines (Orlinsky *et al.*, 2024). There is a need for “rigorous definition” if the profession is to avoid becoming too vague (Woolfe, 1997, p. 4).

As constructs, the terms counselling and psychotherapy are often used interchangeably. Sources vary in how they frame the two terms. Whilst some view psychotherapy and counselling as essentially the same discipline, others consider them as similar but distinct, with some describing psychotherapy to be a longer-term process than counselling (Gale, 2024, p. 3). Many undergraduate training programs as well as some accrediting bodies and practitioners use both terms in their titles. Some jurisdictions separate the titles and requisite qualifications for one or each of the terms (Gale, 2024; Orlinsky *et al.*, 2024).

McLeod and McLeod (2011, p. 151) define counselling as a spoken encounter which allows a person “to find meaning and possibility within the area of their space that is troubling them”. For the professionals themselves, it appears to be easier to state what counsellors do than to define what counsellors are.

The Irish Association for Counselling and Psychotherapy (IACP) introduce counselling and psychotherapy as a singular profession. They reinforce the relational aspect of the encounter, whilst identifying the professional feature of this relationship both explicitly and in the implicit meanings derived from the use of the word ‘client’, stating that:

Counselling and psychotherapy are professional, relational activities involving IACP practitioners and their clients. The practitioner offers an impartial, professional helping relationship which respects the client's autonomy and personal values. (IACP, 2025)

Cognitive Behavioural Psychotherapy Ireland (CBPI) take a more medicalised perspective, outlining their members abilities in the

assessment and delivery of clinical interventions for the management and effective treatment for many different health and mental health conditions of varying severity. (CBPI, 2025)

Rakovec (2021) examined the differences between counselling and psychotherapy, tracking their purposes across governing bodies in Ireland, UK and Australia (See Table 1). Two of the three bodies described there being no difference between the counselling and psychotherapy whilst one found there to be a considerable overlap between the two.

Since 2007, Ireland has been in the process of regulating the titles of counsellor and psychotherapist through CORU, the state regulator for health and social care professionals (Rountree, 2023). CORU was established under the Health and Social Care Professionals Act 2005 as a multi-profession health regulator. It has a role to protect the public by promoting high standards in the areas of education, training, competence and conduct (CORU, no date). CORU recognises counselling and psychotherapy as distinct professions that will be assigned individual registers and standards of proficiency (SoP). Though it had previously stated that a Level 8 National Framework Qualification (NFQ) would be the entry threshold for each profession—as a Level 7 NFQ ‘did not reflect the demands of practice’ and a Level 9 NFQ ‘went beyond the threshold level standards defined by the board’ (CORU, 2025b)—CORU has since revised this position, setting a level 8 NFQ standard for counsellors and a level 9 for psychotherapists (CORU, 2025a). CORU regulates title protection, not scope of practice (CORU, 2025f) and it does not articulate definitions for either profession (CORU, 2025c). It understands counsellors to engage in time-limited work focused on defined presenting issues, whilst the work of psychotherapists involves deeper emotional processing centred

on longer-term psychological distress (*Counsellors and Psychotherapists: Publication of Standards of Proficiency and Criteria*, 2025).

| Organisation | Counselling | Psychotherapy | Overall view |
|---|--|---|--|
| Irish Association for Counselling and Psychotherapy (IACP) | Tends to be more immediate issues. | Deals with deeper, chronic issues rooted in the past. | No difference between counselling and psychotherapy. |
| British Association for Counselling and Psychotherapy (BACP) | No theoretical, practical or research rationale for distinguishing between counsellors and psychotherapists. | | No empirical evidence of difference between counselling and psychotherapy and that each occupational area has equal value. |
| Psychotherapy Federation of Australia | More likely to focus on specific problems, changes and nurturing well-being. | More focused on restructuring personality and development of insight. | Counselling and psychotherapy overlap considerably, with greater overlap occurring at more advanced levels than at more foundational levels. |

Table 1: Counselling and Psychotherapy Differentiation Across Governing Bodies in Ireland, UK and Australia
(Rakovec, 2021)

CORU's SoP's for each profession specify the minimum threshold of knowledge across five domains that an individual must possess upon entry to the counselling and psychotherapy registers. Across these domains, CORU assigns criteria for counsellors (n=94) and psychotherapists (n=92), with the first four domains' criterion (n=55) being identical for each profession's SoP (CORU, 2025e, 2025d). Differences emerge in the fifth domain, titled 'Professional Knowledge and Skills', where CORU distinguishes how counsellors and psychotherapists work therapeutically, with the former addressing moderate psychological issues (CORU, 2025d),

whereas the latter manages moderate to severe, complex psychological distress (CORU, 2025e). Other differences include the use of higher-order cognitive skills in the psychotherapists' SoP as they relate to Bloom's Taxonomy (Adams, 2015) and an expectation that psychotherapists have a working knowledge of "DSM/ICD diagnostic frameworks" (CORU, 2025c, p. 10).

In recognition of the heterogeneity of the frames through which counselling and psychotherapy are understood, this article adopts the definition provided by the Quality Assurance Agency, which describes them as a relational activity working:

towards the alleviation of any form of psychological distress and support[ing] clients in developing self- awareness, personal insight, skills and confidence to manage their lives in a way that is more effective for them. (Quality Assurance Agency, 2022, p. 3)

This definition will be represented in this article using the word 'therapist' and 'therapy' to describe the professional role of counsellor and psychotherapist and to refer to the broader profession of counselling and psychotherapy.

2.1 The Emergence of a Therapeutic Discipline within the UK and Ireland

The UK's National Health Service (NHS) has identified poor mental health as one of the most important health challenges of the present time, costing the UK economy 5% of GDP (National Health Service, 2022), similar to Ireland (Mental Health Reform, 2021). Counselling and psychotherapy have evolved from marginal treatments in the early twentieth century to central treatment modalities within health services across the Western world (Buchanan and Haslam, 2019).

The development of the therapy discipline in the UK and Ireland has largely progressed in step since the 1980s. Aldridge (2014) charts the development of psychological therapies in the UK from the late nineteenth century, noting counselling has its historical roots in volunteer work through the Charity Organisation Society (COS) and Police Court Missionaries (PCM). COS volunteers were mainly middle-class women

offering a case work approach to support poor families. COS and the PCM evolved into Social Work and Probation services, with formal training for each commencing in 1903 (Aldridge, 2014).

Another foothold for psychological therapies in the UK emerged from the application of psychoanalytic ideas to treat soldiers suffering from shell shock after the First World War (1914–1918). Following increased marriage breakdowns and incidents of sexual violence after the Second World War (1939–1945), government funding supported marriage guidance organisations (Dryden, Mearns and Thorne, 2000) and a council was established to oversee volunteer training as a quality assurance measure (Aldridge, 2014). The term counselling came into more gradual usage after 1945, largely through the work of the Marriage Guidance Councils (Aldridge, 2014).

The introduction of the NHS (1948) and broader welfare state provided opportunities for further professionalisation of allied health roles (Beresford, 2001). This led to a splitting within the therapeutic setting and mindset, with some practitioners remaining within the traditional voluntary sector, whilst others became state-employed professionals (Aldridge, 2014).

John McLeod (2019, p. 331) argues that early influences on counselling practice and training in the UK during the 1960s and 1970s originated in social action responses as opposed to individual pathology. Such early champions of UK counselling were seen in several fields:

- Pastoral care and counselling, where clergy and lay persons looked to counselling psychology to aid in the healing of those in their congregations. Many Scottish counselling agencies owe their origins to the Board of Social Responsibility within the Church of Scotland (McLeod, 2019, p. 332).
- Universities and polytechnics, where leading figures from the United States made substantive contributions to therapy training courses, such as those at Aston and the Universities of Keele and Reading (Dryden, Mearns and Thorne, 2000, p. 2).
- National Marriage Guidance Counsellors, established in 1938, was a third driver in the development of the field within the UK (Dryden, Mearns and Thorne, 2000, p. 2; McLeod, 2019, p. 331).

Due to its widened development through these spiritual, academic and relational drivers, defining counselling and psychotherapy became a problematic task. Professional definition allows for a degree of professional recognition and culpability (Jenkins, 2017). It offers a “root of understanding” and orients those within and outside of the profession as to what a professional is about and how they work (Saks, 2012, p. 1). The expansion of counselling during the 1960s raised concerns about the lack of standardised training or definition. Government and charity funding supported the establishment of the Standing Conference for the Advancement of Counselling (Aldridge, 2014), which brought together various organisations to form the first UK voluntary counselling governing body, the British Association for Counselling (BAC), in 1977 (Dryden and Thorne, 1991, p. 3; McLeod, 2019, p. 333; Woolfe, 1997, p. 3).

The creation of the BAC was not wholly driven from pressures within the counselling discipline, as external pressures appear to have catalysed momentum. BAC’s aims were to promote sharing and mutual learning, establish standards to protect the public and facilitate the development of an effective training base (Holmes, 2019). The Foster Report of 1971 was prompted by a growing concern for the encroachment of Scientology into psychological therapies. It had recommended that psychotherapy be moved to a regulated footing (Foster, 1971, p. 179). However, the report struggled to distinguish between the psychological disciplines, describing psychiatry as dealing with emotional and mental problems, psychology as concerned with problems of intellect and counselling as “psychotherapy without a fee” (Jenkins, 2017, p. 11). Definitional difficulties were further alluded to in the later Seighart Report of 1978 (Jenkins, 2017). The Seighart Report was published by the Joint Professions Working Party and recommended indicative registration for psychotherapists (Pokorny, 1995).

Throughout the 1980s, efforts to secure regulation through the UK’s counselling and psychotherapy governing bodies were repeatedly hindered by difficulties in clearly differentiating the roles of counsellor and psychotherapist. A Private Member’s Bill in 1981, which sought to regulate psychotherapists, failed—most likely due to issues around the many strands of psychotherapeutic schools, which made it difficult to clearly distinguish counselling from psychotherapy or psychology (McLeod, 2019, p. 333). (Pokorny, 1995; *Psychotherapy (Registration) -Hansard-UK Parliament*,

n.d.). There were later attempts to regulate both titles under the Health Professionals Council (now the Health and Care Professionals Council) and while this approach offered statutory regulation, it was based on a medical model that was not always considered appropriate for talking therapies (Jenkins, 2017, p. 12). Regulation came to be judged as more optimal as an end point rather than a starting point, due to the lack of definitional consensus on the profession(s). The discipline was therefore tasked with establishing professional consensus and returning at a later stage as a more unified field, better positioned for effective regulation (Murphy, 1990).

Following the Private Member's Bill in the House of Commons in 1981, the BAC invited organisations to their headquarters in Rugby to discuss both the Foster and Sieghart Reports. Pokorny (1995, p. 415) notes that this 1981 meeting marked the first Psychotherapy Conference, which became the United Kingdom Standing Conference for Psychotherapy (UKSCP) in 1989, and was later re-named the United Kingdom Council for Psychotherapy (UKCP) in 1993, in preparation for the launch of a formal register for psychotherapy.

In 1988, the counselling field saw further professionalisation with BAC establishing a Working Group on the Recognition of Counsellor Training Courses (Dryden and Thorne, 1991). This may have been, as the authors suggest, an evolutionary next step in establishing the counselling profession, though one wonders whether such a drive towards standards and coherency was catalysed either directly or indirectly by the parliamentary events of 1981. A more direct consequence of the Private Member's Bill to regulate counselling was the establishment of the United Kingdom Council for Psychotherapy (UKCP). The BAC became the BACP in 2000 (Charity Commission for England and Wales, n.d.) and currently has more than 50,000 members (BACP, 2025).

The Irish Association for Counselling (IAC) was established in 1981, having received permission from BAC for an Irish counterpart organisation. The intention from the outset was to establish and develop recognition, promote knowledge in and define standards for the counselling profession as an entity (Feldstein, 2011, p. 13). Membership criteria were established three years later, welcoming those who had one year of counselling experience and were involved in six supervised hours of counselling per week (Feldstein, 2011, p. 16). These standards of training

and practice are much lighter than those required today but one must remember that there were no set counselling courses being delivered in Ireland at the time. The first counselling course was offered this same year and consisted of a ten-week programme for two hours per week at the Hanly Centre, Dublin (Feldstein, 2011, p. 20).

Whilst in the UK, parliament maintained public focus on the profession within Britain, in Ireland, such attention was largely maintained by the broadsheet media. Counselling training, as well as counselling regulation, were first referenced in the Irish media in 1984, analogising training in counselling as being akin to that of a seamstress learning the trade.

The trainee picks up the trade by watching until she – and it is usually “she” – feels able to tackle the job herself. (Maher, 1984, p. 11)

Odette Thompson, one of the founders of the IAC, in an interview offered to the *Irish Times* in 1989, stated that there was a cohort of counsellors practising in Ireland who were without adequate qualifications (Donovan, 1989, p. 11). In the article, she spoke of the lack of counselling training standardisation both nationally and internationally (Donovan, 1989). The 1989 IAC conference hosted a guest speaker from the BAC, who outlined their process of establishing a Working Party on Recognition of Counselling Training. This consultation culminated in the establishment of an Irish working group to explore how best to set up a system of standardisation in Irish counselling training. This IAC group met for eighteen months and, in 1991, offered a set of draft guidelines for IAC-accredited courses. This embryonic working group later became the basis of the Course Recognition Committee of the IAC (Feldstein, 2011). The IAC has changed its name twice since its creation: in 1994, the organisation became Irish Association for Counselling and Therapy (IACT) and in 2002 its current iteration as the IACP came into being (Feldstein, 2011).

A further *Irish Times* article noted the unregulated nature of therapy in Ireland, highlighting the movement’s origins in the United States and

Ireland's national mix of both contemporary (Gestalt² and Reality³) therapies and more 'alternative' offerings such as amethyst⁴ and shiatsu⁵ therapies (Holmquist, 1990). From the article, it is clear that at the outset of the 1990s a smorgasbord of therapeutic practices was available to the Irish public, some based in more clinical frameworks than others. *The Irish Times* article also illustrated the growing counselling industry in Ireland and the concerns of Irish therapists that the unregulated nature of therapy meant that anyone could set up a therapy practice without formal training or experience (Holmquist, 1990). This conversation has continued in Irish counselling circles and the broader media (Byrne, 2016), with the first green shoots of state regulation only now beginning to emerge through CORU (Rountree, 2023).

2.2 Research in Counselling and Psychotherapy

Research has played a central role in the development of therapeutic theory and practice since the 1920s. From the 1940s, there has been a steady growth in psychotherapy research (McLeod, 2017). Studies identifying the core characteristics of effective therapy (Moloney, 2016) and the qualities of effective counsellors and psychotherapists (Bernes, 2005; Heinonen and Nissen-Lie, 2020) have been well evidenced. A recent scoping review identified 122 competencies for psychological counsellors and synthesised these to thirty core competencies across four categories: attitude, personality, knowledge and skill and ability (Chen *et al.*, 2025, p. 147). Aldridge (2011) has offered a historical and sociological history of the development of counselling in the UK, whilst in Ireland, research into counselling training has looked at Irish counselling students' experiences

² Developed by Fritz Perls in 1947, it focuses on here and now experiencing, with a view to removing blocks to authentic contact with the world brought on by old patterns (McLeod, 2019).

³ Founded by psychiatrist William Glasser in 1965, This transtheoretical approach based on choice theory aids individuals in taking responsibility for their behaviours and learn new ways to meet their needs in a more effective manner (McLeod, 2019; *Reality therapy | Research Starters | EBSCO Research*, no date).

⁴ "Amethyst is said to have a range of properties that support both emotional and physical health, though these aren't backed by any research" (Nall, 2020).

⁵ A specific type of massage derived form of Chinese medicine combining massage and acupressure (Brady *et al.*, 2001).

and expectations of group work during training (McMahon and Rodillas, 2020) and work-integrated learning in therapeutic training programs (Sheedy and Clancy, 2025).

McQuaid (2014) identified three aspects underpinning therapist training programmes being theories that relate to practice, personal development in both group and individual settings and practice in the context of training, such as placement. Many training programs in the UK and Ireland consist of teaching theory and skills in a classroom setting, alongside clinical work placement and clinical supervision with a qualified clinical supervisor (Sheedy and Clancy, 2025, p. 410). Whilst there are many commonalities between therapy training, many variations among training ideologies exist (Orlinsky *et al.*, 2024 p. 560), with some programmes differing in focus due to the underlying philosophical distinctions within therapeutic schools. In this regard, the development of technical aspects of an approach have typically received more attention in behavioural and cognitive therapies, whilst humanistic and psychoanalytic therapies have tended to prioritise the development of self-awareness and interpersonal qualities (Murphy *et al.*, 2020). There remains, however, a gap in the literature examining such training, making it difficult to determine whether current training practices are optimal or fit for purpose (McLeod, 2019). The lack of compelling evidence linking therapy training programmes to effective client outcomes is notable (Owen *et al.*, 2016; Jenkins, 2017; McLeod, 2019). This is particularly concerning given the large investment of resources used to qualify as therapists (Stein and Lambert, 1995, p. 194).

Currently in the UK and Ireland, newly qualified therapists are expected to complete a set number of client hours whilst attending clinical supervision in order to become accredited or licenced. Clinical supervision incorporates a formal relationship, which serves the dual purpose of developing the supervisee so that they can in turn offer the most effective service to the client. Supervision offers protection to the client by means of a 'checks and balances' model of care, supporting cathartic relief for the supervisee, promoting wellbeing in the work, protecting the profession from unethical actions and reducing ineffective practices.

3. Training and Education

Having outlined the core constructs of counselling and psychotherapy and charted its historical development in the UK and Ireland, this article will now explore adult learning principles from pedagogical and andragogical perspectives before moving on to discuss the education of therapists.

Training and education are terms often used interchangeably (Masadeh, 2012, p. 62). Training is described as the “structured education for groups of trainees” (Hill and Knox, 2013, p. 776). It can be associated with procedural skills acquisition (McQuaid, 2014, p. 23) and can involve standardised sets of steps (Hill and Knox, 2013). Education offers a broader outlook and often leading to professional qualification (McQuaid, 2014), the ultimate goal of which is to ensure that people become effective at performing the tasks required by their discipline (Tormey *et al.*, 2022).

Pedagogy can be defined as the guidance provided to students to assist learning, taking the form of teacherly engagement, resources, support and interactions (Billet, 2011). Derived from French and Latin adaptations of Greek, with *ped* meaning child and *agogy* meaning leadership, pedagogy traditionally refers to leadership or guidance of a child (Knowles *et al.*, 2020). Synonyms with the *-agogy* suffix describe a “method or practice of leading, guiding, or teaching” (*Collins English Dictionary*, 2025). While the strict etymological interpretation of pedagogy relates to leading children, it is more commonly understood as the theory and practice of teaching, learning and assessment (Mortimore, 1999) and “the act and discourse of teaching” (Alexander, 2004, p. 8; Black and Wiliam, 2018, p. 4). Though some work in pedagogy has been applied to adult education, many believe that it cannot escape its roots focused on working with children (Knowles *et al.*, 2020). This literal interpretation has led contemporary scholars to develop broader terms, such as andragogy, to address the education of adults (Mortimore, 1999, p. 1).

Andragogy draws its meaning from the Greek words for man (“andros”) and leading men (“agein”) (Loeng, 2018). Though pedagogy and andragogy reflect the skills of teaching and learning, their underpinning presumptions of the instructor and the student differ. Pedagogy views the teacher as omniscient on the subject matter and how it is to be taught (El-Amin, 2020, p. 59). This knowledge is then imparted to a submissive

student, who is seen as a blank slate and whose experience is minimally valued as a learning resource (Knowles *et al.*, 2020). Andragogy differs in that its premise is that the instructor does not possess all knowledge and the students' own experiences aid in developing and creating a fuller understanding of what is being taught (El-Amin, 2020).

The underlying assumptions of andragogy are that as a person matures:

- their concept of self moves from one of being a dependent personality towards one of being a self-directed human being.
- they accumulate a growing reservoir of experience that becomes an increasing resource for learning.
- their readiness to learn becomes oriented increasingly to the developmental tasks of their social roles.
- their time perspective changes from one of postponed application of knowledge to immediacy of application, and, accordingly, their orientation towards learning shifts from one of 'subject-centredness' to one of 'problem-centredness'.
- the motivation to learn is internal.

(McQuaid, 2014, p. 20; Knowles *et al.*, 2020, pp. 43–47)

This co-created latter position is more appropriate to higher education leveraging the life experience already accrued by students. In this regard, andragogically oriented lecturers create holistic learning plans and environments that expose learners to a multi-sensory learning experience through the use of learning materials via kinaesthetic, visual, oral and aural modes (El-Amin, 2020). It has been argued that learning pedagogies are not often fully implemented in healthcare educational programming or design (Mukhalalati and Taylor, 2019). Such programming often demonstrates an emphasis on *what* is required to be known whilst offering little focus on *how* it may be learned.

3.1 History of Counselling and Psychotherapy Training

Sigmund Freud (1856–1939) is widely considered the father of modern therapy. His development of psychoanalysis from the mid-1890s (Storr, 2001), marks the burgeoning of a new field through which neurotic patients could seek new insights into their own processes and ultimately gain catharsis or relief. The discipline of psychoanalysis is the earliest area of therapy to develop a formal training schedule (McLeod, 2019). This was

developed through Freud's Wednesday Psychological Society in 1902, with five fellow doctors at his home in Vienna. The first therapy training had so commenced as an informal peer to peer supervision where case studies would be presented and analysed.

Training analysis has been a signature pedagogy in psychoanalytic training. This method consists of a trainee engaging in their own analysis with a more senior member of a training institute. The assessment of suitability of candidates for qualification was determined by the training analyst. The privacy and secrecy of such arrangements stifled public discussion on such training pedagogy (McLeod, 2019, p. 427) and led to oppression within a training where appeals were not possible.

From the 1940s, Carl Rogers (1902–1987) and his colleagues sought to develop trainee self-awareness and relatedness through participation in experiential groups. Therapeutic skills were cultivated through the use of trainee dyads, watching films and reading transcripts of sessions as well as attending client sessions as co-therapists with more experienced counsellors. The emergence of democratisation after the Second World War was reflected in the training itself with student self-reflection and evaluation being considered alongside staff assessments (McLeod, 2019).

As structured therapeutic approaches such as Cognitive Behaviour Therapy (CBT) emerged in the 1960 and 1970s, structured approaches to skills training also emerged such as Interpersonal Process Recall (Kagan *et al.*, 1969) and the Skilled Helper Model (Egan, 1982). Such models would offer trainees a standardised programme of specific counselling skills through the use of video, handouts, lectures and role play (McLeod, 2019, p. 428).

3.2 Contemporary Training Structures

Therapist training is a standardised process through which a trainee grows in competency from a baseline novice standard and expectation to that of a qualified therapist (Jenkins, 2017, pp. 25–26). Trainees develop their craft and professional identities in these formative training environments (Orlinsky *et al.*, 2024, p. 559).

There is a broad heterogeneity in the approaches and content utilised by therapy training courses (Cooper, 2008; Orlinsky *et al.*, 2024). Such courses provide trainees with learning opportunities in areas of self-

exploration, supervised work with clients, the acquisition of counselling skills and counselling theory (Dryden and Thorne, 1991; McQuaid, 2014), though differing courses emphasise focus on some of these areas at the expense of others (McLeod, 2019, p. 428).

Personal growth and awareness are mainstays of counselling training, integral to the overall growth of the developing professional therapist (Luke and Kiweewa, 2010). Personal development work aids the trainee therapist in developing greater efficacy in the management of their own life challenges and psychological distress as well as gaining greater awareness of their own subconscious and cognitive biases, which may otherwise leak into their work with clients (Li, Wang and Li, 2024). Training needs a balance between a development of the individual in their 'Being', through personal therapy, group process and reflective practices, whilst shaping the theoretical and technical aspects of their developing professional role, their 'Doing'. If the balance is overweighted toward the 'Being', there is potential for developing emotionally aware professionals with a dearth of the core technical skills to do the work. Overweighting on the 'Doing' is likely to produce hollow professionals, role bound at the expense of congruence and empathic attunement (Jenkins, 2017).

Research into what is effective in therapist training is central to ensuring that therapists are appropriately skilled in the delivery of best practice therapy. Given the centrality of therapist training in representing the requirements of best practice therapy and ensuring that therapists are appropriately skilled up to deliver it, research into this domain is central to the profession as a whole (Orlinsky *et al.*, 2015).

3.3 Competency based Training and the Road Ahead

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) in the USA was set up in 1981 as a nationally recognised accrediting body for Masters and Doctoral degree programs in counselling. Its introduction of competency-based standards in 2001 (Urofsky and Bobby, 2012) places CACREP as an early adopter of such practices in therapeutic training. Therapist training in the UK and Ireland is currently undergoing a similar shift from values and content-based training to that of competency-based standards of proficiency (Hill and Knox, 2013; Jenkins, 2017) through the introduction of the Scope of

Practice and Education (ScoPEd) framework in the UK and CORU's Standards of Proficiency in Ireland. Competency could be understood as the drawing together of training and education to characteristics and core skills sets requisite to effective job performance (Chen *et al.*, 2025). Such characteristics can be divided into visible and hidden aspects (Salman, Ganie and Saleem, 2020). A recent scoping review synthesised the core competencies of therapists into the four domains of attitude, personality, knowledge, and skill and ability (Chen *et al.*, 2025). The Quality Assurance Authority manage standards for university qualifications in the UK. They outline how competence will be informed in therapist training through their criteria of minimum expectations of what therapy trainees need to 'know, do and be' to secure qualification (Quality Assurance Agency, 2022).

In reference to Goldfreid's (2019) assertion that the field of psychotherapy remains at a pre-scientific stage in its development, Rief (2021) offers a critique of the historic 'school based' tradition of therapy training outlining the negative consequences of programs focusing training on a core therapeutic modality (school). He cautions against the rigidity of maintaining adherence to a singular orientation, the creep of bias in research associated to the researchers own therapeutic orientation, and the blinkering of therapists in their psychotherapeutic understandings beyond that of their own immediate modality. He argues for the future of therapy training following evidence-based competencies required by therapists which he has broken into the three areas of *scientifically based knowledge*, *practical skills acquisition* and the development of *personal skills*.

Others warn against the emergence of competency-based benchmarks as minimum criteria to assess for qualification. A task-based approach to training can overlook a clinical professional being more than the sum of their parts (Brightwell and Grant, 2013). With this in mind, the competency-based trainings of medical doctors have evolved to capture higher order qualities under which tasks are undertaken. Such qualities as professionalism, empathy, leadership and problem solving are now included as modified descriptors in curricula referred to as meta-competencies (Brightwell and Grant, 2013). Appropriate responsiveness in therapy as a demonstrable meta-competency is identified through knowing how, when and with whom to implement the skills and knowledge acquired through training (Hatcher, 2015; Hill and Knox, 2013).

4.0 Conclusion

This article has offered a contextual understanding of how therapy and therapist training have developed within Ireland and the UK. It has presented the constructs of counselling and psychotherapy, charting the evolution of the discipline within these islands from the early days of the profession to the upcoming introduction of protected titles through CORU. It has examined the inter-relationship between training and education as a base to understand both historical and contemporary structures in therapist training.

There remains a dearth of research into the effectiveness of therapist training in producing effective therapists (McLeod, 2019). Given the large investment in resources to qualify therapists, the lack of compelling evidence that such programs directly relate to effective client outcomes is notable (McQuaid, 2014; McLeod, 2019). In acknowledging the claim that therapist training is both effective and necessary, the challenge is set for the discipline to provide evidence for such a claim (Hill and Knox, 2013; Orlinsky *et al.*, 2015).

Whilst research has identified the core competencies of practitioners (Chen *et al.*, 2025), a further systematic review of literature connecting training approaches to the development of such core competencies is required. Additionally, though international research has commenced into the structural and organisational variance between therapy programs (Orlinsky *et al.*, 2024), Irish training programs have been under-represented. Further national analysis is required to understand the similarities and differences across Irish therapy training programs ahead of state regulation.

As state regulation of this discipline in Ireland progresses through CORU, the delineations between counselling and psychotherapy have been set out by the regulator through each profession's standards of proficiency, though the evidence base for such distinctions has not yet been shared with the public or profession. The importance of such decisions originating from an evidence-based foundation is paramount in ensuring training and practice criteria within the professions in order to ensure that they progress along established evidence-based pathways.

Works Cited

- Adams, N.E. (2015) 'Bloom's Taxonomy of Cognitive Learning Objectives', *Journal of the Medical Library Association*, 103(3), pp. 152–153. doi: <https://doi.org/10.3163/1536-5050.103.3.010>.
- Aldridge, S. (2014) *A Short Introduction to Counselling*. Los Angeles: SAGE.
- Aldridge, S. (2011) 'Counselling – An Insecure Profession? A Sociological and Historical Analysis'. PhD thesis, University of Leicester.
- Alexander, R. (2004) 'Still No Pedagogy? Principle, Pragmatism and Compliance in Primary Education', *Cambridge Journal of Education*, 34(1), pp. 7–33. doi: <https://doi.org/10.1080/0305764042000183106>.
- Arias, D., Saxena, S. and Verguet, S. (2022) 'Quantifying the Global Burden of Mental Disorders and their Economic Value', *eClinicalMedicine*, 54: 101675. doi: <https://doi.org/10.1016/j.eclinm.2022.101675>.
- BACP (2025) *Information about BACP*. Available at: <https://www.bacp.co.uk/about-us/home/information-about-bacp/> (Accessed: 25 August 2025).
- Beresford, P. (2001) 'Social Work and Social Care: The Struggle for Knowledge', *Educational Action Research*, 9(3), pp. 343–354. doi: <https://doi.org/10.1080/09650790100200158>.
- Bernes, K.B. (2005) 'The Elements of Effective Counselling', *NATCON Papers*.
- Billet, S. (2011) *Curriculum and Pedagogic Bases for Effectively Integrating Practice Based Experiences*. Australian Learning and Teaching Council.
- Black, P. and Wiliam, D. (2018) 'Classroom Assessment and Pedagogy', *Assessment in Education: Principles, Policy & Practice*, 25(6), pp. 551–575. doi: <https://doi.org/10.1080/0969594X.2018.1441807>.
- Bond, T. (2009) *Standards and Ethics for Counselling in Action*. Thousand Oaks, CA: SAGE Publications.
- Brady, L.H. et al. (2001) 'The Effects of Shiatsu on Lower Back Pain', *Journal of Holistic Nursing*, 19(1), pp. 57–70. doi: <https://doi.org/10.1177/089801010101900106>.

- Brightwell, A. and Grant, J. (2013) 'Competency-Based Training: Who Benefits?', *Postgraduate Medical Journal*, 89: 1048, pp. 107–110. doi: <https://doi.org/10.1136/postgradmedj-2012-130881>.
- Buchanan, R.D. and Haslam, N. (2019) 'Psychotherapy', in Sternberg, R.J. and Pickren, W.E. (eds.) *The Cambridge Handbook of the Intellectual History of Psychology*. Cambridge University Press, pp. 468–494. doi: <https://doi.org/10.1017/9781108290876.019>.
- Burden of disease Overview (2024) *Australian Institute of Health and Welfare*. Available at: <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/burden-of-disease/overview> (Accessed: 3 May 2025).
- Byrne, K. (2016) 'Talking Therapy Is on Rise... But Who Are We Talking to?', *Irish Independent*, 25 June, p. 4.
- CBPI (Cognitive Behavioural Psychotherapy Ireland) (2025) *Who Are Cognitive Behavioural Psychotherapy (Ireland) CLG?*. Available at: <https://cbti.ie/about-us/> (Accessed: 6 December 2024).
- Charity Commission for England and Wales (no date) *British Association for Counselling and Psychotherapy - Charity 298361, Register of Charities*. Available at: <https://register-of-charities.charitycommission.gov.uk/en/charity-search/-/charity-details/298361/full-print> (Accessed: 25 August 2025).
- Chen, C. *et al.* (2025) 'Core Competencies for Psychological Counselors: A Scoping Review', *Behavioral Sciences*, 15(2): 147. doi: <https://doi.org/10.3390/bs15020147>.
- Collins (2025) *Collins English Dictionary*. Available at: <https://www.collinsdictionary.com/dictionary/english/agogy> (Accessed: 10 July 2025).
- Cooper, M. (2008) *Essential Research Findings in Counselling and Psychotherapy: The Facts are Friendly*. Los Angeles, CA: SAGE.
- CORU (2025a) *About the Standards and Criteria*. Available at: <https://www.coru.ie/about-us/registration-boards/counsellors-and-psychotherapists-registration-board/faqs/faq-a-about-the-standards-and-criteria/about-the-standards-and-criteria.html> (Accessed: 12 July 2025).
- CORU (2025b) *FAQs on Counsellors and Psychotherapists - Standards of Proficiency and Criteria for Education and Training Programmes*.

- Available at: <https://coru.ie/public-protection/public-consultations/past-consultations/faqs-on-counsellors-and-psychotherapists-standards-of-proficiency-and-criteria-for-education-and-training-programmes.html> (Accessed: 10 July 2025).
- CORU (2025c) 'RE: Counselling & Psychotherapy Title Definition'.
- CORU (2025d) 'Standards of Proficiency for Counsellors'. Available at: <https://www.coru.ie/about-us/registration-boards/counsellors-and-psychotherapists-registration-board/standards-and-criteria/counsellors-standards-of-proficiency-copy.pdf> (Accessed: 7 December 2025).
- CORU (2025e) 'Standards of Proficiency for Psychotherapists'. Available at: <https://www.coru.ie/about-us/registration-boards/counsellors-and-psychotherapists-registration-board/standards-and-criteria/psychotherapists-standards-of-proficiency-copy.pdf> (Accessed: 10 January 2026).
- CORU (2025f) *What Does the Introduction of Regulation Mean for Me?* Available at: <https://www.coru.ie/about-us/registration-boards/counsellors-and-psychotherapists-registration-board/faqs/faq-d-what-does-regulation-mean-for-me-/what-does-the-introduction-of-regulation-mean-for-me-.html> (Accessed: 12 July 2025).
- CORU (no date) *What is CORU?* Available at: <https://www.coru.ie/about-us/what-is-coru/> (Accessed: 25 August 2025).
- Counsellors and Psychotherapists: Publication of Standards of Proficiency and Criteria* (2025). Available at: <https://www.youtube.com/watch?v=wzB7sW6SvL8> (Accessed: 12 July 2025).
- Cozolino, L. (2024) *The Neuroscience of Psychotherapy: Healing the Social Brain*. 4th edn. New York: W.W. Norton.
- Donovan, K. (1989) 'What Counsellors Have to Offer', *The Irish Times*, 18 July, p. 11.
- Dryden, W., Mearns, D. and Thorne, B. (2000) 'Counselling in the United Kingdom: Past, Present and Future', *British Journal of Guidance & Counselling*, 28(4), pp. 467–483. doi: <https://doi.org/10.1080/713652309>.
- Dryden, W. and Thorne, B. (1991) *Training and Supervision for Counselling in Action*. Oakland, CA: SAGE Publications.

- Egan, G. (1982) *The Skilled Helper: Model, Skills, and Methods for Effective Helping*. Eagle River, WI: Brooks/Cole.
- El-Amin, A. (2020) 'Andragogy: A Theory in Practice in Higher Education', *Journal of Research in Higher Education*, 4(2), pp. 54–69. doi: <https://doi.org/10.24193/JRHE.2020.2.4>.
- Feldstein, S. (2011) *The Irish Association for Counselling and Psychotherapy Celebrating 30 years*. Bray: The Irish Association for Counselling and Psychotherapy.
- Foster, J.G. (1971) *Enquiry Into the Practice and Effects of Scientology: Report*. London: HM Stationery Office.
- Gale, J. (2024) 'Preserving the Integrity of Psychotherapy: Let's not Throw it Under the Bus', *Psychotherapy and Counselling Journal of Australia*, 12(1). doi: <https://doi.org/10.59158/001c.116673>.
- GBD 2019 Mental Disorders Collaborators (2022) 'Global, Regional, and National Burden of 12 Mental Disorders in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019', *The Lancet Psychiatry*, 9(2), pp. 137–150. doi: [https://doi.org/10.1016/S2215-0366\(21\)00395-3](https://doi.org/10.1016/S2215-0366(21)00395-3).
- Goldfried, M.R. (2019) 'Obtaining Consensus in Psychotherapy: What Holds Us Back?', *American Psychologist*, 74(4), pp. 484–496. doi: <https://doi.org/10.1037/amp0000365>.
- Hatcher, R.L. (2015) 'Interpersonal Competencies: Responsiveness, Technique, and Training in Psychotherapy', *American Psychologist*, 70(8), pp. 747–757. doi: <https://doi.org/10.1037/a0039803>.
- Heinonen, E. and Nissen-Lie, H.A. (2020) 'The Professional and Personal Characteristics of Effective Psychotherapists: A Systematic Review', *Psychotherapy Research*, 30(4), pp. 417–432. doi: <https://doi.org/10.1080/10503307.2019.1620366>.
- Hill, C.E. and Knox, S. (2013) *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons, Incorporated.
- Holmes, C.S. (2019) 'The Nature, Form and Purpose of Contemporary Professional Associations: An Extended Case Study of the British Association for Counselling and Psychotherapy'. PhD thesis. University of Leicester. doi: <https://doi.org/10.25392/leicester.data.11335652.v1>.

- Holmquist, K. (1990) 'Making a Career Out of Helping People Cope', *The Irish Times*, 27 July, p. A4.
- IACP (2025) *The Irish Association Code of Ethics*, Irish Association for Counselling & Psychotherapy. Available at: <https://www.iacp.ie/iacp-code-of-ethics> (Accessed: 6 July 2025).
- Jenkins, P. (2017) *Professional Practice in Counselling and Psychotherapy: Ethics and the Law*. London: SAGE Publications. doi: <https://doi.org/10.4135/9781529714975>.
- Kagan, N., Schaubles, P., Resnikoff, A., Danish, S.J. and Krathwohl, D.R. (1969) 'Interpersonal Process Recall', *The Journal of Nervous and Mental Disease*, 148(4). doi: <https://doi.org/10.1097/00005053-196904000-00004>.
- Knowles, M.S., Holton, E.F., Swanson, R.A. and Robinson, P.A. (2020) (2020) *The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development*. 9th edn. Abingdon, Oxon; New York: Routledge. doi: <https://doi.org/10.4324/9780429299612>.
- Li, X., Wang, Y. and Li, F. (2024) 'Does Personal Therapy Predict Better Trainee Effectiveness?', *Counselling and Psychotherapy Research*, 24(4), pp. 1539–1548. doi: <https://doi.org/10.1002/capr.12797>.
- Loeng, S. (2018) 'Various Ways of Understanding the Concept of Andragogy', *Cogent Education*. Edited by E. Omwami. 5(1): 1496643. doi: <https://doi.org/10.1080/2331186X.2018.1496643>.
- Luke, M. and Kiweewa, J.M. (2010) 'Personal Growth and Awareness of Counseling Trainees in an Experiential Group', *The Journal for Specialists in Group Work*, 35(4), pp. 365–388. doi: <https://doi.org/10.1080/01933922.2010.514976>.
- Maher, M. (1984) 'Empathy—A Vital Quality for Counsellors', *The Irish Times*, 25 April, p. 11.
- Masadeh, M. (2012) 'Training, Education, Development and Learning: What is the Difference?', *European Scientific Journal*, 8(10), pp. 62–68.
- McLeod, J. (2019) *An Introduction to Counselling and Psychotherapy: Theory, Research and Practice*. Columbus, OH: McGraw-Hill Education.
- McLeod, J. (2017) 'Science and Psychotherapy: Developing Research-Based Knowledge That Enhances the Effectiveness of Practice',

- Transactional Analysis Journal*, 47(2), pp. 82–101. doi: <https://doi.org/10.1177/0362153717694885>.
- McLeod, John and McLeod, Julia (2011) *Counselling Skills: A Practical Guide for Counsellors and Helping Professionals*. 2nd edn. Milton Keynes: Open University Press.
- McMahon, A. and Rodillas, R.R. (2020) ‘Personal Development Groups during Psychotherapy Training: Irish Students’ Expectations and Experiences of Vulnerability, Safety and Growth’, *Counselling Psychology Quarterly*, 33(2), pp. 163–186. doi: <https://doi.org/10.1080/09515070.2018.1502159>.
- McQuaid, C. (2014) *What You Really Need to Know about Counselling and Psychotherapy Training: An Essential Guide*. London: Routledge. doi: <https://doi.org/10.4324/9781315818009>.
- Mental Health Reform (2021) *Invest in Mental Health Pre-Budget Submission 2021*. Available at: <https://mentalhealthreform.ie/wp-content/uploads/2020/08/Mental-Health-Reform-Pre-Budget-Submission-2021-Final.pdf> (Accessed: 4 February 2025).
- Moloney, L. (2016) *Defining and Delivering Effective Counselling and Psychotherapy*. Child Family Community Australia.
- Mortimore, P. (ed.) (1999) *Understanding Pedagogy and Its Impact on Learning*. London; Thousand Oaks, CA: Chapman. doi: <https://doi.org/10.4135/9781446219454>.
- Mukhalalati, B. and Taylor, A. (2019) ‘Adult Learning Theories in Context: A Quick Guide for Healthcare Professional Educators’, *Journal of Medical Education and Curricular Development*, 6(1–10): 2382120519840332. doi: <https://doi.org/10.1177/2382120519840332>.
- Murphy, D. *et al.* (2020) ‘An Evaluation of the Effectiveness and Acceptability of a New Technology System to Support Psychotherapy Helping Skills Training’, *Counselling and Psychotherapy Research*, 20(2), pp. 324–335. doi: <https://doi.org/10.1002/capr.12275>.
- Murphy, G. (1990) ‘Regulation of Psychotherapy in Ireland’, *Inside Out*, 1990(1). Available at: <https://iahip.org/page-1076649> (Accessed: 18 January 2026).
- Nall, R. (2020) *Amethyst Healing Properties and Uses in Alternative Medicine*, *Healthline*. Available at:

- <https://www.healthline.com/health/amethyst-healing-properties>
(Accessed: 14 December 2025).
- National Health Service (2022) *Research Demand Signalling: National Mental Health Programme*. Available at:
https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2022/09/B1482_research-demand-signalling-national-mental-health-programme-september-2022.pdf (Accessed: 30 August 2025).
- Orlinsky, D.E., Messina, I., Hartmann, A., Willutzki, U., Heinonen, A., Rønnestad, M.H., Löffler-Stastka, H. and Schröder, T. (2024) ‘Ninety Psychotherapy Training Programmes Across the Globe: Variations and Commonalities in an International Context’, *Counselling and Psychotherapy Research*, 24(2), pp. 558–571. doi: <https://doi.org/10.1002/capr.12690>.
- Orlinsky, D.E., Strauss, B., Rønnestad, M.H., Hill, C., Castonguay, L., Willutzki, U. and Carlsson, J. (2015) ‘A Collaborative Study of Development in Psychotherapy Trainees’, *Psychotherapy Bulletin*, 50(4), pp. 21–25.
- Owen, J. *et al.* (2016) ‘As Good as It Gets? Therapy Outcomes of Trainees Over Time’, *Journal of Counseling Psychology*. Edited by T.J.G. Tracey, 63(1), pp. 12–19. doi: <https://doi.org/10.1037/cou0000112>.
- Pokorny, M.R. (1995) ‘History of the United Kingdom Council for Psychotherapy’, *British Journal of Psychotherapy*, 11(3), pp. 415–421. doi: <https://doi.org/10.1111/j.1752-0118.1995.tb00748.x>.
- Prochaska, J.O. (2018) *Systems of Psychotherapy: A Transtheoretical Analysis*. 9th edn. Oxford: Oxford University Press. *Psychotherapy (Registration) - Hansard - UK Parliament* (no date). Available at: [https://hansard.parliament.uk/commons/1981-04-15/debates/f9a18e9d-d58f-419c-9326-bacb243989f1/Psychotherapy\(Registration\)](https://hansard.parliament.uk/commons/1981-04-15/debates/f9a18e9d-d58f-419c-9326-bacb243989f1/Psychotherapy(Registration))
(Accessed: 26 March 2025).
- Quality Assurance Agency (2022) *Subject Benchmark Statement: Counselling and Psychotherapy*.
- Rakovec, P. (2021) ‘Differences Between Psychotherapy and Counselling: Who Is Looking for and Who Needs Them?’, *Research in Social Change*, 11(1), pp. 4–18. doi: <https://doi.org/10.2478/rsc-2019-0001>.

- Reality therapy / Research Starters / EBSCO Research* (no date) EBSCO. Available at: <https://www.ebsco.com> (Accessed: 14 December 2025).
- Rief, W. (2021) 'Moving from Tradition-Based to Competence-Based Psychotherapy', *Evidence Based Mental Health*, 24(3), pp. 115–120. doi: <https://doi.org/10.1136/ebmental-2020-300219>.
- Rountree, C. (2023) 'Is Talk Cheap? A Review of Health Professional Regulation in the Context of an Irish Register for Counselling and Psychotherapy', *Irish Journal of Counselling & Psychotherapy*, 23(4), pp. 4–9.
- Saks, M. (2012) 'Defining a Profession: The Role of Knowledge and Expertise', *Professions and Professionalism*, 2(1). doi: <https://doi.org/10.7577/pp.v2i1.151>.
- Salman, M., Ganie, S.A. and Saleem, I. (2020) 'The Concept of Competence: A Thematic Review and Discussion', *European Journal of Training and Development*, 44(6/7), pp. 717–742. doi: <http://dx.doi.org/10.1108/EJTD-10-2019-0171>.
- Sheedy, G. and Clancy, M. (2025) 'Defining Therapeutic Clinical Placement Expectations: A Training Framework for Enhancing Clinical Supervision', *International Journal of Work-Integrated Learning*, 26(3), pp. 407–424.
- Stein, D.M. and Lambert, M.J. (1995) 'Graduate Training in Psychotherapy: Are Therapy Outcomes Enhanced?', *Journal of Consulting and Clinical Psychology*, 63(2), pp. 182–196. doi: <https://doi.org/10.1037/0022-006X.63.2.182>.
- Storr, A. (2001) *Freud: A Very Short Introduction*. Oxford: Oxford University Press. doi: <https://doi.org/10.1093/actrade/9780192854551.001.0001>.
- Tormey, R. et al. (2022) *Facilitating Experiential Learning in Higher Education: Teaching and Supervising in Labs, Fieldwork, Studios and Projects*. Abingdon, Oxon; New York, NY: Routledge. doi: <https://doi.org/10.4324/9781003107606>.
- Urofsky, R.I. and Bobby, C.L. (2012) 'The Evolution of a Student Learning Outcomes Focus in the CACREP Standards in Relation to Accountability in Higher Education', *Counseling Outcome Research and Evaluation*. Edited by D.G. Hays and C.R. King, 3(2), pp. 63–72. doi: <https://doi.org/10.1177/2150137812452562>.

- Woolfe, R. (1997) 'Counselling in Britain: Present Position and Future Prospects', in Palmer, S. and McMahon, G. (eds.) *Handbook of Counselling*. 2nd edn. Abingdon: Routledge.
- World Health Organization (2022) *World Mental Health Report: Transforming Mental Health for All*. Geneva: World Health Organization.
- World Health Organization (2001) 'The World Health Report 2001: Mental Health: New Understanding, New Hope'.