What should be considered when designing and developing a counselling course for adults from diverse professional and cultural backgrounds?

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Increased demand for counselling services has escalated the need for quality counsellor education programs. Striving to achieve quality in course design is a process not often articulated publicly. To address this gap, the design and development of a counsellor education course is described and includes the sources of knowledge that influenced its design and the step-by-step development of the program. Challenges designers met are discussed, as well as the ways in which these challenges were met through collaborative problem solving.

Keywords: *adult, counselling, design, development, education, diverse, cultural, professional*

Introduction

The purpose of this article is to describe the rationale and processes required to develop a faculty teaching program offered to adults planning to become counsellors. The teaching program was planned

to be delivered in Australia, Singapore and Hong Kong, and included significant online components. Background information is provided about one of the key decisions faced by program developers. This is followed by details of the chief sources that influenced group thinking prior to designing the course, the delivery modes of the program, teaching methods and some general information about the course structure itself, including the identification of challenges faced in the design of the course and the expected impact that this program will have on the preparation of the students. The evaluation of course outcomes will be left to future articles. As this article focuses on the challenges involved in the design and development of the course it is aimed at two audiences: academics interested in designing and developing their own courses and practitioners and professional organisations interested in contemporary counsellor education.

Background to design decisions

The Masters of Counselling program was designed to meet a need originating from people employed in a wide variety of professional settings such as human resources, health, social work, justice and education. While some wish to change their career, many students seek to build on their existing skills or to learn new skills to use in their existing work environment. Indeed, a groundswell of interest from individuals, without a psychology background, who wished to learn counselling skills for use in a wider range of settings than typical psychology trainees, formed the original impetus for the development of the course. In previous years, all applicants were required to have a minimum of four years of Australian Psychological Accreditation Council (APAC) study in psychology before being eligible to apply for a Masters in Counselling course. As a result, an entirely new course was designed rather than restructuring of an existing course.

A key decision was to accept students from diverse academic backgrounds other than but also including psychology. As such, it was essential to define what was understood about the role of a counsellor and how being a counsellor was distinguished from other mental health professionals. Although the terms "counselling" and "psychotherapy" are sometimes used synonymously (e.g. British Association for Counselling and Psychotherapy [BACP], Corey, 2013), an attempt to form a clear distinction between these practices based on their different

histories, development and focus was made. Psychotherapy arose from psychological theories beginning with psychoanalysis, predominately from the medical profession, and was targeted towards the treatment of mental illness. In contrast, counselling arose from educational, vocational and voluntary sectors, with the intention of assisting individuals with problems in everyday living (McLeod, 2013; Neukrug, 2016; Reeves, 2013). Like McLeod (2013), we argue that counselling should be concerned as much with the development of the therapeutic relationship as specific counselling techniques, which reflects the impact of humanistic theory on counselling since the 1950s. Our valuing of the therapeutic relationship and life challenges, some of which are adverse (i.e. personal transitions, relationship stress and vocational issues), rather than severe mental illness, is in line with the American Counselling Association definition of counselling, which is defined as: "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366).

Complicating the distinction between counselling and psychotherapy is that these activities are related to, but not the same as, the practice of a counsellor and a psychologist; the term "psychotherapist" is not associated with any specific field of mental health and does not help to distinguish the role of a counsellor (Neukrug, 2015). Indeed, some psychologists practice counselling, while some counsellors may be trained in psychotherapy.

McLeod (2013) argues that the difference lies in their preparation, reflecting a philosophical difference, with counselling based on the common human capacity to listen and respond to others, rather than assessment, diagnosis and treatment. Corsini (2008) attempted with limited success to distinguish counselling from psychotherapy by positing that a psychotherapist focuses more deeply on trying to uncover unconscious influences with a longer-term approach using a more medical orientated model. In contrast, he saw counselling as related to activities in non-medical settings such as university counselling centres. However, Nelson-Jones (2015) considers there are more similarities between psychotherapy and counselling than there are differences, leading him to conclude that attempts to differentiate the two are never wholly successful. In summary, as authors we acknowledge in advance that while definitions of counselling are numerous there is no consensus

regarding either a definition or an exact description of the counsellor's role. Furthermore, it was also predicted that some of our students and graduates might work in settings and undertake tasks not typically determined by some to be that of a counsellor.

Although there is a lack of consensus about the role of the counsellor the preferred definition of counselling we adopted to guide our program is as follows: that counselling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals. We consider it a profession that requires graduate level education; adheres to ethical standards and encourages getting registered and becoming a member of a professional organisation (Ponton & Duba, 2009). We consider that counselling focuses on relatively healthy functioning individuals who are experiencing difficulties; that it is prevention-based developmental model of therapy and involves facilitating behavioural, emotional and cognitive changes. Such changes are planned within interventions that are empirically driven and based on theory.

For the purposes of our counsellor training program, we do not intend to emphasise a formal medical model that includes diagnosis and treatment of severe mental illnesses. Instead, we planned to teach our students to identify the difference between common mental health issues they are likely to encounter and severe mental illness, so they would be in a position to recognise severe symptoms of mental illness and refer clients on with the goal of keeping both counsellor and clients safe. It was, therefore, decided to focus on evidence-based counselling techniques to assist individuals with typical life challenges, as well as supporting clients with mild and moderate symptoms of mental illness (i.e. mild and moderate depression, anxiety, and stress). For the purposes of our course, evidence-based practice was defined as an integration of individual clinical expertise with the best available external clinical evidence from systematic research (Sackett, Rosenberg, Gray, Haynes & Richardson 1996).

As the contexts in which our graduates would practice were changing, it was agreed that there was a need to move beyond models that focused on teaching adults to work as counsellors only. For this reason, it was decided to offer a course that would be relevant to those that wished to utilise their counselling skills within their current employment

framework (i.e. human resources) in addition to those who wished to work primarily as counsellors.

While a thesis was not included, the importance of research was not diminished as students were taught to search and evaluate literature relevant to evidence-based interventions. This decision was seen to allow more time to focus on counselling theory and practice rather than research methods. This was a decision based on the knowledge that most counsellors, like psychologists, do not go on to research careers instead working predominantly as practitioners. However, we knew that by eliminating the thesis our students would be ineligible to enrol in other courses for which a research component was a prerequisite.

Realistically, an expectation was formed that these course changes would be contentious, particularly in regard to the preparation and accreditation of our graduates. This expectation was based on our awareness of the divisive ideology present in the counselling and psychotherapy field, of which one view implies that there are different tiers of therapists, with some seen as more highly ranked than others. Counselling being on a lower tier was not a belief the authors adhered to, but there was an understanding that philosophical and professional tensions exist between counselling professionals. We are also aware that such tensions might impact on our graduates if other professional groups perceived them on a lower professional tier, but acknowledge the impact of such perceptions are difficult to measure.

Sources and structure

In what follows, the sources that influenced the design of the counsellor preparation course are acknowledged, the final course structure and the methods by which the course was to be evaluated and the impact of the course on counsellor attitudes, behaviour and skills are detailed. The first source acknowledged is the general literature on counselling. It was recognised that there have been significant changes in the theories explaining the status of an individuals' mental health over time and acknowledge biomedical, psychodynamic, behavioural, cognitive, humanistic, transpersonal and sociocultural influences on professional practice (Juntunen & Schwartz, 2015). It was also acknowledged that counselling has moved away from all-encompassing theories such as those by Freud (1904), Adler (1927) and Rogers (1961) to more specific

ones for depression proposed by Beck (1967), borderline personality disorder, Linehan (1993) and addiction by Miller and Rollnick (1992). In so doing, contemporary counselling has moved towards inductive theorising in contrast to the earlier deductive theories of Freud (1904) and Adler (1927). Indeed, modern theories often have a more focused approach typically originating from an attempt to deal with a specific mental health issue.

The fact that the gap between the researcher and the practitioner has narrowed and that both researchers and practitioners are working toward the meaningful integration of research and practice was recognised. In line with this movement a strong effort to fully integrate research into the practice of counselling was planned, looking to the principles of evidence-based practice to provide a framework for the translation of research. Commensurate with the position of the Australian Counselling Association (2016), in our opinion, counsellors are well positioned to provide clinical treatments through evidence-based psychological interventions (ACA, 2016). Evidence-based practice refers to the integration of the best research and clinical expertise, accounting for client characteristics, culture, and preferences (APA, 2006; PACFA, n.d.). Whilst the value of empirically supported treatments has been the received view in contemporary psychotherapy research and practice, we acknowledge that evidence-based practice is a broader concept that includes research related to the common factors between therapeutic models (Laska, Gurman & Wamplod, 2014). Finally, it was conceded that there have been major changes in which counselling is practiced. For example, issues surrounding cultural diversity, online and telephone counselling and the increasing demand for short-term therapy hold important implications for contemporary counselling training.

The second source acknowledged is defined by the ethical guidelines of the relevant professional counselling associations. Although counselling is an unregulated profession in Australia – self-regulation is possible through membership of the Australian Counselling Association (ACA) and the Psychotherapy and Counsellors Federation of Australia (PACFA). Regulation is important as counsellors may have to defend allegations of negligence and misconduct. Counselling professionals are not only subject to threats of negligence based on a duty of care, they may also be subjected to allegations relating to a breach of contract.

Counselling professionals should have sufficient understanding about the ramifications and risks associated with providing services and be sufficiently skilled to mitigate practitioner negligence.

In Australia, the provision of counselling services consists of practitioners who are members of the ACA or PACFA (or often both organisations), and practitioners that choose to not belong to either organisation. Most of these professionals are ostensibly guided by ethical principles and standards enshrined within various codes of conduct and standards, as well as laws and regulatory frameworks that aim to prevent malpractice and misconduct through education and deterrence. The focus of conduct and standards is of course to protect clients from unethical and unprofessional practice. At its core, such behaviour involves negligence which means a failure to exercise the level of care expected given the professional's training and experience and the services they have undertaken to provide. It may involve the commission or omission of an act that results in client damage, injury or loss. The ethical guidelines of the ACA and PACFA describe the professional competencies and ethical standards by which counsellors should conduct themselves, including knowledge and skills, professional behaviour and appropriate professional activities. These guidelines were carefully considered in the development of all of the units in the counselling program and are taught to students in a dedicated ethics unit (as per ACA, 2012; PACFA, 2015).

The third source we acknowledge are the university course accreditation standards driven by consumer demand and expectations for quality services resulting from a greater awareness of mental health issues, prevention and intervention services more generally. There have also been significant changes to, and scrutiny of, formal qualifications and education requirements for membership to various counselling related industry associations, potentially leading to greater accountability.

To improve the standards of counsellor education in Australia, ACA and PACFA have developed course accreditation standards. These standards are designed to ensure that counsellors are delivered appropriate training to allow them to meet professional and ethical standards for membership. The ACA standards specify that counselling courses primarily focus on teaching counselling skills, rather than social work or psychology, and that students are taught and assessed on various therapeutic approaches

that they can apply in real-world settings (ACA, 2016). The PACFA course accreditation and training standards for postgraduate courses were planned to be used so that our students would be eligible to apply for membership of each of the professional organisations upon graduation, as membership was seen as vital to professional practice.

The brief

The brief for the new teaching model reflected the need for counsellors to work across a variety of settings, case-manage clients with a range of problems and demonstrate an ability to plan, coordinate and implement mental health strategies. Fulfilling these goals required both conceptual and practical considerations when designing and developing the course. The brief also included the requirement for our course to have sufficient resources to train a large number of new students per year, due in large part to an increasing demand for mental health services in all three countries. Additionally, it was expected that all graduates would be able to not only counsel directly, but as importantly, provide indirect services by collaborating with more experienced counsellors and other professionals as they engaged with their client's issues. The course was planned in such a way as to accommodate those who entered the course with and without a background in counselling or related disciplines.

The situation

Previously, teaching counsellors had been undertaken in a dichotomous manner. Students were either instructed face-to-face or they worked online with minimal contact from academic staff. In 2014, our Faculty committed to creating blended learning environments to enrich the learning experience of students. Historically, we had used a range of learning activities and resources, such as classroom presentations, visual materials, paper-based activities and group activities, to assist students to achieve learning objectives. However, the improvement of mobile technologies and collaborative web tools expanded our opportunities for teaching. The real difference for us as course designers was the ever improving utility of the internet with its rich sources of information and services and, more importantly, the increased bandwidth speeds it offered students and teachers, particularly the ability to create online communities and support networks.

At the same time however, we agree with Oliver and Tingwell (2003) that blended learning is ill-defined and muddled as a description of particular forms of teaching with technology. Consequently, we acknowledge that a broad continuum of definitions exists and that the definition of blended learning will continue to evolve in the literature as new technology and associated skill sets emerge. However, for the purposes of this article we define blended learning as the planned implementation of a learning model that integrated student-centred, traditional in-class learning with other flexible learning methodologies using mobile and web-based online (especially collaborative) approaches, allowing more options for students to engage in active learning and dialogue. In summary, like Dziuban, Hartman and Moskal (2004) we interpret blended learning as meaning a pedagogical approach combining the socialisation opportunities of the classroom along with the technologically enhanced active learning possibilities of the online environment, without adopting a strict ratio of presentation mode. In other words, we expected that some students might choose to attend few face-to-face classes, preferring instead to do most of their learning online, in chat rooms and virtual classroom using software such as Adobe Connect. Adobe Connect provides visual and auditory contact with the instructor and other students, allowing for practical group work, role plays and group discussions. We originally planned to draw from a range of digital tools to support blended learning, including blogs, discussion boards, live internet streaming and web conferences.

All contact with students was through the Moodle online learning management system (LMS), which was formatted to meet the following basic standards for e-learning sites. 1. Organisation and appearance focused on principles of instructional design that supported clear structure and presentation of the site leading to ease of navigation (Gagne, Wager, Golas & Keller, 2014). 2. Consistency and compliance that emphasised legal and institutional aspects such as copyright, privacy, compliance with policies and consistency in documentation and information consistent with the Faculty Unit Guides. 3. The appropriate use of tools promoted with a clear purpose for students and responsible management that created expectations about the use of communication tools (Salmon, 2011). 4. Learner resources and support ensured students had access to appropriate supports and resources such as technical support when software difficulties arose. We adopted the flexible

learning model as determined by Faculty definitions and guidelines that included synchronous (face-to-face classes that include workshops and discussion groups) and asynchronous (involves students participating with pre- and post-class activities and materials online) activities to support the delivery of a specific subject. Our standard subject was a 36-hour subject with two options: Blended and Online. The Blended offering included 18 hours of pre-class asynchronous activities and 12 hours of synchronous in-class workshop activities followed by 6 hours of post-class asynchronous activities. In contrast, the online offering included 18 hours of asynchronous pre-class activities, 12 hours of online class activities and 6 hours of asynchronous post-class activities. The asynchronous pre-class activities may include PowerPoint presentations with embedded narration, videos, readings, quizzes and counselling scenarios designed to illuminate a particular skill. Synchronous in-class activities were undertaken either in face-to-face, virtual classrooms or both. Finally, asynchronous post-class activities included discussion activities, quizzes and pre-class PowerPoint presentations with embedded narration. Faculty classroom sessions in some instances were characterised by what Gerstein (2011) terms a flipped classroom. In this pedagogical model, the typical homework elements of a course are reversed. The value of this model is that the class time is repurposed into a workshop where students can enquire about lecture content (provided online), test their skills in applying knowledge and interact with one another in hands-on activities. In contrast, the majority of the lectures are included within time devoted to individual study, undertaken before class. Overall, we adopted a multi-campus blended learning approach as outlined by Lefoe and Myers (2006) as our subjects were designed with a student-centred approach that involved pre-reading of study guides with related articles, videos and prerecorded PowerPoint lectures that prepared the students for the face-to-face workshops and/or online seminars.

Like other vocational courses, finding placements for all the students within the required timeframe was assumed to be a challenge. We planned to address this potential issue by liaising with the supervisors at those sites and offering preparatory classes to students prior to attending placements and by using avenues of communication such as email, phone and video conferences to support the search process.

In order to expedite the successful placement of students we decided to provide, where possible, university approved field supervisors when

an appropriate supervisor could not be provided by the placement organisation. It was decided that appropriate field supervisors should be degree qualified (e.g. a master's degree in counselling, psychology or social work) with a minimum of 5-years post-qualification counselling experience, eligible for membership of a relevant professional organisation, and preferably having undertaken supervisor training. The supervision model that best fitted our needs was that designed by Bernard (1979). This model provides a framework for supervisors to help them design the supervision agenda and plan the direction supervision would take. Bernard identified three functions of supervision. 1. To enhance the process of counselling by modelling skills such as interviewing. 2. To develop deliberate thinking and case analysis. 3. To boost personal aspects as a counsellor such as empathy. The field supervisor was identified as having a teaching role that includes the transmission of knowledge or expertise; a counsellor role that places priority on the counsellor's personal needs to allow the counsellor to overcome the nervousness or self-doubt that impedes natural development and a consultant role that has a focus on an explorative relationship with the counsellor and assumes that the counsellor is able to express his or her supervision needs (Bernard, 1979). Supervision was conceptualised in part as a teaching role that supports the student in their professional development.

Each student was also required to have a university supervisor, independent of their professional placement, to review the student's placement activities and provide external support when required. This was seen to be a vital part of the teaching program as this form of an internship is considered a significant phase in the career of a professional counsellor (Lin, 2015). We considered that having this form of dual supervision put the student in the best position to undertake and complete client work, ethically and efficiently.

The design path

As program designers we worked collaboratively on the design of a professional counselling program using a new paradigm and germane to the requirements of practitioners and potential employers. Depending on team preferences and styles, these meetings took on different forms and timelines. For example, general planning involving brainstorming was longer and less organised. In contrast, as the program progressed

meetings became more focussed time limited. As the project neared the end, the relevant documents were often shared, discussed and modified via email and digital cloud drives.

From the outset the designers identified seven essential program-delivery issues. The first issue centred on practice with a commitment to evidence-based practice. In other words, materials included in the course were planned to be based on published research findings, and that they would be referenced in the course materials. Research findings include quantitative and qualitative methodologies, with a preference for more recent meta-analyses and systematic literature reviews (Hjørland, 2011). Students are also to be taught the importance of relying on recent published research in each of the units, and are partly assessed on their ability to critically appraise the research literature.

The second issue was how we would view mental health. We agreed that mental health and mental illness would be presented as existing on a continuum, as related but differing concepts. We used the mental health definition of the World Health Organization (WHO) (2014) as a "state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". In contrast, mental illnesses were characterised by "… some combination of abnormal thoughts, emotions, behaviour and relationships with others" (WHO, 2017). We also adopted the continuum model of mental health and illness that suggests that mental health is not merely the absence of mental illness; that individuals might have a mental illness whilst exhibiting good mental health and that mental health varies between and within individuals across the lifespan (Westerhof & Keyes, 2010).

The third issue we addressed was our approach to teaching and learning. There was widespread agreement that lectures played a role in providing new information not found in textbooks or other printed sources and could be used to highlight similarities and differences between key concepts and organise subject matter in a way that is best suited to a particular class and course objectives. Simultaneously, there was also an agreement that lectures should not dominate class time. The designers considered that a professional course should have as many opportunities as possible to practise counselling. Indeed, experiential group work

was accepted as an essential aspect of counsellor training (Chang, Suniti Bhat & Chen, 2017). There was, however, no clear consensus on how to structure teaching within the classroom. There were two main approaches preferred by course teachers, the first was a direct instruction (DI) approach (Liem & Martin, 2013) that had a behavioural emphasis and included instructing, modelling, doing, behavioural rehearsal, monitoring and checking for generalisation. DI is based on the premise that all students can learn and all teachers can successfully teach if given effective training in specific techniques using explicit, guided instructions and often a behavioural script. DI, therefore, involves explicit teaching of a skill-set using lectures or demonstrations of the material to students. DI is a model of teaching that relies on transmission approaches, such as brief lectures or demonstrations of the material as opposed to exploratory approaches, which are the basis of models of inquiry-based learning. DI includes, participatory laboratory classes, discussion, recitation, seminars, workshops, observation, active learning and practicums.

The second teaching approach preferred by course teachers was constructivism (Piaget & Inhelder, 1969), an approach emphasising a comparatively more open system of learning, defined as a means of encouraging students to use active techniques (experiments, real-world problem solving) to create knowledge and then to reflect on and discuss what they were doing and how their understanding changed following teaching and practice. In this approach, teachers prefer to function as facilitators whose role is to aid the student when it comes to their own understanding. Instead of telling, the teacher begins by encouraging students to come to their own conclusions instead of being told. Therefore, instead of students relying on someone else's information and accepting it as truth, the constructivism approach to learning argues that students should be exposed to data, primary sources and the ability to interact with other students so that they can learn from these experiences.

The fourth issue we confronted was the selection of teaching staff. A conscious decision was made that all teaching staff involved in the program should have significant counselling experience. It was believed that lecturers would be more effective if they were able to talk from personal experience and, in particular, discuss cases that they had managed in the past. In case-based learning (CBL), lecturers present students with authentic clinical scenarios and then provide

structured questions to guide student learning to achieve specific educational outcomes. This approach allows for a structured problem-solving approach that gives the lecturer the opportunity to correct student misunderstandings (Srinivasan, Wilkes, Stevenson, Nguyen & Slavin, 2007). Previous research on case-based learning in tertiary health-related education indicates that students prefer CBL over more open-inquiries (Srinivasan et al., 2007) and that students believe that this method of teaching improves their learning (Thistlethwaite et al., 2012). Additionally, teachers of CBL enjoy this method as they believe it motivates their students (Thistlethwaite et al., 2012). In all units of the program, CBL was employed by lecturers drawing from their previous clinical experiences. To protect the anonymity of previous counselling clients, significant details about these cases are changed so that the client cannot be identified.

The fifth issue we addressed was cultural relevance. As the program was intended to be delivered in Australia, Hong Kong, and Singapore, it was important that the units included content that was culturally appropriate for each of these populations. It was acknowledged that to simply transpose western counselling paradigms to another cultural context without first examining the cultural beliefs and assumptions within them would be inappropriate (Moir-Bussey, 2010). It was, therefore, acknowledged that all cohorts should be taught how to assess and work with a wide range of cultural groups. Content in each unit therefore included information on counselling considerations for specific cultural groups, including assessment of cultural background, ethical issues when working with diverse cultural groups, mental health issues unique to specific cultural populations and cross-cultural counselling techniques. Case studies and videos of individuals discussing their mental health issues were specifically selected to represent individuals from a variety of cultural backgrounds. Although the course content was largely identical across cohorts, the focus of cultural education was somewhat different. In Australia for instance, units included information on the epidemiology, assessment and counselling techniques relevant for Aboriginal Australian clients (Purdie, Dudgeon & Walker, 2010). This information was not included for Hong Kong and Singapore clients, where the focus was on issues for Chinese, Malay and Indian populations (Paniagua, 2013).

The sixth issue discussed was linked to assessment. The overall goal was to follow faculty imperatives to provide a variety of assessments

allowing students different ways to demonstrate competence (i.e. group work, oral presentations, essays, quizzes and case studies). What we have described is good practice for assessment design and is driven by the university policy for assessment, which does address those issues referred to, such as integration of assessment across units in the course and providing engaging and varied tasks. The university assessment procedures set out the more practical aspects of assessment design, which the Faculty needs to ensure we are doing. We are required to show how this happens in the course proposal, which is approved by the university (through the Academic Board). We don't have specific Faculty policy directing this, but we are required to follow university policy and devolve most specific curriculum decisions to chief examiners. In addition, this course has external professional accreditation requiring us to show very clearly how assessment tasks are mapped to unit and course outcomes.

Assessments were selected that tapped into the core skills expected of professional counsellors, including therapeutic techniques, presenting information to clients and critical thinking. Assessments included both individual and group assignments and assignments completed in class with supervision and more traditional assignments, such as essays. There was robust discussion among staff about types of assessments, particularly those centred on group vs. individual assignments and in-class vs. out of class assignments. In-class assignments where students worked in groups, presented an oral assignment with the group sharing the same grade and mark were seen by some as non-traditional and occupying teaching time. Conversely, such assignments were seen as an opportunity to provide direct supervision and immediate feedback. Supporters of individual assignments argued that group assignments advantaged the less able student at the cost of the more able student. In contrast, proponents of group assignments argued that they provided an opportunity to problem solve in groups, a behaviour encouraged when employed as a counsellor. Ultimately, it was decided that the chief examiner for each unit would decide on the type of assessment and present the tasks to the Faculty Academic Board for final approval.

The seventh issue was related to the ongoing evaluation of the newly developed course so that we might be able to identify how the course impacted on student learning and where our students would potentially secure employment after graduation. We plan for three types of

evaluation. First, during orientation, all students will be asked to complete a survey that includes a variety of qualitative and quantitative measures, including counselling self-efficacy, mental health measures, such as stress and burnout, and course expectation items. Second, the same students are then asked to complete a similar questionnaire one year into their studies and at the completion of their degree, to track their development as counsellors and their appraisal of the course. Third, at the same time points, students will also be asked if they would like to participate in an interview regarding their motivations for becoming a counsellor and their expectations and appraisal of the course. In this way, we will be able to collect longitudinal data on the development of our students, which can be used to enhance course development and improve teaching. The second and third form of assessment is the most challenging and expensive to undertake as students have to be contacted after they have left the university. Ideally, we would also like to seek the opinions of other significant people indirectly impacted by the quality of the course. People such as placement supervisors and consumers would provide another perspective on course quality, however, we accept that the focus of our evaluation is on student learning experience and, as a result, for now there are constraints on our resources that limit how we evaluate the counselling course.

In addition, part way into each semester or term, we planned to ask students to complete an informal survey evaluating their interest in the unit, the course content, performance of the lecturer and the extent to which the unit is seen to improve their learning. This feedback will be used to adjust the delivery of teaching in the remainder of the semester to improve student satisfaction and learning. Student evaluation will also be assessed formally as part of standard university procedures. This evaluation takes place at the end of semester and includes questions regarding what students find most effective as well as suggestions for future changes. Students are also asked to rate the potential of the unit to meet their learning objectives, intellectual stimulation, the learning resources, assignment feedback and overall satisfaction on a Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). This feedback will be used to make more extensive unit improvements on an annual basis.

Course content

As noted earlier, the course was designed to accommodate students from varying educational and occupational backgrounds, with three entry points (8-subjects, 6-subjects, and 4-subjects) available based on prior qualifications. It was intended that students would be exposed to increasingly complex counselling skills through their degree, and that those with prior learning be exempted from foundational units that might repeat knowledge attained from previous studies. The first two subjects of the 8-unit degree were selected to provide students, who had little academic exposure to counselling before, with an introduction to major lifespan theories and the professional practice of counselling. The two subjects in the 6-unit degree were then designed to build upon a foundation of basic counselling knowledge, including teaching an awareness of severe mental health symptoms as well as issues that are common to children and adolescents. Finally, the four subjects of the 4-unit degree were designed for students with a more advanced understanding of counselling. These units focused on the development of practical skills, based on foundational theories, that would be essential to professional counselling, including cognitive therapies, couple and group counselling, ethics, and other advanced intervention and research skills.

Summary

As authors of the program we accept that it is difficult to provide all the information and skills that our students will need as they enter the workforce or in their professional careers. An additional reality that affects course content is that counsellor preparation courses are limited by Faculty funding and by the number of hours required for a University post-graduate degree.

We also recognised the challenges and philosophical tensions that existed within our design team and have attempted to make these clear in this article for those who might benefit when designing their own course. When designing the course, we were confronted by several challenges, not all of which we addressed to our complete satisfaction. We considered nine main challenges to successful course design and implementation that we attempted to address.

First, we needed to create a teaching program for students, many of whom would not have a background in psychology. This required us to decide on a definition of counselling that we could use to underpin our teaching approach. We decided that our counselling course should focus on assisting individuals, couples and groups with life challenges such as relationship problems and work–life balance. We also recognised, however, that counsellors would be required to assist individuals with mild and moderate symptoms of common mental illnesses (e.g. anxiety, depression, and stress) and so they were trained to support clients with these issues. We taught students to recognise key symptoms of severe mental illness and make appropriate referrals when required, as these individuals might require diagnostic assessment, medical evaluation and/or long-term psychotherapy by a specialist provider.

Second, to enable us to spend more time teaching counselling theory and practice, we decided not to include a thesis component as we believed we could instil an appreciation for evidence-based practice through instruction, workshops and formal written course assessments. The advantage being more time for students to focus on practical skills and the disadvantage being a barrier to pursuing advanced studies contingent on completing a thesis.

Third, incorporating the features of blended learning was a significant challenge especially as the notion of blended learning is not well defined and thus, more difficult to implement. The proportion of face-to-face teaching to online private study was a contentious issue for lecturers. Opinions ranged from the need to have 100% face-to-face teaching for each subject totalling 36 hours to those who considered that 15 hours face-to-face teaching per subject as sufficient, with the remainder of the learning undertaken online. At the time of writing Faculty had decided to go with the reduced face-to-face option to maintain consistency with other teaching programs. The increase in the online teaching component raised another issue related to access to bandwidth speeds in regional, rural and remote Australia and the educational equity of access in these areas. This proved to be one of the tensions in delivery we were unable to resolve at the time of writing.

Fourth, finding and organising placements that suit the needs of all students seeking to complete the required hours of supervised counselling was predicted to be a challenge. This type of challenge

faces all vocational course designers. Such challenges were assumed to include language and cultural issues linked to student skills and availability of placements and supervisors.

Fifth, the issue of an accepted approach to teaching was considered a crucial issue. Ultimately, the two methods accepted as appropriate were philosophically quite different, however, as both were accepted and commonly used teaching techniques it was decided to let individual teachers decide which one they preferred to use.

Sixth, how to assess each unit of study was a challenge that was largely resolved by nominating the Chief Examiner of a unit to decide how assessment was to be undertaken. Providing both assessments collectively totalled 8,000 words, or the equivalent, approval was then sought from the Faculty's academic board.

Seventh, while we considered evaluation to be an important part of the course, some reservations about the appropriateness of the overall scores and what the teaching evaluation actually represented were expressed at the outset. Some forms of evaluation were considered by some to be more a measure of popularity than teaching expertise and impact on student learning. In other words, what students learned was considered a more appropriate measure of effectiveness than student satisfaction. Ultimately, the university determined the form that evaluation took and how it was interpreted.

Finally, there was some debate regarding which subjects to include across the three points of entry. We decided that all students should be taught ethics, advanced counselling skills, cognitive-behavioural therapy and individual, couple and groups therapies, regardless of their professional or academic background. More contentious were subjects selected for the 6-unit degree. We considered that students at this middle point of entry may not have a formal education from a related field, so an introduction to mental health issues was deemed important. Additionally, a subject focused on counselling children and adolescents was included as anecdotal evidence suggested that there was interest among potential students for this topic. The subjects selected for the 8-unit degree provided a more basic introduction to counselling and included counsellor identity, lifespan theory and professional practice and were less debateable.

A key feature of our success in designing the program has been the collaborative strength of the team that included outside accreditation officials, a large number of university academics and practicing counsellors. This team approach allowed us to confront and deal with challenges when developing a course designed to train counsellors. Ultimately, confirmatory data will need to be collected to establish the effects of our program, however, that task is beyond the scope of the present article. As we progress and publish more detailed evaluations we consider that these will be of interest and potentially positive benefit to other groups of counsellor educators.

This article has outlined the design and development of a counsellor education course that was intended to accommodate individuals with or without a background in counselling or related disciplines. Drawing from a range of sources including the general literature on counselling, ethical guidelines of professional counselling associations and university accreditation standards, we have described the development of a course that will equip students with the skills to work across a variety of settings, case-manage clients with a range of problems and plan, coordinate and implement mental health strategies. Despite several challenges, we were able to effectively establish a program by using a team approach, drawing upon the skills of academics and practicing counsellors. Our design pathway has implications for academics interested in developing counsellor education courses and professional organisations with an interest in counsellor education. Specifically, our teaching models, use of technology and placement coordination strategies exemplify a way of teaching counselling skills to help to meet the demand for counselling services.

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