

Keynote speech: Differences between counselling and psychotherapy - Cain and Abel or Castor and Pollux?

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Counselling and Psychotherapy extreme positions

The title shows two extreme positions: Abel was killed by his brother Cain out of jealousy, Pollux, when Castor was killed, asked Zeus to let him share his own immortality with his twin brother to keep them together, and they were transformed into the constellation of Gemini. So, how is the relationship between counselling and psychotherapy? Do they want to have each other out of their way?

1. Linguistic aspects of Counselling and Psychotherapy

This July we could read in “The Economist”, a British weekly newspaper: “In the Netherlands and Switzerland hard-drug addiction is being reduced by treatment and not by punishment. American addicts, by contrast, often get little more than counselling.” (p. 9)

Different countries, different styles - or just different words? But if we use two different words for something, we usually think we talk about two different things.

Definition Counselling and Psychotherapy

What does “counselling” mean? And “treatment”? In the Compact Oxford English Dictionary we can read:

To counsel: give advice to give professional help to someone with personal or psychological problems

recommend a course of action (p. 222)

Treatment: a way of behaving towards someone or dealing with something
medical care for an illness or injury (p. 1105)

Psychotherapy: the treatment of mental disorder by psychological and not medical means (p. 822)

Language thus makes us believe that there are differences between counselling and psychotherapy. For example, we could say that any disorder (so most or all the diseases we can find in the ICD) needs a therapy. Therefore, counselling is only for healthy people. But! It happens often that the specialists use the words describing their topic in a way differing from common-sense.

So, Stephen Palmer writes: “Although some forms of counselling contain some advice-giving components, counselling is mostly dedicated to enhancing or restoring clients’ own self-understanding, decision-making resources, risk-taking and personal growth. Telling people

what to do is therefore usually eschewed as a short-term and often counterproductive remedy.” (2000, p. 5).

So ‘to counsel’ means ‘give advice’, but ‘counselling’ to professionals means mostly not advice-giving... Unfortunately the professionals themselves do not agree. Colin Feltham & Ian Horton note that no “single, consensual agreed definition of either counselling or psychotherapy exists in spite of many attempts across the decades...” (2012, p. 3) Gerald Corey (2012), such as, resolves this problem by obviously using the words ‘counsellors’ and ‘therapists’ without making a difference between them. So Palmer recommends to ask anyone who uses the terms counselling and psychotherapy exactly how they are using it, and with what justification. I happily follow this recommendation because I would like to understand what I am talking about...

The European Association for Counselling [defines counselling](#) as “an interactive learning process contracted between counsellor(s) and client(s), be they individuals, families, groups or institutions, which approaches in a holistic way, social, cultural, economic and/or emotional issues. [...] Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crisis, improving relationships, developmental issues, promoting and developing personal awareness, working with feelings, thoughts, perceptions and internal or external conflict. The overall aim is to provide clients with opportunities to work in self-defined ways, towards living in more satisfying and resourceful ways as individuals and as members of the broader society.”

So far about counselling. The Swiss Federation of Psychologists (FSP) defines psychotherapy as follows (own translation):

“Psychotherapy serves the treatment of mental disorders defined by the WHO as well as the prevention and conservation of health. It secures changes targeted to therapeutical goals by empirically verified treatments and methods on the background of theories of diseases and treatment. It bases upon ethical principles. The quality assurance is carried out by acknowledged rules.”

Palmer offers another definition: “Psychotherapy addresses the deep, unconscious, long-standing personality and behaviour problems and patterns of clients (often called patients), rather than focusing on and superficially resolving only their presenting symptoms. Psychotherapy is about radical, far-reaching personality change which is likely to be much more robust than the symptomatic and temporary changes effected by counselling.”

This definition looks like the use of the word ‘psychotherapy’ in the sense of ‘psychoanalytic psychotherapy’ which today is quite useless in my opinion. But I might be wrong because mostly every one of the 400 schools (theoretical orientations, approaches, brand names) of psychotherapy and counselling has an own point of view.

This makes our topic really complicated. And if this is not yet enough, let me mention the term ‘brief therapy’. What is this? And coaching? Training? Psychoeducation? Guidance?

To come to an end of this first part: I prefer to use the words ‘counselling’ and ‘psychotherapy’ in the sense of what we do and not of how we do it: Counselling as well as psychotherapy is a kind of working relationship we build up with a client or patient. The main difference between the two of them might be the reason for or the topic of this cooperation. We can find a trend in the scientific literature and on the homepages of several

associations: counselling focuses on one or a few specific problems while psychotherapy treats a disease and the personality.

Nestmann offers a helpful symbol to differentiate counselling and psychotherapy: counselling deals more with foreign affairs while psychotherapy deals more with internal affairs. But what has to be done if a person with a disorder comes to see a psychotherapist with one specific problem? Is the therapist obliged to treat the whole personality? But Sigmund Freud once wrote that in psychoanalysis you “can’t wake up a sleeping dog”, which means: Never treat a conflict which is not real.

2. Historical aspects of Counselling and Psychotherapy

Mentioning Freud brings us back in to the past. In the postscript (1927) of ‘The Question of Lay Analysis’ he writes: “Our opponents, the Adlerian ‘individual psychologists’, attempt to produce a similar result in people who have become unstable and inefficient by arousing their interest in the social community—after having first thrown some light upon a single corner of their mental life and shown them the part played in their illness by their egoistic and distrustful impulses.

Both of these ways [the Christian and the Adlerian way], which derive their power from being based on analysis, have their place in psychotherapy. We who are analysts set before us as our aim the most complete and profoundest possible analysis of whoever may be our patient. We do not seek to bring him relief by receiving him into the catholic, protestant or socialist community. We seek rather to enrich him from his own internal sources, by putting at the disposal of his ego those energies which, owing to repression, are inaccessible confined in his unconscious, as well as those which his ego is obliged to squander in the fruitless taste of maintaining these repressions.” (1926, p. 256)

If we read this quotation properly we see that Freud does not oppose throwing the light upon a single corner of the mental life but the ideological direction Freud sees in religious or socialist forms of counselling, as we would say today. Another interesting point is his mentioning of enriching the internal sources.

It is at least inside the school of Adlerian psychology undisputed that it played an important role in the development of counselling. Adler and others started in the 1920s in Vienna with counselling teachers and parents because they were convinced that educating and guiding children is the way to avoid future problems and mental diseases. Due to political changes in the 1930s they had to close their counselling centres.

Counselling and Psychotherapy - Carl Rogers

Another important step in the history of counselling is the work of Carl Rogers, especially his book ‘Counselling and Psychotherapy’ (1942). In it, he suggested that the client, by establishing a relationship with an understanding, accepting therapist, can resolve difficulties and gain the insight necessary to restructure his or her life. That means, Rogers focused on the patient's experiences instead of an own elaborate expertise or method.

His type of counselling became known as the Humanistic approach. This is mostly practiced by counsellors today. Taking a look at the members list of the Swiss Association for Counselling proves this.

Psychoanalytical institutes are missing as well as cognitive-behavioural.

After World War II psychosocial counselling became more and more widespread in its fields of activity like working with addicts, victims of violence and abuse, people mourning, families, children, couples, elderly people and so on. The focus was put on the challenging situation of these people.

How to differentiate between Counselling and Psychotherapy

Models of how to differentiate counselling from psychotherapy followed from the development of a more and more specific identity of counselling. In the German-speaking countries the following models are discussed:

Congruence model: there is no difference between counselling and psychotherapy. The terms are used as synonyms.

Difference model: the interventions and offerings can be differentiated clearly.

Psychotherapy and counselling are separated in theory as well as in practical task.

Branch model: Counselling is a 'little psychotherapy'. Counselling and psychotherapy have the same concepts of personality, disorder and change. Counselling is for easier problems, not so far-reaching and can be practiced by less educated persons.

Integration model: One is a part of the other one: Either counselling is a part of psychotherapy (i.e. during a psychotherapeutic process occurs counselling, management of problems or conflicts) or psychotherapy is a part of counselling (i.e. psychotherapy is one special method focused on the individual person within the wide range of topics and methods of counselling).

Overlap model: Counselling and psychotherapy are theoretically and empirically different areas of science and practical task with own traditions, methods and approaches but with overlaps in these fields.

3. Legal aspects of Counselling and Psychotherapy

Probably every country has its own laws to regulate counselling and psychotherapy. The main duty of laws is the protection of people. How can the counsellors, psychotherapists and their clients or patients be protected and from what? Clients and patients have to be protected from improper treatment and the professionals from other people claiming they're doing without the necessary skills.

In Switzerland for example, you need a master degree in psychology to call yourself psychologist. This master degree is not needed for the use of the word 'psychological' like in psychological counselling. This information is very new and not yet confirmed by the lawmaker. In March 2014 the Swiss Association for Counselling starts with the first exams in counselling for a higher proficiency certificate which will allow using the following title: "Counsellor in the psychosocial field with federal diploma". This means the highest non-academical educational level in this professional field.

Professional associations are very important for the development of new laws. As long as there is no 'official' law, it is very important that associations and organizations set clear standards for a membership. This gives the profession (or at least the members of the association) a good reputation and it further offers the lawmaker a blueprint of possible laws. So let's have a look at the requirements of some professional associations for counselling to become one of its members.

Individual members of the Swiss Association for Counselling are qualified counsellors who have obtained their qualification at a collective member institution. They have completed a certified counselling training course (at least 600 lessons in theory, self-experience and supervision), do continuous further training, supervision and the observation of professional ethical principles and have great life experience.

The Joint Russian Association for Psychological Counselling chooses a different approach by defining core competencies for counsellors in the Russian Federation. Counsellors will show their ability to:

- - Continually develop multicultural awareness;
- - Recognize cultural differences between counsellor and client at cultural/country level, and acknowledge and address these in a non-judgmental way;
- - Adjust their style of communication to match that of the client;
- - Set, maintain and check the proper structural and relational boundaries at different stages of the counselling process;
- - Establish a contract, or a clear mutual working agreement about the aims of the counselling work;
- - Develop awareness of the context in which the client and counsellor are functioning so that the best possible conditions are created;
- - Develop awareness of how the counselling influences the context;
- - Address the client's issues in ways that contribute to the counselling process;
- - Refine the aims of the counselling to move it forward;
- - Facilitate the movement toward the client's personal insight, development and change;
- - Facilitate the transfer of learning from the counselling relationship to the client's everyday life;
- - Review the counselling process in terms of the client's experience;
- - Bring the counselling to closure, in a way that recognizes the experience for both the client and the counsellor;
- - Work consistently within a clear theoretical orientation;
- - Recognize limits and boundaries, both professional and personal;
- - Recognize client issues that need the attendance of another professional and refer the client appropriately;
- - Be consistently aware of ethical issues and of an right approach to ethical dilemmas;
- - Evaluate the counselling process in terms of the own learning as a counsellor;
- - Recognize the need for ongoing supervision and act so.

And finally, to become a psychotherapist in Switzerland law requires a master degree in psychology (exceptions possible), 450 hours of courses, 300 hours of self-experience, 250 hours of supervision, 2 years of practical experience. Here again we have the approach by defining the amount of needed lessons visited with all its advantages and disadvantages.

4. Professional aspects of Counselling and Psychology

We now know a little about possible requirements for a counsellor set by an association. Let us now have a short look at how to become and stay a counsellor or psychotherapist.

a) How to learn it

Let us again go back to the year 1926 and to what Freud wrote in 'The Question of Lay Analysis': "The important question is not whether an analyst possesses a medical diploma but whether he has had a special training necessary for the practice of analysis.

This served as the starting-point for a discussion, which was eagerly embarked upon, as to what is the training most suitable for an analyst.

My own view was and still remains that it is not the training prescribed by the University for future doctors. What is known as medical education appears to me to be an arduous and circuitous way of approaching the profession of analysis. No doubt it offers an analyst much that is indispensable to him. But it burdens him with too much else of which he can never make use, and there is a danger of its diverting his interest and his whole mode of thought from the understanding of psychical phenomena.

A scheme of training for analysts has still to be created. It must include elements from the mental sciences, from psychology, the history of civilization and sociology, as well as from anatomy, biology and the study of evolution.

There is so much to be taught in all this that it is justifiable to omit from the curriculum anything which has no direct bearing on the practice of analysis and only serves indirectly (like any other study) as a training for the intellect and for the powers of observation. It is easy to meet this suggestion by objecting that analytic colleges of this kind do not exist and that I am merely setting up an ideal. An ideal, no doubt. But an ideal which can and must be realized. And in our training institutes, in spite of all their youthful insufficiencies, that realization has already begun." (p. 252)

We all know that psychology moved towards a fulfilling of this ideal. In fact, there are now so many ways to learn counselling and psychotherapy that one can easily feel lost in this "psycho-jungle" as some people describe the situation for example in Zurich.

The way counselling and psychotherapy are taught depends on which model the institute follows. The (former) institute for Adlerian psychology (AAI) followed the 'branch model'. As a therapist I visited the same courses in theory but had to make some 100 units more. The main difference was in self-experience and supervision. Counsellors needed 100 units in self-experience and 20 units of supervision while psychotherapists needed 300 units in self-experience and 250 units of supervision plus one year of practical experience.

I think only the amount of units is commonly shared by all the different institutes in Switzerland because they are set by the professional associations or the lawmaker.

Theoretically there is another way to become a counsellor or psychotherapist. That one would not focus on the amount of lessons one visits but on the competencies. As a result of this approach the candidates would much more depend on the judgement of the teachers. This is probably the main reason why institutes stopped choosing this way or never chose it. But the advantage would be that the diploma is based on the skill of the future counsellor or psychotherapist and not on his or her patience. The JRAPC mentions both ways on its homepage. By this, it is setting a high standard which has to be welcomed.

b) How to use it

Let us have another short look to the past. In "'Wild' Psycho-Analysis," Freud (1910) described a consultation with a divorced woman who had come to him complaining of the crude advice given to her by her regular doctor, who, invoking the authority of psychoanalysis, had told her that she could remedy her anxiety only by returning to her husband, taking a lover, or masturbating.

I think we all agree that this medical doctor did no proper counselling or psychotherapy. So, becoming a counsellor or a psychotherapist does not only mean that we acquire knowledge and get to know ourselves better.

First of all it means that we are responsible of how we use what we learned.

Let us have a look at the core competencies as the Swiss Association for Counselling defines them:

- - self-competence and personality development

Self-competence manifests itself in the capacity to adequately manage one's own personality, one's own needs, expectations, strengths and limitations and to act responsibly in accordance with the ethical guidelines.

Basic personality and character competencies: values, attitudes and character traits such as initiative, activity, perseverance, willingness to learn.

- - social competence

By social competence is meant the capacity to interact with each client, groups and people in the professional environment, in accordance with the ethical guidelines.

Counsellors have basic socially oriented capacities such as contact, communication and cooperation skills as well as the ability to deal with conflict.

- - professional and methodological competencies

Professional and methodological competencies make up the ability to deal with various matters and counselling situations, to structure them, and manage them strategically and to assess the quality of the actions.

Counsellors have basic methodological skills including guiding processes in building relationships, objective and action oriented problem solving in accordance with the theory of the relevant psychological school and its philosophical guiding principles.

Counsellors show their competencies in their practice:

- - In-depth professional knowledge in the counselling field
- - A thoroughly reflected counselling concept
- - Careful attention to bio-socio-cultural influences
- - A flexible attitude towards the possibilities and limits of counselling

Counsellors build up relationship processes:

- - creating and maintaining a counselling relationship based on trust
- - appreciative and appropriate reactions with respect to the relationship offer, the client's feelings, thoughts and behaviour
- - dealing appropriately with processes of projection and counter projection

- - the obligation towards the code of ethics for Swiss Association for Counselling counsellors and its application

Counsellors analyse the counselling situation:

- – drawing up analyses of situations, problems and resources
- - prioritizing problem areas and focusing on the main problem
- - choosing appropriate ways

Counsellors plan and carry out interventions:

- - a counselling planning aimed at agreed goals
- - creative, individual and situation related conduct of the counselling process
- - flexible application of established and effective methods and strategies
- - regular evaluation during the counselling process

Counsellors recognize situations of crisis and respond to them:

- - with proper instruments in dealing with crises
- - respecting the limits of their own competencies
- - guaranteeing the protection of the individual in situations of risk
- - by stabilizing with appropriate interventions
- - by referring a client to a specialized professional as required.

Counsellors ensure quality and professional development:

- - reflecting their role as counsellor
- - ongoing evaluation of their counselling processes
- - respecting the obligation of diligence in the documentation of their work
- - personal supervision, discussions with professional peers, self-experience, counselling and/or therapy
- - a continuous further education
- – carefully dealing with one's own resources.

These are needed competencies with regard to content. Formally each member of the SAfC need to show that they have taken part in at least 30 hours of client oriented supervision during or after the training course, duly signed by the supervisor. And they agree to take part in continuous further training in the field of psychosocial counselling: Theory seminars, conferences, supervision, peer-supervision, self-experience.

The Federation of Swiss Psychologists lists less explicitly needed behaviour. They are found in the code of conduct. A psychotherapist needs 240 hours of further training within three years. This includes courses, supervision and peer-supervision, studying specialist literature, doing research and working as a psychologist in a professional institution or committee. We can see that psychotherapists have to 'collect' more hours but are freer in their choice how to do that.

What shall we do when the clients refuse to play their part properly and do not let us use our competencies? This brings us to the next point. Whatever we did or did not learn it is first of

all our own decision with whom we work and how far we go in this cooperation. For example, some people do by principle not work with addicts, others do not want to have patients with a borderline personality disorder and so on.

5. Personal aspects of Counselling and Psychotherapy

The personal aspects have very much to do with our own concepts of counselling and psychotherapy. Following Nestmann (2007) we can define a continuum with several dimensions to differ counselling and psychotherapy. This could be displayed in a space with 12 dimensions. Unfortunately this is far beyond my drawing skills, so I prefer to present a table and a spider's web (see annex for the spider's web).

When we start working with a new client or patient we sooner or later are obliged to define our position on these different dimensions. It is, of course, not only up to us to decide how far we go. Following the idea that psychotherapy treats diseases and disorders we can use a diagnosis to differ the need for counselling from the need for psychotherapy. But this again is relative. There are several active factors on the side of the client which makes counselling possible even if he or she is suffering from a mental disease.

Some of these factors are:

- - the problem exists only for a short while
- - the problem is rather clear and not diffuse
- - the client is able and willing to take an active part in solving the problem
- - the client is able to adapt properly to change
- - the client has good skills in taking part in a professional relationship
- - the client is not afraid of changes

From the contrary of these traits and skills we easily can derive that psychotherapists might need more patience. If we have for example a look at the paranoid personality disorder it can easily take one year until the patient trusts you enough to tell you something important about him or herself. This required patience is probably one of the reasons why psychotherapy approaches more and more the field of counselling. So let us have a look at possible future developments.

6. Conclusion on the difference between counselling and psychotherapy

What I have told you so far, hopefully makes clear that there is no clear difference between counselling and psychotherapy. But I think that there are trends towards a definition of the boundaries of counselling. Not very surprisingly, it is the client or patient defining what he or she needs.

This seems to be quite a reliable benchmark. Unfortunately it is not. In this year's May 18th issue of 'The Economist' we can read:

"Grief. Indulgence. Unhealthy habits. All, it seems, may be classified as mental derangement, and treated as such. And the sets of symptoms described by the DSM are often common. More than one American child in ten has been diagnosed, using the DSM's definition, with ADHD—and about two-thirds of those so diagnosed are now prescribed drugs.

It is this over diagnosis and overtreatment that is the chief criticism of the DSM—or, rather, of the power it wields in the profession of psychiatry" (p. 72).

As soon as we talk about power, talking about money is not far. The ones in power are not very keen on giving away some of it to another group—little matter what skills the members of the other group have. This attitude treats counselling and psychotherapy like foes. Treating diseases for some people means the right to be paid by the health assurances. This brings psychotherapy in conflict with psychiatry. On the other side psychiatry tries to enter the field of psychotherapy and even counselling by calling it social psychiatry. And counselling might try to resolve more and more difficult cases by improving its methods and skills. Cost pressure leads to shorter treatments leaving the goal of healing and focussing short interventions defining counselling (wrongly?) as a light and cheap product. And if the drug companies readopt research in psychopharmacology not only for psychoses and depressions but also personality disorders there might be one day only psychiatry and counselling left—as long as counselling is keeping alive a branch outside the health care system.

However the political situation will develop there will be people needing counselling or psychotherapy. To strengthen the identity of counselling it needs more emancipation from psychotherapy. Due to historical developments we easily could get the impression that psychotherapy develops the theories for itself as well as for counselling. But counselling is more than applied psychotherapy without therapeutical research. In the words of the JRAPC:

“We firmly believe that without a common approach to psychological counselling all work and help in this field will inevitably be fragmented, based on individual counsellor’s education & training, qualification, vision and employing his personal favourite “methods”.

Today the community of professional counsellors faces the task of summarizing uncoordinated experience, of working out a shared theoretical and methodological basis, in other words, the task of integrating various theories and trends in psychological counselling.”

The main question is and always will be: How do we secure the quality of what we do so that the ones, seeking support, help, healing, get what they need? And how do we do our jobs better than the others claiming to do ‘somehow’ the same?

Nestmann (2007) gives some ideas of how future counselling should be like:

- - It has to be multidisciplinary using knowledge from clinical psychology, social psychology, communal psychology, organizational psychology, health psychology as well as pedagogy and social work.
- - It will be a part of upbringing and education. It will be embedded in these processes without pressure and give impulses to autonomously develop solutions.

The demand for counselling will increase because life in modern societies becomes more complex and ideological systems offering standardized answers decrease - luckily and hopefully. This is why counselling—and psychotherapy as well of course—needs theoretical blueprints and models of practical action so that the personal identity can be secured in the more and more challenging process of social integration. Counselling can offer orientation and help in planning, deciding, acting and reflecting one’s behaviour so that the individual person successfully can balance in the inconsistency of modern social and individual life. To meet these goals counselling has to provide information, knowledge, prevention, aid in coping and promotion of development. These topics define the core of counselling.

Counselling will be defined by its

- - reference to the context

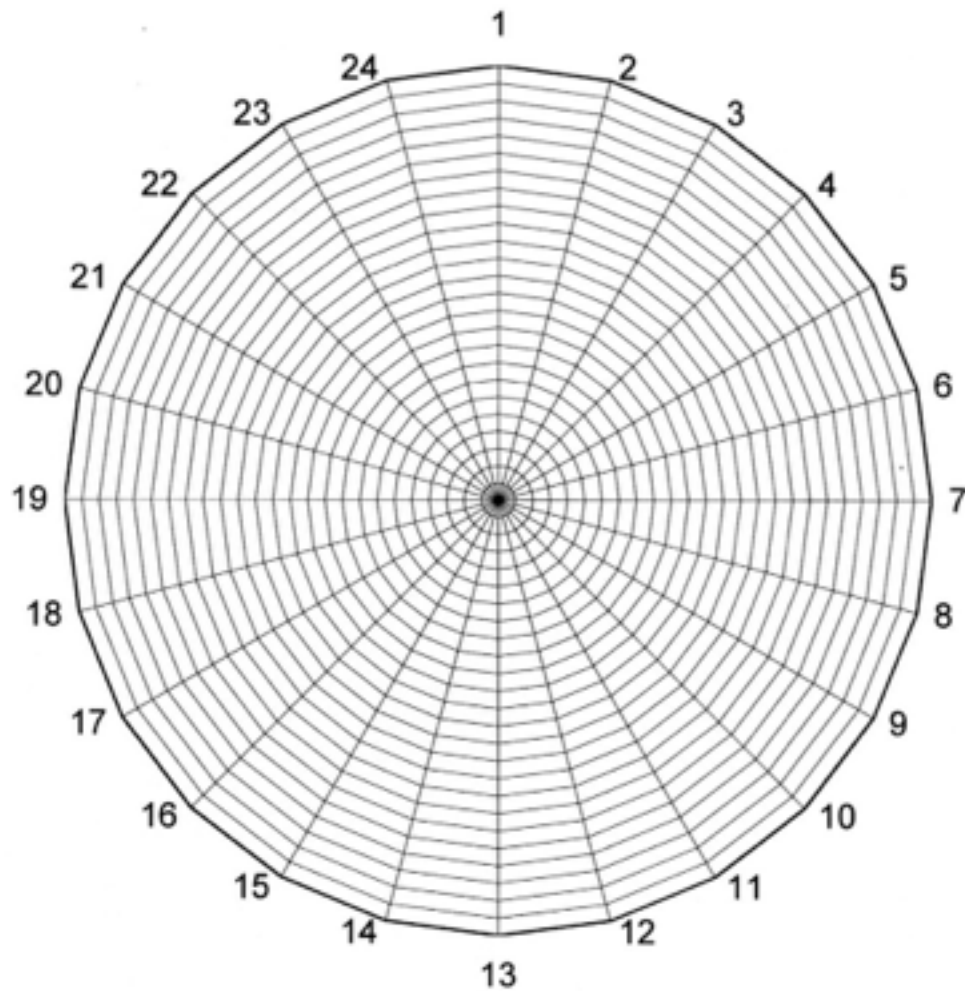
- - orientation on personal and social resources
- - normative causes
- - clear duration
- - orientation on everyday life and living environment
- - and eclectic and inclusive methodology.

Following the Swiss Association for Counselling a consistent concept of counselling is based on the “tree of science”, which demands a presentation and reflection of the following levels of abstraction:

- - Meta-theories, basic attitude: vision on humanity, ethics, epistemology, fundamental questions related to the philosophy of science etc.
- - General theories: development, learning, disease/health, communication, decision-making dynamics, conflicts and conflict management, general counselling theory, etc.
- - counselling theory, specific approaches to counselling: approaches to change and learning, counselling process, types of intervention, building relationships, etc.
- - action model, practice: settings, roles, inventory of methods, evaluation, quality assurance.

If counselling wants to be something else than just a ‘little psychotherapy’ it has to show that it is more than that by becoming multidisciplinary in theory and practice. If it keeps its focus on a narrower sense of psychological counselling, it will be ‘eaten up’ by psychotherapy even if it is only because in some countries psychotherapy is paid by the health assurances. But by developing an own identity the two of them could end up like Castor and Pollux, the Gemini.

Annex: Spiders Web



cause: single daily hassle (1) - personality disorder (13)

function and progress: problem solving (2) - modification of personality (14) form of help: open, eclectic (3) - orthodox (15)

relationship of help: minor (4) - major reflected relationship (16)

setting: open (5) - closed (17)

reference to context: high (6) - low (18)

threshold: low (7) - high (19)

orientation: everyday life (8) - structure of personality (20)

degree of formalization: different (9) - high (21)

disciplines: multi (10) - uni/bi (22)

level psychic restructuring: little (11) - deep (23)

goal: change the real situation (12) - change whole personality (24)

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