

Volume 2 Number 3 **Spring 2002**

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



SPRING

**New Insurance
Policies for
Counsellors &
Psychologists**

**Managing
Counsellors**

**Coaching and
Counselling:
What is the
Connection?**

**Virtually
Yours:
Communities
in Cyberspace**

**The Creation
of Meaning in
the Moment**



Counselling Australia's Contributor's Guide for 2003

Counselling Australia is now calling for articles and papers for publication in 2003. 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 to discuss relevant industry issues for practising counsellors, students, and members of the Australian Counselling Association.

Note 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 can be peer-reviewed and refereed, upon the author's request, or simply assessed for appropriateness for publishing by the editor. Non-editorial staff may assess articles if the subject is of such 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, to foster Australian content, and to provide information to readers that will help them to improve their own professional development and practice. We also aim to promote the Australian Counselling Association and its commitment to raising the professional profile and status of Counsellors in Australia.

ARTICLES FOR PEER REVIEW (REFEREED).

- ⇒ Articles are to be submitted with a covering page requesting a peer review;
- ⇒ The body of the paper must not identify the author;
- ⇒ Two assessors will read refereed articles and advise the editor on the articles' appropriateness for publication;

- ⇒ Articles may be returned for rewording, clarification or correction prior to being accepted;
- ⇒ Attach a separate page, noting your name, experience, qualifications and contact details;
- ⇒ Articles are to be 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, with minimal formatting.

CONDITIONS

- ⇒ References are required to support argument and should be listed alphabetically;
- ⇒ Case studies must include a signed agreement from the client, providing permission for publication. This is to be attached to the article. 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

The 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 Phillip Armstrong



The last 3 months have been very busy with ACA being involved in the Community Services new packages of training courses. ACA members were a part of the reference committees in Tasmania, West Australia, New South Wales and Queensland. Unfortunately, a

consensus was not reached on developing a new standard for a Diploma or Advanced Diploma of Counselling. This means the current system of accreditation for Counselling Diploma's will remain the same. It is hoped, that in the next two years a consensus within the industry can be reached to have one national standard for counselling at the Diploma and/or Advanced Diploma level.

The news that insurance premiums are due to rise by 40% or more helped us to move a little faster in our task with finding the best policy for our members. This task was not made easy due to many insurance companies being far from approachable let alone willing to negotiate packages. The main issue was to have counselling seen as a professional vocation that deserved to be recognised on its own and not thrown in with a lot of other allied health practices. We eventually were able to have counselling recognised as a stand-alone profession with Australian European Insurance (AEI) who have offered a very competitive service. The following article discusses the benefits of using our new preferred insurer.

We have also finished negotiating a package with Yellow Pages Connect and through that have developed a new referral system called ACA Connect. This service has already seen a large influx from people ringing us for referrals to counsellors in their area. We have been receiving approximately 6 to 7 phone calls a day from various states. This is an innovative service we have created, and no other counselling association in Australia has a similar scheme or is registered as a priority listing with Yellow

Pages. The enclosed article "ACA Connect Creating Business for Members" discusses this new service in greater detail.

On Saturday 10 August the Chairs of the Victorian, South Australian, New South Wales (Sydney & Hunter Valley) and the National Manager met to discuss membership issues. Some points discussed were to have peer supervision recognised as professional supervision, OPD to be changed from an hourly bases requirement to a points system that includes reading articles and conducting presentations and a colander of events for 2003. The outcome of this and other strategies will be discussed in the December edition of the journal.

Membership to ACA is steadily increasing with 120 new members in this quarter (Jun – Aug). We have had a 10% increase in clinical members this year which is quite significant. Many of the new clinical members are counsellors who have joined from other associations. From talking to me the common point in why they have swapped associations is that ACA are more driven by membership benefits and they like the idea of having someone actually answer the phone when they ring during normal business hours, as apposed to answering machines and voice mail that don't promptly return their calls. Many of them mentioned their increased frustration in relation to a lack of response to queries and administrative issues with other associations. Issues such as high standards are important and ACA's are as high if not higher than many other associations, but it is overwhelmingly our membership services, which are drawing in more clinical members.

We are currently designing a questionnaire that will go out with the next issue, which will give members a chance to let us know what you think, want and whether you believe changes are necessary. This type of analysis is necessary for ACA management to ensure we continue to be a membership driven association.

ACA

It is hoped, that in the next two years a consensus within the industry can be reached to have one national standard for counselling at the Diploma and/or Advanced Diploma level

The more members who support our new policies the greater chance that over time through numbers we will be able to have a direct influence on premiums

New Insurance Policies for Counsellors & Psychologists

ACA have just finished negotiating a new insurance package for our members. ACA's preferred insurer is now **AEI** whose policies are underwritten by **CGU**. These policies are exclusive to ACA registered counsellors only and are not available in their present form through any other association, counselling or otherwise. The policies are for counsellors, psychotherapists, psychologists, and combine professional indemnity and public liability. These policies validate your profession, as they do not include coverage for any other type of practice bar counselling in its many forms. ACA strongly recommends that before members renew any current policies they contact us for information on our new preferred insurer.

Any members who receive letters from other brokers and/or insurers that intimate that they are ACA

sanctioned please ignore them as it is simply a marketing ploy. ACA have only **one** preferred insurer/broker and that is **AEI** whose policies are underwritten by CGU. AEI is a wholly Australian owned company so we are supporting the national economy as well. Members are not under any obligation to take out these policies and are free to source their own insurers and brokers if they choose. By supporting the ACA preferred insurers we are able to control premium costs with a long-term view of bringing them down not up. If members support non-ACA preferred insurers we will not be able to influence policy premiums. The more members who support our new policies the greater chance that over time through volume we will be able to have a direct influence on premiums.

ACA

Creating Business for ACA Members

ACA are currently receiving between 5 to 10 calls per working day from members of the public who are looking for counsellors. We are struggling to meet the demand of these enquiries that are being generated through the ACA Connect Referral Scheme. We particularly need more registered counsellors from suburban Melbourne, Sydney, Adelaide, Brisbane and regional areas. Requests for application forms can be made by phoning Vicky on 1300 784 333 or email aca@theaca.net.au.

Yellow Pages Connect Referral Scheme (ACA Connect)

ACA are constantly looking for different ways in which to encourage members of the public to use ACA registered private practitioners as their preferred counsellors. The Yellow Pages have proven through the years and through research to be, a very effective tool in regards to advertising services. Again, ACA are aware that most individuals cannot afford to advertise in the more commonly used Yellow Pages or the more technically advanced services such as Yellow Pages Connect (YPC).

Most people do not realise that even if they are on the YPC there is a priority to the listings. The amount required to receive a priority listing would be beyond most individual practitioners means. However, if bought by an association on behalf of its members the costing per individual is significantly reduced. ACA have bought, Nationally, a priority listing for ACA. This means that relevant referrals will be either, switched through from YPC to our national 1300 number at our Brisbane head office or given ACA's contact details. They will then be given, by the national office contact details of their nearest ACA Connect members.

All Qualified, Professional and Clinical members of the Australian Counselling Association are eligible to apply for ACA Connect. To help counsellors in private practice to attract clients, ACA have paid a substantial amount of money to be the first and only counselling association, in Australia, (at the time of printing) to offer this service. How the scheme works is a member of the public who wants to find out where the nearest counsellor to them is located, simply rings 1245 and they are then connected to ACA from Yellow Pages Connect (YPC) service. ACA is the only National Counselling body to be connected to YPC, therefore we should receive the bulk of referrals nationally.

How does YPC work?

YPC give each phone enquirer 3 choices of registered counsellors, Sydney and Melbourne are the only cities (according to YPC) where there are more than three YPC registered counsellors. Therefore, ACA will be mentioned as a referral service for all other cities. In Melbourne, there are only five registered users (one being ACA) so ACA will be nominated as a referral service in approximately 75% of all cases. In Sydney, there are 12 (one being ACA) registered users,

therefore ACA should receive approximately 45% of all referrals. These figures do not account for geographical boundaries, which would increase the percentage of referrals regardless of the number of other registered users.

Geographical boundaries.

The above approximations do not take into account that the other registered users are geographically bound by the area where their practice is physically located. This means they will only receive referrals in that geographical area. This would greatly limit the possibility of another service been given out as a referral without the mention of ACA. ACA has no geographical boundaries. This would mean that the chances are, in a high proportion of cases, ACA will be the primary referral or at least be a referral name. It could also be suggested that members of the public are more likely to trust a peak body that has standards for a referral than an individual. If the statistics supplied by Yellow Pages are anything to go by, this service should ensure that thousands of referrals that initially went elsewhere would now come to ACA for our members.

ACA have also connected to a toll free 1300 number to encourage phone referrals to ACA from outside of Brisbane, where the bulk of referrals have come from in the past. ACA have also placed an advertisement, nationally, in the Yellow Pages to also encourage the public to use a peak body for referrals. Only ACA Connect registered counsellors will be eligible for this service. Members who do not wish to be a part of this scheme are still eligible to be placed on the web register and will still be eligible for referrals from outside this scheme.

Cost to register for ACA Connect.

The cost for members to register for this service is an annual fee of \$99.00. For most practitioners this investment would be returned after only two referrals in a 12-month period. ACA Connect reflects ACA's commitment to our "statement of objectives", the last being

- To help create employment for counsellors

The ACA Connect Scheme has the potential to be a very cost effective marketing tool for private practitioners. We cannot guarantee that everyone who joins will get referrals but we can guarantee that out of the over 2000 projected referrals that will come through the scheme that you will not receive any if you don't join.

ACA

ACA have also connected to a toll free 1300 number to encourage phone referrals to ACA from outside of Brisbane, where the bulk of referrals have come from in the past



Ethics, E-mail, and the Counselling Profession

by Dan L. Mitchell and Lawrence J. Murphy

Using e-mail for communication with colleagues and other professionals is an everyday experience for most counsellors. Communicating with clients via e-mail is less common. Nevertheless, many counsellors do exchange email correspondence with clients, even if it is simply to reschedule an appointment or to clarify a billing issue. In spite of our daily use of email, we may not be aware that there are several practical and ethical issues that deserve close examination. Our intention, in this article, is to alert counsellors to potentially serious problems and to consider the options available to prevent such problems.

“What if” Scenario

You were able to grab a bite to eat for lunch today. It's Tuesday, 12:55p.m. and you decide to check your email before your one o'clock counselling session.

You find three new messages. One of them is from a sender you do not recognize. Your first instinct is that it must be junk mail, but then you notice the subject line: “Please Help!”

Upon opening the message, your emotional alarm bells resound as you read these words:

“Hi I'm at the end of my rope. No one is helping. This time I'll make sure it works...”

You know you need to take action, but what can you do? You look for a name, a phone number or any identifying information. You check the email address hoping for some kind of clue. It is no help at all: bluejay374@hotmail.com.

Fighting back the urge to panic, you print out a copy of the email distress call and give it to your secretary hoping he will know what to do. He does not. But he offers to call the police to see if they might know how to trace the origins of the message.

“Good idea,” you say, as you try to pull yourself together to focus on your client who is now in your waiting room...

Although this is a fictitious scenario, it could be real. The message could have been a disclosure of child abuse. Or it could have revealed a possible intention to commit homicide. We need to assume that it is only a matter of time until we receive an emergency email message.

Practical and Ethical Concerns

Clearly there are many concerns of both a practical and an ethical nature. When counsellor email addresses are freely available, the following are some of the more serious challenges:

1. Client Confidentiality

Most counselling agencies and clinical practitioners own regular email addresses (i.e., not secure) and make those addresses public, whether in advertising or on business cards and stationary. Once that address is out there in the world, it is available for anyone to use who has internet access.

Regular email is not secure and does not protect client confidentiality. Although you may simply be writing to acknowledge a new session date and time, the client may respond with highly confidential

information (e.g., “I'm actually glad I have another week to think about things. I've remembered some more details since we talked last week about...”)

2. Domain Names

Many email addresses owned and made public by counselling agencies and clinical practitioners contain domain names that reveal their professional identity. (A domain name is the portion of an email address that follows the “@”). Publicizing such email addresses does not protect client confidentiality. For example, imagine a client, using her home computer that her children also use, who sends a regular email message to info@counsellorbob.ca. With default email settings, computers store copies of all outgoing messages. Unless she deletes her “Sent Items”, her children could easily discover that Mom is seeking personal counselling.

3. Inability to Act in an Emergency

If clients or prospective clients convey emergency information using regular email, counselling practitioners and agencies may be powerless to take action, since regular email may not contain enough information to trace its geographic origin.

This is quite unlike the experience of someone telephoning into an agency and disclosing suicidal thoughts. With the client on the telephone there is the opportunity to talk with him, perhaps to book an appointment or to refer him to emergency assistance. In such a case you at least know that the client has received your communication. In an acute emergency, police can trace a telephone call, and dispatch appropriate emergency assistance.

4. Liability Insurance

It is as yet unclear whether professional liability insurance will cover counselling professionals who have not minimized the exposures (risks) noted above.

Possible Resolutions

We suggest that counselling agencies and clinical practitioners consider the following options:

1. Refrain from publishing regular email addresses. This option, while ethically sound, may be neither convenient for clients nor helpful for practitioners and agencies attempting to market their services.

2. Publish regular email addresses with a clearly visible warning that clients must waive their right to confidentiality. This option gives clients an opportunity to choose whether they are willing to waive their right to confidentiality.

While a warning informs clients of the confidentiality issue, it raises other important questions. If clients wish to gain access to professional counsellors via email, it is ethical to ask them to give up their right to confidentiality to cover our inability to protect them? Would a <non-confidentiality> waiver stand up to legal scrutiny?

In order to address the domain name issue (the 2nd ethical concern noted above), email addresses that are published should be either generic (e.g., info@hotmail.com, info@yahoo.com) or in some other

If clients or prospective clients convey emergency information using regular email, counselling practitioners and agencies may be powerless to take action, since regular email may not contain enough information to trace its geographic origin

way obscure any affiliation with the counselling profession (e.g., info@tlcabc.com).

A further necessity, if counsellors implement this second option, is that the warning must also contain a request that clients include basic contact information. This, then, would allow practitioners and agencies to act on emergencies.

However this, too, is a weak solution because the warning and the request contradict each other. If anything, the warning about the lack of confidentiality would influence clients to avoid discussing private matters. We put them in a bind if they must include their private residential address or telephone number in an insecure email message.

3. Provide for clients secure email with contact information collection capability. This option resolves several issues, but special attention must be given to the following:

First, if counsellors must provide secure email for their clients, does this mean that clients will be required to download and install special software? If so, there is a risk that the process of downloading and installing software may cause clients further distress. Ideally, whatever secure email solution is provided, the process for clients should minimize any technical demands or expertise. In addition, telephone contact would be offered in case clients encounter technical difficulties.

Second, the domain name issue remains. Professionals should choose an email security method whose domain name obscures any affiliation with counselling.

Third, the process of providing clients with secure email should be integrated with the collection of their contact information. This minimises the burden on clients to supply contact information in a separate process. In addition, the process of collecting and storing contact information should be secure (by housing the database on a secure server for example). Otherwise, again, confidentiality is compromised.

Conclusion: Awareness and Appropriate Technology

The experience in most professions today is that the rapid pace of technological advances speeds ahead of ethical considerations. The counselling profession is no exception. Ethical and practical issues that pertain to the publication of regular email addresses have not been widely recognized in the counselling profession. Most ethical codes that specifically address the topic of internet communications with clients stipulate the necessity of securing those communications so that the confidentiality of information is assured. It is more than an hyperbole to suggest that the use of insecure email by counselling professionals may be the single most ubiquitous breach of counselling ethics in our profession's history.

Awareness is the first priority. In raising the issue, we want to encourage discussion and reflection. As the profession takes a closer look at the use of email, we hope that counsellors will be inspired to take action to select and utilise appropriate security technology. Solutions do exist. The truth is that it would not be too difficult for a knowledgeable hacker to monitor, steal, and publish a sensitive email going into or out of a counselling office. An angry former spouse, for example, could do a great deal of damage to both their former partner and to the counselling profession as a whole with such a simple act. It is incumbent on us to make sure that this kind of disaster simply cannot happen.

Dan L. Mitchell, CCC, and Lawrence J. Murphy are the founders of Therapy Online (www.therapyonline.ca), an online counselling service established in 1995. They have been pioneers in the development of secure technological solutions for counsellors, pertinent ethical codes, and online counselling skills.

Email: enquiries@privacemail.com

Phone: 1-88THERAPY-4 (1-888-437-2794)

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ACA Logo's

Authorised training providers and individuals can now use the following logos.

The "Recognised Professional Development" logo can be used to show that a particular seminar, conference, workshop or short course meets ACA standards for points towards Ongoing Professional Development

Training providers, to advertise that their course meets ACA Course Recognition Standards, can use the "Recognised Training" logo. This means that anyone who completes a course that displays this logo is automatically eligible to join ACA as a full member. This logo also demonstrates the training provider has met the high quality and standards of the association. All RTO's who meet this standard will automatically have their course placed on the ACA Counselling Training Providers information list. This list is sent to people who enquire about courses for counsellor training and is on the ACA web site.



The "Recognised Professional Development" logo can be used to show that a particular seminar, conference, workshop or short course meets ACA standards for points towards Ongoing Professional Development. All workshops, seminars and short courses that display this logo will reflect high quality training.



For more information on prices and application forms ring ACA on 1300 784 333.

Email of the Month Club

To keep in touch with our members on a more regular basis the ACA have formed the Email of the Month Club. We are sending all registered members a monthly newsletter via email that contains tons of information that is relevant to counselling and business.

Some of our regular features include:

IT Column – Keeping you up-to-date with the Internet, IT and computers.

Featured Members' Websites – An opportunity to submit your own website address to be published as a link.

Exposure Opportunities – What's happening in the counselling industry.

Helpful Hints – Useful information for the professional counsellor.

And Lots More

To join the club simply email us with your name and details to aca@theaca.net.au or nicky@theaca.net.au and you will be registered as a member of the club to receive the newsletter. Membership is open to all members and any other interested parties at no cost and does not involve filling in an application form. All we need is your name and email address; your details will not be passed on to any advertisers and will be strictly used for communication between ACA and you only.



Anger Management Workshop

(This workshop is ACA approved for ongoing professional development)

Anger is a community health issue. In my practice I conduct ongoing anger management programs and have found that there is an increasing demand for these programs. This workshop is designed to give you a coherently structured format to conduct your own anger management programs. In addition to the knowledge of anger as an emotion and understanding the range of cognitive, emotion-based and behavioural skills to appropriately manage anger you will also learn how to market and successfully deliver an anger management program. Comprehensive course notes, which can be used by you in your own anger management programs or clinical practice, will be distributed.

Date: 19th October 10.00 am to 5.00 pm.

Presenter: Miguel Barreiro is a Counselling Psychologist and the Managing Director of Yarra Valley Psychology and Combined Community Counselling. Miguel is also the Chair of the Victorian Chapter of the Australian Counselling Association. Miguel has a dynamic presenting style and has extensive experience in developing and delivering workshops and course programs.

The investment for those completing both workshops is \$200.00

Working with Emotions in Counselling & Psychotherapy Workshop

(This workshop is ACA approved for ongoing professional development)

Over the past few years the scientific study of emotions has yielded a great deal of knowledge in all areas of human emotional experience. The majority of clients come to counselling at a time of emotional confusion and pain. This workshop is designed to bring to counsellors the latest psychological understanding of emotions and emotional counselling principles which can be integrated into their own therapeutic framework. Some of the topics covered in this workshop are: The nature of emotions; Assessing emotions; Strategies to deal with emotional disorders; The identification and correction of maladaptive emotional coping strategies; The integration of Emotions and Cognitions (Hot Cognition); and Clinical interventions with specific negative emotions, sadness, distress, and anxiety.

Date: 20th October 10.00 am to 5.00 pm.

Venue: Yarra Valley Psychology School of Counselling and Psychotherapy
150 Maroondah Highway, Croydon Victoria
PC: 3136. Tel: (03) 9733 1109

Managing Counsellors By Sarah Bowler

Practitioners in therapeutic professions tend to undervalue management skills. Sarah Bowler, former Chief Executive of Relate, argues that when it comes to survival, counselling organisations, just like any other organisation, have to adapt or go under.

In 1982 Charles Handy addressed the AGM of what was the National Marriage Guidance Council, now Relate, and caused something of a stir by referring to the organisation as 'an artists' colony'. This term struck a particular chord as it seemed to fit the aspirations of many of the people with a social conscience working in an environment where the valued skills were those of intuition, feeling and imagination.

NMGC, which was originally founded to educate people for marriage and family life, had, post World War II, responded to what would now be termed 'market demand' and become focussed on marriage counselling. The national charity in 1982 was based in Rugby and, funded by the Home Office, was training around 300 counsellors a year. At that time no member of the senior staff had 'manager' in their job title and the bimonthly staff meetings were held in an oval circle as if on a training course. The 166 local Marriage Guidance Councils provided marriage counselling and some relationship education in England, Wales and Northern Ireland. There were few managers and the counsellors were bound together by their training and supervision into a powerful group, each with its distinctive culture. Counsellors and the tutors who trained and supervised them were the driving force within NMGC locally and nationally.

Change and survival

But the description of NMGC as an artists' colony also rang alarm bells for some people who recognised that by 1982 something more was needed if local Marriage Councils were to meet the demand for counselling and keep abreast of changes within the counselling movement. In fact profound changes were on the way, changes which reflected the shift in society's attitude to marriage, led to the change in name from NMGC to Relate and which raised the status of management within the organisation as well as much else. Relate had to change because society was changing and the formerly satisfactory ways of providing and financing the provision of services and the training of counsellors were proving unsustainable. Internal pressures between the national and the local charities were building. However painful the process of change, when it became a question of survival, difficult decisions had to be made. Counselling organisation are no difference from other academic, educations, or business environment - when it comes to survival they have to adapt or go under.

This is a brief example from one sector of the counselling world, which over the last 20 years has seen counselling developing into a profession in its own right, with its own formalised standards of ethics and its regulations. Counselling has gained recognition during a period of considerable social change with the result that not only has the general public become well acquainted with the concept of counselling but the stigma of having counselling for

one's personal development or to cope with trauma has largely disappeared. With this acceptance has come a great rise in demand as can be seen by looking in Yellow Pages at the sheer range and number of counselling services on offer in any area of the British Isles. Compared with 20 years ago it is an impressive indicator of the improved availability of counselling especially if other services provided in educational establishments, healthcare settings and through EAP schemes are added. Many counsellors make their living through a portfolio of work in a variety of settings, very different from 20 years ago when to make a living through counselling was virtually impossible in the UK.

'The interface between the internal world of the counselling room and external demands for quality standards, accessible, readily available services needs to be understood and managed.'

Standards and expectations

As counselling has become more accepted however so expectations of the outcomes of counselling have risen. Potential clients may quite rightly question the competencies of counsellors and want to be sure that they have been trained properly. Likewise the employers of counsellors want a benchmark standard.

In fact the counselling market is increasingly a regulated one. BACP can rightly be proud of the way it has provided a framework of ethics and standards of practice but now the profession is facing European legislation and regulation. Formalised statements about quality control and quality assurance are increasingly required. The principles which apply to NHS services are increasingly applied to counselling and terms such as evidence based practice, best value and outcome measures, unheard of 20 years ago, are now crucial elements when contracts to work in both the public and private sector are being negotiated.

The impact of these changes has led to an increasing recognition since 1982 that it is not possible to deliver high quality counselling services without good management. This is reflected in the growth of management services within the counselling profession as managers have taken on many of the tasks previously carried out by counsellors. The interface between the internal world of the counselling room and external demands for quality standards and accessible, readily available services needs to be understood and managed sensitively. It has not been easy particularly because practitioners in therapeutic professions tend to undervalue management skills. Conflicts and misunderstandings arise as they do in all work situations and a number of myths surrounding the management of counselling services exist.

Are counsellors difficult to manage?

An often quoted myth is that counsellors are difficult to manage. But is it a myth? Does it in fact contain a grain of truth? Counsellors by the very nature of their work perform in private behind closed doors with their clients. The process of counselling may be described as facilitating an inner journey, a journey which enables the art of being and which can profoundly affect relationships with others. There is a 'me-ness' within the process and the counsellor, whatever their theoretical stance, stays with the client as that 'me-ness' is explored and understood.

The interface between the internal world of the counselling room and external demands for quality standards and accessible, readily available services needs to be understood and managed sensitively

Managing Counsellors (continued)

Explaining the need to maintain the relationship with the client over a period of weeks when there may be other pressures to free up appointments can cause tension between manager and counsellor and is a particular dilemma when contracts are time limited or when clients find it difficult to pay. This raises the counter myth that managers only ever think of money and that management is primarily financially driven.

Here again there is a grain of truth. When people are expected to pay for themselves, counsellors and counselling agencies are faced with the problem of fixing the hourly rate of a counselling session which will be affordable, meets their costs and is sensitive to market forces. Financial volatility is a continual pressure within the counselling profession as the closure of many counselling practices demonstrate. In a counselling agency of whatever size, the manager holds the responsibility for husbanding and allocating resources. This is a lonely job and managers can feel resentful when counsellors appear to shrug off their responsibility, leaving them to manage the financial worries on their own.

Management is also about strategic planning, marketing and communication. In other words making sure that the counselling service being provided fits the needs of the community within which it operates, is accessible to the people who want to use it and is affordable. The counsellor's work on the other hand is focussed on a smaller canvas of individual needs and individual responses. For both counsellor and client the counselling room may be a safe haven from the rigours of the outside world. Rubs between management and counsellors occur when the wider needs of the community either call into question the counsellor's way of working or disturb their 'comfort zone'.

A cocktail of misunderstanding

Unfortunately normal rubs can develop into real difficulties within a counselling organisation. There is a dark side and an anxiety within all helping agencies which managers, counsellors and supervisors ignore at their peril. The nature of the problems clients bring to counsellors, the theoretical stance of the counsellors and the individual and operational pressures which may be affecting the agency are ingredients which together can make a cocktail of misunderstanding, victimisation and polarisation.

The manager performs in public where their work can be observed, interpreted and commented upon in ways which no counsellor experiences. In a worst case scenario managers may feel disadvantaged by counsellor speak and the ease with which counsellors interpret their actions. They may also feel excluded from the camaraderie of the counsellor group and be envious of the support counsellors receive from supervision. Bad feelings between managers and counsellors can become very corrosive and the prime object of a counselling agency imperilled and forgotten in the internal struggle. If the culture is that management skills are inferior to counselling skills the task of the manager becomes impossible unless some common purpose can be found within which to reach an understanding of shared responsibilities and individual pressures. Building a bridge between counsellors and managers takes time and patience on

all sides. But it is an investment of resources which is essential to the smooth-running of any counselling service.

That investment takes a number of forms but for a start it is essential that managers understand the client population and the problems they present if they are to be sensitive to the demands made upon the counsellors they employ. Whilst there has been considerable debate in the counselling profession about whether, in order to understand the complexity of counselling, a manager should have been a practitioner, there is sufficient diversity to demonstrate that there can be no hard and fast rule. However, managers with no practitioner experience do need some induction into counselling terms and the processes which operate within the counselling room such as transference, counter-transference and projection to increase their understanding of the work counsellors do. It may also help them to gain some insight into the operational defences against anxiety which will be operating in their agency. An effective manager needs knowledge, sensitivity, optimism, energy, tact and openness. They also need to have their own supervision and support system.

'The nature of the problems clients bring to counsellors, the theoretical stance of the counsellors and the individual and operational pressures which may be affecting the agency are ingredients which together can make a cocktail of misunderstanding, victimisation and polarisation.'

Induction into management structure

This is not a one-way process. Counsellors too need induction into the institutional, financial and management structure of the agency within which they work. The most effective counselling services are those where at the very least:

- clients have the opportunity to feed back their experiences of the service they receive
- the people working in them respect their colleagues' skills, acknowledge their differences, have a shared sense of purpose and some recognition of the pressures under which their colleagues work
- managers and counsellors share responsibility for the services they provide and have a stake in the strategic development and marketing of that service
- innovation and the drive to improve the quality of counselling services are welcomed.

It is in such well managed counselling agencies, large and small, that the benefits of the change from the artists' colony of 1982 can be experienced by clients, counsellors and managers alike:

- Services are provided consistently and clients can have confidence in their probity.
- There may be the capacity to develop innovative services to cater for different client groups.
- Counsellors are able to work in a stable, managed environment.

Financial volatility is a continual pressure within the counselling profession as the closure of many counselling practices demonstrate

Managers have the time to develop networks with the media and in the community to raise the public profile of the service and to raise funds.

The counsellors who work in such agencies have relinquished some of their personal autonomy valued by counsellors 20 years ago. For some this is the downside of working in such services and a cause for mourning the passing of the artists' colony. For others the benefits of collegiality and the opportunity to work with other gifted practitioners in a managed team outweigh the disadvantages.

In some ways such teams of counsellors mirror soccer or cricket teams made up of talented individuals. There is enough evidence to bear witness that brilliant players are not enough. They need a manager and a coach to bring vision, cohesion and direction thus enabling the team to form and the players together to maximise their potential. Within this symbol perhaps lies the crucial change that has taken place within the

counselling profession. The group of talented counsellors who once formed the artists' colony are now with their manager and supervisor a well managed team.

Sarah Bowler was Relate Chief Executive for four years until 2000. She had a career in counselling from 1968 – 2002: she was a counsellor in Derby MCG and Kingston Relate for 18 years, NMGC tutor Relate Regional manager and Relate Director of Field Services for two years. She was also a lay member of Fulham Primary Care Group 2000 – 2001, is a trustee of WPF and Non-Executive Director of West London Mental Health NHS Trust which includes Broadmoor.

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ACA

An effective manager needs knowledge, sensitivity, optimism, energy, tact and openness

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Ph: 0422195078 Email: taofrank@ekno.com

Coaching and Counselling: What is the Connection?

By Sharon Brain, MA, RCC and Juliet Austin, MA, LCC Professional Coach and Director, Canadian Office, Institute for Life Coach Training, Contributing Writers.

Coaching, came into its own in the 80's, fed in part by the human potential movement, counseling and therapy, business and organizational consulting. As change has become the norm rather than an exception in corporations, coaching has provided one option to guide outsized, downsized, or self-maximizing employees.

Over the past ten years, coaching has spread beyond the business world. People from all walks of life are now hiring coaches to assist them in achieving a variety of personal and professional goals. The growth in coaching is evidenced by the increasing numbers of coaches joining the International Coaching Federation (ICF), the professional association that sets ethics and standards for the coaching profession and certifies coaches.

According to the ICF, coaching can be defined as, "an ongoing partnership that helps clients produce fulfilling results in their personal and professional lives. Through the process of coaching, clients deepen their learning, improve their performance, and enhance their quality of life."

The name "coaching" uses a metaphor from the sports community, where coaching is an established activity. No team of athletes would consider trying to reach excellence without a coach. In being coached, one does not have to admit either to needing help, or even to having a problem, so the shame-based feelings often triggered by counselling are by-passed. It is no disgrace to have a coach, when—even Tiger Woods has had several!

Some of the people who popularized coaching were business men like Thomas Leonard, who launched the financially remunerative Coach U, (and now Coachville), women like Cheryl Richard, from her position as Oprah's coach and writer of two very successful books, Frederick Hudson of the Hudson Institute, an academic, and Mary Beth O'Neill, from the Leadership Institute of Seattle, an organizational development consultant.

Counsellors and Therapists were not in the vanguard of the coaching movement. However, as coaching becomes more popular and more counsellors discover it, more counsellors are found in various coach-training programs, and are either including coaching as one of the services they offer or transitioning from a counselling practice to a coaching practice.

How is Coaching Different from Therapy?

One of the basic questions counsellors wrestle with as they think about coaching is, "How is it different from what I already do"? One of the difficulties in answering such a question is that therapists do widely different not all do the same things. (So do coaches, of course.)

If one compares coaching to (psychodynamic models, for example) one might say that therapy focuses on issues of pathology, healing and unresolved psychological issues of the past. Coaching on the

other hand, begins with the present and assists clients in setting very clear, and specific goals that they want to achieve in the future. While the past may be discussed on occasion, it is addressed only in the context of discovering what is blocking the client from moving forward. The focus is always on movement and (taking action), not on insight or understanding.

Counsellors from the Solution Focused or more systemic end of the therapy spectrum often say that they already focus on the present and future as well and do not see this coaching as very different from what they do. However, the words, "solution focused therapy" may still imply that there is a problem for which a solution needs to be sought. In coaching a client may be seeking solutions, but they are more often seeking to enhance their performance (and sometimes research excellence) in a given area of their life.

In addition, the word "therapy" conjures up the notion that someone is in need of help or cure. Coaching clients choose to work with a coach because they want to, not because they need to.

Another difference is that coaches, as contrasted to counsellors, are not seen as experts. Rather, they are seen more as a person with a set of skills they use to support people to achieve goals. A coach can be seen more like a partner or buddy that you check in with from week to week to review your progress, vision for the future and set new goals.

In an article entitled, *Coaching Vs. Therapy: a Perspective*, Hart, Battner and Leipsic asked coaches who were trained both as therapists and as coaches to report on the critical difference they saw between coaching and therapy.

Their answers varied, but one of the important differences reported was in the relationship. They reported themselves as more "self-revelatory," as "having a skilled friendship", and as being "in partnership." The boundaries are looser, transference issues are not addressed and they use more humour, are more actively engaged.

"You can admit you know them in the grocery store,.." one respondent said. Also, they "expect more" from their coaching clients. One counsellor reported that "coaching is not such a tender zone as therapy was."

They also reported that there was far more flexibility in the delivery of coaching. Subjects interviewed reported coaching clients using telephone sessions, e-mail, and personal meetings over lunch or even on the golf course. Some sessions were an hour, some five minutes.

Nuts and Bolts: How Coaching Works

Coaching usually happens over the phone, although it can also occur in person.

Therapists often find it difficult to imagine that they could coach without being face to face with their clients. Coaches—and their clients—usually do not find this a difficulty. To the contrary, it can be an advantage as it is more convenient for both client and coach, does not involve travel time or costs, offers clients more anonymity, and encourages coaches to develop exceptional listening skills.

Over the past ten years, coaching has spread beyond the business world. People from all walks of life are now hiring coaches to assist them in achieving a variety of personal and professional goals

Coaching fees range from \$200-500 per month for 3-4, 30 minute individual sessions. Usually included in this fee is additional e-mail and brief telephone calls on an as-needed basis. Fees are usually higher for in-person coaching and/or longer sessions. Fees for corporate coaching can be as much as \$1000 + a month. Fees for group telephone meetings can range from \$100-\$150 or more per month for two or three 1-hour sessions.

The Coaching Process

When a client first contracts with a coach, they are usually sent an intake package electronically which that includes a contract to be signed, several forms (e.g. questions about life goals and plans) and (sometimes) assessments and tests to be completed (perhaps assessing values, behaviors, personality styles, etc.). Clients often send their coach a weekly prep form prior to each session which focuses on accomplishments in the previous week, challenges they are currently experiencing and what they want to accomplish with their coach in the upcoming session.

During the coaching, the coach will ask what the client wants, listen to the answer and ask questions that assist clients to clarify, envision for what they want, address limits or blocks, identify gaps, and help them move towards taking action. Typically by the end of the session, the coach will want to know three things from the client:

- What will the client do in over the next week?
- When they will s/he do it by?
- How will the client know s/he has been successful and how will the coach know the client has been successful at achieving his or her goal(s).

Future Directions?

As the coaching profession continues to evolve several trends are likely to become more obvious:

1. For the consumer, the availability of coaches will mean a change in the way some people seek support, especially those clients outside EAPs and agencies.
2. Some of the distinctions between therapy and coaching will be made more explicit and will become clearer to the public. People will know when they want to seek therapy or coaching. Some US regulatory boards (e.g. Colorado) that license therapists have suggested that coaching fits under their definition of therapy. This could cause problems for coaches who are not licensed therapists in those states. Organizations like the ICF and many therapists who are now coaches are addressing these issues, attempting to sort them out.
3. An increasing number of therapists will receive coach training and offer coaching services instead of, or in addition to, their therapy services.
4. Training programs for coaching will increasingly be developed by academic institutions. The University of Sydney in Australia is developing a Coaching Psychology program.
5. More sophisticated models of coaching will continue to emerge incorporating theories and concepts from psychology and therapy. .

6. Coaches perhaps will be required to have training in assessment for depression, suicide, abuse, and even grief counselling so they know both when to appropriately refer clients for therapy and what to do in order to avoid lawsuits.
7. Therapists are likely to refer to coaches more often once their clients reach a place where they are ready to take more action or achieve excellence in their lives. Coaches will increasingly refer a client to therapy when the client seems inappropriate for coaching or gets stuck on an issue that is not being resolved in coaching.

Resources

Books

Co-Active Coaching (1998). Laura Whitworth, Henry Kimsey House and Phil Sandahl. Davies-Black Publishing.

Handbook of Coaching, The.(1999). Frederick Hudson. Jossey-Bass.

How To Become a Coach: A Guide for Counsellors and Therapists (2002). Sue Bond & Juliet Austin.

Articles

A Week in the Life. A Burnt-out Therapist Becomes a Successful Coach. Patrick Williams. *Psychotherapy Networker*, May/June, 2001

Coaching versus Therapy: A Perspective. *Consulting Psychology*, Volume 53, No. 4, 229-237. (2002). Vicki Hart, John Blattner & Staci Leipsic

Websites

The Institute for Life Coach Training (ILCT). www.lifecoachtraining.com

Coachville. www.thomasleonard.com/coachville/default.lasso?id=242259

The International Coaching Federation (ICF). www.coachfederation.org

The Vancouver Chapter of the International Coaching Federation. www.vancouvericf.org

Bios of Authors

Juliet Austin, MA, Counselling Psychology, is a professional coach who assists counsellors in building therapy and coaching practices. She also conducts seminars for counsellors transitioning to the coaching profession. Juliet has trained with both Coach U and The Institute for Life Coach Training (ILCT), is the Director for the Canadian Office of ILCT and co-author with Sue Bond of an ebook entitled, *How to Become A Coach: A Guide for Counsellors and Therapists*. Available at: <http://www.how-to-become-a-coach.com/therapist/main.htm>. Juliet resides in Vancouver, BC, Canada and can be reached at 1.604.730.1838 or coach@julietaustin.com

Sharon Brain is a Registered Clinical Counsellor who trained in Family Systems. She is a Life Skills Coach Trainer, a practitioner of EMDR and has a private practice in North Vancouver, BC, Canada. She works with groups of health care workers suffering from moral distress and secondary trauma. She can be reached at sharonbrain@canadawired.com or 1.604.924.2417.

During the coaching, the coach will ask what the client wants, listen to the answer and ask questions that assist clients to clarify, envision for what they want, address limits or blocks, identify gaps, and help them move towards taking action

Internet Resources Compiled by Angela Lewis



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Counsellor and
practices as a corporate
adult educator
(computer training) in
Melbourne.

www.angelalewis.com.au

Hello everyone,

There has been some interest expressed by members in regard to knowing more about searching for information on the Internet, so that is the focus of this issue.

A search engine is a program that searches the Internet and collects website addresses. The software that actually does this is known as a 'crawler'

First to some terminology: A search engine is a program that searches the Internet and collects website addresses. The software that actually does this is known as a 'crawler'. A search directory (often confused with a search engine) is a directory of websites generally collected by people as opposed to software, and gives you information collected into pre-determined categories. An example of a search engine might be www.altavista.com and a search directory www.yahoo.com. A Metasearch engine searches all the search engines simultaneously, so it could be searching Google, AltaVista and Yahoo!.

There are also 'compendiums'. These are similar to directories in that they are compiled lists, but they are structured slightly differently, and generally made up of links to various reference resources such as dictionaries, newspapers and almanacs.

Where should I try first? My favourite search engine (and the one I find the most concise), is Google, located at www.google.com. Google is the favourite of schools and businesses alike and won the Internet equivalent of the Oscars – known as "The Webby's" (found at www.webbyawards.com). My favourite metasearch engine is www.dogpile.com because of the sheer breadth of information presented in an easy to use format (and I like the dog that does the searching!). And with regard to a compendium, try www.libraryspot.com.

Search Savvy

Most search engines and directories work with the following syntaxes:

- In quotes e.g. "Elvis Presley" means only return results where both these words appear consecutively in the search
- Using Plus e.g. Elvis + Presley means return all sites where both these words occur, but not necessarily simultaneously.
- Using Minus e.g. Elvis – Presley means the word cannot be in any of the search results (Elvis without Presley).

Metasearch Engines to Try

www.metacrawler.com

www.alltheweb.com

www.queryserver.com

Search Engines

www.wisenut.com

www.hotbot.com

www.webwombat.com.au

www.answers.com

General Websites

Well, I thought I had heard everything, but you can now go to confession on the Web. Not sanctioned by the Catholic Church, this online confessional located at www.theconfessor.co.uk is evidently attracting millions of people. This site features passages from the Bible and the opportunity to enter a confession or use a pre-written confession. These confessions are supposedly confidential and not archived anywhere.

www.relaxintuit.com for brain booster tips and strategies.

www.less-stress.com for insights into the cause of stress and an online psychometric test.

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

Angela Lewis (doctoral candidate) MA.Ed, MACA (professional) practices as a corporate adult educator in Melbourne (computer training) Visit her at:

www.AngelaLewis.com.au

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Smoking and Mental Illness

There is a strong association between the two and it has implications for quitting.

A survey of more than 10,000 people aged 18 and over has confirmed what many have believed for some years, namely that smokers as a group have a significantly higher chance of having a mental disorder such as depression.

The link here is one of association. The question is does smoking cause mental illness, does mental illness make you more likely to smoke or is it that the same factors which make you mentally ill, make you more likely to smoke?

This study took the information from one of the world's largest surveys of mental health. It was carried out in Australia in 1997.

The results showed that from aged 18 to 60, the prevalence of depressive type disorders and anxiety disorders were much higher among smokers. For example among men, 10% of 40 – 59 year old smokers have a mood disorder compared to 6 – 8% of non-and former smokers.

With anxiety disorders, the difference between smokers and non-smokers is about the same. In 18 – 39 year olds, former smokers had a slightly higher risk than non-smokers. By the age of 60, the link with smoking had largely disappeared and the overall

prevalence of these mental conditions had dropped dramatically, except for an association with substance abuse.

The reason for the lack of a link with older people is unclear and the author suggests it could be due to the fact that that generation started smoking en masse whereas today, a far smaller cohort takes up the habit, perhaps in part because of their psychological problems. Tobacco use is thought to be a form of self-medication.

The bottom line is that when you add up the figures it means that for 100 smokers, 35 of them will have a mental disorder – which is a huge proportion and it could explain why quitting is so hard for many people. It is known that antidepressants can aid giving up cigarettes as can cognitive behavioural therapy.

For reference: Jorm AF. Association between smoking and mental disorders: results from an Australian National Prevalence survey. *Australian and New Zealand Journal of Public Health* 1999;23:245-248.

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The bottom line is that when you add up the figures it means that for 100 smokers, 35 of them will have a mental disorder – which is a huge proportion and it could explain why quitting is so hard for many people



New Hope for Depression Sufferers

Medical and non-medical breakthroughs lead to even greater prospects for dealing with one of the world's major psychological problems.

With the market for anti-depressant drugs in the US at over \$6 billion per year, it's little wonder that the bulk of this year's (1999) American Psychiatric Association Meeting in Washington was taken up with finding drug solutions to the problem.

The meeting reflected the acceptance of relatively new drug treatments based on influencing a part of the brain associated with serotonin, neuro-transmitter associated with feelings of well-being. The best known of these fluoxetine (Prozac) although more recent substances with lesser side effects will cut into Prozac's market dominance.

Reboxetine is a new product now available throughout Europe, which acts on a different class of neuro-transmitter in the brain. A neuro-transmitter is a chemical released at the end of a nerve, which then allows a message to 'jump' across to another nerve. If the nerve endings are in parts of the brain associated with pleasure or well being, raising the availability of these substances, often by preventing their re-uptake back into the end of the nerve, can increase feelings of well-being and decrease depression.

Prozac is of a class of drugs known as SSRIs (Selective Serotonin Re-Uptake Inhibitors), which raise serotonin

levels. Reboxetine is a new classification known as SNRIs (Selective Norepinephrine Re-Uptake Inhibitors), which affects chemicals associated with adrenaline. In one Spanish study reported at the APA meeting, the new medication was shown to have similar anti-depressive effects to Prozac but was more effective at improving social functioning. This may be because a deficiency in noradrenaline in the brain has been found to be associated with diminished energy interest and motivation.

Side effects, such as dry mouth, insomnia and constipation are still common in both types of medications, but they are a significant improvement on the earlier tricyclic generations of anti-depressants. It is important to note though, that delegates at the meeting did not dispute the value of non-drug therapies for depression such as cognitive behavioural therapy and it is widely acknowledged that drugs are only part of the approach doctors should be taking.

Reference: American Psychiatric Association Annual Conference, Washington DC, May, 1999.

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Medical and non-medical breakthroughs lead to even greater prospects for dealing with one of the world's major psychological problems

News from the State Chapters

PADDLING FURIOUSLY UNDERWATER – THE SECOND ANNUAL NSW CHAPTER CONFERENCE HELD IN JUNE 2002

You all know what it's like organising a party - determine a date, find the perfect venue, decide on catering and, most importantly, ensure the best "entertainment". Invite all your friends and the people you want to be friendly with. Then await in anxious trepidation, hoping people turn up, hoping the party goes well.

And so it was in organising this conference. We found a great venue – the YWCA is right in the centre of Sydney, across the road from Hyde Park and near transport links, clean, spacious, and run by supportive well-organised staff. The catering decision was a great challenge with profound conflict amongst the organising committee regarding "to Danish or not to Danish?" Danish won and was accordingly added to the fine menu provided by the YWCA.

As for the "entertainment", it honours the ACA's reputation that we were able to attract nine such extraordinary speakers to present on their respective topics in three strands of three 1 hour 45 minute workshops.

The morning sessions were:

- Music Therapy with Ruth Bright, a pioneer in music therapy with an international reputation, who for 40 years has been practicing, writing, and speaking on music therapy.
- Suicide Prevention with Cate Sydes, a registered psychologist, educator, and National Manager of LifeForce, who has worked for 20 years raising the community's level of suicide awareness and options for intervention.
- Transactional Analysis with Elizabeth Crichton, a qualified occupational therapist who runs a full time TA practice and teaches TA in various colleges.

The early afternoon sessions were:

- Art Therapy with Annette Coulter, which unfortunately did not eventuate.
- Men's Issues with Paul Whyte, a leader in developing the men's movement for over 20 years. Paul has an international reputation for his writing and presentation on men's issues and has initiated a range of forums orientated to support men.
- Mindfulness, Neutrality and Couple Therapy with Geoff Dawson, a psychologist in private practice who has worked for many years with Relationships Australia as a clinical supervisor and trainer of marital and family therapy. He has also practiced Zen meditation for 25 years and now teaches meditation.

The late afternoon sessions were:

- Intensive Journalling with Kate Scholl, the executive Director of the Eramis Foundation. She is an accredited consultant who has taught intensive journalling for over 20 years.
- Mindfulness with Subhana Barzaghi, an experienced psychotherapist and workshop leader in private practice. Subhana also leads a range of retreats in Australia, New Zealand and India.

- Focusing with Jane Quale, a psychotherapist and body work therapist works as a therapist at the Jansen Newman Institute. She is also certified as a trainer with the Focusing Institute.

Well, on the day we didn't have to worry about people turning up with about 50 participants attending. Nor did we need worry that the day would go well. Despite the unfortunate and last minute withdrawal of speaker Annette Coulter, the feedback indicated a resounding success - so much so that we have invited several of the speakers to present longer workshops over the next twelve months.

So congratulations to all participants. It was you who made the day a success with your positive, relaxed and cheerfully informal demeanor. Thank you for attending. Thank you also to the other organising committee members, Jill Elvy-Powell, Donna Smith and Bridget Hallam. They gave their time and their energy generously and with great skill and motivation. Truly impressive characters!

Finally, in the afterglow of our conference event, I wonder when, where and what will we do for next years conference, and I've a sense of that familiar anxiety rising (albeit smaller). Will people come along? Will the day go well?

it honours the ACA's reputation that we were able to attract nine such extraordinary speakers to present on their respective topics in three strands of three 1 hour 45 minute workshops



Top: Martin, Jill Elvy-Powell, Donna Smith and Bridget (event co-ordinators).

Above: Participants in Kate Scholl's Intensive Journalling Workshop.

News from the State Chapters (continued)

Profile

The following is a profile of the ACA Chapter Chairperson for the South Australian Chapter steering committee.



PETER PAPPS Peter is a Professional Counsellor and a Kinesiologist in private practice.

Following a career of over 30 years in the Banking and Finance Industry he reached Senior Management and along the way gained both academic and practical learning in people management and leadership skills, staff training and advanced sales and service skills. This background supported the transition into formalising his counselling qualifications and establishing a successful multi-disciplined practice drawing in other natural therapy practitioners.

From a personal perspective Peter is married with two adult children and a large extended family, all of whom have contributed to a strong foundation from which to counsel and educate. His career has taken him to all sections of the community in the city, metropolitan and country areas and has provided an understanding of various stressors in each environment.

Peter's philosophy is about supporting people to grow and reach their full potential by integrating his knowledge and skills as a facilitator of quality programs together with his client's intention to make positive change.

Member of the Australian Counselling Association

Member of Australian Kinesiology Association Inc.

Member of Australian Traditional Medicine Society Ltd.

For more information on what's happening and what's on at the SA Chapter Peter can be contacted on 8363 5822 or email persontoperson@picknowl.com.au

National Chapter Chairperson meeting

There has been two meetings over the past few weeks with the Chapter Chairpersons of the Sydney, Huntervalley, Brisbane, Sunshine Coast, South Australia and Victoria. It has been agreed that the Chapters are ready for incorporation and therefore each Chapter chairperson is now working on incorporating the Chapters. It has been decided that only one chapter per state is to be incorporated with sub chapters such as Sydney and Huntervalley to be run by sub committees under the NSW State chapter. Once Chapters have been incorporated there will be state elections held for the management committee positions within 12 months of incorporation. Incorporation will mean Chapters will be able to apply for grants and funding from the appropriate state funding bodies. This is an exciting time for Chapters and is the culmination of several years of hard work by a few people. We all owe a dept of gratitude to all past and present chairpersons and there committee members who have donated so much of their time and energy for little return.

Several other issues were discussed at the meetings and will be laid out in more detail in the December issue of the journal. The reason for this is although several commitments were made, such as having a point system for OPD instead of hours, we still need to work the fine detail of how they are going to be implanted.

For further information on "What's happening and what's on" at your local chapter you can contact your local representatives who are:

Victoria: Miguel Barreiro; 8801 4966
commcounselling@aol.com

Sydney: Martin Hunter Jones; 9973 4997, 0438 336 535 email martinhj@tpg.com.au

Huntervalley: Ted Heaton; 4962 5650 email white@bmr.net.au

Sunshine Coast: Geoff Cox; 5473 9169, email geoffcox@optusnet.com.au

Brisbane: Malcolm Lindridge 3807 3644 0427 482 041 carearm@carearm.org

West Australia: Temp contact Carolyn Hage 9448 3213 carolyn2002@bigpond.com

Peter's philosophy is about supporting people to grow and reach their full potential by integrating his knowledge and skills as a facilitator of quality programs together with his client's intention to make positive change

Tasmanian Chapter

ACA have now nominated a Chairperson to the Tasmanian Chapter steering committee, David Hayden. We welcome David on board and encourage our Tasmanian members to contact David and help him to establish the Chapter to a point where it can be incorporated and an official management board be elected by the members. David is 58 years old and is married with four children and is a member of Lifeline in Hobart. David represented the ACA on the reference committee in relation to the Community Services packages for vocational training. David is a clinical member of ACA and is also a member of the Tasmanian Professional Counselling Association. He has experience counselling in the following fields; youth, drug abuse, relationship and grief. David has practiced as counsellor in New South Wales and South Australia as well as Tasmania. David can be contacted on 03 62478162, mobile 0417581699 and email.

ACA Queensland State Conference

Conference: The Brisbane Sub-Chapter will be hosting a Queensland State Conference on 14th September 2002, at the Virginia Palms International in Boondal. The first guest speaker will be Dr John McPhee, who will be discussing Ethical Standards for Patient Care, including such things as the Privacy Act and litigation. Jenny Chaves, from the Health Rights' Commission Queensland, will follow Dr McPhee and Jenny will be discussing the Commissions' function, its impact on counsellors, and understanding health rights and responsibilities of the counsellor and client.

For more information about the conference, ring ACA on 3857 8288.

Virtually Yours: Communities in Cyberspace

by Angela Lewis

*"The electronic age has sealed the entire human family into a single global tribe".
(McLuhan 1962:p8)*

Marshall McLuhan's 1962 vision of the global village – a metaphorical place where we could meet, mingle and trade with people on the other side of the globe as quickly as it takes to contact and converse with those who inhabit the same physical space (i.e. the same 'village'); had its gestation in the birth of the Internet. In theory, by utilising the World Wide Web we can create and participate in communities of like minded people all over the world – people we don't need to meet in the flesh and probably will never talk to or see. But is the Internet really fulfilling a social requirement that continues to escape Western man in reality – that twin-headed hydra of community and identity?

It is pretty easy after all to find a space to belong in cyberspace – just switch on that modem, and start surfing; create a cyber profile – e.g. woman, mid thirties, interested in deep sea diving, eating chocolate and travelling abroad, divorced with two children – and then mentally connect with others that share your interests by joining one of a myriad of chat rooms, bulletin boards, user groups, newsgroups, special interest groups that abound on the world wide web. Before you know it, you have the elephant stamp on your hand (or at least the cyber equivalent - a user id or nickname), that shows you are 'in' - you belong to a group or community of like minded individuals, who may be situated in Canada, Czech Republic or Seattle - minor details like distance are no problem in this medium.

A survey published by an American group in 2001 (Pew Internet & American Life Project) found that eighty-four percent of American Internet users have contacted an online group and that sixty percent of those who visit online groups email the group regularly, and 43 percent do so several times a week. Which seems to me to be a fairly big commitment – I mean how many of us email, ring, visit or contact our family members or friends that often?

What might be the drawback to committing to an online community? Well, in a cyber-community not only is it undeniably one-dimensional, but it is safe, fast, and once it becomes a burden – for example we don't like some of the chat-room members, or we don't like what they are taking about – it is easy to leave. A cyberspace community is also self-selecting, which makes it easy to shrug off and go elsewhere. I am not saying there is anything wrong with that, however what gives me pause in this, is that many people retreat from a real life community and join the shadowy cyber-community and fool themselves into thinking they are participating in real life, when this is just a simulacrum (to borrow from Baudrillard) or model of real life.

Real communities on the other hand are forged through participation on many levels, and are generally local. They are shaped through friends, acquaintances, experiences, meetings, participation in sports and clubs, or schooling. Whether we like our community or not, we tend to deal with it and grow and shape ourselves around and with the community.

A real-life community is also meant to be a perpetual 'thing', the members of that community are not just going to go away – you can't just click 'block sender' when you don't want to deal with that person anymore. Instead you have to at least try to work through the problems or dilemmas present in your real-life community.

What might your responsibilities be when you join an electronic community – do you indeed even have any responsibilities to the group members? Can you - should you - reinvent your identity when the mood takes, can you simply resign from a cyber neighbourhood and join another – should we be so cavalier in the (re) creation of ourselves? Do we even realise that sometimes we may be performing a type of self-enacted form of social engineering - where social engineering is basically the art and science of getting people to comply to your wishes – but in this definition we are actively participating in and orchestrating the process – on our selves.

Anthony Spina (2001) talks about the decline of live communities and speaks of their online replacements as "lifestyle enclaves" rather than communities. He describes a flesh and blood community as a group of people who are different yet interdependent and are bound together by a common set of responsibilities and a lifestyle enclave (the cyber-community) as a group of people who choose to be together because they share some common dimension of importance, such as professional status or preferred leisure activity.

An online community can also (because of its self-selecting nature), go down a type of neo-Nazi path without even realising it – when like attracts like in large groups, for example clusters of African American Black youth, clusters of Jewish separatists, clusters of anorexic girls, then those communities have no balance for the thoughts and ways of other people, and by their very nature become skewed and one-sided. As a by-product, virtual communities can also homogenise their participants to a degree, as you are in essence protected from dealing with issues of race or gender, because they are often not apparent, when interacting with the members of a homogenised group, who are often just focussing on the one common aspect of the interaction – e.g. a love of wooden clogs or a hate of pesticides. This aspect of a 'cyberhood' could obviously have its appeal to some people – it could be a welcome respite to be relieved of the burden of being a particular gender or race and liked/disliked merely for their intellectual appeal or taste in food or politics. However in my opinion this only serves to reinforce cultural stereotypes of people, because the virtual community does not have to confront or deal with cultural pluralism and issues around it and so remains doggedly one dimensional.

This is not to say everything surrounding virtual communities is completely negative, however problems might occur when perhaps these communities become their *only* communities and not complementary to real life. Nie and Erbing (2000) report that increased Internet usage has resulted in decreased community activities and Valvovic (2000) also supports this with research that shows the

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average American devotes 8 – 11 hours per day to TV/screen time; drawing the conclusion in both instances that 'cyberhoods' and virtual communities spell the death of real communities.

Despite this research, I think virtual communities can be a good adjunct or complementary aspect to real communities, allowing people to interact with others that they simply could not contact in real life. As well there are benefits for those who cannot participate in a flesh and blood community as they would like; the elderly and the infirm, those too shy or intimidated to speak to others in the supermarket queue or chat to someone at the local pool. These people are given a chance to have some type of life and identity where someone will greet them warmly, and not care that they use a walking stick, are sitting in a one-room flat eating canned spaghetti for dinner, are grossly overweight, or are paralysed by agoraphobia.

By saying this I am certainly not saying that virtual communities are only for those unable to join into normal communities, rather that this is perhaps where their strength lies, in offering an alternate community to those that would otherwise be excluded or arbitrarily exclude themselves from neighbourhood communities.

While Phillip Armstrong, National Manager of the Australian Counselling Association, cautions that.. *"Although there are many positives in cyber communities it is always a present danger that people will become so engrossed with the safeness of this that they will lose sight of reality and any learned coping skills and become withdrawn and depressive"*.

Being acknowledged as a person, having an identity and having somewhere to go – whether physically or mentally are important needs for human beings. Look how much we all loved the concept of the American television show "Cheers" – a bar where 'everybody knows your name'. While Western society on the whole welcomes and is comfortable with technological progress, our love of technology might sometimes blind us to the availability of actual people right outside our own doorsteps – in a world of growing isolation and alienation, I believe people still need real neighbourhoods and real communities – as well as the new, virtual ones. Desmond Morris (1995) in a book entitled *"The Human Animal"*, suggests that we can only know a limited number of people well – he estimates 150 – so if we are given the opportunity to have 'the whole world' as our personal tribe of friends, it begs the question of how we can possibly feel a real and intimate sense of community with the hundreds and thousands of those we surf amongst in the myriad of Internet communities.

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Note: The views expressed in the article are those of the author and do not represent the view or opinions of the ACA. Ed

ACA

"Although there are many positives in cyber communities it is always a present danger that people will become so engrossed with the safeness of this that they will lose sight of reality and any learned coping skills and become withdrawn and depressive"



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The creation of meaning in the moment

Opening up the sources of our meanings offers the potential for a different understanding of ourselves, resulting in an alternative view and an altered self-experience. Simon Cole considers the process of counselling as the means of creation of meaning, in which what is created gives form to what created it.

There are many perspectives we can use to conceptualise what is happening in the counselling meeting. With the focus on client outcomes, we might talk about enabling, actualisation, unblocking. With the focus on our approach, we might talk about undoing conditions of worth, integration, fully-functioning, psychodynamics. With the focus on philosophy, we might talk about individual responsibility, right to choice. With the focus on process, we will talk about feelings, changing sense of self, meeting and relation. It is this last area which is my subject here, but not so much in the reflective or reflexive way in which we normally come to it. Rather I want to consider the process as the means of creation, in which what is created gives form to what created it; the possibility that we are always on the threshold of becoming and that we need that impulse in order to give meaning to where we have come from.

Meanings

In the counselling meeting we are constantly concerned with the meaning. We ask our client, 'What does this mean for you?', 'How does that work for you?', because affect comes from the meanings we attach to events. Opening up the sources of our meaning offers the potential for a different understanding of ourselves, resulting in an alternative view and an altered self-experience. In expressing what it means, our client might answer in terms of the practical consequence: 'It means I have to go and do it again'; or s/he might answer at a feeling level: 'I get annoyed'. In each of these we can hear a response not just to the action being recalled, but also to the reaction which gave rise to it. Even 'I get annoyed' comes to have extended meaning when we bring into the frame the reaction of one or more others, imaginary or real, who have been heard as responding critically to our client's action.

Consider the following dialogue:

Client (1) This seems to be what I do – I start out with good intentions, with a plan, but then I have doubts, and dither... and eventually I've dithered so long, I just have to blurt out and do it... but by then I've lost interest and I don't care and I make a mess.

Counsellor (2) And when you look back at it afterwards....

Client (3) Then I get annoyed.

Counsellor (4) You seem annoyed now.

Client (5) I am. Just thinking about it. And I look silly. Because I'm perfectly capable and all I've got to do is just get down and do it.

Counsellor (6) But at the moment you seem to be working differently. At the moment you're getting down and doing what is important.

Client (7) (pause) Maybe. (pause) But you're trying to encourage me. You don't want me to have a down on myself. (pause) And sometimes I don't.

Counsellor (8) When you feel some encouragement, you allow yourself to reflect.

We can see here how each response changes the meaning of the preceding statement. The client begins (1) by reflecting on his experience with a sense of hopeless resignation: his process is internal and retrospective. The counsellor's response (2) turns the client's reflecting into observing and turns the client towards his immediate experiencing. The client (3) is not wholly experiencing his annoyance and his attention is held somewhere between the past and an ongoing pattern; he says "Then I get annoyed". The counsellor's response (4) shifts his meaning towards: this is what I do and I am doing it now. The counsellor's 'annoyed' feels fairly one-dimensional, but the client (5) adds another dimension and fills out the meaning of 'annoyed' by connecting it with frustration. But his focus still has himself as the object, even though his speaking from 'I'. The counsellor's response (6) has the effect of making the focus subjective. It is a simple observation as it is said, drawing on the client's immediate process, but the client (7) makes it into empty reassurance. Finally the counsellor (8) changes the client's statement into an observation about a sense of himself which is less fixed.

Taken as a whole we can observe a process of meaning creation which is truly interactive and reflects, both in each individual exchange and in its overall form, a cumulating sense of outcome: a process of becoming, where arrival and departure are indistinguishable. At each step in the dialogue the previously accrued meaning loses significance as a new meaning emerges. Such a view of the nuances of the dialogue follows a social-constructionist approach to human process. Gergen (1994)¹ describes the essential premise thus: "meaning stands as a temporary achievement subject to continuous accretion and alteration through supplementary significations. All that is fixed and settled in one instance may be cast into ambiguity or undone in the next." About the fundamentals of language he sounds even more radical (p263): 'words (or texts) within themselves bear no meaning... (they) only appear to generate meaning by virtue of their place within the realm of human interaction'. To go that far invites the question, in what sense can we know ourselves if not in the words which we use to tell ourselves about ourselves? And do not words and their meaning inherit something of the consciousness of continuity which we have about ourself? Perhaps not. Even in the short dialogue above, we can see the plasticity of the sense which is conveyed by words. 'Annoyed' starts for the client as an objectified and undesirable state and becomes a felt sense (unspoken) which he understands. We can also sense how the client's objectified 'annoyance' – in the moment when it was immediate, when the typical event which gives rise to it was actually happening – was a response to some social expectation (perhaps imagined, perhaps projected) in which it was unacceptable to be indecisive.

At each step in the dialogue the previously accrued meaning loses significance as a new meaning emerges. Such a view of the nuances of the dialogue follows a social-constructionist approach to human process

The self as relational

Our self, as we feel it, then, has a significant relational aspect. More than this, the words we use to describe our self are relational. If we follow this notion to the extreme, the self, or at least the only way we have of apprehending it, is no more (or less) than the endpoint of a lifelong process of relating. It is, in effect, where we are. Our sense of this point is bound up in our journey leading here, but our knowing of this point alters our perception of all other points along that journey. Our knowing of our self is a very transitory thing.

At first sight this seems the opposite of the humanistic concepts of organismic self and self-concept as entities, or at least as collections of intra-psychic patterns, which can be actualised or 'acted upon', to alter behaviour. Certainly it is a challenge to these concepts. But how much might we be victims of the Western demand for 'scientific proof'? Shotter (1997)² suggests: 'We have always been concerned with patterns and order, with thinking we can only understand things by finding the hidden laws or principles determining their nature. We are quite unused to the idea that the nature of the events which are of genuine importance to use in our investigations are unique, novel events, not repetitions.' In terms of how we understand the process of counselling and therapy, this means allowing creation (of new meanings) to be the objective of the process, and acknowledging mutuality as the means of creation. Our commitment is to the act of creation, and the subjective processes of client and counsellor are contained in the creating, in the 'between'.

For our client, or for us in the way we view our client, it means detaching from any notion of the necessary significance of prior experiences in conditioning responses to present and ongoing situations. It might mean viewing self-concept in a more narrative sense, rather than as product of conditioning and (partial) integration. It gives a less 'bounded' image of the self.

But we resist letting go of these tenets; though we often fail to see them as constructs. Buber (1965)³ gives some grounds for our resistance and also points towards a resolution of our difficulty. From the position of sociologist and philosopher, he finds empirically another quality, which is manifested in the relational, but not completely contained by it. He says that 'an ambiguity in the concept "relation" becomes evident. We speak, for instance, of a comradely relation between two men in their work, and do not merely mean what happens between them as comrades, but also a lasting disposition which is actualised in those happenings and which even includes purely psychological events'. Buber offers 'disposition' in the sense of a latent potential, which may be activated by external or internal events, and so be actualised. 'Lasting disposition' and 'latent potential' have the feel of something which is identifiable, concrete rather than conceptual. Here then is some 'thing' which can be actualised through the channel of dialogue; and dialogue is the process which creates meaning. Behind the social process of dialogue, Buber acknowledges the 'hidden accompaniment' of psychological process 'as each listens and each prepares to speak'. Intention is recognised in individual process, but meaning is found

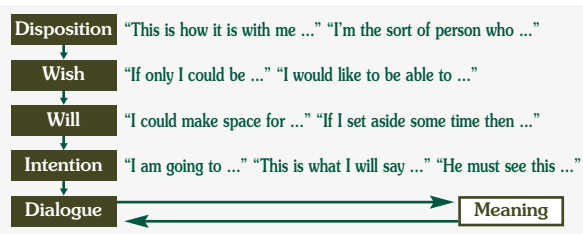
only in a relational process, in the 'the between' which is created by a social interaction.

We can see this as links in the chain of individual process, from first inkling of the possibility of a change in the status quo, to the action or transaction which represents that change. In showing this in the diagram below I have added two links, 'wish' and 'will'. They do not feature in humanistic explanations, for those have been more concerned with conditioning and blocking. But in terms of understanding the process behind this moment for this client, they seem to be important.

To May (1969)⁴, 'wish', which 'gives the warmth, the imagination, the child's play, the freshness and the richness', is differentiated from 'will', which 'gives the self-direction, the maturity to wish'. Combined with 'disposition', 'wish' defines the field of possible (though sometimes fanciful) scenarios from which the 'will' forms. Farber (1966)⁵ differentiates a first and second realm for 'will': 'I can will knowledge, but not wisdom; going to bed, but not sleeping; eating, but not hunger; meekness, but not humility.' He seems to be pointing to two levels of human process: the level of disposition and wishing, which seems to call on a spiritual awareness and feels like something we know deep down about ourselves; and the activity level of gaining knowledge, going to bed, being meek, which is produced by the more concrete willing and intending.

The origin of the dialogue and the actualisation process in disposition and wish, might seem like an inner core which is relatively unchanging and contains an understanding of the essence of the individual. But whether we seek to equate 'disposition' in some sense with 'core self', seems less important than the possibility of gaining an explanation at the episodic level of what Rogers (1951)⁶ describes as the 'continuing organismic valuing process'. On the micro level of the episode in the counselling meeting, every contribution to the dialogue is predicated by the links in this chain of actualisation. In these terms, it is disposition, in the context of the individual's experiencing of events, which is actualised through the dialogue. Each dialogic 'event' in turn is the outcome of individual will. The meaning derived from each new event modifies the context, and the actualising process continues, the pattern of will formation changing in response to a shifting pattern of meanings in the dialogue.

For our client, or for us in the way we view our client, it means detaching from any notion of the necessary significance of prior experiences in conditioning responses to present and ongoing situations



Reframing

In the example dialogue we can sense the client's disposition in doubting himself, and his wish to just do things (I'm perfectly capable'). The will and the intention are created by the interaction: the observation and acceptance of annoyance starts to

The creation of meaning in the moment (continued)

If a 'freeing up' of the creative process is an accompaniment to the more fluid functioning which allows the client a return to effective relating, then this has been achieved by the re-construction of past meanings or memories

add concreteness to the wish and give it the direction which leads to will, finally hinting at intention with "And sometimes I don't". The counsellor's last response defines the interaction as a model for the actualisation process. The episode has started with a rehearsing of an old pattern, but the dialogue itself has facilitated the actualising tendency. Where the client (end of 7) hints at an exception (as he sees it), the counsellor senses the possibility of change, of the client's letting go of the old pattern, and he focuses on this. The context for the client is altered by this re-framing of his last observation: it has moved from rehearsing to exploring. The significance of that moment between client and counsellor will be felt in the minute response of the client before he speaks, which will grow into his voiced response and be creating meaning, even as he gives it form.

Regardless of theoretical frame, a focus on the creating of new meanings in the counselling meeting offers a way of understanding the therapeutic process, and hence the occurrence, though perhaps not the source, of disturbance and neurosis. If a 'freeing up' of the creative process is an accompaniment to the more fluid functioning which allows the client a return to effective relating, then this has been achieved by the re-construction of past meanings or memories. It is likely that it is a failure to re-construct memories, and so allow new meanings to be created, which is a major contributor to our clients' distress.

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Book Reviews

Private Practice Psychology

By Richard Kasperczyk & Ronald Francis

What makes this book so attractive is that if you removed the word psychology from the title just about anyone in the allied health industry could apply the principles and advice successfully. This book although written for psychologists is worth its weight in gold for counsellors, psychotherapists and other allied health professionals who work in private practice. The book is a very well written guide for anyone who wishes to start his or her own small business. The language is easy to understand and is not bogged down in legalise. The layout is logical and several options are discussed when looking at issues such as business structure. Issues relevant to the APS are discussed as you would expect but not in enough detail to prevent non-APS members from gaining a lot of benefit from the book.

I wish a book such as this was available when I started out in private practice as a counsellor, it would have certainly saved me some money and heart ache. The large numbers of failed private practices that I am aware of have primarily failed due to a lack of planning and business savvy. This book, if followed correctly, will enable individuals to ascertain whether their business will be given every chance to succeed. I would suggest to any student nearing completion of their studies and contemplating on setting up a private practice that they need look no further for a book that will help them to ensure they cover all the basics on setting up a private practice. One of the large benefits of the book is that it is actually written by Australian practitioners and all the information in the book is relevant for practice in Australia. The book also includes a list of resources and useful sample documents.

Published by Pearson Education, Australia ISBN 1740097262, cost \$45. Ring ACA on 1300 784 333 to order your copy.

Reviewed by Philip Armstrong

B. Coun, Dip Psych MACA MCCA – Designer and national presenter of the workshop “How to Build a Successful Practice”.

“Counselling the Adolescent”

Carlson, J & Lewis, J. (eds) 4th edition.

Any book that goes into its fourth edition obviously either had a lot of mistakes to correct or is in such demand and so well written as to impress the publishers with the need for further outlay. Happily in the case of Carlson & Lewis’s “*Counselling the Adolescent*” it is the latter.

The book’s comprehensive three level approach deals with the various issues of adolescent counselling from the perspectives of the individual, the family, and the school, all within the noted social and cultural context. In fact the stated objective of the book is to “...give voice to those perspectives, to address the special needs of adolescents at risk, and to provide suggestions for action” – an objective that I feel they are



largely successful in achieving.

As a school counsellor myself it is good to see recognition given to the fact the school has an enormous part to play in the life of any adolescent. Unfortunately, being American in origin, most of the situations and statistics are relevant to a culture that, though similar, is far from identical to our own. That aside however, the basic issues and the offered solutions are not totally without relevance in our Australian setting.

The perceived practicality and serviceability of the majority of the solutions within a non-American context is backed up by the reference to a variety of authors and researchers operating within a number of cultural contexts. Although I cannot claim to be an expert in all the areas covered by this work those that lie within the boundaries of my expertise certainly reflect current best practice in this country.

All in all this is a good reference source and even though you might not find yourself going to it on a daily basis it is certainly one that is handy to have around when the situation arises as it does all too frequently in this modern world.

Available through MacLennan & Petty
ph 02 9349 5811

Review by Adrian Hellwig. Adrian is the Vice-president of the Clinical Counsellors Association and works as a pastoral care worker at Villanova College in Brisbane.

Hell....p! I'm a Stepmother

by Sonja Ridden

Sonja Ridden’s own honest and realistic experience of stepmotherhood sets the tone for this excellent book. With the acknowledgement that around one third of today’s families are step-families she gives insight into the highs and lows of taking on such a relationship.

Each chapter deals with one of the many possibilities that may occur in the step parenting role (there are chapter for Dad’s too) with headings such as “expectations”, “happiness is a choice”, “I’m a failure”, “grief”, “anger”, “special needs or problem child step-parenting”, “the ‘other’ mother/father”, “stress & depression” and “forgiveness”.

This book does not just outline real or potential problems, but offers solution choices in order that we parents (adults) take responsibility for our own behaviour within the step-family. Sonja also shares examples of other’s experiences learned from her role as a Counsellor – the end result giving reassurance that we are not alone in our own family situations.

Constant reminders of forgiveness in sometimes difficult situations are scattered throughout the book. By no means a ‘bad news’ story, the book has been written with good doses of humour. As a resource for our clients, “*Hell....p I'm a Stepmother*” provides an easy to read text with summarised hints at the end of each chapter – none of which are too long for the often exhausted, unappreciated, short of time step-parent to find time to read!

I particularly like the sections for parents taking care of their own ‘couple’ relationship as each partner struggles to deal with his/her/their children. Sections on



intimacy, communication, time out, conflict and support give real hope for each to work towards a loving and rewarding family experience and their own personal growth.

A quote which touched me deeply has been included by Sonja at the beginning and again at the end of her book

“When we long for a life without difficulties, remember that oaks grow strong in contrary winds and diamonds are made under pressure.” Peter Marshall

What a comforting thought!

Finally, Sonja gives information on services and other useful reading to support people in this situation. I highly recommend this book to step-parents and Counsellors working with step-parent clients. By far the most practical and useful information on the subject that I have read.

Jill Elvy-Powell
Counsellor in Private Practice



Stalking: Perspective on Victims and Perpetrators

By Keith E. Davis, Irene Hanson Frieze, & Roland D. Maiuro

This book was written to assist counselling professionals and other related practitioners with clients who are dealing with the complexity of stalking. As defined by the authors, stalking is *wilful, malicious, and consists of repeated following and harassing of another person, with fear of violence on the part of the victim*. Using the behaviours associated with stalking, the authors point out that up to 62% of young adults have been victims of stalking-like behaviours after the break-up of intimate relationships.

Another issue raised by the authors in the definition of stalking is in the context of exploring many low-level behaviours engaged in before a relationship ever starts with one person being attracted and the other one rejecting this person. At what point does following the person, or trying to intimidate him or her into accepting one’s advances become “stalking”? These questions and other individualistic scenarios comprise the wide range of stalking-related behaviours that are pointed out in the book and a part of everyday life experiences for many people.

A third issue of concern as delineated by the authors is “who is the stalker?” The degree of attachment and type of love felt by the potentially stalked are both predictors during the break up of a relationship along with the implicated need for control. Other chapters in the book explore the role of alcohol and drugs in stalking behaviour.

A fourth issue brought out in the findings of the authors is concerned with findings that both sexes can be perpetrators of stalking in different stages of the relationship including marital violence. In subsequent studies, the authors have concluded that the most violent forms of stalking occur during the break up of relationships and are most often done by men who have already been physically violent towards their female partner in other ways.

Of great interest to professional counsellors is the prevalent theme of the reactions of victims of stalking

and an analysis of how to best aid them. Not only are the systematic effects of specific types of intrusive behaviours on judgements outlined but these clinical issues are addressed directly. How women report stalking and their responses to being stalked are explored in the chapters.

Stalking: Perspectives on Victims & Perpetrators certainly presents within its covers the most complete and definitive review on the subject examining stalking within a multi-disciplinary context. It is my belief that this book should be a worthwhile addition to the libraries of counselling practitioners, researchers, clinical practitioners, victim advocates, law enforcement workers, forensic specialists, and policy makers in the field of interpersonal violence and victimisation.

Published by Springer Publishing Company, “Stalking: Perspectives on Victims and Perpetrators” is distributed by MacLennan & Petty and is available by ringing 02 9349 5811. Price is \$142.50. ISBN: 0-8261-1535-7

Book review by Lillian Jeter,
Director of Go For It! Global Networks and a retired law enforcement executive from the United States specialising in elder abuse and domestic violence.

Risky Practices, A Counsellor’s guide to risk management in private practice, Expanded Ed.

By Nigel McBride & Michael Tunnecliffe

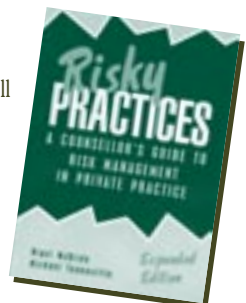
Risky Practices is a well written and easy to read guide that all Counsellors would be well advised to have a copy on their book shelf. The authors have done well to clearly and concisely outline many legal risks faced by all Counsellors in today’s growing litigious society. Further, a considerable part of the book is devoted to a questions and answers section that covers a wide range of scenarios that could be faced by practicing Counsellors. The book aims to prepare the reader for mitigating and managing their risks in a professional manner and the question and answer section handles this difficult subject with plenty of clear examples.

Whilst a large area of the law is attempted to be covered in a short space, the book clearly warns the reader that further legal advice should be sought. It effectively warns the Counsellor when they should be on notice to potential risk and offers appropriate ways to handle awkward and difficult situations. The books strengths are that the material is digestible and does not overwhelm the reader offering useful suggestions along the way. The book also excellently provides examples of a client engagement agreement and an employee confidentiality agreement – a must for any Counsellor’s Practice. A glossary of legal terms is also included for reference.

I thoroughly recommend the book as a great introduction to the law in which the Counsellor might be faced and if the advice offered in the book is adopted, the Counsellor should be well equipped to handle him/herself in a proper and professional manner.

Price \$33. Available from Bayside Books, phone (08) 9430 4377

Anthony Buczynski
BE (Hons), LLB, MICE, MIEAust,
CPEng



Register of ACA Approved Supervisors

Name	Contact number	Qualifications	Cost hr	Medium
Philip Armstrong	Qld 07 3356 7262	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	Group, Phone Face-to-face
Anne Warren	Vic 03 9431 4922	R.N. Dip Prof Couns.	\$80.00	Phone & Face-to-face
Kerry Cavanagh	SA 08 8221 6066	BA (Hons) A.App. Psych	\$100.00	Phone Face-to-face & Small Group
Beverley Howarth	Qld 07 3876 2100	Dip of Prof Healing Science CIL Practitioner	\$120.00	Phone Face-to-face or Group
Brian Johnson	Qld 07 3806 9338	Psychotherapist	\$90.00	Face-to-face
Mary Hogan RSM	Vic 03 9510 7888	Psychotherapy SOA Supervision	\$80.00	Face-to-face
Dr Simone Jameson	Vic 03 9759 7423	PhD	\$90.00	Face-to-face & Phone
Gerard Koe	Vic 0403 214 465	BA Psychology MA Pastoral Counselling	\$70	Face-to-face & Phone
Kevin Franklin	WA 08 9328 6684	PhD Clinical Psychology	\$100.00	Face-to-face & Group

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REGISTER AS A SUPERVISOR

ACA invites professional supervisors to register their names with us. All registered supervisors will be placed on the above list for a 12month period. They will also be placed on a list that goes out to all new members as part of the Application/Information Kit. ACA receives on average several calls a month from counsellors wishing to engage supervisors. Supervisors who are registered with ACA will be recommended to all enquirers. The cost of registration is \$100.00 per annum for ACA members and \$180.00 per annum for non-members.

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 to receive an application for registration.

ACA

Registration Request Form

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Our target market consists primarily of three groups: Members of the Association; Training Providers (private & government) and Health Professionals including psychologists and other mental health professionals.

Association members consist of Counsellors in private practice, aged care, agencies (private & government), doctors, allied health professionals, correctional service officers, teachers, nurses, police officers, lecturers etc. These members also request professional material in relation to ongoing professional development and information relevant to their specialities eg, relationship, grief, trauma, financial, career, gerontology, etc.

Training providers: The association receives up to ten calls a week from people who want information in relation to counselling courses and what they have to do to become counsellors. The association has industry members who provide accredited courses as well as contact with traditional learning establishments such as universities.

Health Professionals: The association has regular contact with doctors, psychologists, herbalists, masseurs and other Health professionals who advertise products and courses through our journal as well as lecturing at workshops.

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