

Volume 1 Number 2 Spring 2001

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



SPRING

**Assertiveness
Training Today**

**Emotional Literacy
in the Learning
Environment**

**Client Perceptions of
Hindering
Experiences in
Counselling**

**Counselling in the
Workplace – The
Facts**

**Online Counselling –
The Questions that
Need to be Answered**



Counselling Australia's Contributor's Guide for 2002

Counselling Australia is now calling for articles and papers for publication in 2002. Counselling Australia is a peer reviewed professional journal that is registered and indexed with the National Library (ISSN 1445-5285). Counselling Australia is designed to inform and discuss relevant industry issues for practicing counsellors, students, and members of the Australian Counselling Association.

Note new publishing dates:

The journal is published quarterly every March, June, September and December.

Counselling Australia has an editorial board of experienced practitioners, trainers and specialists. Articles are invited to be peer reviewed and refereed or assessed for appropriateness by the editor for publishing. Non-editorial staff may assess articles if the subject is of a nature as to require a specialist's opinion.

EDITORIAL POLICY

Counselling Australia is committed to valuing the different theories and practices of counsellors. We hope to encourage readers to submit articles and papers to encourage discussion and debate within the industry. Through contributions we hope to give contributors an opportunity to be published and foster Australian content. To provide information to readers that will help them to improve their own professional development and practice. Promote to readers the Australian Counselling Association and its commitment to raising the professional profile and status of Counsellors in Australia.

ARTICLES FOR PEER REVIEW (REFEREED).

- ⇒ Submitted with a covering page requesting a peer review.
- ⇒ The body of the paper must not identify the author
- ⇒ Two assessors who will advise the editor on the articles appropriateness for publication will read refereed articles.

- ⇒ Articles may be returned for rewording, clarification for correcting prior to being accepted.
- ⇒ Attach a separate page noting your name experience, qualifications and contact details.
- ⇒ Articles are to contain between 1500 and 4000 words in length.
- ⇒ Articles are to be submitted in MS Word format via email or floppy disk.
- ⇒ Articles are to be single-spaced and with minimal formatting.

CONDITIONS

- ⇒ References are required to support argument and should listed alphabetically.
- ⇒ Case studies must have a signed agreement by the client attached to the article for permission for publication. Clients must not be identifiable in the article
- ⇒ The author must seek permission to quote from, or reproduce, copyright material from other sources and acknowledge this in the article.
- ⇒ All articles are subject to our editing process and all authors will be advised of any necessary changes and sent a copy prior to the proofing of the journal for publication.
- ⇒ Authors are to notify the editor if their article has been published prior to submission to Counselling Australia.
- ⇒ Only original articles that have not been published elsewhere will be peer reviewed.
- ⇒ Counselling Australia accepts no responsibility for the content of articles, manuscripts, photographs, artwork, or illustrations for unsolicited articles.

DEADLINE

Deadline for articles and reviewed articles is the 7th of February, May, August and November. The sooner articles and papers are submitted the more likely they are to be published in the next cycle



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Editorial By Philip Armstrong



It is difficult to believe we are now publishing the last journal for 2001. It only seems like yesterday when I was watching the fireworks displays from around the world to usher in the new millennium. I have been looking back on what we have achieved this year and now I know why it has been so busy. Our goals this year were to raise the profile of the association through the journal and by holding as many events as possible in the year. We also decided that we needed to help members to market their practice and help build up the profile of practising counsellors. I believe we have achieved these goals this year. In addition, we sent off letters to the Federal and several State Ministers of Health, asking them to clarify the issue of counselling and regulation. We believed this issue needed to be cleared up due to a proliferation of unfounded rumours that legislation was going to be introduced to control the industry.

The year 2001, in review, looks like this.

The year started with a flurry of activity, with ACA, through its contacts at the British Association of Counsellors & Psychotherapists, being able to obtain a copy of the King Report. This report has been very influential in finally establishing, through evaluation, research that proved the most effective treatment for depression and anxiety is counselling. ACA acknowledged that 2001 was the Year of the Volunteer and formally recognised volunteer counsellors. Volunteer counsellors can now become registered members of ACA (at the volunteer level), to recognise their valuable contribution to society. In January, we started calling for professional supervisors to register with ACA and also set the standard in supervision qualifications by only recognising supervisors with a formal qualification in supervision. To date, we have registered supervisors in Queensland, Victoria, New South Wales and South Australia. We also changed our database system and now run Act, which has increased our efficiency rates, and we are now able to answer member queries in less time. Act has also given us the ability to keep more detailed statistics about our operations.

In **March**, we received a letter on behalf of the Federal Minister for Health & Aged Care, in response to our enquiries in relation to regulation of the counselling industry. The letter confirmed our suspicions that the rumours doing the rounds were only that and that the Federal Government had no intentions of regulating counselling - the industry was to remain self-regulating. This also cleared up rumours about any association having been given a mandate to regulate counselling. On the 10 March, we held our first conference for the year, with the New South Wales Autumn Conference. Our guests, Judy Lovas, Caryn Walsh, Charles Anthony and Richard Harris, all contributed to an exciting and informative day.

April was very busy, with the introduction of three new strategies. The first was our very successful introduction of the marketing brochure, "Before you see a Counsellor, Please Read This Brochure". Over 10,000 of these brochures have been distributed throughout Australia by our members. This brochure marked the first time any counselling association had ever implemented a serious strategy to help educate the public to be able to identify qualified counsellors

from non-qualified counsellors. This strategy has been so successful that we have re-designed the brochure to have a glossier look, and the new Mark 2 version is now available.

The Victorian and New South Wales Chapters were formed in April. This initiative has given members a forum from which they can tackle state issues and inform the national office of events as they occur. The third initiative of the month was our innovative Email of the Month Club. We called for interested members to register for the monthly page and were inundated with emails asking to join. We were also accepted to the Canadian Counselling Association as a member, which now sees ACA belonging to two overseas organisations, giving us a more international base.

May saw us receiving another letter, this time from the Queensland Minister of Health, Wendy Edmond, who also stated that there was no intention of regulating counselling at the state level in Queensland at the moment. We also held another conference, with Adelaide being the location this time. There was a good turn out from our South Australian members, who were enthralled by our guest speakers, Anne-Marie Clark and Geraldine Slattery. In addition, we completed a rewrite of our membership application form to include new questions. These questions were to give us a better idea of applicants' backgrounds. Questions asking about criminal records and previous memberships of associations have helped us to vet some applicants who may have otherwise been able to join. The Code of Conduct and Information booklets were also updated.

June saw us holding a conference in Queensland, with the Brisbane Conference. This conference was well attended, with one member flying in from Hong Kong to attend. Ray Hunt (Honorary Member) gave a very popular talk about the Church and counselling. Linda van Dorsen and Merrelyn Bates were the other speakers, who gave very interesting talks. The South Australian Chapter was formed and has been very active since. The very first Email of the Month was sent to members and was very warmly received. We now have over 150 members in the club and have secured our first sponsor for the page - "Snowball".

July again saw us holding yet another conference, this time in Perth. West Australia was the fourth state in which we have held a conference this year, to fulfil our commitment to members to give them an avenue from which they can meet like-minded people. The Perth conference was honoured to have Dr Tamara Rudnytsky and Associate Professor Martin Philpott attend as special speakers. We were able to negotiate a deal with Snowball in regard to superannuation packages. This association will be an exciting one, as Snowball introduces further financial services for our members in the near future.

August saw us receiving another letter, this time from the Victorian Minister for Health's office, also stating that there was no intention of regulating counselling at the state level at this time. The Queensland Chapter was raised and it will no doubt hit the ground running, as have the other Chapters. ACA was a finalist in the North-West Business Achievers' Awards for

Our goals this year were to raise the profile of the association through the journal and by holding as many events as possible in the year.

Professional Services. The event was held at the Kedron-Wavell Services Club and we were honoured to be a part of the awards night.

I attended a meeting of counselling associations in late August and any association that had around 200 members was considered substantial. I was quite surprised at how many associations had 50 or fewer members. When we say ACA is a peak association, we are not kidding, with a membership in the thousands.

September is the month in which I am making private health funds my priority. We have already received some positive feedback from one major player. I will have contacted all the significant providers of private health insurance by the time this edition is delivered to the membership. It is exciting to think of the repercussions for ACA should we be able to break into the rebates market. I am approaching these providers on behalf of ACA members only, so if you are reading this and are not a member, you may miss out on an extremely significant marketing advantage.

To give you some indication of what our year to date (end of August) has involved and where membership fees go, here are a few statistics: two new members per working day are enlisted; 335 new memberships to ACA have been processed and the new members welcomed; 520 enquiries have been received and membership kits mailed out; 2000 phone calls have been fielded; four state conferences have been organised; 10,000 "Read This Before You See a Counsellor" brochures have been designed and distributed nationally; 10,000 journals have been edited, published and distributed; 2002 letters have been generated and mailed; five Chapters have been raised.

Maintaining these types of services and raising others will mean a slight increase in membership fees as of 1 November 2001. I am sure if you measure the costs of membership against services received, you will agree you are definitely the winner.

When we say ACA is a peak association, we are not kidding

ACA

Important Information for All Members Membership Fees and Conditions



It is that time of year again when a high proportion of ACA members are due to renew their membership. ACA has had a very busy year and has achieved all of our objectives. A considerable amount of free resources for members and industry organisations were produced this year. This was done to increase the profile of counselling and the association. Next year we are going to continue representing our members and continue with our priority of creating employment opportunities for members. To do this, we need to ensure we have the financial resources behind us that make this possible.

The costs of producing quality services for members this year have increased. The printing and production costs of the journal alone have increased significantly during 2001, with the journal costing ACA in excess of \$40,000 this year. ACA is the only counselling association in Australia that has professional management and therefore is providing its membership with strong representation within the industry, innovative services and membership benefits second to none. At ACA, your professional interests are our number one priority.

To ensure ACA continues to offer premium services, we will need to increase membership fees as of 1 November 2001. ACA is aware that many student members are not working and therefore student membership fees have only risen slightly. Volunteer membership fees have not been increased, as their benefits are marginal. Clinical and Professional members are likely to gain more benefits from initiatives like the health-fund rebates and their fees have been increased to a larger extent, although they are still below the hundred-dollar mark.

The increases in membership fees are:

Volunteer no change - \$45
Associate from \$43 to \$45
Student from \$43 to \$50
Qualified from \$54 to \$65
Professional from \$65 to \$85
Clinical from \$76 to \$95

Conditions of Membership to ACA

The following clarifies some of the most asked questions and issues that have come to our attention in relation to conditions of membership to ACA.

Conditions: The Code of Conduct states that all practising members are expected to undergo continuing professional supervision throughout their career. To clarify how much is ongoing professional supervision we have agreed that a figure needs to be put on this condition to give it a clearer meaning. The committee has agreed a minimum of 5 hours per year is fair number that will not put a financial burden on members. All qualified, professional and clinical members will need to supply ACA with a letter from their professional supervisors, indicating they have undergone a minimum of 5 hours of professional supervision within the previous 12-month period, with each membership renewal.

This clarification of the condition of membership will take effect from **1 November 2001**. Current Clinical, Professional and Qualified members who are not able to fulfil this requirement (minimum of 5 hours of supervision per 12 month membership period) will need to supply a copy of a letter of contract with a supervisor, indicating they will fulfil this requirement by the time their 2002 renewal date arrives. These

Important Information for All Members – Membership Fees and Conditions (Continued)

Student members are encouraged to seek out professional supervision whilst studying. Supervision hours can be completed whilst doing volunteer work with organisations such as Lifeline or the Salvation Army.

members will be given a grace period of 11 months to meet the new condition without needing to be downgraded. This clarification is to ensure members meet the requirements of the Code of Conduct. Members who choose to be downgraded to associate because they do not meet this condition should be made aware that lack of professional supervision will exempt them from access to such things as rebates and referrals. Practising without professional supervision is contrary to the Code of Conduct, which every member has agreed to abide by, in writing.

Student members are encouraged to seek out professional supervision whilst studying. Supervision hours can be completed whilst doing volunteer work with organisations such as Lifeline or the Salvation Army. These organisations supply supervision for volunteer counsellors. This exposure to real clients under supervision is also a very good learning curve. Students who undertake this type of experience may be able to ensure they finish their studies with 25 hours of supervised practice and can then apply for Professional membership on completion of their course. It is not unreasonable for students to

complete 25 hours of supervision over the 2-year period required to study. Supervision gained from training courses is not generally considered as **professional** supervision.

Student members: Clarification of the use of the initials MACA. As per the Code of Conduct, under "Membership", student members **are not** authorised to use the initials MACA (stud) after their name. The use of the initials MACA is to denote to the public that the counsellor they are seeing is a registered, qualified, professional or clinical counsellor with ACA and has completed training. Student counsellors are not permitted to practice (unless under the direct supervision of a qualified supervisor) as per the Code of Conduct and therefore should have no need to use these initials.

The use of initials MACA are given to members who have successfully completed their course of training to acknowledge their transition from student to practitioner.

ACA

Letters to the Editor

Thankyou

This is the last journal for 2001 and so I would like to take this opportunity to thank some people for their ongoing contribution to publishing and mailing of this journal. I would like to thank Larissa Prior and Sarah McKay for their countless hours of dedicated work on helping with the layout and contents of the journal. Their contribution has led to the high quality of the journal. I would like to thank Alison Booth for her many hours of sitting over a computer proofing each article, particularly those written by the editor, whose writing has been compared to that of a GP. Alison gives meaning to my sometimes, rambling style.

I would also like to thank Jenny Peart who has unselfishly donated many of her own hours to voluntarily help with the packing and distribution of the journal. The journal is indeed a team effort with each edition accounting for many hours of many peoples time. I have singled out, Larissa, Sarah, Alison and Jenny as they donate their time and do not receive any money for the contributions. Again, thank you.

Editor – Philip Armstrong

- Got something to say
- Wish to make a point
- Do not agree with an issue
- Like to have your say
- Want to discuss an issue
- Disagree with policy
- Would like to change something
- How about just a pat on the back

Counselling Australia welcomes letters to the editor. We want to hear your views and perspectives. We don't care if you disagree with us; we want to hear your opinion. How are we supposed to know what you want or think if you don't tell us? Letters need to be addressed to the editor and contain no more than 300 words. Longer replies with more than 300 words will be considered on their merit. Letters should include your name and address and may be edited.

Is there a Place for Emotional Literacy in the Learning Environment

By Susie Orbach

This was the question last month's (March 28th 2001) Association for University and College Counselling Conference put to Susie Orbach. Her response – part of which is published here.

Emotional literacy (EL) is the process whereby a persons ability to learn is complicated not by their cognitive intelligence but by their emotions. A student may be very intelligent however their ability to learn can be stunted due to a fear of failure. Ed.

In preparing for this talk I was thinking about the distance the conference committee travelled from the first invitation to me which said *the conference will focus on the augmentation of emotional literacy in the wider context of educational settings. Lectures and workshops will provide the platform for thinking about how **counselling services** can begin to address and expand emotional literacy within the institution at large.* It went on to say that my book *Towards Emotional Literacy* and the organisation ANTIDOTE which I co-founded had shown very clearly how emotional literacy can be applied to the public domain **despite the inevitable fears and resistances.**

The second letter 5 months later gave the title of the conference *The Psychological and Emotional Aspects of The Learning Environment: Whose Responsibility?* And asked me to speak under the title "Is there a place for emotional literacy".

I quote from these rather two different requests not to be legalistic or pedantic, I hope - but because of course planning a conference involves a process and I feel very pleased to have been given a glimpse into the planning for this one. No, the reason I am mentioning the gap was I wanted to see if we can get anywhere in understanding the dilemmas facing those of us in the field if we take seriously the journey from one request to the other.

In both requests I have been asked to talk about EL. And the more I thought about it I realised that one of the beauties of EL is that it is not a static concept. Its meanings and uses are absolutely dependent on context. So that in responding to you and thinking about what EL might mean in terms of this gap I was forced to think immediately about the nature of your work, the things you are required to do, the burdens you carry, the positions that you find yourselves in as counsellors in colleges and universities.

My first thoughts were that the kind of position counsellors find themselves in are often intolerable. The popular view of a college counsellor is that you are dealing with a reasonably well educated student population some of whom get a bit wobbly from the stress of exam pressure or being away from home or low self esteem or lack of confidence and that a few pragmatic rather behaviourally structured sessions and a bit of tea and sympathy will make it all better.

If people know a little bit more they might realise that there are rather more severe problems that infect and affect students – they might know for example that a fifth of all students are thought to be suffering from the non trivial issue of disordered eating, that there are worrying statistics on young male suicides, that the drop out rate from colleges is higher than we might wish and so on. In other words, there might be a perception within the college that the student

counselling services are not simply dispensing psychological exercises and tea and sympathy but that they are there for the hard core psychological cases.

But even this perception which is more accurate than the tea and sympathy one, fails to come to grips with the position that counsellors find themselves in. The nature of the misperceptions of the counsellors role and function within colleges and within society at large means that it really is quite urgent that the issues of emotional literacy permeate society's consciousness and transform the conditions which give rise to the feelings that can be aroused in us as we go about trying to meet the demands at our door in the course of doing our work.

Everyday, we experience the most enormous pressure to respond to an overwhelming number of individuals who are in emotional difficulty. There is probably not one of us in this room who has a free therapeutic hour at college and many of us who could fill our therapy hours many times over. We can feel harassed, we can feel pressurised, we can feel inadequate to meet the huge demand that exists for our time and our skills. It is not just the clients on the waiting list or on the end of the telephone that we are responding to, but that we are aware that those who do reach us are not the sum of people in emotional difficulty in the institutions we serve but they are simply a sample or representative of them. They are the ones who have found it possible to make their way to us.

What you see are the enormous psychological and emotional difficulties that beset young people today. And what you know is that these kinds of issues and dilemmas, the difficulties and conflicts, the angsts and anguishes exist in large numbers in the rest of the student population as well as in the academic and administrative workers at your Universities and colleges.

Two weeks ago I was speaking in Cambridge with Lesley Parker from the Universities Counselling Service. We heard a rather eloquent explanation of why the Cambridge University students were in such psychological difficulty from the Senior Tutor of St John's College. For a moment I was convinced. The students there are – and I'm paraphrasing – la crème de la crème, they weren't that robust psychologically because they had always been at the top of the tree; they could not come to University and hang loose because they were at Cambridge; they had to push themselves forward relentlessly in order to manage being in the best University; they were women who were used to conforming and excelling, the rather wild practices of their male students could destabilise them and so on.

With the best will in the world Ray Jobling, the senior tutor was trying to understand the growing distress of the students in his care. It clearly perplexed him that Cambridge students were in difficulty. But his explanation while undoubtedly partially accurate side stepped the issues that you are more familiar with. He did not see the general emotional difficulties that exist within the population. He did not see that these difficulties can be met by a university counselling

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Emotional Literacy in the Learning Environment (Continued)

Counsellors and therapists are being asked to or find themselves in the position of being a particular kind of sanitary engineer.

service because it is relatively visible and accessible – certainly more visible than any other counselling service except perhaps for phone lines such as the Samaritans and Childline. In other words what I am thinking when I am trying to understand the gap between what you asked me to do originally and what it then developed into, was your own awareness that the kinds of difficulties that you encounter in the course of your work, lead you to think that the general level of emotional literacy in the population within and without the University and College is so undeveloped that the pressure you feel as counsellors will never reduce unless society takes seriously the emotional problems it creates in all of us.

Counsellors and therapists are being asked to or find themselves in the position of being a particular kind of sanitary engineer. We hear and bear witness to the psychological ramifications of disturbed and oft times cruel family relations, to the impact of violence, of sexual transgression, of parental anxieties that cannot be metabolised and are instead dumped on or projected onto children. We hear how neglect or exploitation, how pressure from parents and teachers, press down on the individual and how each individual tries to make sense of the world they encounter in their own idiosyncratic and personal way. We see the psychological damage that Britain's class and ethnic divisions have wrought on its students. We observe the tremendous hesitations, the feelings of unentitlement, the trepidations that stepping out of one's class of origin and into higher education can create. We see the fears that stepping out of one's ethnic and cultural

background to enter into higher education can create. We see the difficulties that growing up in warring families produce. We see the difficulties that growing up in families that conceal their conflicts produce. We see the evidence of ruptured attachments, of anxious attachments of merged attachments, of disorganised attachments and of angry attachments.

Everyday we encounter students who feel fraudulent, who feel that they don't really deserve to be at college, that they are letting their families down, that they are letting themselves down. We see students who feel they shouldn't be using our time 'wasting it' as they put it, who feel ashamed of their problems and wish they could just press the delete key on them.

Everyday we hear about the impact of the market on young women's sense of themselves. We see how the global economy has created a new set of values for the new generation. We see how values which honour money, the making of celebrity and branding are making it hard for individuals to value themselves. We see the distress that individuals experience if they are not involved in the relentless pursuit of such values and we see the distress that is caused if they ARE in pursuit of such values. To take just a simple example we see that young women have a hard time inhabiting their bodies and their appetites, for their bodies have become for them like commodities or objects that they have to take a hold of and control, commodities which if they get right will give them a sense – albeit a fragile sense – of place in our society. They don't have that sense of place by right. They don't feel entitled to take up space, they don't even feel entitled to eat unless

INTRODUCING



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Our mission is to provide quality affordable psychological services for our community.

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Clinical Supervision Program 2002

With **Miguel Barreiro** BBSoc. (Hons) MACA (Clinical).

Miguel is a psychologist and a registered supervisor with the ACA. He supervises counsellors for registration with the ACA and probationary psychologists for registration with the Victorian Psychologists Registration Board. The complete supervision program includes three weekly components consisting of:

One hour individual supervision session: Case discussion, treatment planning, ethics, moral and legal matters. General counselling and psychotherapy issues.

One hour group supervision session: Exploration of theoretical frameworks and their applications to clinical practice. Diagnosing and assessment. Psychological testing. The planning, managing and marketing of a private practice.

Two hour experiential session: Self care and personal growth are fundamental tasks for all counsellors. These sessions are designed for counsellors to explore themselves & to experience some of the processes that their clients experience. Counsellors own issues which surface in their work will be explored and processed in a collegial and supportive environment.

The complete supervision program consists of 50 individual sessions for counsellors and 80 individual sessions for probationary psychologists. Program fee \$ 100.00 weekly.

Individual weekly supervision is available At \$ 80.00. However, the complete Program is strongly recommended as it is more comprehensive and better value for money.

For your registration of interest ring Miguel Barreiro on (03) 88014966 or 042 572 6356. Limited places are available, as the supervision program will be composed of a small selected group.

they can conform to the branding of female bodies and are able to make themselves into the shape, the look, the feel of the image of femininity today.

In your consulting rooms, you are asked to not only bear witness – and this is where the sanitary engineer bit comes in – but to act as sewage treatment plant for society's detritus as experienced by the individual. You are asked to clean up, to get rid of the messy, uncomfortable things that trouble students which can't just be tucked away. Whether it is their pain directly or indirectly through anxiety, or eating problems or over use of drugs and drink, the Universities and Colleges are essentially expecting you to please make these things go away. Without seeing the administration as cynical - for many of them do have some genuine cares about student welfare – their concerns are circumscribed by considerable ignorance concerning two things: on the one hand a lack of understanding of quite how devastating and debilitating mental pain can be and on the other, an ignorance about just what it takes to help a young individual who is in difficulty.

It is my experience that people outside our field are absolutely uninformed about what a therapist or counsellor does, the skills that we have honed, the tolerances and emotional capacities we have developed, the theories we have absorbed and made sense of. Nor do they have an idea of the ways in which our profession is unlike other kinds of work. They have no sense that we use very different instruments to evaluate, understand, diagnose and treat the symptoms and problems of our patients than

say other kinds of doctors.

For us, the use of ourselves, the scrutinising of our own emotional responses to our patients and clients, our examination of the countertransference and transference in such a way that we dissect not just our immediate responses to our clients but that we then assess those responses, working out what is a transference response to the patient, what is our defence structure, what is being evoked in us, why we feel the way we do when we are with a client and so on, is essential to our work. *We are our own instruments. Our own subjectivity, what and how we feel in our bodies, the passions or ennuis that are stimulated in us when we work, the thoughts that cross our minds when we are with our clients are equivalent to the blood pressure cuff, the thermometer, the swab, the urine analysis, the x ray, the ECG, that form the GP's instruments.*

This use of self makes our work extremely exacting. It requires us to be on top of ourselves, acutely conscious of processes that are occurring within us. While we pay attention to our clients words and keep a particular kind of contact open, inside of ourselves we privately surrender to the ambience created by our clients in order for us to get a taste of the inter-psychic and intra-psychic worlds that they inhabit. Our work requires exquisite attunement to their psychological worlds and an equally fine awareness of when our attunement falters. We need to know what to do when it does falter. We need to know how to be responsive and open to acknowledging the ways in which we let down or disappoint our patients, not just

It is my experience that people outside our field are absolutely uninformed about what a therapist or counsellor does.

The MS Society of Queensland is Starting a New Volunteer Role

INFO – LINE VOLUNTEER



Are you ... ?

- ◆ Interested in becoming a valued member of a team that provides current, accurate information about MS, and the resources available to people with MS?
- ◆ A good listener? patient? calm? empathic? non-judgemental?
- ◆ Interested in receiving training and ongoing support from the MS Society to assist you to develop in the role of Info-Line Volunteer?
- ◆ Able to make a regular ongoing commitment to volunteering?

If so then Info-Line volunteering could be for you ...

Info-Line volunteers could come from any of the following groups in the community...

- ➔ Actively retired persons from a wide range of helping professions.
- ➔ Self-employed people or shift-workers with flexible roster availability.
- ➔ Young adults doing post-grad or advanced under-grad studies in social, behavioural or health sciences, nursing, allied health or education.
- ➔ Some other group we haven't thought of.

Want to find out more ...?

Contact Linda Van Dorssen (Training and Staff Development Manager) on (07) 3840 0856 or email

linda.vandorssen@msqld.org.au to discuss joining the team and doing our Info-Line Volunteers course commencing on the 17th October 2001.

Emotional Literacy in the Learning Environment (Continued)

when they are able to point it out to us, but because we have allowed ourselves to see what has interrupted the attunement. We need to find a form of words that takes responsibility for that breach without that then becoming something that the patient or client did to us. In other words we need to be very careful about issues of blame, about interpretation, about saying things which could further isolate the person we are working with. As all of you know well, these requirements of the job, aren't easy.

For our work to be of use, we have to tolerate and sit with excruciating pain, sometimes even having to coax it out of someone, not in a crude way, but by making it possible for them to feel safe enough to acknowledge it and express it. When that pain is in the room, we have to be able to let it be there without us immediately trying to make it better, get rid of it or transform it. We have to hold the space for it. We have to hold it long enough so that we can feel, see and question whether the particular pain that is being felt is the whole story and whether the cry or screech we hear is the fullest or most accurate emotional expression of that pain. We need to be able to assess for example when a client or patient is angry whether it is indeed the expression of anger that is going to provide psychological relief or whether anger is the emotional response habitually available to the individual and is one that actually covers up a difficulty with emotions such as disappointment or helplessness.

We have to be able to handle our clients and patients sometimes, strong erotic feelings towards us, and we have to be able to notice our own equally strong desires to deny such feelings. We have to be able to withstand our own wishes to tuck our clients in our pockets and look after them for we know that acting on such needs is more about our own self gratification than it is an adequate response to our patients needs. And yet, we have to stay with the emotional temperature that creates those feelings in us without withdrawing from our clients. We have to find a way to show them that we are there and available without encroaching too close or distancing too far but by paying attention to the nuance, shading, tone and movement within the session.

These demands on us, the way we provide treatment – our syringes, pills and curretages and so on require of us extraordinary capacities. Where the jobs and professions of our colleagues are focused on mending, fixing, arbitrating, researching, analysing, calculating, teaching, managing, ours is focused on jumping in with two feet into the mess and staying there long enough to make sense of it. We have to become emotionally contaminated or to put it more nicely we have to be affected, stirred up and disturbed by the people we see in order to be helpful. And we also have to be able to tolerate not knowing without becoming frightened. We have to sit with questions and maintain an open mind rather than rush to interpret and understand too

quickly. Everything about education up until one becomes a therapist or counsellor is dedicated to coming up with knowing. We have to set that kind of way of approaching problems aside in order to not foreclose, judge and know something before we really do. And when we do see, we have to time our understandings carefully for it isn't what we see that is so brilliant about what we do, it is finding a way to give the other, the client, access in to what we might see and then to offer it in a neutral way, so that they can, if they find it rings true, use it.

We also have to stay open and not jaded. We have to hear the stories of our clients, with freshness and curiosity, even when they chime with stories we've heard before. No two peoples stories are ever the same even if the particulars look so superficially, but because we absorb so much pain we can sometimes be tempted to avoid yet more and by imagining we know a story avoid yet another confrontation with mental distress. And yet we know well that we can't. We have to commit ourselves to hearing and being with the other in their pain.

But I would hate you to think that in stating these things I am complaining. I'm not. We have extremely interesting challenging jobs. We have work that makes a tremendous difference to individuals. It can be life changing. In the midst of awful conditions, our work can be deeply satisfying, intellectually and emotionally challenging and profoundly moving. We have privileged aspects to the intimate lives of others who trust us with the task of understanding them and helping them change.

We meet people who are in difficulty and we enable them to struggle with those difficulties and to transform their experiences and their outlook to develop an inner and sustaining sense of purpose and meaning. And in this work it is a prerequisite that we be emotionally authentic, that we be reflective, that we take ourselves seriously. Our skills depend on precision in some circumstances and broad feeling states in others. Few jobs offer the richness of this intellectual and emotional mix or the chance to be deeply moved several times a day. Out of pain that seems at first incomprehensible and unbearable, we –

There is of course no such thing as a non emotional environment. That idea is a nonsense. In pushing for EL we are not saying anything a simplistic as let's all be more caring and friendly.

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that's to say our clients and us, make poetry and we make an aesthetic. If we distil what we do we can see that it has a very special beauty, a beauty that contains a range of emotional colours which it embraces and is not frightened of.

I have detailed what it is that we do because in trying to answer the question of *Is there a place for emotional literacy in the learning environment* and in attempting to understand the move from the first request to me to the other. I think we can see from our vantage point that we absolutely require EL to be diffused because we see how damaging society is to its members without it. Indeed from our vantage point we can go further still. We can ask what kind of learning can occur when the environment is not itself emotionally literate. What sort of learning is going on when the emotional dimensions of experience are being exploited rather than respected.

There is of course no such thing as a non-emotional environment. That idea is a nonsense. In pushing for EL we are not saying anything a simplistic as let's all be more caring and friendly. I would that we could. What we are recognising is that each environment and each institution whether the school, the family, the health service, the business, the government, embodies an emotional life. The problem with most of the emotional lives and the emotional ambiances that these institutions generate is that they are constipated, damaging and quite often deeply disrespectful. They encourage a kind of emotional brutality which affects all its members. Indeed the sense of belonging within

each institution depends upon the capacity to reproduce those emotional ambiances, no matter that they are in varying ways destructive. Just imagine if these institutions embodied emotional literacy. If individuals were encouraged to have a voice, were heard, felt recognised and listened to; if the institution promoted thoughtfulness as an aspect of productivity; if it countenanced difference as inevitable and not threatening; if positions were not characterised in terms of personalities; if productivity took into account the emotional well being of the people doing the work and so on.

We are as yet a long way from that. In fact we live in a society which wreaks emotional damage on its members simply by its maintenance of social and ethnic divisions. We know from our work the emotional costs of these divisions. We see what individuals internalise in the course of growing up to be able to accommodate on a daily basis to these divisions. Even the sense of being better than or worse than, a sense which pervades British society despite the post Thatcherite fantasy that we no longer are imprisoned by class, is something that has an emotional and psychological correlate. Those who were brought up to feel superior often sit uneasily with the idea at an *emotional level*. They await the time when this arrangement will be shown to be without substance and the ways in which they internalise hierarchy inside of themselves means that the world is split into ever increasing groupings of us and them in a way that makes nobody safe.

We know from our work the emotional costs of these divisions. We see what individuals internalise in the course of growing up to be able to accommodate on a daily basis to these divisions.



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Emotional Literacy in the Learning Environment (Continued)

Or to take the other side, we are now well familiar with the psychological costs of oppression. We know of the feelings of unentitlement, of fraudulence, of the need to take care of others and be a midwife to their activities which characterised women's psychology until recently. As therapists and counsellors we could see how the social requirements of femininity meant that girls and women felt their own needs and desires whether these were to be emotionally dependent or to be acting on their own interests were illegitimate. Thus we saw the internal cost of second class citizenship.

So when we are talking about EL we must be sure that we aren't talking about an emotional environment per se or talking about emotionalism ala Oprah and Jerry Springer (these latter I take to be consequences of emotional illiteracy where speaking one's pain to millions is the only option of hearing oneself.) No, when we are talking about EL we are talking about using our knowledge to insist on the grave consequences of **emotional illiteracy** which result in social and personal breakdowns and the collapse of social capital. We are talking about violence, child abuse, interpersonal crime, self harm, homelessness, no go areas, school exclusions, bullying, political posturing rather than thinking, a criminal justice system that apports blame rather than understanding, work environments that exploit rather than engage the employees, racist attitudes towards refugees, fundamentalist modes of thought which offer certainty in the face of complexity and when all is said and done a hostility to human emotional life.

Now you are perhaps thinking that I am being idealistic, naïve. Capitalisms triumphs are bound to throw up some social difficulties. This is the price we pay for being in an advanced society. We can't have EL within a capitalist system. And perhaps that is true in the same way that it is hard to have a sustainable environment within capitalism because as a system it depends on marauding and despoiling nature including human nature. That doesn't mean however that we don't fight to change what we see as its dire social and psychological consequences and that we don't try to create the conditions that will allow individuals and groups of individuals to develop confidence that their views are valid and can be fought for.

I think in developing that struggle we, from our vantage point see the significance of emotional literacy, and its relevance to many aspects of our personal and political lives. But I think we are hesitant and sometimes more reluctant than need be to share that vision with others. And here I would like to go back to the first request AUCC made of me in which you suggested that it is the fears and hesitations which make it hard for EL to be taken up.

I think that's accurate. There is so much resistance to our work, our way of approaching social and personal issues that what we are trying to say is often misrepresented and trivialised. It is always easier to crush a voice or a political position by caricaturing it and that is indeed what happens a great deal. Part of the caricature is wilfully mendacious but part of it stems from our own hesitations in being bold about what we know. Sensing a hostile or ill informed climate, we can shirk from the task of articulating what EL might mean in X or Y situation. Or because people are so uncomfortable with the ideas or what

they imagine it requires or is, we can be less than deft when we are ridiculed. I'm thinking now of the media's attempts to trivialise EL and politics.

When for example ANTIDOTE a group I'm involved with has a press conference – the media inevitably represent it as *group says politicians need counselling*. Now it may well be that MP's do need counselling especially to deal with the powerlessness they feel faced with the problems of their constituents and the countertransference that emerges in their political surgeries. But that's not the point. ANTIDOTE was not suggesting therapy for MP's. What we were suggesting was that the political posturing and positions alive in British Politics today were often more full of unacknowledged and unmetabolised emotions, than politics. For example we know that the Europe debate is couched in entirely emotional terms by anti-Europeans. The loss of Empire which Britain is still trying to come to terms with frames the conversation about Europe in terms of Britain as a still great power: a statement that has no economic or political basis to it. Only an emotional resonance with past realities and nostalgias. Or to take the issue of bobbies on the beat. Every bit of research shows that foot policeman do not cut down on crime and yet every government promises more of them because it is a kind of emotional sop to social and economic issues that are more complex than the media or politicians want to discuss as part of political discourse. Refugees are another case. They are characterised as an intruding enemy, treated as such and the political appeal exploits an emotional sense that they are coming to take things away from us. The debate on Europe exploits our feeling of loss. The bobby on the beat exploits our feelings of needing security and reassurance. The debate on refugees exploits our feelings of fragility.

So how can I conclude. I think the answer to the question I've been posed IS THERE A PLACE FOR EL IN THE EMOTIONAL ENVIRONMENT is an unequivocal yes. I'd go further and say it is urgent. It is hard for all of us doing our jobs in mopping up the difficulties not to feel that we want to put something back into society by way of using our understandings to change things. The question then is how do we do that? How can we not only meet our clients needs but also act to create the conditions for an emotionally literate learning environment.

I think we have to do it by being clear about what we see and what we think can change. We have to translate our understandings into language that policy makers, university and college administrators can understand and we have to be humble rather than arrogant about the contribution of EL to addressing the problems that face learning environments today. I can't give a set of recommendations because I am not inside such an environment. I don't know the specifics that need addressing, the way to shape the particular argument cross institutions or within the individual institution. I don't know how each of you within your institutions can escape from being marginalised or used as counsellors rather than a resource for conversation across the college or university as a whole. I simply do not know. When I accepted this invitation I didn't think it was incumbent on me to know but I realise that the request in the second letter expresses a desire that I could or would know. I think

Refugees are another case. They are characterised as an intruding enemy, treated as such and the political appeal exploits an emotional sense that they are coming to take things away from us. The debate on Europe exploits our feeling of loss.

this is understandable. We want there to be easily applicable ways of bring EL to the wider learning environment. We know it is vital for teachers and it is vital for students. We know that emotions of one kind - humiliation, fear, hesitancy and so on turn people off learning, create disruptions, feed into a sense of incompetence and self hatred and we know that when learning is going on, when our curiosities are tapped, our heart sings and our capacities to contribute and develop feel limitless. Your clients feel stunted in various ways. You understand best what those are and therefore what is required by way of transformation within the institutions you are in. I hope that when we come back after coffee to discuss this, people on the panel and you in the audience will be able to talk about the situation as you see it and the ways in which you envision it could be transformed. I know that there are many people here who have taken

initiatives. I think we want to hear about them. How they've worked and when they haven't. We need to apply ourselves to this task of bringing what we know to the places we work so that the conditions that give rise to the distress we see can begin to change, not just for the few students we are able to work with, but for the student and faculty bodies to come and for the ways of learning and paying attention to the matter sufficiently that the next generation will not be in hock to misunderstanding their emotional lives as many of us have been to ours.

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Register of ACA Approved Supervisors

Name	Contact number	Qualifications	Cost hr	Medium
Philip Armstrong	Qld 07 3356 7262 B.	B.Couns, Dip Psych SOA Supervision	\$80.00	Phone & face-to-face
Nora Huppert	NSW 02 9181 3918	Family Therapy	\$120.00	Face to face
Dawn Spinks	Qld 0417 633 977	BA (Psych) M. Pub. Hlth	\$88.00	Phone & face-to-face
Martin Hunter-Jones	NSW 02 99734997	MA Ad. Ed BA Psych. Philos	\$90.00	Phone & face-to-face
Kaye Laemmle	Qld 07 55911299	Dip Prof Couns SOA Supervision	\$80.00	Phone, group Face-to-face
Miguel Barreiro	Vic 03 8801 4966	B.B.Sc.(Hons)	\$80.00	Phone, group Face-to-face
Kerry Cavanagh	SA 08 8221 6066	B.A. M.App Psych	\$100.00	Phone, group Face-to-face

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This cost can be tax deductible. When you consider the coverage given through the journal, application kits and phone enquiries, you will not get a better return for an investment in marketing than by registering your name with ACA. Remember, if you are prepared to conduct supervision over the phone you are not restricted to your immediate geographical area. Counselling Australia is distributed to every state within Australia and all major regional areas. You will not get that sort of coverage for such a small cost anywhere else. Fill in the registration request form or call us to receive an application for registration.

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Counselling Using Email as a Tool By Angela Lewis MA.Ed

The Melbourne Age Newspaper (25/11/00) published an article about online medical consulting, a phenomenon which has existed overseas¹ for some time and has now been launched in Australia, with a Melbourne-based company offering individual online consultations at \$15 per consultation. The same article quotes that there are approximately 27 million web sites devoted to health - more than any other topic, including sex. Because of this high interest in online health, we, as Counsellors, need to be aware of the existence of the concept of counselling using the Internet as a medium - whether it is an idea that we support or not.

In Vol. 12, No. 2, March 2000 edition of "Counselling", the Journal of the British Association for Counselling, there was an article written by Alan Brice, entitled "Therapeutic support using email: a case study". In this excellent article, Alan described how he had provided email counselling to one of his clients, and the success he had experienced with it. He was already counselling this particular client when she left on a 3 month overseas trip, and the email support came about when she made contact with him while she was away. He remarked in the article that he found the process more fruitful and successful than he and the client had hoped for. I found this article fascinating on a number of levels, as I have done a little work myself with email counselling and found my results to be of a similar nature to Alan's, in that people can tend to feel freer in expressing themselves in a personal fashion if it is done in the privacy of their homes and via their computer.

A good example of how quickly and easily people can 'bond' and communicate freely using this medium can be seen by visiting any Internet chat room anywhere in the world. I have personally witnessed complete strangers tucking in and kissing good night their buddies (via the computer) on the other side of the world with a tenderness that belies the physical distance and the fact that they have never met.

The positives of email counselling:

- Online counselling could suit people :
 - in remote areas who may find it difficult to access a counsellor;
 - who have phobias that prohibit them visiting a counsellor;
 - who are ill or who have disabilities and find it difficult to leave their homes.
- Personal safety is assured for both the client and the counsellor.
- The anonymity of the situation may be a plus for some clients (as mentioned above), and allow them to express themselves with more freedom than in a face-to-face situation;
- Busy people with high-level positions, who would not normally take the time to make an appointment and keep it, could have sessions via email when it suited them.

The limitations of online counselling:

- Both the counsellor and the client miss out on the cue of body language and speech intonation;
- The extra care we must take in selecting our words when it is via the computer screen;

- If the counsellor is not literate in computer etiquette or our client is also unaware of it, then it may be easy for our messages to become misinterpreted - for example, someone typing in all caps is considered to be shouting, or if our client uses abbreviated 'netspeak' and we don't understand it, or we use it and the client doesn't understand it, confusion can readily arise;
- The cautions I would issue with email counselling are pretty much the cautions that I would advise people using email generally;
- Don't write something that you will regret later - consider what you are writing and how it will be interpreted and remember that the written word will be there as a long-term memory, and if you make a mistake it can come back at you (even legally);
- Read before you send. Consider how the receiver will interpret your choice of words, as email is seen to be more informal than the written letter. In my experience, people tend to just dash off an email with less care than they generally would give a typed or written note. If in doubt about what you are sending, wait a day or two and think over what you are typing;
- If there is an argument or disagreement, attack the argument, and not the person.

Based on my own experience I do agree with Alan Brice that complex relationships such as counselling can be maintained remotely, and the way that the world is changing we need to be open to new ways of performing our roles. If the client is willing to experiment, then perhaps you can try it as an adjunct to face-to-face counselling, and explore where and how it may or may not be appropriate for the both of you. In my own experience, I began to operate in this medium with a client who travelled frequently and who was very comfortable working with his laptop, as he ran his business on a virtual basis via the Internet and email.

To date I have not charged for the email support; as it is infrequent, and also I feel at this point that because it is a new way of working for both us, and a learning continuum also for myself, I gain enough personally from the opportunity of working in a new structure. Also, to be quite honest, I was not sure how I could appropriately structure charging for counselling in this medium. I emailed Alan Brice to get some guidance from him as to how he went about charging for his time and he was very happy to assist me. His recommendation is for a standard 'contract' agreed to by the client and himself, the wording he supplied as follows:

You will be given the opportunity to negotiate frequency of contact with your counsellor, which will be no more than twice a week.

Your counsellor will respond to your emails at least once and no more than twice a week.

The fee for one hour of contact time, i.e. your counsellor reading, reflecting on and responding to,

A good example of how quickly and easily people can 'bond' and communicate freely using this medium can be seen by visiting any Internet chat room anywhere in the world.

¹ predominantly in America

a week's emails, will be (INSERT YOUR USUAL HOURLY FEE HERE)

This is payable in advance, by cheque, made payable to XXXX and the counsellor's reply will be forthcoming when the cheque clears.

Clients can pay for more than one session in advance. Your counsellor will inform you when further payments are required.

I have also looked over the Internet for counselling services that offer remote or email counselling and I couldn't find very many Australian sites. However, those that I did find were well set up to offer this service, and offered various plans that the client could choose from. For example, on a Singaporean site, one could buy one email per month for 3 months for US \$56.90 or 1-5 emails per month for 3 months for \$US253.90. From an Australian site, I found a counsellor offering \$60 (incl. GST) for 4 email responses or a special of \$240 for unlimited email counselling. The Australian site that I mentioned offered credit-card facilities and required pre-payment before the counselling could commence. There is a free counselling site called www.kidshelp.com.au catering to children, which is also worth a look.

As business on the Internet is generally governed by voluntary Codes of Practice, it would be up to the counsellor concerned as to what and whom they align themselves with, for example, whether to cite the ACA Code of Practice on their site or to perhaps think about getting a link to something like the Health on the Net Code of Conduct found at www.hon.ch/HONcode/ or www.metanoia.org which is a non-profit organisation dedicated to providing information and services to those considering online counselling.

Counsellors who are interested in setting themselves up on the Internet will need to set up a WebPage, register a site name and have an email address. Setting up a WebPage would involve getting a WebPage Specialist to design it, or taking the time to learn how to use a WebPage design package such as Microsoft FrontPage. There are also issues of being conversant with Web retailing, a very new but growing area, and I think counsellors debating whether to take the path of e-commerce should be aware that there are standard consumer protection and trade practices provisions. See www.treasury.gov.au for consumer protection (follow the link for e-commerce) and www.accc.gov.au for trade practices (also has a link to e-commerce and, under this, a link to the OECD Guidelines for consumer protection.)

The Age newspaper of 23/9/00 wrote that 6% of Australia's adult population were Internet shoppers in the year to May 2000 - and this can only get bigger. The advantage of operating on the Internet is that our client base could expand to be the entire world, and not just the city or town that we live in.

However, there are issues of self-protection and I would advise anyone thinking about taking this path to research working online well, to get sound legal advice and to ensure they have water-tight disclaimers and Terms and Conditions on their site, to protect both themselves and their clients. The Terms and

Conditions statement on the Australian eMedical Internet site, for example, is surprisingly very brief, and I quote..." I accept the terms of use on the eMedical site. EMedical accepts no responsibility for any medical events or outcomes related to the use of the eMedical online consulting service". But others, such as a New Zealand site, cover themselves with a disclaimer that states that no legal action can be forthcoming from the USA. In regard to legal obligation, I believe the article in "Professional Counsellor" Issue Five, by Ingrid Pagura, dealing with the issues of negligence and 'duty of care', remains relevant for email counselling.

There is a good article on the Internet, entitled "Online advice: good medicine or cyber-quackery?", around the themes of online advice, and the site address is listed at the conclusion of this article for anyone that is interested.

Please note that all web addresses were correct at the time of writing.

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Angela Lewis (doctoral candidate) graduated from the AIPC in 1996 as a professional counsellor, has a Graduate Diploma in Information Technology and Communication, Education and a Masters in Education. She lives in Melbourne, where she works as an IT Educator.

If the client is willing to experiment, then perhaps you can try it as an adjunct to face-to-face counselling, and explore where and how it may or may not be appropriate for the both of you.

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The Professional Counsellor Issue 3 **Therapeutic support using email: a case study**
Alan Brice (July 2000),

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Article by Holly Epstein "Online Advice: good medicine or cyber-quackery?" at www.acponline.org/journals/news/dec96/cybrquak.htm

www.Emedical.com.au - online medical consultations

The Professional Counsellor Issue 5 **Negligence, Do you know your responsibilities** (part 1)
Ingrid Pagura (December 2000)

ACA

West Australian Conference

Knowledge and awareness, thank you for your time and organisation of this conference



Ray Midwood (MC).

A conference for West Australian members was held on the 14 July at the Mercure Hotel in Perth. The guest speakers were Associate Professor Martin Philpott from Notre Dame University who spoke on counselling the profession and its impact and future directions and Dr Tamara Rudnytsky from Edith Cowan University who spoke on the subject of co-dependency and prevalence in every day society.

Unfortunately Philip Armstrong (ACA manager) was unable to attend the conference but we were fortunate that Ray Midwood stood in at the last minute. A big thank you for undertaking such a challenging task with little notice.

Some of the comments we received from delegates as follows:

- An enhanced understanding of the future of counselling
- A better understanding of co-dependency
- How I need to learn more skills and work more on my own issue
- A lot of useful interesting information and great insight into co dependency and what counselling really is
- Knowledge and awareness, thank you for your time and organisation of this conference.

ACA



Dr Tamara Rudnytsky (speaker).



Professor Martin Phillipot (Speaker).



Delegates in classroom.

Client Perceptions of Hindering Experiences in Counselling

Barbara L. Paulson, Robin D. Overall and Janice Stuart

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The following is a partial reprint of the study conducted in this interesting subject. Readers who are interested in reading the whole study which includes; data-gathering sessions, procedures and cluster explanations can contact us for a full copy.

The purpose of this study was to increase understanding of what clients perceive as hindering experiences in counselling. In-depth interviews combined with concept mapping were used to gather, organize, and understand clients' perceptions of hindering aspects of therapy. In the initial data gathering stage, 8 adult client participants, aged 18 or older (average of 14.1 sessions) were asked to respond to the following open-ended questions: What was unhelpful or hindering about counselling? What would have made counselling more helpful?

In the second phase of the data gathering, a sample of 20 participants (7 male, 13 female) were asked to participate in the sorting and rating task utilizing statements derived from the interviews. The analysis produced a thematic structure that identified three core aspects of counselling that clients found hindering: (1) counsellor behaviours, (2) external and structural barriers and (3) client variables. Implications for practitioners are included in the discussion.

Key words: client experience, concept mapping, qualitative research, process research

Although the primary purpose of counselling is to effect change for clients, until recently there has been little systematic investigation into clients' experiences in therapy. While outcome research has confirmed that the majority of clients undergoing counselling make substantial improvements (Lambert, 1992), we simply do not understand how counselling works. Outcome studies, although significant, do not offer information regarding crucial events and factors involved within the counselling process that promote positive outcomes (Orlinsky et al, 1994). As a result of increasing attention being devoted to the discovery of processes that contribute to change and effectiveness in counselling, this investigation is devoted to understanding what is hindering in counselling.

Awareness of client perceptions of hindering experiences in counselling increases the likelihood of understanding the relationship between client experiences, therapeutic processes and positive counselling outcome. Several researchers (Grafanaki and McLeod, 1995; Hill et al, 1993; Rennie, 1994) have suggested that clients may hide what they perceive as hindering experiences in the therapeutic process rather than assert their own feelings and thoughts. Increasingly, clients' perspectives are being used to identify ways in which clients actively contribute to the counselling process (Bischoff and

McBride, 1996; Caskey et al, 1984; Elliot, 1985; Elliott and James, 1989; Heppner et al, 1992; Lietaer, 1992; Llewelyn et al, 1988; Paulson et al, 1999). Clients' perceptions offer a valuable contribution concerning our understanding of the therapy process, particularly since they often differ from counsellor perceptions (Bachelor, 1991; Elliott and James, 1989; Gershefski et al, 1996, Orlinsky and Howard, 1986).

Llewelyn et al (1988) compared the impact of the helpful and hindering events on clients of two different therapeutic treatments: prescriptive and exploratory. The most commonly occurring hindering impact for combined treatments was Unwanted Thoughts and included Unwanted Responsibility, Misperception, Negative Therapist Reaction, Misdirection and Repetition. The hindering impact of Unwanted Thoughts, Unwanted Responsibility and Misdirection were found to be more common with exploratory therapy.

The purpose of this study was to deepen our understanding of what clients experience as hindering their counselling process. A better understanding of client perceptions of hindering and unhelpful experiences in counselling will hopefully lead to the determination of aspects of treatment that are more meaningful and ultimately more effective in the therapeutic process. It is also significant that the research take place in a naturalistic counselling setting with a representative group of clients in order to increase ecological validity.

Method

The three researchers are counselling psychologists who work out of a humanistic-experiential model that emphasises client experience and responsiveness to client need. All three have extensive experience as practitioners, and consequently their interest in this topic arises from the desire to understand what works and does not work in counselling practice. From our experience in working with clients, we are curious about what helps and what hinders the therapeutic process. Our goal in this study was to understand more about the hindering and unhelpful client experiences clients could not discuss with their counsellors in session.

Participants

Two samples of participants were drawn for two data-gathering sessions. All participants were drawn from a sample of adult clients aged 18 and older who sought counselling services at an educational training clinic affiliated with a large Canadian university. This clinic provides a variety of counselling and assessment services to a broad range of community clientele. During the year of the study, 193 clients presented to the clinic for counselling. Thirty-six were under the age of 18 years and were therefore excluded. Thus, the total population was 157, comprising 128 individuals, 14 couples, 5 families, and 10 groups.

Counselling services were provided by 7 female Masters' students, and 14 Doctoral students – 4 male and 10 female. Clinicians had a range of experience from novice to 6 years with training in a wide variety of counselling approaches, including cognitive-

The analysis produced a thematic structure that identified three core aspects of counselling that clients found hindering.

Client Perceptions of Hindering Experiences in Counselling (Continued)

behavioural, existential-humanistic, and family systems.

Procedure

Initial data-gathering session. The eight participants were asked to respond to the following open-ended questions:

- What was not helpful about counselling?
- What would have made counselling more helpful?

All were interviewed within four weeks of termination of counselling. Individual in-person interviews were conducted so that the interviewer had an opportunity to establish rapport with the participants. The interviews were audio-taped and transcribed verbatim. Using Giorgi's (1985) four-level scheme as a procedural guideline, a five-member research team, that included the interviewers, analysed participant's responses. The intent of this analysis was to obtain an inclusive set of statements that captured the essential qualities of the participants' experience and retained their language. This involved intensive scrutiny of each participant's responses by taking into account content and meaning of the response, in order to identify statements that represented a discrete idea. Next, redundant material was discarded. Initially, 107 statements that retained participant's language and reflected the domain of their experience were identified. These statements were then evaluated by the research team within the context of the whole, through comparison with other identified statements, to identify overlap and repetition. This resulted in a final list of 80 statements of what participants found unhelpful or hindering in the counselling process.

Results

A non-metric multidimensional scaling (MDS) procedure was performed on participants' sorted items. MDS arranges points representing sorted items along orthogonal axes such that the distance between any two points reflects the frequency with which the items were sorted together, making it especially suitable for spatially representing unknown latent relationships among variables (Fitzgerald and Hubert, 1987; Kruskal and Wish, 1978). Hierarchical cluster analysis of MDS solution was then used to group sorted items into internally consistent clusters that were superimposed on the MDS axes.

Analysis of the data resulted in the conceptualisation/identification of nine aspects of counselling clients found to be either unhelpful or hindering:

- Concerns About Vulnerability (Cluster 1)**
- Lack of Commitment and Motivation (Cluster 2)**
- Uncertain Expectations (Cluster 3)**
- Lack of Connection (Cluster 4)**
- Barriers to Feeling Understood (Cluster 5)**
- Structure of Counselling (Cluster 6)**
- Negative Counsellor Behaviours (Cluster 7)**
- Insufficient Counsellor Directiveness (Cluster 8)**
- Lack of Responsiveness (Cluster 9).**

Participant statements within each cluster are presented with descriptive statistics in Table 1.

Our analysis of the map identified a thematic structure which includes both negative characteristics of counsellors and hindering aspects of the actual

counselling interaction. Participants' responses indicated three main aspects of counselling that they found hindering. The map can also be seen as having three distinct regions: client factors, external and structural barriers, and counsellor behaviours.

Discussion

High dropout rates, increasing pressure from third party providers for short-term therapy, and clients who fail to change despite receiving treatment compel us to increase our understanding of the therapeutic process. An awareness of client perceptions of hindering experiences in therapy may help to determine aspects of treatment that impact negatively on the counselling process. Clients hold privileged access to certain aspects of counselling: they are critical source of information that is often overlooked in counselling research.

Applying concept mapping to this data informs the investigator and practitioner of what clients perceive as hindering their therapeutic progress and highlights the sensitivity of the client to the therapeutic relationship and its impact. Without knowledge of the participants' perspective of what hindered them, interventions are often based on counsellors' assumptions. Because participants are collaboratively involved in data generation and organization of the various elements of their experience, the underlying thematic structure is identified free of investigator and/or counsellor pre-conception.

Three broad themes – client factors, structural and external barriers, and counsellor variables – were identified by participants as hindering the counselling experiences. Surprisingly, participants were candid in identifying their own personal barriers and inner processes although the counsellor was not appraised of this during the session. Participants identified lack of readiness and low motivation as variables within themselves that impacted therapy, a finding consistent with the stages of change identified by Prochaska and Norcross (1994). Although participants took responsibility for not knowing what they wanted in counselling, they wanted it to be addressed. Lack of progress or slow progress may be identified by clinicians as resistance, but clients' perception was one of needing to be motivated. As professionals we often assume that the client knows what they want and why they are in counselling whereas clients identified a need for an orientation to what counselling is and how it works. While clinicians may interpret clients not articulating their needs as negative, participants indicated that this is a component of counselling that needed to be responded to in the relationship. If practitioners overlook these issues, participants report that the process of therapy will be negatively impacted.

Participants identified the structure of therapy, including scheduling, frequency, and regularity, as meeting the needs of clinicians but not necessarily the client. Clinicians failure to provide an orientation to the therapeutic process resulted in clients retaining their unclear expectations of counselling. Strategies could be developed to address these issues by discussing with clients their expectations of counselling and providing them with information about the process prior to commencing treatment. In addition,

The use of concept mapping methodology allowed for clarification of the component elements and underlying structure of the phenomenon under investigation as experienced by the participants.

Table 1. Nine aspects of counselling that clients found unhelpful or hindering

Cluster/items	Rating Values
Cluster 1 – Concerns About Vulnerability	2.28
1. Feeling like I was going to be a guinea pig.	2.40
47. Being concerned about confidentiality being broken	3.10
10. Being expected to do homework exercises outside of session.	1.65
40. Being videotaped.	1.95
Cluster 2 – Lack of Commitment and Motivation	2.85
75. Not being motivated to attend the appointments.	3.45
66. Not starting counselling soon enough.	2.45
64. The counsellor and I tending to become sidetracked.	3.05
35. Doing exercises I didn't like.	2.80
45. The counsellor asking a strange question.	2.50
Cluster 3 – Uncertain Expectations	2.82
31. Not knowing what I want from the counsellor.	2.90
37. Not knowing what I'm supposed to get from a counsellor.	2.70
30. Not knowing what to expect from counselling.	3.21
50. Not knowing where I was going with counselling.	3.21
33. Not feeling ready to fully open up.	3.55
2. I didn't ask the proper question.	2.55
38. Not liking where I was going in counselling.	3.00
39. Not being one hundred percent comfortable with the notion of counselling.	2.70
79. Expecting more specific information that I didn't get.	2.25
34. Not knowing what I was supposed to do in counselling.	2.85
80. Expecting the counsellor to give me answers to my questions.	2.15
3. Sometimes wanting the counsellor to make the decision for me.	2.55
49. Not being able to make the counsellor understand what I was feeling.	3.85
Cluster 4 – Lack of connection	3.19
21. The counsellor was going to stop seeing me because I was going to sessions elsewhere at the same time.	3.74
44. One bad counselling session disrupted sessions after that.	3.45
73. Counselling ending before I was ready.	3.65
62. Difficulty getting in contact with the counsellor.	2.70
54. Not feeling connected from session to session.	3.25
74. Not having enough in depth discussion.	3.25
4. Not having enough exercises in session.	2.30
Cluster 5 – Barriers to Feeling Understood	2.45
43. The counsellor being paid to listen.	2.68
14. Feeling like part of an assembly line.	3.35
61. Being phoned by one counsellor, seen initially by another counsellor and finally assigned to somebody else.	2.50
40. Talking to somebody who doesn't have a shared cultural experience.	1.95
22. The counsellor not asking about the side effects of medication.	3.25
11. The counsellor not being close to my age.	1.50
78. My counsellor not being worldly enough.	1.90
57. Being concerned about the counsellor's religious agenda.	2.50
Cluster 6 – Structure of Counselling	2.60
53. Not having regular sessions.	2.80
29. An hour session is not long enough.	2.10
20. Having long spaces between sessions.	3.20
65. Not have enough counselling sessions.	3.20
62. Not being able to have sessions more often when I wanted.	2.70
Cluster/items	Rating Values
55 Not being comfortable with the gender of my counsellor.	2.60
56 Being in the room with the one-way mirror.	2.15
57 Feeling like the counsellor was trying out a technique.	2.40
Cluster 7 – Negative Counsellor Behaviours	3.66
9 Feeling that the counsellor wanted to get me out of the office as soon as possible.	3.60
32 The counsellor having too many other things on their mind.	4.10
56 Feeling like the counsellor didn't have the time for me.	4.05
8 Thinking the counsellor didn't really care.	4.00
58 The counsellor leaving with no warning.	3.90
24 The counsellor not really listening.	4.50
76 The counsellor using words that felt judgmental.	4.05
27 The counsellor deciding to end counselling.	4.10
71 The counsellor not remembering details from the last session.	3.40
51 Asking for books and resources and not getting them.	2.85
7 The counsellor trying to be my friend, but it not seeming real.	3.55
59 The counsellor being unaccommodating to my work hours.	3.20
70 My counsellor not following up on suggestions made previously.	3.00
26 The counsellor being to concerned about fees.	4.15
60 The counsellor assuming I was no longer interested in counselling.	3.80
6 The counsellor seeming kind of closed.	3.85
5 The counsellor not being very objective.	3.75
28 Feeling like just another statistic to the counsellor.	3.90
17 The counsellor trying to tell me what to do.	3.25
67 My counsellor being too directive.	2.80
16 Talking for a couple of minutes and then being cut off by the counsellor.	3.30
15 The counsellor just keeps pushing and pushing.	3.35
Cluster 8 – Insufficient Counsellor Directiveness	2.71
69 Having more in me I wanted to say and my counsellor not asking.	2.85
72 Not being pushed enough by my counsellor.	2.55
12 Saying something and having the counsellor summarize it differently than I want.	2.90
55 Talking about the same thing but no moving forward with it.	3.70
41 The counsellor not really doing what I expected.	2.20
68 My counsellor not telling me what to do.	2.05
Cluster 9 – Lack of Responsiveness	3.30
23 The counsellor getting hung up on one pattern and following it right down to the T – not tailoring.	3.70
48 The counsellor not being able to determine what the problem areas were.	3.60
13 The counsellor dealing with the specific concern I came in for, but not other concerns that came up.	3.60
25 The counsellor not putting very much input into the conversation.	3.40
19 Being over an issue and the counsellor not realizing it.	3.25
18 The counsellor seeming more like a teacher.	2.85
52 The counsellor not taking a stand on a lot of things and sitting on the fence.	2.70

Three broad themes – client factors, structural and external barriers, and counsellor variables – were identified by participants as hindering the counselling experiences.

Rating scale: 1=not at all hindering;
5=extremely hindering

Client Perceptions of Hindering Experiences in Counselling (Continued)

external barriers to feeling understood included perceptions of a power differential, and cultural, age, and religious difference. It is incumbent on the counsellor to be sensitive to, and address, these issues in the treatment process. Implications for training future practitioners include providing instruction on how to orient clients to counselling and how to address issues of diversity.

Lack of connection was central to the therapeutic process and occupied a pivotal position on the concept map, suggesting that it is the bridge to all other therapeutic components. Consistent with the review completed by Orlinsky et al (1994), connection allowed the client to enter the therapeutic process while lack of connection had a negative impact on what occurred. Therapist variables that influenced participant perception of connection included negative counsellor behaviours, insufficient direction, and lack of responsiveness. Whereas Stiles et al's (1998) concept of responsiveness addresses positive therapeutic communication, our participants identified the components that negatively impacted the therapeutic connection. Consequently, therapists need to be attentive to the relationship throughout the entire course of counselling, maintaining constant feedback through various therapeutic stages.

An additional ramification of this study is that when clients are not openly revealing of what is going on for them during the session, it is critical for the counsellor to respond in way that opens up communication. The identification of inadequate responsiveness reinforced the need for therapists to match the client in language and effectively communicate their attempt to understand the client world view. An important implication for our practice is the necessity for the development of a strong therapeutic relationship. Without this relationship, therapy is at a stalemate. Although participants could articulate failures of connection with their counsellor, in this study they did not identify how these failures were resolved. An investigation of this could prove to be informative in future research.

One artifact of the research process was that during the in-depth interview, interviewees reported that it was difficult to articulate unhelpful and hindering aspects of their counselling experience. This was particularly troublesome when client participants perceived that they were criticising their counsellor following successful therapy and is consistent with the research literature (Grafanaki and McLeod, 1995; Hill et al, 1993; Rennie, 1994). Despite the relationship being positive, we were surprised at the extent to which the participants failed to report hindering aspects of the process to their counsellor. In fact, some reported their desire to keep this information hidden. One implication for practice is that even when all appears to be going well in counselling, many aspects of the relationship are not being addressed.

In reviewing our results, participants reported that while hindering aspects were seen as interfering with therapy, they did not prevent positive outcome. On the other hand, unhelpful aspects were related to negative outcomes or premature termination in therapy. Hindering and unhelpful experiences,

although similar, were qualitatively different in their outcome. Since participants appear to draw a distinction between hindering and unhelpful experiences, future research might examine these differences and their relationship to outcome in counselling.

Since clients hold privileged access to certain aspects of the counselling process, they are a critical source of information. The counselling process comprises client, counsellor and relationship factors. Therefore, it is problematic for practitioners when researchers identify and examine these components as separate and unrelated entities. The investigation is intended to clarify our understanding of what practitioners see and hear in counselling, consequently linking the gap between research and practice.

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ACA

High dropout rates, increasing pressure from third party providers for short-term therapy, and clients who fail to change despite receiving treatment compel us to increase our understanding of the therapeutic process.

Internet Resources Compiled by Angela Lewis MA.Ed

www.clubdrugs.org.

This website is run by the National Institute of Drug Abuse - part of the American National Health Institute. If you click the link to 'Community Drug Alert Bulletin on Club Drugs' you will find an excellent run down on club drugs (drugs used by party/dance party goers and night clubbers). The document describes the street/slang names for the most popular drugs and lists their effects/side effects.

www.psoriasis.org/

Website of the National Psoriasis Foundation (American). A non-profit organisation comprised of people who have psoriasis and psoriatic arthritis, their family members, friends, physicians, nurses, researchers, and corporations. A searchable site, with the disease and its variants well described, as are age-appropriate coping strategies for its sufferers.

www.channel4.com/next.step/disgust/

Read the thoughts of Charles Darwin, Sigmund Freud, Paul Rozin, Val Curtis, and Mary Douglas on the topic of disgust. There is a background of the Politics and Culture of disgust, and Expressions of Disgust, which presents a gallery of faces displaying that emotion. Note that the Art Gallery Link contains images of art pieces that may be considered disgusting by some.

www.medicalonline.com.au

Medical Online Information Site, home to a comprehensive array of information and access to

major areas of medical interest. Contains a comprehensive, searchable database of information, with categories such as women's health, cancer, drugs and drug abuse and AIDS.

<http://www.health.harvard.edu/fhg/diagnostics.shtml>

An amazing site run by The Harvard Institute of USA. The diagnostics link above gives people access to diagnostic tests available, and then steps them through what the test is, what happens during the test, e.g. do you need to undress, will you be awake, what instruments will be used and also how to prepare for the test and what happens afterwards.

www.refugeecamp.org/

Visit a virtual refugee camp and learn about the major issues faced by refugees and the people who establish these camps: shelter, food, water, nutrition, latrines, landmines, disease, and medical care. This site was created by Medecins Sans Frontieres (Doctors Without Borders). It contains top class graphics and audio (which does make the pages slow to load) as well as containing a wealth of information about the refugee experience and life in a camp.

Please note that these Internet addresses were correct at the time of submission to the ACA. Neither Angela Lewis nor the ACA gains any benefit from the publication of these site addresses.

ACA

On-line Counselling – The Questions That Need to Be Answered

By Sarah Mackay

Counselling on-line is a field that is experiencing rapid growth, with some excellent articles written on 'how to' counsel using this medium. The following article will focus on the considerations that counsellors need to be aware of before choosing to counsel people via the Internet.

What is counselling on-line?

Counselling on-line is simply conducting counselling via a different medium. This could be counselling via email with a designated response time or via real time in a chat-room type set-up. Recently there was an article published in 'Counselling', the journal of the British Association for Counselling and Psychotherapy, by Steven Page, titled 'Counselling by e-mail'. This was an excellent article, focusing on the contract that is required when counselling via email. He included topics for inclusion such as availability, length of messages, frequency of messages, safeguards, storing messages and ending counselling.

It was after reading this and other articles on counselling on-line that Philip Armstrong, from the ACA, and I discussed some of the legal considerations that may impact on counselling via the Internet. I

sought some legal advice regarding the issue and, as a result, decided to write this article. I would like to thank Richard Harris, who is a Solicitor of the Supreme Courts of New South Wales and Queensland, for his assistance in researching the material for this article. I will try not to be the 'Voice of Doom' regarding the legal implications of counselling on-line, however there are many issues to consider before embarking on counselling in this area. That is not to say that it shouldn't be done, it is simply to say that you need to make sure it is what you want to do and put the safeguards in place to ensure that you and your client are protected.

One of the issues with on-line counselling is that both you and your client have an exact transcript of the previous sessions. This can be a useful tool to refer back to and look at the progress of the client, to check what was covered or to clarify something from a previous session.

A disadvantage to having an exact transcript is that, as with counselling notes, the transcript can be subpoenaed by a court of law. Whilst your case notes can be subpoenaed, they are not as detailed as your email transcripts will be. Therefore, when a transcript

A disadvantage to having an exact transcript is that, as with counselling notes, the transcript can be subpoenaed by a court of law.

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is subpoenaed, the court will have the exact session to scrutinise and potentially misinterpret. One safeguard is to make sure that you keep a copy of the transcripts so that if a client does take action you have a copy and can ensure that nothing has been changed on the transcript. You should be aware that the Court's right to subpoena documents differs from state to state (and also for the territories).

Furthermore, for those counsellors who are members of counselling associations, such as the Australian Counselling Association, then the Complaints Tribunal of the Association can also request the transcript if a complaint has been received against you. Again, this means that the Complaints Tribunal will have an exact copy of your session to examine.

Duty of Care is another issue that you need to consider. My specific question to the lawyer was "What would happen if you got an email from a client and, in line with your contract agreement (which says you will reply within 5 days), you go to reply in 4 days. When you read the email you read that your client was feeling very low and is thinking of taking his own life. You then find out that he actually committed suicide two days earlier. Could you be negligent even though you have clearly stated in your contract that you will reply within 5 days? The lawyer's response to this is "yes you can". You have a duty of care with your client. It could be argued that you were negligent for not checking the email when it came in to ensure there were no immediate concerns. Just because you say you won't reply doesn't negate the duty of care you have towards your client.

My next concern was that of reporting of crimes. If a client admits to a crime in your counselling rooms and you inform them that you have to report it then they may just deny it if questioned by the police. But what happens if this admission is written? Does this make a difference with regard to your responsibility to report? One of the difficulties with legal questions in counselling is that state laws cover counselling so, in New South Wales the Crimes Act makes it mandatory to report serious crimes but in Queensland there is specific legislation dealing with children. Again, the different jurisdictions have different requirements. This is the legal requirement, but there is also a moral question.

My advice is to be very clear and careful with clients using your services (regardless of if it is on-line or face-to-face) about the limits of confidentiality. When taking on a new client, you should have a clear contract that includes the limits of confidentiality and get a client to sign it, if face-to-face counselling, or acknowledge via email. Also, you need to seek legal advice regarding the exact requirements for mandatory reporting in the state that you are practising from.

My next question was regarding abbreviations. There are a lot of abbreviations that are appropriate for chat rooms and emails with friends but, if counselling via email, I would recommend that you do not use

abbreviations. I have concerns about misinterpretation when using email for counselling. If you use abbreviations then the chance of misinterpretation is higher. Many people are not familiar with 'computer speak', so it is best not to use abbreviations.

International boundaries are another issue that needs to be discussed. The first issue is that of qualifications. In some countries the requirements to become a counsellor are very high and in others, such as Australia, there are no regulations. You need to make sure that you clearly inform clients what your qualifications are and that you are a counsellor in Australia.

The next issue is law. Whose laws should you abide by when counselling? The legal advice was that if you are counselling from a base in Australia then you need to abide by Australian laws. This can be made clear by stating this at the start of the counselling session.

My final concern was "What if you, as an Australian counsellor, get sued by an American client. Where do you go to court?" It is most likely you would go to court in Australia but you also need to check your professional indemnity insurance policy to see what you are covered for. For example, Aon Insurance policies do not cover action taken by residents in North America. There are some policies that cover you with regard to legal action taken by North American clients but they are several thousands of dollars each. Other insurance policies only cover Australia and New Zealand so be aware of what you are covered for. There also appears to be an increase in Americans using American courts for such action. This is a major concern. Complications can arise from this. For example, if you fail to attend a court action against you in America, you may experience difficulties when travelling overseas with a court order against you.

Counselling on-line is an emerging field that shows a lot of potential. Before setting yourself up in this manner it is important to look into all aspects of the practice. There are many great articles around about 'how to use on-line counselling'. This article has hopefully made you consider some of the potential legal ramifications regarding on-line services. If you are going to provide on-line counselling, think about the repercussions, make a list of questions and then seek some legal advice before deciding to head into this area. This would be my advice to anyone setting up any practice, regardless of the medium.

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Counselling on-line is an emerging field that shows a lot of potential. Before setting yourself up in this manner it is important to look into all aspects of the practice.

Assertiveness Training Today

Unassertiveness is a common problem in clients presenting for therapy and can compound other difficulties. While assertiveness training is a feature of many counselling approaches, counsellors would benefit from extending or brushing up their existing skills in the area, say Michael Neenan and Windy Dryden

OUTSIDE OF THERAPY learning to be assertive has become a popular form of self-development, having been launched into the public realm in 1970 by Alberti and Emmons with their book *Your Perfect Right*. Since then it has spawned a large self-help literature. In the 1970's assertiveness training developed cognitive components because; 1) 'changing people's ideas influences their assertive behaviour', and 2) 'changing people's behaviour leads to changes in their ideas' (Grieger and Boyd, 1980).

Learning assertiveness is an important element in cognitive-behavioural approaches to tackling, among other problems, anger, anxiety, depression and substance abuse (Beck et al, 1993) as well as being employed in couple and group counselling.

Historically, assertiveness training focused on helping individuals to stand up for themselves in situations of actual or potential conflict but 'for some time now... has been extended to include the expression and accurate communication of affectionate behaviour, where appropriate. Thus assertive behaviour now encompasses the expression of positive as well as of negative feelings' (Nelson-Jones, 1995).

Another way to differentiate assertive from aggressive behaviour is 'not by [their] impact on others but by their intent' (Wessler and Wessler, 1980). For example, does the individual want to persuade or force his partner to accept his viewpoint? With regard to assertion, Gilbert (1992), echoing Nelson-Jones' comments, states that, 'assertiveness is much more than just standing up for oneself in situations of conflict. It also involves positive initiations (e.g. sex, social pleasures, giving and receiving praise)'. We would also add acceptance of one's faults and limitations without self-condemnation.

Unassertiveness involves 'violating one's own rights by failing to express honest feelings, thoughts and beliefs, or expressing one's thoughts and feelings in such an apologetic, diffident, self-effacing manner that others can easily disregard them' (Lange and Jakubowski, 1976). The message often conveyed by unassertiveness is: 'I don't really count; what others want is much more important.' Unassertiveness can appear in the guise of politeness: e.g. 'Politeness is an expression of good manners and avoids unpleasantness' (ibid). However, the individuals internal self-talk might not be so 'polite' as she berates herself for failing to say what was really on her mind. It is important in assessing unassertiveness to determine if it is a trait or situation-specific as this will give an indication of the extent of the individual interpersonal difficulties.

Assertiveness training is a popular method for gaining greater self-confidence and control over one's life and thereby reducing or removing previous feelings of helplessness. As Beck et al (1979) point out, self-assertion is 'an effective antidote to depression'. However, some clients can misconstrue the role of

assertion in their lives and therefore subscribe to some of the following ideas:

1. Acting assertively means that the individual automatically gets what he wants

By acting assertively the individual may get what he wants but there is no guarantee. Other people may be indifferent or hostile to the individual's declaration of his rights as they may see them as an infringement or negation of their own rights. By acting assertively the individual may get what he wants but there is no guarantee. In this situation compromises may not be possible. If individuals do not grasp these points, their newly acquired assertiveness can quickly turn into anger and resentment when people do not respond in the expected way.

2. Having become assertive, the individual must act in this manner all the time

Being assertive also means being prudent or selective: undesirable consequences may be avoided if she remains silent or takes a low-key approach in certain situations. It is important to remember that assertiveness is one option among others and not an automatic reflex in every situation where the client feels thwarted or challenged in some way. Being continually 'rights conscious' can lead to exasperation among one's colleagues, partner or friends and may lead to what Robb (1992) calls an 'assertive backlash' as individuals 'find themselves fired, divorced or otherwise disenfranchised' for speaking up (see Robb for a discussion of presumed rights in assertiveness training). Being surrounded by people who will not be denied on any issue could be one vision of hell.

3. Being assertive will make people respect or like you (Ellis, 1979)

In fact domestic, social and work relationships may become increasingly fraught as the individual begins to assert himself and may even end in rejection. Instead of an anticipated greater interpersonal closeness, others pull back and maintain a wary distance.

4. Being assertive always equals strength (Ellis, 1979)

From this perspective unassertiveness always equals weakness and therefore some individuals become compulsively assertive to avoid being perceived as weak by themselves or others. Ironically, these individuals are displaying 'weakness' by not allowing themselves to choose then assertion is the best option in a particular situation.

5. Being assertive makes you a good person

Learning how to be assertive will probably help individuals to become adept at getting more of what they want and less of what they do not want, but will not make them an intrinsically good, better or superior person. Basing self-worth on a particular behaviour can quickly lead to self-deprecation when the individual lapses into unassertiveness or finds assertiveness 'isn't working'.

Learning assertiveness is an important element in cognitive-behavioural approaches to tackling, among other problems, anger, anxiety, depression and substance abuse

6. Being assertive will solve all an individual's problems

It will undoubtedly help towards solving some problems but is not a cure-all. It is one tool among others that the individual needs to learn if she wants to become an effective problem-solver.

Blocks to assertiveness

What prevents individuals from being assertive? Hauck (1981) advances five reasons:

1. Fear of injury – e.g. physical violence may be threatened or unleashed in order to keep someone in thrall
2. Fear of failure – e.g. not starting one's own business because it could go wrong
3. Fear of hurting other people's feelings – e.g. 'If I tell him that he doesn't satisfy me in bed, I will humiliate him, crush him'
4. Fear of rejection – e.g. continually trying to please others because an individual believes that not having their love or approval would be devastating
5. Fear of financial insecurity – e.g. an individual stays in a boring job because she is worried about financial instability and potential hardship if she leaves it

Lange and Jakubowski (1976) offer another major but more obvious reason for unassertiveness: some individuals do not know how to act assertively because of a lack of role models or opportunities to acquire such skills. We would also include: cultural, philosophical and religious beliefs which, for example, emphasise deference or self-denial; previous assertive experiences which have turned out badly for the individual and therefore he is reluctant or afraid to try again; unassertiveness is perceived as innate and therefore a fixed part of one's personality. Also, when clients complain of procrastination, unassertiveness can be the reason. The specific cognitive content causing the unassertiveness would then need to be pinpointed.

Emotional and behavioural aspects of assertiveness training

The first task is to identify areas of interpersonal difficulty, establish goals for change and then undertake an assessment of the client's present functioning in those areas. From the cognitive-behavioural perspective, clients cannot usually engage in behavioural skills acquisition while emotionally disturbed. Therefore, the therapist will need to assess for the presence of primary emotional blocks to assertiveness (e.g. anxiety).

In addition, there might be secondary emotional problems, i.e. emotional difficulties that arise as a result of the individual's inability to tackle the primary problem, e.g. a man feels ashamed of and angry with himself for his perceived weakness in not challenging his friend when she does not repay a loan. Unable to contain his frustration any longer, he verbally lashes out at her then feels guilty (tertiary emotional problem) about his angry outburst – 'I shouldn't have lost my temper and behaved so badly'. He returns to his unassertive state which then reinforces his reluctance to speak up again.

Having uncovered these emotional blocks, the therapist can use the ABCDE model of emotional

disturbance and its remediation (Ellis, 1994; Neenan and Dryden, 1996) to remove them:

A (activating event) imagines his friend getting angry and rejecting him when he asks her for his money back

B (beliefs) 'I couldn't bear losing her friendship'

C (emotional and behavioural consequences) anxiety and procrastination

D (disputing beliefs) 'I don't want a friendship based on exploitation. If she does reject me, I can bear this and learn to do without friends like her as well as persist in trying to get my money back'

E (effective outlook) asks for money back and deals with any adverse outcome

The model demonstrates to clients that their emotional and behavioural disturbance at C are largely caused by their beliefs at B and not the situation at A. This is the principle of emotional responsibility, i.e. largely self-induced. By disputing D or questioning these self-defeating beliefs in a variety of ways, the client can learn to become more effective (E) at looking after his own interests (though, of course, there is no guarantee he will get his money back).

With regard to his shame and guilt, the client can use the ABCDE model to challenge the ideas that he is, respectively, weak and bad for behaving as he did. Often these secondary and tertiary problems have to be dealt with first as they can interfere with the client's efforts to tackle the primary emotional problem. Once the emotional difficulties have been addressed the client can focus on the behavioural skills he needs to acquire. It should always be borne in mind that once the emotional problems have been ameliorated, assertiveness skills may, so to speak, reassert themselves spontaneously.

The main behavioural methods used are role play, modelling and rehearsal before in vivo enactment. Role play involves the client playing himself first and then the other person in the problem situation; the therapist alternates playing both roles. Role playing enables the client to practise his desired behaviour as well as attempt to understand the other person's reactions to such behaviour. Role play also provides further information about the cognitive, emotive and behavioural difficulties in being assertive, e.g. the client makes poor eye contact because he believes 'I can't stand the way she looks at me with such contempt'. After role play it is good practice for the client to be debriefed so as to deal with any issues that may have arisen from the exercise.

A hierarchy of assertion tasks, from simple to more difficult, can be constructed to aid the client's desensitisation to the apprehension he normally experiences in certain interpersonal situations. By gradual exposure to fearful situations, his apprehension is eventually reduced with a corresponding increase in his social competence and confidence. Such homework or between-session assignments in real-life situations provides the crucial feedback on the client's performance and any modifications to it that may be needed. The client can reward himself each time he has carried out an assertion task in order to reinforce his new behaviour. Therapists need to be alert to any task-interfering cognitions (TIC) e.g. 'I'm being assertive but it's not

From the cognitive-behavioural perspective, clients cannot usually engage in behavioural skills acquisition while emotionally disturbed.

Assertiveness Training Today (Continued)

getting me anywhere. This is not working at all' and teach the client to replace them with task orientated cognitions (TOC; Burns, 1980), e.g. 'I have to keep reminding myself that being assertive does not mean that people will always respond in a positive way or agree with my views. Speaking up for myself is the important point.'

Behaving assertively can help to change or influence the way others behave towards us (e.g. one's opinion is now sought whereas before it was ignored). Such external behaviour 'also produces important internal effects. That is, we are likely to think and feel differently about ourselves as a result of behaving assertively. By letting other people see, through our behaviour, that we expect to be treated as a person of worth, we are also likely to affect our own evaluation of ourselves and what we are capable of' (Sheldon, 1995, page 203).

Case Study

The client was a 30-year-old woman who said she felt trapped in a relationship that she desperately wanted to leave. She described her partner as 'a heavy drinker'. She said, 'He's got no ambition, he's no fun to be with any more and he spends most of his time stuck in front of the telly.'

Therapist: What keeps you trapped in the relationship?

Client: Well, he's always saying that if I abandon him – that's the word he likes to use – he'll fall apart and drink himself to death and it will be all my doing.

Therapist: Do you agree with that?

Client: (sighs deeply) Well, yes and no. I can't help feeling that I would be responsible in some way but another part of me says that he's the one in charge of his life, not me, so I should pack up and leave.

Therapist: But as you don't pack up and leave does that mean you remain unconvinced that it wouldn't be your fault?

Client: I suppose I do feel much more strongly it would be my fault rather than his. It's this guilt that he makes me feel that keeps me trapped. He says that if I walk out on him I'll make him worthless and his life won't be worth living.

Therapist: And again, do you agree with that?

Client: Hmm. Well, he's not going to think like that unless I leave him, is he? Also his parents would blame me if anything happened to him. They've called me 'selfish' for thinking about leaving him.

Therapist: So you make him think these thoughts about himself if you left and he makes you feel guilty if you left. On top of all this, his parents point the finger at you as well. Is that right?

Client: Yes, that's about it.

Therapist: Shall we take a closer look at this issue of who is actually responsible for thinking this or feeling that? You might be surprised with what we come up with.

Client: OK, if it will help me to get away from him.

The ABCs of the client's guilt were established:

A imagining her partner's rapid decline and death after her departure

B 'I shouldn't have left him but as I did, it's my fault

that he died. I'm a terrible person for ending his life'

C Intense guilt

The client was shown that her guilt was self-induced by her beliefs about the consequences of leaving her partner: in the dynamics of guilt, an act of commission that would bring harm to another; both the act and the self are condemned by the individual. The principle of emotional responsibility applied to her as well as to her partner. Her departure may have triggered potentially self-destructive thoughts and feelings in him but these were created by him, not her. This disputing D or questioning of her guilt-producing ideas and apportioning of responsibility in the relationship proved the breakthrough for her: if she had the 'power' to destroy him through her departure, why did she not have the same power to revitalise him or make him behave differently? 'Obviously looking at it now, I don't have this power over him and he doesn't have the power to make me feel guilty unless I let him which I'm not going to do any more.' Through developing an effect (E) guilt-removing outlook, she was now able to move closer to the final step of leaving.

Client: I feel apprehensive about telling him because he'll get angry, then he'll feel sorry for himself, then the usual threats about drinking himself to death. Then he'll say he will really change this time. He usually gets on the phone to his parents and they come round to persuade me to give in. This time I don't want to give in and I certainly don't want to sneak out of the relationship like a thief in the night.

Therapist: Well, I can teach you some skills in assertiveness in order to handle this pressure and carry through the decision that you've made.

The principal behavioural method employed was role play where the therapist played the partner and engaged in emotional blackmail to try and change her decision. Initially she became angry and hurled insults as her 'partner' for past and present hurts; at other times she became tearful while giving her 'leaving speech' (as she called it). She wanted to present her leaving speech in 'a calm, firm and controlled manner and leave with my head held high'. She said: 'This relationship ended some years ago for me but I was unable to leave because I allowed myself to be trapped by your emotional blackmail. This is no longer the case and I will be leaving in the morning.'

The sessions are audio taped so the client could monitor her verbal performance and a full-length mirror was used so the client could practise making her verbal and non-verbal behaviour congruent. After several sessions of rehearsing the new behaviour, she delivered her leaving speech to her partner – his parents were also there – and left the relationship. The last session of therapy emphasised maintaining her therapeutic gains, generalising assertiveness to other areas of her life and dealing with any termination issues.

Follow-up appointments were arranged for three, six and 12 months to monitor her progress. At the three-month follow-up she said that 'leaving him has really changed my life for the better in so many ways'. Though she expressed no ill-will towards her former partner, she had no interest in or curiosity about his whereabouts or wellbeing: 'There's no point in him

Behaving assertively can help to change or influence the way others behave towards us. Such external behaviour 'also produces important internal effects.

being out of my life physically if I still let him live with me mentally.'

Conclusion

As we have shown in this article, assertiveness training is not always easy to teach as clients can have emotional blocks that prevent or hinder the learning and application of behavioural skills. Also clients may harbour misconceptions about becoming assertive that promise more than can be delivered. When misconceptions have been corrected, blocks removed and skills learnt, the act of assertion allows individuals to make a stand when it matters – 'that is, when they are too often called upon to deny their true feelings or to bear more than their fair share of the emotional costs of living in harmony with other people' (Sheldon, 1995).

Michael Neenan is Associate Director of the Centre for Stress Management, Blackheath, London.

Windy Dryden is Professor of Counselling at Goldsmiths College, University of London. He has written or edited over 100 books.

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ACA

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News from the Chapters

VICTORIAN CHAPTER

Chapter News:

The Victorian Chapter is growing rapidly. The Victorian Chapter will be having its first conference on the 13 October 2001, see notice. We have had three meetings so far, with lots of interest and fun times. It is a fabulous opportunity for counsellors to network and expand their own databases. They also gain experience and ideas from each other and resource material for ongoing education and contacts.

I encourage everyone to join their own state ACA Chapter so they can be put on their state's database and can then start to interact. It's a very worthwhile experience and one, which all our Victorian State Chapter members would highly recommend. For further information on meeting times and venue please contact Gayle Higgins, Victorian Chairperson, on gaylehig85@hotmail.com or phone Gayle on 0412 625 245.

Profile - Gayle Higgins, Victorian Chairperson

Gayle started practising counselling in 1998 after receiving her Diploma in Professional Counselling. She has her own successful private practice in Heidelberg, Melbourne, and has spent the last year and a half working as the principal tutor at AIPC Melbourne. Gayle is also involved as a presenter for the new AIPC In-class accelerated learning program. In between being a tutor, counsellor, business woman, mother and wife, Gayle also is a volunteer phone counsellor for Lifeline. Gayle is an accredited phone counsellor and has also taken on the position as a Supervisor with Lifeline. All this keeps Gayle in the

thick of the industry and helps her to keep a good balance between application and teaching.

Since taking on the position of ACA chairperson for Victoria, Gayle has been busy organising Chapter meetings and is at present organising a state conference. This will be held on 13th October in Melbourne and promises to be a wonderful and educational experience for all those who attend.

Gayle says she feels this is a very exciting time for counsellors as the profession is growing rapidly and there is a greater demand for services. Counselling is now recognised as a separate profession and we must all strive to ensure it maintains high standards for the public and the profession.

Gayle has been happily married for 19 years and has two teenage children. In her spare time (she actually has spare time) she likes to catch up with friends and network with counselling colleagues.

SOUTH AUSTRALIAN CHAPTER

Hi from Peter Papps (Chair of SA Chapter). The SA Chapter is proceeding to arrange a 1-day Counselling Seminar & Expo for Saturday 24th November (see enclosed brochure). We will incorporate into the day a Needs Analysis for future workshops and personal development. I hope to see as many of you there as possible. Members interested in receiving more information about this event and Chapter meetings please contact Peter on persontoperson@picknowl.com.au or phone 8363 5822

They also gain experience and ideas from each other and resource material for ongoing education and contacts.

ACA VICTORIAN CHAPTER CONFERENCE 13 OCTOBER 2001

The ACA Victorian Chapter will be holding its first conference on the 13 October 2001 at the Mercure Hotel, 13 Spring St Melbourne from 8.30am to 5.15pm.

The following guest speakers will be attending:

Catherine Madigan, who is an educational psychologist working for the Anxiety Disorders Association.

Sue Gavan is a social worker and family therapist who works for Counselling Victoria.

Darryl Thompson, from Supervision Counselling Unit, who will speak about why supervision is so important

Frank Donavan, who is an Anger specialist. Frank has a Degree in Social Science from Curtin University and is currently completing a PhD in men's anger and violence.

For further information about this conference, contact Gayle Higgins on email gaylehig85@hotmail.com or phone (03) 9499 9312

QUEENSLAND CHAPTER

The Queensland chapter will be meeting for the first time on the 20 October 2001. All ACA members are invited to this inaugural meeting of the Chapter. The meeting will be held at Care Arm, 56 York St Beenleigh, starting at 2pm. For more information you can reach Malcolm Lindridge (Chairperson) on 3807 3644.

The following members make up the working committee for the Chapter

Chair: Malcolm Lindridge

Secretary: Ellen Burton

Vice: Chris Shea

Committee members:

Gordon Ray, Kay Hartstone,

Darla Williams, Myra Cummings and

Juanita Gibson.

NSW CHAPTER

The Chapter has met four times now, with its format established as consisting of a presentation on issues associated with counselling and counselling practice, followed by time spent considering ways of promoting counselling and of supporting our members. Subjects we have heard presentations on thus far include "what counselling is", "counselling men" and "listening".

The next meeting will be held on Saturday Oct 13 from 3pm to 5pm at the North Sydney Police & Community Youth Club at 224 Falcon St, North Sydney. On this day we will be hearing from a presenter who works in the field of supporting people to deal with grief. For those who cannot make the meeting, the subsequent meeting will be held at the same time and venue on Saturday November 10.

For any people who are interested and would like to attend and/or make enquiries please feel to contact the Chairperson of the Chapter, Martin Hunter Jones on (02) 9973 4997 or mobile 0438 336 535, or via email, on matinhj@tpg.com.au. All members and interested parties are welcome.

WEST AUSTRALIAN CHAPTER

A Chapter working committee is being raised for the establishment of the West Australian Chapter. All ACA members who live in Western Australia are encouraged to join their Chapter and become actively involved in their industry and association. The Chairperson is Jane Carver and she can be contacted on (08) 6380 1030.

ACA

There is nothing professional about associations that are run by volunteers who are only available when they are not working for someone else or themselves.

ACA SOUTH AUSTRALIAN CHAPTER EXPO 1 DECEMBER 2001

The ACA South Australian Chapter will be holding its first expo on the 1 December 2001 at the Glenelg Conference Centre, Patawolonga Motor Inn, 13 Adelphi Terrace, Glenelg Nth from 8.30am to 6.00pm.

The following guest speakers will be attending:

Wayne Trezona from AON professional services will discuss malpractice and professional indemnity insurance.

Jillian Cordell (Senior adviser) will discuss womens crisis intervention services.

Kerry Cavanagh. Kerry is a clinical psychologist who be speaking about why supervision is so important.

Malcolm Schultz, from Youth at Risk will discuss dealing with depression and suicidal referrals.

Sussie Coad from yellow pages will discuss mass advertising together with electronic online/websites.

Rin Minniti a Clinical psychologist from Drug & Alcohol Services.

For further information about this conference, contact Peter Papps on email persontoperson@pickowl.com.au or phone (08) 8363 5822



Book Review

Concepts of Chemical Dependency (5th Edition)

Highly recommended. \$62.94 25% discount (until 30/12/01) if you mention the journal Counselling Australia. Available through Nelson Thompson Learning. Phone 03 9685 4201 ask for Melissa Zarafa and mention this journal.

Concepts of Chemical Dependency (5th Edition) By Harold Doweiko

"Concepts of Chemical Dependency" is a must for anyone studying chemical dependency and drug abuse. What makes this book different from others is how the author not only describes in great detail addictions and addictive chemicals he also looks at chemical dependency from A to Z perspective. Harold Doweiko discusses dependency in conjunction with mental illness, the family, process of intervention, process of recovery, infectious diseases and crime and drug use. This is a very detailed analysis of many of the issues that go hand in hand with dependencies. Harold Doweiko explores the meaning of substance abuse, models of chemical dependency and special considerations such as dually diagnosed clients and clinical implications.

"Concepts of Chemical Dependency" is set out in a logical manner that makes understanding a complicated issue simple. Harold Doweiko discusses each type of addictive chemical starting with the history and medical use of the chemical, to the pharmacology of the chemical, to side effects, to their abuse and eventual impact on society and the user. Harold Doweiko also discusses the pharmacological intervention tactics of substance abuse and the contentious issues of crime and drug use. This book is an essential resource for all practitioners. It is aimed at the graduate or studying counsellor and although the examples are American they can easily be translated into Australian issues.

Reviewed by Philip Armstrong

Nelson Thompson Learning www.nelson.com.au

Theory and Practice of Counselling and Therapy (3rd Edition)

Highly recommended. This book retails for \$69.95. This title is available through Allen & Unwin at 10% discount to readers. To order direct phone 02 8425 0149 and ask for Tertiary & Professional Department or fax on 02 9906 2218 or email academic@allenandunwin.com

Theory and Practice of Counselling and Therapy (3rd Edition)

Richard Nelson-Jones is a highly experienced counsellor trainer and psychotherapist in Britain and Australia. He is Director of the Cognitive-Humanistic Institute in Chiang Mai, Thailand.

The third edition of 'Theory and Practice of Counselling and Therapy' provides a comprehensive review of the major theories that underpin counselling and psychotherapy practice. It is an informative and authoritative textbook and is an excellent resource for students and practicing counsellors alike.

The book begins with an introduction to creating a personalised counselling approach. It explains the major theoretical models that underlie the counselling therapies and analyses their general advantages and disadvantages. Following the introductory chapter, readers are introduced to the theoretical principles and practical applications of 13 counselling and psychotherapy approaches.

The approaches included in the text are: Freud's Psychoanalysis, Jung's Analytical Therapy, Person-centred Therapy, Gestalt Therapy, Transactional Analysis, Reality Therapy, Existential Therapy, Logotherapy, Behaviour Therapy (theory and practice), Rational Emotive Behaviour Therapy, Cognitive Therapy, Multimodal Therapy and Cognitive-Humanistic Therapy.

Within each approach, the author discusses basic theoretical concepts, the acquisition and maintenance of problems, therapeutic goals, the process of therapy, the therapeutic relationship, therapeutic interventions and further developments. In conclusion, there is an analysis of cultural and gender issues in counselling and a broad evaluation of therapeutic approaches.

'Theory and Practice of Counselling and Therapy' is written in straight-forward manner, however it does include technical terminology and readers would benefit from having an introduction to counselling and psychological theory before reading the book. This text would be suitable for all counsellors who are looking to expand their knowledge into one or a variety of therapies.

Reviewed by

Jane Gaskell, BA (Psych), Dip Prof Couns Education Adviser AIPC

The Art of Integrative Counselling & Psychotherapy Video tapes 1 & 2

By Gerald Corey

Having read many of Gerald Corey's books it was a delight to actually see this man in action as a counsellor. This 2 tape series is based on Gerald Corey's techniques with the first tape demonstrating counselling sessions and the second tape dealing with challenges such as resistance and transference. Corey demonstrates why he is one of the leading trainers of our time.

In the first tape Corey breaks down the counselling process into 10 sections. These sessions are the Beginning, Therapeutic Relationship, Establishing Therapeutic Goals, Cognitive Focus, Emotional Focus, Behavioural Focus, Integrative Focus, Exploring the Past, Working towards Decisions & Behaviour Change and Termination. Corey covers the whole process with his client, Ruth, from the first session, Beginning and the final session, Termination during a six-month period of counselling.

The second tape deals with the challenges faced by Corey during the six-month period. Corey discusses resistance, intellectualising, transference and counter transference and also covers strategies such as using the magic wand.

These tapes are aimed at the student counsellor but as a qualified counsellor I found it a highly enjoyable experience to go back to the basics. Particularly with such a good presentation by Corey. I recommend these tapes to student counsellors who are still yet to witness a counselling session. These tapes will bring together all the theory into a visual learning experience. Even experienced counsellors will find this type of resource handy to have to go back and revisit the basics every now and then. This set of tapes come with a workbook and is highly recommended for training providers, students and practitioners.

Reviewed by Philip Armstrong

Nelson Thompson Learning www.nelson.com.au

The Art of Integrative Counselling & Psychotherapy Video tapes 1 & 2

Highly recommended. \$229.94 25% discount (until 30/12/01) if you mention the journal Counselling Australia. Available through Nelson Thompson Learning. Phone 03 9685 4201 ask for Melissa Zarafa and mention this journal.

Counselling in the Workplace – The Facts

The following are the results of a systematic study of the research evidence by Professor John McLeod of the School of Social and Health Sciences, University of Abertay, Dundee.

This information is a useful form of support when approaching employees to contract for workplace counselling.

Report conclusions

This systematic scoping search of both published and unpublished research studies has identified over 80 separate studies, encompassing a variety of aspects of the provision of workplace counselling. These research studies span a period between 1954 and 2000, and reflect the experiences of more than 10,000 clients who have made use of work-related counselling services.

A range of different research methods has been applied in studies of workplace counselling, including the use of controlled trials, naturalistic longitudinal studies, satisfaction and attitude surveys, cost-effectiveness analyses, and qualitative interviews and observation.

The main conclusions that can be drawn with confidence from this literature are:

- ⇒ **the majority (over 90%) of employees who make use of workplace counselling are highly satisfied** with the service they have received, would use it again if necessary, and would recommend it to colleagues
- ⇒ **people who make use of workplace counselling typically report high levels of psychological distress**, equivalent to that found in out-patient psychiatric populations
- ⇒ **counselling interventions are generally effective in alleviating symptoms of anxiety, stress and depression.** Two-thirds of studies have shown that, following counselling, levels of work-related symptoms and stress return to the 'normal' range for more than 50% of clients
- ⇒ counselling interventions have been found, in the majority of studies which have examined this factor, to **reduce sickness absence rates in clients by 25-50%**
- ⇒ counselling interventions have a lesser, but still significant, **positive impact on job commitment, work functioning, job satisfaction, and substance misuse**
- ⇒ **there is no evidence that any one approach to counselling is more effective than any other in this field.** Positive results have been found using a variety of models of counselling, including cognitive-behavioural, psychodynamic, person-centred, rational emotive and solution focused
- ⇒ **training and experience in techniques and methods of brief therapy are associated with good outcomes in workplace counselling**
- ⇒ **significant benefits for clients can be achieved in 3-8 sessions of counselling;** only the most severely disturbed clients appear to require long-term counselling help or referral to specialist services

- ⇒ **on average, around 7% of employees in an organisation will make use of counselling/EAP provision each year.** However, wide variations in utilisation rates (1-20%) have been reported

- ⇒ **research has not found any consistent association between the structure of a counselling/EAP service (internal vs external) and its overall effectiveness or utilisation rate**

- ⇒ **all published studies of the economic costs and benefits of workplace counselling have reported that counselling/EAP provision at least covers its costs** – some studies have found substantial positive cost:benefit ratios

- ⇒ studies of the uptake of counselling services have found **no consistent trend for services to be used more or less frequently by different sub-groups of employees** (age, seniority, status, type of work), except that in a number of studies women have been found to be proportionally higher users of services than their male colleagues

It is also clear that more research needs to be carried out into all forms of workplace counselling.

Workplace counselling is difficult to research because of issues such as confidentiality, commercial secrecy, multi-site provision of services, the establishment of appropriate control comparison groups, and the achievement of consensus over measurement instruments.

Despite these difficulties, a substantial number of studies have been carried out, which provide plausible and convergent evidence of the significant contribution that counselling can make to the alleviation of work-related psychological problems.

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