

Volume 3 Number 4 Summer 2003

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



**A Matter of Mind
and Body
Counselling
Children Part 2**

**PTSD – An
emerging issue
in a changing
world**

**Continuing
Education and
Critical Thinking
- A Counsellor's
Guide - Part I**

**The Concept of
Cyber-Infidelity
Research into
counsellor
stress and
burnout**

**Families, Life
and
Conundrums:
The Modern
Face of
Counselling**

Provider Registration Application



Grand United Health Fund – Recognising the Importance of Mental Health

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"Everywhere you turn these days we're hearing more and more about how the demands of modern life are placing increasing stress on individuals and families," says Grand United Marketing Manager Angela Terkes, "people are finding it hard to get to a state of balance or to even feel as though they can cope with day-to-day life".

There has been an alarming growth in the number of people in Australia who are regularly prescribed anti-depressants and a growing body of evidence that suggests that the state of a person's mental health can impact their physical health. The National Health Foundation has identified depression as a risk factor for coronary heart disease of similar magnitude to smoking, blood pressure, raised blood cholesterol and physical inactivity. The World Health Organisation has predicted that by 2020 depression will be the world's second biggest health problem behind heart disease.

Grand United has been a market leader in taking an alternative approach to health insurance. Its philosophy is one of holistic health, combining conventional hospital and 'extras' covers with a wide range of natural and preventative healthcare benefits. "Our belief is that health insurance should be a tool people can use to help manage their own health and wellbeing, in whatever manner they believe is best for them, not simply a financial backstop to pick up the bills after they become ill," explains Terkes "which is why we believe it's so important to include benefits such as these in our range of covers."

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*This workshop was designed by Philip Armstrong
B. Couns, Dip Psych FACA, AIMM*

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CONTENTS

Regular Articles

- 104** Editorial – Philip Armstrong
Editor, Counselling Australia
- 105** Letters to the Editor
- 125** Register of ACA Approved Supervisors
- 127** Internet and Computer Resources – compiled by Angela Lewis
- 129** ACA members in NSW
- 134** Chapter News
- 136** Book Reviews

Features

- 107** A Matter of Mind and Body – by Heather Ellis
- 110** Counselling Children Part 2: Intervention – by David War
- 113** PTSD – An emerging issue in a changing world
– by Carol Wilson
- 116** Continuing Education and Critical Thinking – A Counsellor's Guide
– Part 1 – by Dr. Travis Gee
- 120** The Concept of Cyber Infidelity – by Angela Lewis
- 128** Business Cards – a cut above the rest
- 128** Research into counsellor stress and burnout
- 129** ACA Member Business Cards
- 130** Two New Bodies Affiliate with ACA – by Lyndall Briggs
- 131** Families, Life and Conundrums: The Modern Face of Counselling

Editorial By Phillip Armstrong



The end of the year is here already. I realise it is a well-worn cliché, but “where has the time gone”? When I look back at our achievements this year, I realise why I have not noticed the passing of time. There have been the usual activities of meeting members’ needs, including answering

thousands of emails (up to a hundred a day at times), producing the journal and email of the month, responding to membership enquiries, processing over 386 new members this year, recognising new courses, working with insurance brokers, keeping the web site up to date, marketing and advertising on behalf of members, introducing revamped membership levels and three new categories per level, undertaking mail outs, organising meetings, and promoting counselling to other allied health professionals, to mention just a few things.

One of many achievements that stands out from our everyday duties has been the incorporation of four of our Chapters. This required a lot of work, as each state has different laws and therefore we were not able to use one constitution. Each had to be written to meet the laws of the state. The Chapters all chose to become Member Associations of ACA and maintain their ties with us. Each of them has now had their AGM and is becoming involved in state issues. The New South Wales Counselling Association Inc hosted the National Conference. The Victorian Federation of Counsellors Inc, with ACA, is involved, as part of a reference group including PACFA and the Department of Human Services, in investigating models of self-regulation for counselling, psychotherapy and other health professionals in Victoria. The Federation of Psychotherapists and Counsellors of Queensland Inc is currently involved, with the Mental Health Association (Qld), in several joint projects as well as preparing to host the 2004 ACA National Conference.

Private provider numbers for practising full members are another achievement of which we are proud. Grand United has agreed to issue provider numbers to all eligible members of ACA, so that they can offer rebates to Grand United members for counselling services. Registration forms can be found in this journal or ring ACA on 1300 784 333 or Grand United on 1800 800 245. More information about this can be found on the inside front cover of this journal. ACA will continue to lobby on behalf of our members to all the major private health funds.

Earlier in the year we were invited to join the Mental Health Association Queensland and Relationships Australia (Qld) in their stall at the Australian Medical Association (Qld) three-day expo at the Exhibition Building in Brisbane. Over 17,000 people passed through the doors during the three days and we handed

out over 1000 information kits. We hope that this type of joint project can be duplicated in all states in 2004.

Mid way through the year we were approached by the Australian Society of Clinical Hypnotherapists and the Professional Clinical Hypnotherapists of Australia, who wished to affiliate with ACA. After extensive negotiations and agreements, we were able to welcome both associations into the ACA family as affiliate members. Many of the individual members of these associations have now also sought full membership with ACA. Combined, these associations have raised our membership numbers by 500.

The events of the year culminated in the National Conference in November, held at the Stamford Plaza Hotel, Double Bay in Sydney. The three-day Counsellors and Psychotherapists conference was the first of its kind in Australia for many years, with a three-step program. The first day was a set program, the second day featured a choice of 12 three-hour workshops and the third day offered thirty-two 1 hour workshops from which to choose. Over 300 people passed through the doors during the three days and, according to the feedback sheets, all had a wonderful time. A formal dinner and awards night was held, with many of our volunteers and workers being recognised for their contributions to the ACA and the industry as a whole. I was honoured with a presentation of a Fellowship, something which made all my other vocational achievements seem very distant.

Next year we have many other projects in the pipeline, with employment issues being our priority. We will be focusing on employers and raising the profile of our members and the association within the employment and government sectors.

I wish all our members a Merry Christmas and, most important of all, a safe and healthy New Year.

ACA

Membership Certificates

ACA has, to date, issued a new certificate yearly with members’ renewals. Membership has grown to the point where this has increased our postage costs by many thousands a year, with each certificate costing the association about \$1.50 in postage. Given that there are 2500 going out yearly (and growing), that’s a lot of money. We have now decided to issue only one certificate of membership per member. To ensure members receive a quality certificate that will last, we have introduced a new certificate, which is made of a high quality paper and is quite thick. Certificates will remain the property of the association and all members will be required to hand them in should they resign from the association. New certificates will be issued if members change their level of membership or they need a replacement.

The events of the year culminated in the National Conference in November, held at the Stamford Plaza Hotel, Double Bay in Sydney. The three-day Counsellors and Psychotherapists conference was the first of its kind in Australia for many years, with a three-step program.

Letters to the Editor

To the manager ACA and my fellow members, I write this with regards to seeking clarity about the new membership categories and how they are denoted on business cards, stationery etc.

From the last journal, I take it that once I have met the requirements I can put MACA (CPC) after my name. This signifies that I am a certified practicing counsellor. What it does not signify however is what base level of membership I have (Qualified, Professional, or Clinical). This I feel could lead to confusion in our association (let alone the poor old general public) as to what qualification people actually have.

It has been suggested that it has always been possible to write MACA (Qualified/Professional/Clinical) and one could simply add (NP/P/CPC) before that. MACA (NP) (Qualified), for example, is however a bit unwieldy. My suggestion would be to add the level to the categories. In our example that would make it MACA (NPQ) or Member of the ACA, Non-practicing but qualified. This at least seems a bit more manageable.

Which ever way we go however it should be noted that a considerable education programme within our association, industry, and to the general public, will be necessary if they are to understand the nomenclature we apply to ourselves.

Comments would be welcome - please address them to this "letters to the editor" forum as it is a valuable resource and much under-utilised.

Regards

Adrian Hellwig

Vice-president CCA, MACA (CPCC)

be placing this information on its public education material as it comes up for reprinting. Members who have pre-printed documents with the old usage of initials will obviously be able to continue to use them until they run out. Ed

Dear Philip

Thank you for giving me the opportunity to present the talk on 'Gender' last Saturday, 11th November 2003 at the meeting of the Federation of Psychotherapists and Counsellors of Queensland Inc (FPCQ). It proved to open a path way that several members were trying to find information about, but didn't know how to access the information or where to start looking, so if you get more members needing further information, you may refer them on to me if you feel that I may be of help. Also thank you for sharing your own experiences.

May I congratulate all the members of the committee who were elected at the FPCQ AGM, and may you have a good year, thank you for standing up and taking care of our interests.

It's a shame that a lot more members are not turning up at the monthly meetings, all I can say is 'it's their loss as the meetings so far have been very informative, and friendly'. Best of all I have met Counsellors of many different diversions and modalities and this does give us a broader referral basis if we need to access it, having met the Counsellor in person is always a advantage.

Regards to all

Billy Tadros

(Dr William Tadros)

Thank you for giving me the opportunity to present the talk on 'Gender' last Saturday, 11th November 2003 at the meeting of the Federation of Psychotherapists and Counsellors of Queensland Inc (FPCQ).

LETTER TO THE EDITOR — REPLY

ACA

This is an important point that Adrian has pointed out. The new Certificates (see editorial) members will receive will actually have printed on them the correct usage of initials. These have slightly changed and are now for Fellows FACA, Honorary HMACA, Clinical members CMACA, Professional PMACA and Qualified QMACA. For certified members they may use (CPC) after their initials, for example Adrian Hellwig CMACA (CPC). ACA will

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Email of the Month Club

ACA sends out a monthly email to keep members informed of happenings within the Association and industry, between mailings of the journal "Counselling Australia". The email carries information about conferences, workshops, positions vacant, rooms available, IT and business-building hints and the email-of-the-month club is FREE to all members who supply us with an email address. The email-of-the-month also has an advertising facility for members who wish to advertise short courses/workshops or seminars.

Simply contact Nicky at ACA on nicky@theaca.net.au or phone 1300 784 333 and update your email details, so you don't miss out on any last minute or important ACA news.

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Participants who complete the full two year program are awarded a Diploma of Counselling by The Satir Centre of Australia. Upon completion of the six modules of training, participants are eligible to apply for membership in AVANTA, the Virginia Satir Family Therapy Network. Members of the Australian Psychological Society may apply for professional development points under Pathway Two; and as approved AVANTA Family Therapy Training, which requires six modules over two years.

DATES: Mondays: Module 1: 2 February – 22 March, 2004 Module 2: 17 May – 5 July, 2004,
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INFORMATION AND REGISTRATION:

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A Matter of Mind and Body By Heather Ellis

(IN TOUCH: Jeff Barlow and Lyndel Dean – a Yoga teacher who has trained in somatic psychotherapy).

As we move through life, whether it is a frenzied scramble for 'more' or a leisurely stroll, it is easy to view the body as a vehicle – a mere conveyance for our thoughts and minds.

But what happens to all those thoughts and memories – some uplifting, some negative? All, according to somatic (body) psychotherapists, are signals absorbed and remembered not just by the mind, but also by the body.

In the situation where we bombard ourselves with a constant stream of negative thoughts, the result is an unhappiness that often manifests as ill health, said Jeff Barlow, a Melbourne-based somatic psychotherapist and the training director for the Australian College of Contemporary Somatic Psychotherapy.

However, instead of 'putting up' with these negative feelings or masking their unhappiness with alcohol, drugs or anti-depressants such as Prozac, some people are seeking change through somatic psychotherapy.

This little known field of psychotherapy that offers significant benefits to our health and wellbeing encourages us to see the mind and the body as being inextricably interconnected.

"It is the awareness that your body is not just a vehicle but is as much a part of you as your mind," Jeff said. "Our bodies are the source of sensation, feelings and emotions and could actually be more significant in how we form ourselves as human beings than our minds."

By using a combination of verbal counselling, psychotherapy and body methods such as breathing, relaxation and expressive movement, a somatic psychotherapist can help a client come to terms with their emotional pain and/or to move forward with strength and confidence in their life.

"We often believe that the way we feel about life and about ourselves is just a matter of changing our mind or our thought patterns, but personal change has to be deeply connected to our bodies through making changes in our neuro-physiology," Jeff added.

Jeff, who first introduced somatic psychotherapy to Australia from Europe in 1983 and soon after founded the professional Australian Association of Somatic Psychotherapists, said most people see their bodies as a 'given' - a result of our genetic make-up.

"But our bodies are not only formed by our genes. Significantly, our bodies are also formed by the experiences and the relationships we are exposed to," he said.

"These relationships start with our parents when as a child we may be exposed to behaviours, emotions and attitudes, which undermine our self-confidence and self-esteem. This view of ourselves can be carried through into our future relationships from school friends through to work colleagues and our partners. The result is that our neurobiology forms around these experiences and somatic psychotherapy can help change our neurobiological patterns", he said.

"But to do so, we need to develop an awareness of our thought patterns and the associated tensions and emotions felt in the body," he added.

Somatic psychotherapy has its origins dating back to 1923 when Sigmund Freud recognised the importance of the body in psychoanalysis. But it was Freud's student Wilhelm Reich who researched the concept further and founded somatic (body) psychotherapy. He believed as children we develop defences as a way of avoiding painful emotions. He called these defences "**muscular armouring**" – a muscle tension state which as we grow, blocks the body's natural flow of experience and energy. Reich found that talk or counselling alone was not enough to bring back the energy flow but touch through pressure to a particular muscle could assist in releasing the emotional blockages.

Dr Gwen Francis, a College graduate and one of a small but growing number of Australian medical practitioners who have studied somatic psychotherapy, is convinced the mind/body connection plays a leading role in our physical health.

"I have always had a strong belief about the connection between our mind and our wellbeing and our health and disease," Dr Francis said.

A general practitioner since 1969, and now also a teacher of somatic psychotherapy, Dr Francis said her GP experience placed her in an ideal position to see the limitations of what general medicine and psychiatry had to offer in treating some patients.

"This is especially relevant to those with emotional and relationship distress, those struggling to make something of their lives and those struggling with alcohol or drug abuse," she said.

Dr Francis said it was through her practice that she had become aware of the serious impact that trauma, loss and abuse had on people's physical and mental wellbeing both developmentally and throughout their life.

"I actually developed an awareness that certain people did not get better with routine medications and counselling and when I looked at these people they had actually suffered quite significant traumas at sometime in their lives," she said. "And what I had to offer medically did not solve their problem very well at all."

Dr Francis said she found these traumatised people amongst those suffering chronic pain syndromes, some of the chronic fatigue syndromes, intractable drug or alcohol abuse and personality disorders.

With adding somatic psychotherapy to her work, Dr Francis said she was able to include dealing with people's feelings [both past stored and present ones], in a very empathic way and also to work with their bodies where appropriate. She believes that the body holds and expresses people's psyche, including the traumas they have been through.

"The body gives you a lot of information through posture, movement, breathing and skin colour and this may reveal inner distress that the individual may be unable to express verbally."

"It is the awareness that your body is not just a vehicle but is as much a part of you as your mind. Our bodies are the source of sensation, feelings and emotions and could actually be more significant in how we form ourselves as human beings than our minds."

A Matter of Mind and Body (Continued)

"And using this information appropriately can assist a patient to connect with his feelings and body as part of the process of recovery," she said.

Dr Francis has found that this integrated approach has created more calmness, aliveness and well-being for her patients.

After using somatic psychotherapy and getting good results with treating patients, Dr Francis said she now wanted to demonstrate to the medical profession the importance of working with the body beyond just its physiology.

"Doctors are trained in the body and what goes wrong with the body but we are not really trained to look at the body as an expression of our psyche and that is the difference because the body holds so much of our psyche," she said.

Somatic psychotherapy makes this connection and treats people holistically, said Jeff Barlow.

"We can all easily take control of our health and wellbeing just by developing an awareness of this connection to our bodies, especially with breathing and habitual tension states," Jeff said.

"This is an important first step to understanding the physical and emotional tensions we harbour, often for years, in our bodies – tensions resulting in all manner of symptoms."

In this way there are some similarities, he said, between somatic psychotherapy and Yoga and Shiatsu, as both can put us in touch with accessing these tension states.

Yoga teacher and former somatic psychotherapy student, Lyndel Dean, said Yoga, through focusing on the breath directs our awareness to sensations felt in specific areas of the body. This in turn helps increase the flow of energy, dissipates anxiety and calms the autonomic nervous system.

"When I first started teaching Yoga twelve years ago, I noticed that some of the asanas (postures) often triggered an emotional response, creating in some people, a strong need to talk about their experience."

"Because there was no instruction or explanation available about the emotions when I first began learning Yoga, when these arose, I either avoided the feelings or avoided Yoga altogether," said Lyndel.

Now with her knowledge of somatic psychotherapy, Lyndel said she was capable of supporting the students who came to her when their emotions were triggered.

"As a result, both the student and myself can gain some understanding. Discovering that there is actually a therapy called somatic psychotherapy which includes the body, has helped me personally and professionally," she said.

"The theory of somatic psychotherapy becomes more easily understandable when you consider that there is a constant communication going on with every cell in our bodies."

"In a basic way, you can see how it all makes sense," she added.

Melbourne third year student Marisa Ranieri, a qualified Shiatsu practitioner since 1993, said she immediately found a link between the Yin Yang focus of Shiatsu and the mind-body theories of somatic psychotherapy.

Marisa said during a 90 minute Shiatsu treatment, while working on different organs or parts of the body, some clients would open up emotionally. But without counselling training she was not skilled at responding verbally.

"I wanted to know how do I deal with this, how could I help,"

Marisa said her training in Shiatsu had taught her that different emotions are harboured in different organs, but the training did not provide skills in verbalising the emotions that people experienced as a result of the treatment.

Marisa said people can hide their feelings by what they say and it may be difficult to spot what is going on.

However, any chronic muscular constrictions in the body may point to long held and unexpressed emotions and this can allow the somatic psychotherapist an access to the life issues that are currently important to the person, she said.

"A general message conveyed by the body can be observed by a person's posture, for example, hunched shoulders portraying the carrying of a heavy burden," Marisa said.

"But this may not be the same as what is being communicated verbally."

While Marisa's Shiatsu training allows her to pick up, with her hands, the physical tensions in a person's body, her recent training in somatic psychotherapy means she is now able to discuss the associated emotions.

But somatic psychotherapy, unlike Yoga and Shiatsu, also pays significant attention to relationship patterns, said Jeff Barlow.

A lot of the problems we have in life, Jeff explains, originate in difficult relationships. *"The way to resolve these problems is to understand our relationships with other people and the tensions around these relationships where we either run away from the people close to us, verbally attack them or don't listen to them."*

Melbourne sisters, Kim and Ann-Marie Robinson work as residential youth carers for teenagers and children from homes surrounded by crime, drugs and violence.

Ann-Marie said as residential carers they had completed a certificate course in youth, child and family studies but found it had little relevance in helping them understand how to react to the gauntlet of intense emotions expressed by their clients – emotions mostly developed out of their relationships with parents and other family members.

Both have been studying somatic psychotherapy for two years and say they are now better equipped to read body language and the triggers to violent and destructive behaviour.

Any chronic muscular constrictions in the body may point to long held and unexpressed emotions and this can allow the somatic psychotherapist an access to the life issues that are currently important to the person.

"The children and teenagers take out all their anger on you but with this training, I can now recognise and understand what is happening and respond in a more appropriate way," Kim said.

Jeff said he became interested in somatic psychotherapy in 1975 while studying in London. "I had been involved with a number of personal development groups and had many experiences that convinced me that working with the habitual tension states in the body was a significant key to making long term change to behavioural patterns," he said.

It was a belief that saw Jeff formally study somatic psychotherapy in the UK and Europe for the next six years.

"It has been a study which has now engaged me for 28 years," he added.

END

About the Author:

Heather Ellis is a free-lance journalist (ex-News Ltd) who left the stress of long hours and constant deadlines to complete her manuscript "Awaken to Africa: A journey by motorcycle". When not writing about her solo-travels in Africa, Heather works part-time for the Australian College of Contemporary Somatic Psychotherapy.

BREAKOUT

A brief outline of the Australian College of Contemporary Somatic Psychotherapy

As well as offering a one-year certificate or three-year diploma (professionally accredited training programme) in somatic psychotherapy on a part-time/external study basis in Melbourne, Sydney, Brisbane and in Hobart in 2004, the College also offers Introductory Weekend Workshops in these cities.

Jeff said the two-day workshop is for those people wanting to learn more about how relationships work, how to enhance their connections with people and how to handle stress and conflict more effectively and constructively.

The workshops are also ideal for people considering enrolling in the training programme but are unsure of what is involved, he said.

"During the weekend you can really get a feel for the work and how it gets carried through into working with people for dynamic change," Jeff said.

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The workshops are also ideal for people considering enrolling in the training programme but are unsure of what is involved.

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Counselling Children Part 2: Intervention By David Ward

This is the second and final installment in counselling children. In part one we explored various facets of assessment and looked at some general guidelines for our initial introduction to the child and family. Assessment can range from the very structured and formal to the very unstructured and informal. Within these two polarities, lie a range of assessment techniques and models depending on the guiding theory. For this second paper on intervention, I would again highlight that the following is based on personal experience and training. There are many paths to the same end and would encourage the reader to find that which personally fits best, within an elastic, flexible framework. For this second paper, I shall also share some previous work with a family.

While there is no recognised 'single model' in working with children, there is the notion of 'child centred practice'. This can mean a number of things, but can include acknowledging:

- That children are children - they are not adults. This requires an awareness of developmental needs.
- That children are the most powerless population in society.
- A child's safety and wellbeing are always a counsellors' primary concern.
- That wherever possible, the child's wishes be taken into account and acted upon.

A sound knowledge of developmental theory is therefore crucial. For example, a child of 5 would not have the same cognitive insight into the nature of death as would an 8 yr old. Equally important to remember that children can vary widely in their psychosocial development. I have seen a child of six demonstrate more maturity and insight than some 8 year olds and some 10 year olds who have more social skills than some adults! Be prepared then for reasonably wide variations. In the context of intervention, one guiding suggestion is that the younger the child, the more behavioural the interventions need to be along with the caregivers input. As the child gets older, more cognitive interventions can be used. You will get a feel for where the child is at usually in a short space of time, and if any psychological testing or school reports are handy, these could prove invaluable in tailoring your counselling to this particular client. With these thoughts as a background, let me offer some broad guidelines that I have found useful in counselling children. Obviously, there is a myriad of issues that children and their families bring to counselling and some topics require a more particular approach or method. These would require a separate paper. The last couple of decades or so have seen an explosion in the amount of resources in this area and I have found all the books listed in the bibliography useful.

Goals and baselines

Like their adult counterparts, children and their families require specific, realistic goals to be reached. My personal experience has been that vague goals at the outset produce vague counselling. Vague counselling produces vague results. This in turn breeds counsellor and client frustration. Questions such as, 'At what point do you think you would no longer need

to come to counselling?' can start the ball rolling toward clearly defined goals. In the arena of child counselling, this is closely tied in with producing a baseline. What I mean by this is differentiating what is and what is not problematic behaviour. I have seen many a parent concerned over their child's behaviour whilst in my opinion, the matter is either normal or of such a trivial nature, I must make a concerted effort to contain my amusement/disgust (or contain my own countertransference!). How does one decide that a child's behaviour is 'a problem'? First of all, remember your developmental theory that will act as a guideline as to general milestones such as speech and language, social skills and academic ability. Other areas which could be explored could be:

- The frequency and intensity of the problem
- The duration of the problem
- The degree of personal suffering
- The effects on others

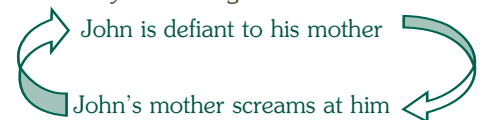
People can vary enormously in their perceptions of what they consider pathological, especially with children. As your experience increases, so too will your judgement of presenting issues.

Systems Issues

Systems issues are profoundly important in work with children. To this day, I am still amazed at counsellors who attempt to counsel children without involving the family or other systems. Children are usually the most powerless in the family, and long-term change will not occur should the rest of the family system not be supportive. 'Child in context' is a useful thought to guide us. Let me give an example. If you have a client who has one of those 'out of control kids', you could conceptualise the problem a couple of ways;

1. John is always defiant and oppositional to his mother. John is therefore the problem.
2. John's mother is always screaming at him. John's mother is therefore the problem.

The above are two 'linear' ways of seeing the problem. This in turn will affect your intervention; that is, you may well work with only one party. If however we see the above as a circular process, our intervention may well change:



What would the intervention be in this case? For a start, one could simply point the above out to the family. You may want to draw this on a board and tentatively inquire if this is indeed the pattern. This then locates the problem in the *interactions* of the family, and not necessarily any individual. Individuals in families are often unaware of their part in unhelpful patterns and as simple as this is, I have seen shifts in families by just exploring this one aspect. For more specific interventions in the 2-5 age group, puppets, pretend play and books are possibilities, while those aged around 6-10 could use sandtray, miniatures and more cognitive interventions such as worksheets. I would highly recommend the now well-known material put out by the Geldards for specifics (Geldard & Geldard 1997). Again, the possibilities are endless.

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What's really the problem?

Before I share a story from my own past caseload, I would like to highlight two important learnings that I have discovered over the years. Firstly, I previously mentioned that the younger the child, the more behavioural the interventions tend to be. There are many exceptions and again, for some children, a behavioural approach might not be the best. Having said that, one very popular intervention is time out. Originally designed for the parent to cool down, it is now usually used as a consequence for misbehaviour. Now, while I use time out with my own children, I feel a warning needs to be said. It is sometimes all too easy to send a child away to time out without really attempting to find out what the needs of the child are. Children misbehave for a variety of reasons, one of which is a cry for attention. It is easier to send a child away rather than take the time to think about what is really happening for the child and the family itself. Could I encourage the reader to think carefully about what they suggest to clients.

Secondly, I have found so many behavioural problems in primary school aged children to have their genesis in speech and language difficulties. Some warning signs could be:

- The child has difficulty concentrating
- The child has excessive variations in mood/has poor frustration tolerance
- The child takes a long time to respond/has limited eye contact
- The child is reluctant to speak or they clearly have a lot of grammatical errors when they do

The above features can overlap with many other disorders such as ADD/HD or other developmental deficits. As such, a speech and language assessment from a speech pathologist can be enormously revealing. This is particularly so when the family environment appears stable.

The Jones family

Mary presented with her ten year old son Andrew for problems with anger. She reported that Andrew had 'violent moods swings', a 'split personality' and had been aggressive to his younger siblings. His relationships with his peers at school were also suffering. During the initial session, I gathered information about the presenting issue and family history. Andrew was a very bright boy, though had difficulty in verbalising why he was so angry. I contracted with the family to have another four sessions with Andrew to explore his anger and then give feedback to his parents. I initially explored with Andrew when and where he was most angry. He felt it was largely at home and would later 'take the anger to school'. At the outset, I used some relaxation strategies with Andrew and as he was fairly bright, he understood some cognitive strategies. We discussed how our brains control our bodies, including our feelings. I then introduced the concept of monitoring our self-talk as a way of controlling our moods. Andrew understood this concept and managed to apply it rather well. We also explored his relationships with his family. For this, I used a mixture of sandtray and miniatures. At one point I asked Andrew to pick some animals that he felt reminded him of his family members, and then place them in the sandtray. We

explored how he saw his family now, and how he would like his family to be. It was here that a lot of information came to the fore. Dad was an angry man who scared Andrew with his temper. At the same time, Andrew was desiring to be closer to his Dad, especially as he got older. However he was blocked in his efforts, which led to frustration and a displacement of anger onto others. With Andrew's permission, I took a photo of his sandtray revealing how he would like his family to be and invited his father to the next counselling session. Dad was a very busy executive and I had some anxiety about how to discuss the counselling process. I was pleasantly surprised though to see Andrew's father soften upon seeing the photo of Andrew's sandtray. This initiated a shift in the family where the father realised that his son was trying to enter a time of greater identification with him. While the father/son relationship improved quickly, I continued for another three sessions consolidating the gains Andrew and his family had made. There were good outcomes for this family. The highlight was on the final session where Andrew personally baked a chocolate cake for me!

The above case had a number of resources such as motivation, few other external stresses and being an intact family. Many other families are not so fortunate. Many family systems have difficulties on multiple levels such as unemployment, disability or abuse. Nonetheless, I feel the simple case above demonstrates that you can use multiple interventions including individual work (cognitive behavioural), projective work (sandtray) and a systemic framework (getting Dad involved). In fact, my experience has been the more levels one can address, the greater chance of success. I think this also reflects the necessity to have a broad range of interventions. It's wise to have a basic knowledge of a range of models such as the affective methods (Client-centered/Gestalt), Behavioural (Reality therapy/reinforcement) and Cognitive (CBT, Transactional Analysis). By all means, have a 'favourite' method. Mine lies in the cognitive domain, but I am aware that this model simply is not appropriate for some clients. Knowing what to do is half the problem. Knowing what not to do is the other half. Good luck!

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Children misbehave for a variety of reasons, one of which is a cry for attention. It is easier to send a child away rather than take the time to think about what is really happening for the child and the family itself.

Talomin Books

PTSD – An emerging issue in a changing world

By Carol Wilson DBA BA, BSc, AFAIM, MACA

Dr Paul Valent, a retired leading therapist of Post Traumatic Stress Disorder (PTSD) in Australia, succinctly described trauma when he stated that “Trauma disrupts everything in a big way. But the problem with repressing it is you keep living it and you can’t put the events in a proper historical perspective”. Once trauma related symptoms start it appears to become an endless striving to return to the way things were before the traumatic incident or to continually derive meaning or sense from what happened and why everything feels differently.

In our ever changing world, PTSD is more common than we realise. If we look at statistics that state that more than 2/3rds of us will experience some type of trauma during our lives, it isn’t any wonder that as therapists, we will potentially have an adult, child or adolescent client that presents with Acute Traumatic Stress and/or PTSD. US studies have shown a lifetime prevalence range of PTSD across the general adult population of 1 to 12.3%. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) by the American Psychiatric Society defines the prevalence at 9.2%. At present, apart from military veterans, other community members with PTSD will be those who have been involved in serious accidents, lost someone close, developed life threatening illnesses, experienced childhood abuse, been raped, are new Australians from war zones and potentially traumatised by the quarantine processes, and more recently, those exposed to the Bali bombings, both directly and indirectly may form part of those requiring assistance for PTSD.

Before continuing it would be best to explain PTSD to gain a broader understanding of the current working definition. Post traumatic stress disorder (PTSD) is listed as an Anxiety disorder in the DSM-IV-TR, and is the main definition used by the psychological community. The disorder is signified by three concurrent symptoms of re-experiencing, avoidance and hyperarousal. PTSD can often be categorised by therapists as acute or chronic and can have delayed onset of over 6 months after a traumatic event, even years. Research studies show PTSD also has a high comorbidity with substance abuse, phobias and mood disorders. Severe acute or chronic PTSD may result in permanent personality changes and can include permanent hostility, an agitated attitude toward the world, social withdrawal, feelings of emptiness or persistent feelings of being on edge and estranged from others.

It is important to remember that not everyone will develop PTSD after a traumatic event. There are many theories of predisposing criteria for PTSD development. In particular, the experience of distressful childhood events does have a correlation to the development of PTSD following trauma in adulthood. Research has identified risk factors among military veterans to include family history of psychiatric disorders, emotional disorders in adolescence, previous traumatic history, and immaturity.

With the extensive catalogue of tests available to therapists, PTSD still goes undiagnosed and therefore untreated in the community. Comorbidity can mean that a high profile disorder such as Depression will be treated, with potentially no improvement due to an underlying PTSD remaining undiagnosed and

untreated. Masking behaviours such as alcoholism, suicide impulses, and high risk behaviours can result in PTSD remaining undiagnosed as these are focussed on with priority. From the sufferers point of view, new avoidance behaviours such as withdrawal or detachment can be explained or justified as a preference to be alone and may not appear to relate to any underlying disorder and in this case the sufferer may not seek help.

Sufferers can often not realise the impact of a trauma but have a long history of physical complaints involving pain, irritable bowels, eating disorders, lung or heart problems, headaches, and sleeping issues that don’t appear to have any specific causation. One study, quoted in the November 2002 issue of Stress Points published by the Australasian Society for Traumatic Stress Studies, has correlated a high incidence of irritable bowel disorders among victims of childhood abuse. The correlation was stronger when the abuse was severe. Another study showed a pattern of adult ill health that is similar between victims of childhood abuse and veterans who also had Complex PTSD.

When PTSD goes untreated, sufferers can move into Chronic PTSD, although it is important to point out, that Chronic PTSD can still develop after therapy. Sufferers generally become very sensitive to ordinary ongoing environmental stresses. Subsequent ineffective coping mechanisms to this ongoing stress may develop into persistent reactions of anger, further isolation and substance abuse. As life progresses, further traumatic events generally mean that previous PTSD sufferers are predisposed to a return of PTSD symptoms, almost as if they are coming out of remission. Early research is suggesting that trauma may have a permanent effect on brain chemistry leading to the development of PTSD. There is also research outlining the difference between PTSD, depression and anxiety with neuroendocrinological studies supporting the idea that the body fails to return to the pre-stress state prior to a traumatic event. It becomes important to emphasise the need for a diagnosis of PTSD so that treatment can return sufferers to as close an existence as possible to what they had prior to the traumatic incident.

Post traumatic stress disorder has a number of therapies for assistance and the last 10 years has seen impressive advances in cognitive behaviour therapy and group psychotherapy. Traditionally, PTSD has been treated successfully with hypnosis since it was introduced by Freud and has a documented improvement of around 34% on the Impact of Event Scale (IES). Psychodynamic therapy does not have any rigorous scientific support and only anecdotal case studies show improvements. Vietnam veteran studies found that psychodynamic therapy was not useful at all. The efficacy therefore on this therapy is limited.

In the modern era, cognitive behavioural therapy (CBT) is the leader in the treatment of PTSD with the strongest evidence for the CBT approach of Exposure Therapy. The idea behind Exposure Therapy is the integration of the traumatic memory with emotional processes to reduce ongoing grief and pain. Exposure can be the repeating of the traumatic event through talking, writing or listening to a pre-recorded recollection. Research on Exposure Therapy documents rates of up to 75% improvement and nearly 50% of patients having no PTSD diagnosis

It is important to remember that not everyone will develop PTSD after a traumatic event. There are many theories of predisposing criteria for PTSD development.

PTSD – An emerging issue in a changing world (Continued)

after 6 months. Another CBT approach, Anxiety Management Techniques also rates well with improvements also lasting past 6 months. Eye Movement Desensitisation and Reprocessing (EMDR) is gaining in popularity, however while some studies report beneficial effects, control and comparison studies are obtaining ambiguous results on this therapy.

A variety of professionals are moving towards the reduction of PTSD across the community and have devised strategies to provide training and preparation to those most likely to be exposed to potentially traumatising events. Techniques are becoming available for people shortly after a traumatic event to assist in reducing the development of PTSD. These are widely known as Psychological Debriefing (PD) or Critical Incident Stress Debriefing (CISD). It is important to note that these brief therapies are not useful once PTSD is chronic. Ideally, a PD or CISD needs to contain the following elements:

- Ensure basic needs are met
- Exploration on the meaning of loss
- Normalisation of feelings
- Support group provision
- Stress reaction explanations – abnormal and normal
- Teaching of coping and anxiety reduction techniques
- Facilitation of a return to pre-incident functioning
- Identification of high risk individuals for follow-up
- Best delivered by individuals local and/or known to the community.

Evidence of the efficacy of PD or CISD is mainly anecdotal and you may recall the article written in the Spring edition of *Counselling Australia* by Cathy Smith that outlined the ineffectiveness of the PD's delivered after the recent bushfires across Victoria, primarily due to some of the key points missing above. The best evidence for the use of early interventions such as PD is from the Lebanon War, where 40% of veterans developed PTSD compared to 75% development when PD was not utilised.

The psychological community is yet to develop a simple screening test for PTSD and one with which responses to treatment can be monitored. However, for the clinician, PTSD can be diagnosed using the Structured Clinical Interview for DSM-IV disorders (SCID-IV), the Structured Interview for PTSD (SIP). Another popular tool is the Clinician Administered PTSD Scale (CAPS). Self reporting tools such as the Post Traumatic Diagnostic Scale (PTDS) are also available and complement the other clinician tools. Severity of PTSD can be assessed using the Impact of Events Scale (IES), the Davidson Trauma Scale (DTS), or the Mississippi Scale for Post Traumatic Stress Disorder (MISS). Improvement during and after treatment has been measured using the Treatment Outcome PTSD scale (TOP-8) and the Clinical Global Impression (CGI).

Within all the information regarding diagnosis, treatment, intervention, and prevention of PTSD, little is available in the way of ongoing community support if it is needed by PTSD sufferers to manage every day

emergence of symptoms, such as intrusive thoughts or avoidance behaviour. The community may remember disasters like the Bali bombings or who Stuart Diver is, but generally, the community does not remain aware of the long lasting effects to the individuals that have developed PTSD and are still coping with life up to 10 years later.

A sufferer of PTSD can have a higher tendency to overdramatise or 'catastrophise' events that are barely stressful for those without PTSD. As an example, a PTSD sufferer, to cope with increased stress levels may become extremely organised to maintain a sense of control, and at a point that a part of the plan changes during the day, a PTSD sufferer can experience a traumatic reaction, severe enough to stop normal functioning until they calm down. It is not until they calm down, that cognitive functions can emerge to respond to the change in plans with a flexible alternative. The reaction can be as traumatic as feeling suicidal because a road is closed on the path usually travelled on the way to work. On hearing this type of story, someone without PTSD may not understand the level of distress felt over a simple change in plans, or even laugh at the sufferer for over dramatising. Social support is known to be of tremendous assistance to sufferers, so adverse reactions (like laughing at distress) about described symptoms may lead to further withdrawal by a PTSD sufferer.

My recent investigation into support for PTSD in Australia has located several support options. Most emergency hospitals have Crisis Action Teams that can deal with trauma in the first instance. Beyond that, the hospitals will recommend therapists or organisations that can treat PTSD if it develops. A first option for information about PTSD is the Australasian Society for Traumatic Stress Studies who publish relevant research and essays. Other societies who can provide information are the Mental Health Council of Australia, Mental Health Foundation of Australia who run Mental Health Awareness week, and Multicultural Mental Health Australia (MMHA) all of which have websites. In the US, the National Centre for PTSD and PTSD Alliance also have websites to obtain information about PTSD.

The Australian Centre for Posttraumatic Mental Health is an excellent guide to find treatment programs in all states across Australia. Information can be obtained at <http://www.acpmh.unimelb.edu.au/mentalhealth/treatmentPrograms.html>. Also, most therapists trained in CBT techniques, specifically Exposure Therapy or Anxiety Management Techniques would be available to treat PTSD.

Towards the future, my ideal world in relation to this subject would be one where social support and interventions received at the time of traumatic events would be so automatic within the community that PTSD does not even have a chance to develop. I encourage all readers to realise the importance of support after trauma and to ensure that anyone they know seeks support (social or therapeutic) in the early days to reduce the development of PTSD symptoms.

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I am starting a PTSD Support Group for sufferers in Melbourne in early 2004 and would like to hear from anyone who would like to register their interest in this group to learn about upcoming events. I can be contacted if more information or resources are required about PTSD. Please either send an email to contact@lifelongjourneys.com or write to PTSD Support Group P.O. Box 632, Elsternwick 3185 to register your interest.

Carol Wilson DBA has a BA (Counselling), BSc (Psychology) and has a special interest in PTSD, being a chronic sufferer for over 25 years. She is currently studying her 4th year of psychology and intends to specialise in the area of traumatic stress.

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Continuing Education and Critical Thinking - A Counsellor's Guide - Part I

By Dr. Travis Gee

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Introduction

This article is the first in a series of articles that *Counselling Australia* is bringing to ACA members to provide some background for counsellors who wish to develop their skills in reading and understanding research and testing literature. In this article there are some introductory ideas that will provide an appreciation of the value of the research literature, and introduce elementary concepts that are important to understanding research and to which I will refer in future articles. Future articles will discuss various aspects of research design, psychological testing, and the analysis of research data that will provide basic skills in appraising critically the things that people claim in books, articles and advertising materials.

The Ethics of Understanding

The ACA requires members to undertake a certain basic level of professional development every year as part of their membership. This can be done through various workshops and meetings, of course, but should also be done through reading the literature that is being produced every day in your field. Naturally, it is quite impossible to read it all. Therefore, you need to be quite selective in how you find things to read, and part of that selectiveness must lie in deciding whom to believe about what matters that may be of concern to you.

However, once you have selected materials to read, you must not take everything the writer says seriously. Indeed, I hope you read my articles with an eye to challenging things that I may say, and I encourage you to look things up in the library if you think something may be mistaken. Whilst I endeavour to ensure that everything said will be accurate, I, like other writers, am only human and it is possible that there may be an error, or even a recent development that I haven't read yet!

There is an ethical component to all of the preceding. When we provide a service to a client, the client is paying for something which they assume works, and for information which they assume to be both accurate and based on known facts. They also assume that we know the hazards of some of the methods that we use, and that we provide them with correct information so they can make an informed choice about whether to proceed with a particular approach. When, for instance, we use hypnosis or a related method like journaling, guided imagery or deep tissue massage, but then suggest things to the client, we *must know* that these suggestions may be incorporated into something that the client later calls "memories" even though they are mere *pseudomemories*. To affirm these as "likely to be real" is absurd, and anyone familiar with the hypnosis literature would not make this mistake. However, not everyone knows that guided imagery and similar methods are sufficiently related to hypnosis that this kind of problem is likely to occur. Whilst counsellors may be prohibited from using hypnosis in some jurisdictions, they are not restricted from using these related techniques. Only personal development

through studying the literature would lead to the necessary understanding. This of course can be critical if there are legal matters at hand, as the use of hypnosis and related methods can vitiate the testimony of the person with the so-called 'refreshed' or 'recovered' memories.

However, simply reading *some* literature on a topic is not enough. For each method, there is usually *at least* a body of apparently-supportive literature, which often may not cite much of the contradictory literature that may exist. The fact that writings that contradict an author are not cited in his or her work does not mean that it does not exist. To stick with hypnosis, for instance, there are two main journals in the field, the *International Journal of Experimental Hypnosis* and the *Journal of Clinical Hypnosis*. These journals were the result of a split in the field between those who study hypnosis from an experimental point of view, and those who use hypnosis in clinical settings. To understand the nature of this split, you have to appreciate that the methods used by the experimentalists are logically sound, and report findings from well-designed studies that allow us to know what is happening in hypnosis, whilst the clinical use of hypnosis (the focus of the rival journal) is often not so informed by sound science, but rather by more narrative reports of people who may use hypnosis but who do not necessarily have a solid scientific basis for their theories about how it works.

Counselling and Science

Some people may argue that counselling is not a science, and to some extent there is a case to be made. However, a scientific approach is extremely useful for weeding out things that don't work or that don't make sense. If you think about it, implementing a change in a client's lifestyle is an experiment of a sort, where the sample size is 1. You are hoping that you have identified the correct factors that are at work in the social ecology of that client, and that the intervention will have the desired effect. If it does, you put it down to your skill as a counsellor, and if it doesn't then you go back to the drawing board and try to figure out what factor it was that you did *not* account for which precipitated the disaster! Research can provide a substantial insight into what factors are likely to be at work, and what interventions are likely to be successful. Long ago, Kluckhohn and Murray (1948) observed that "to some extent, we are like everyone else, like some other people, and like no one else." To the extent that we are like all, or at least, some other people, a scientific approach can inform our approach and improve our successes (or at least rule out things that are doomed to fail).

There are some who regard science as a political process, and I think that these are people who use the "it's political" argument to advance their own political agenda. I am reminded of a conference that I went to where a presenter argued that Eye Movement Desensitization Reprocessing (EMDR) works. He told the audience that there were 35 studies in the literature, but that we should only pay attention to the

Whilst the clinical use of hypnosis (the focus of the rival journal) is often not so informed by sound science, but rather by more narrative reports of people who may use hypnosis but who do not necessarily have a solid scientific basis for their theories about how it works.

five studies that show it to be slightly better than a “placebo” treatment (ie., a mock treatment that really doesn’t do anything) because the other studies were written by people who don’t like EMDR and are “out to get it.” This is an utterly unscientific view, and to dismiss thirty studies that say it doesn’t work just because someone tells us something like that is absurd. It would be wonderful if something as simple as EMDR did work, but to ignore research that says it doesn’t is at the very least, to mislead clients about its efficacy, and at worst, to sell our clients a faulty product. The profitability of convincing people that it works must be set against the fact that no treatment may work just as well - and cost the client less.

Well-designed research attempts to be as objective as possible, and that means stripping all political agendas out of the design. Failure to understand this leads to an anti-scientific point of view that is very blinding, although it can be very comforting to people who have a pet agenda that they don’t want to see challenged. The easy way to misunderstand research is, of course, through failing to understand how it should be done.

This leads to another problem with such an anti-scientific point of view is that it encourages what psychologists call “confirmatory bias.” This will be familiar to all counsellors. People look for evidence that confirms their belief, but do not look for evidence (or disregard it if they find it) that contradicts their belief. For example, people with a strong belief in astrology will attribute the orderliness of people born in September to their being Virgos, and are likely to disregard orderliness in people who are not Virgos.

Furthermore, if a Virgo is messy, they will seek other explanations such as being born in a particular year or near the beginning or end of the sign. Of course, there are so many possibilities for “exceptions” that a rationalization for the untidy September child will always be found, thus again “confirming” the astrological “prediction.”

Counsellors are not immune to confirmatory bias themselves. How often have we patted ourselves on the back because someone came to us in crisis but improved rapidly over the course of two sessions? The Latin expression *post hoc ergo propter hoc* means “after this, therefore because of this,” and captures the logical fallacy of saying A caused B simply because B occurred after A. We forget that people in crisis are at their worst point, and therefore any point after the worst point *must* be better! Is it a real improvement that we facilitated, or would the person feel better *anyways*? In your handy introductory statistics textbook, you may also wish to look up “regression to the mean” (or wait for a future article in this space).

Checking Your Sources

When reading research, the first thing to look for is a set of references. When an author reports other studies that have been done, or articles on which they have relied for information, there should be a list of references at the end of the article. These can fall into several categories. There may be large-sample studies, where a group of people have been examined, and where objective data collected which purports to answer some research question. There

may be case reports, where a single interesting case is detailed which supposedly confirms - or *disconfirms* - some model or theory that the author is considering. There may be books that have been written that summarize the clinical experiences of one counsellor, commonly extolling the virtues of a single method that he or she has invented or adopted. There are varying degrees of quality in each category, and various criteria that have to be applied to understand the differences between good-quality research and potentially-misleading sources of information.

One little filter that you can use is the difference between “primary” and “secondary” sources. Primary sources are original pieces of research that report the data and results in a way that (hopefully) allows the reader to judge whether there is some measure of validity in what they claim. Secondary sources are articles and textbooks that summarize the results of a number of studies and give you a sense of what the authors think to be the case, and the confidence that they have in their conclusions. If a source in the reference list is a secondary source, then you have an interpretation of an interpretation, and like the game “Chinese Whispers,” the facts can become distorted and the message garbled. At the very least, the *nature* of the original source is lost to view, and more confidence may be placed in a statement than is warranted by the evidence.

The classic cautionary example of this is in social psychologist Carol Tavris’ article in the *New York Times Book Review* titled *Beware the Incest Survivor Machine* many years ago. She examined the “one in three women are abused” statistic that was being cited widely in the research (and is still quoted in Australian media regularly by politically-minded social reformers like Hetty Johnston). Tavris traced the references in articles back to earlier articles, and through the reference section in the earlier articles back to a group of authors who quoted each others’ articles as *secondary sources*. When she found the original article, it turned out not to be a large-scale study, or even a college sample. It turned out to have been made up by one of the authors, who was cited by someone else, who in turn was cited by someone else... To quote Lewis Carroll’s Bellman, “I have said it thrice: What I tell you three times is true.” Believe that if you will.

Basic Principles of Science

A whole philosophy of science cannot be captured in a single short article. However, some of the principles at work can be put rather simply, and it is worth enumerating a couple of key ones in this introductory article before we move on to some more technical matters later in the series. First is the principle known as “Occam’s Razor.” Quite simply, it says that the simplest theory wins. If there are five phenomena that are observed, and a five-part theory explains all of them then that theory should be preferred - until a four-part theory comes along that explains them as well. The four-part theory would lose out to a three-part theory, and a single “unified theory” would be ideal. “The principle of parsimony” is another term for this, and the most parsimonious theory is to be preferred.

We forget that people in crisis are at their worst point, and therefore any point after the worst point must be better!

Continuing Education and Critical Thinking - A Counsellor's Guide - Part I (Continued)

Secondly, it is important to understand that science never “proves” a theory. It only provides evidence that is either consistent or inconsistent with a particular theory. If the results of a study are consistent with the theory, then the theory is not proved, *per se*, rather, it is merely *supported*, because it is always possible that another test will be devised which proves the theory to be false. However, if the data are inconsistent with the theory's predictions, then the theory is “falsified.” That is to say, the theory does not account for what was observed, and should be rejected or drastically modified. This brings up the notion of “falsifiability” as a criterion for determining whether a theory should be regarded as scientific. This criterion was put forward by philosopher of science Karl Popper in the middle of the 20th century, who observed that if it is impossible to falsify a theory, then it should be dismissed as unscientific. Popper's favorite whipping-boy was Freud, whose theory was regarded by him as utter nonsense, precisely because it was unfalsifiable. Popper pointed out that since there is no conceivable human action that can *not* be accounted for by psychoanalysis (after the fact, of course), then there is no conceivable test that could be constructed to rule it out. If a person does ‘A’, then this part of the theory is right, but if they do ‘not-A’ then that part of the theory is right.

Thirdly, a theory that explains a lot of things should be preferred to one that is specific to some small range of phenomena. Modern physics explains an awful lot of things. Sometimes people make the case that “because physics can't explain *some* things it's wrong,” usually when trying to support some theory that is *not* based on physics (such as one for so-called “psychic” phenomena) and which is frequently both unparsimonious and unfalsifiable. As with Freud's theory, a model that explains everything explains nothing, and a model that explains a lot still should be preferred.

An Example of the Basic Logic

To return to astrology for an example of the basic logic, consider that specific predictions can be tested. Some astrologers maintain that some sun signs are clumsier than others. If this is true, then when we look at hospital records for trauma and accidents, we should find more than 1/12 of cases in some signs, and less than 1/12 in other signs. So if you have 1200 cases from emergency departments, you'd expect 100 of each if the astrological prediction was false, but you'd find less than 100 in ‘non-clumsy’ signs and more than 100 in ‘clumsy’ signs. In fact, in thousands of Queensland emergency department records that I've studied, you get almost exactly 1/12 of the trauma cases in every sign. Naturally there is a little variation around 1/12 but this is within the limits of what we expect statistically (a topic much too large for this article!). This “falsifies” the theory, in other words, the failure to predict what is observed disproves the theory from which the prediction was derived. This is why it is often pointed out that science never *proves* anything. Rather, it is open to all possible theories, but rejects the ones that don't predict correctly what will happen.

Consider the possibility that I *had* found that some signs experienced more trauma than others. Would this *proves* that astrological predictions are valid? We have to go back to Occam's razor...what is the simplest theory? Do we have to accept that astrological forces that we can't measure and which defy physical laws are true, or is it simpler to posit that babies born at a specific time of year have more or less of known physical factors such as light at specific developmental periods, and that may affect the coordination brain in some way? If I were funding research on the topic, I'd lean towards the brain hypothesis more than the astrological one, simply because we're more likely to find something neurological, given what we know about neurology, than to invent a whole new scheme of physics that essentially rules out everything that's been known for centuries!

The Next Article

You'll note that I said that you get almost exactly 1/12 of the trauma cases in every sign when you look at the hospital records across thousands of cases. It's not precisely 1/12 that you get, but within a specific margin of error, you can say that the relationship between sun sign and trauma is pretty much random. It has to do with the idea of variation, which is a fundamental concept in understanding testing, research and statistics. Without going into the mathematics of it all, the next article will address the ways in which we can expect to get certain results under certain assumptions and how we go about determining whether or not we've gotten what we expect - or not.

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Do we have to accept that astrological forces that we can't measure and which defy physical laws are true, or is it simpler to posit that babies born at a specific time of year have more or less of known physical factors such as light at specific developmental periods.

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"But she means nothing...we never even kissed" The Concept of Cyber-Infidelity By Angela Lewis (MAEd)

"I finally realised I was cheating when I bought a sexy black lace bra, drew a love-heart in lipstick over my left breast and logged onto my web camera to talk to my Internet lover in New Jersey - while my husband snored quietly in our suburban Australian bedroom". (F 39)

I think cyber-sex is cheating - I recently found out that my wife was having cyber-sex with many men online. My wife did not think she was doing anything wrong, but she knew how I felt about it. Besides the fact, if she did not think she was doing anything wrong, why did she have to hide it? I guess my point is, find out what your spouse thinks about it & if you have to hide it from them than you know it is wrong. Think about the feelings of your loved ones before you do what you do. (M28)

These laments are not fictional. They are actual postings found on online message boards – and they testify to a new and growing threat to the stability of marriages and relationships....cyber-infidelity on the Internet.

The Melbourne Herald Sun newspaper (21/7/03) ran an article on the emergence of cyber- infidelity, quoting a recent Florida University study that said (in part) the Internet will soon become the conduit for the most common form of infidelity (cyber-infidelity) – if it is not already. Once a phenomena hits 'tabloid' level, it is generally an indication it's becoming a mainstream issue. I believe Australian relationship counsellors, psychologists and other therapists, need to step into this discourse, as it will impact, influence and alter our practices and force us to think about how to deal with this new and rapidly changing way people are choosing to practice in/fidelity.

You may already have experienced Internet references cropping up with your clients, and if you haven't - it will not be far away. Counsellors, psychotherapists and psychologists overseas (predominantly in the USA) are already grappling with clients who present in therapy with problems related to their online sexual and romantic habits.

Definition of Infidelity

I prefer the simple definition of cyber-infidelity as this: a person being engaged in a romantic or sexual encounter with an individual or individuals utilising the medium of the Internet – through chat rooms, dating sites, email or pornographic websites, while engaged in a relationship with another person. The primary relationship may be in a real life context or their partner maybe someone who they have only a virtual relationship with. However for the purposes of this article and my definitions, we will assume the person that we are 'cheating on' is a person who we are having a real-life relationship with. A lot of people – perhaps many that have not experienced personal or sexual relationships via the Internet – will already be scoffing at this definition of cheating – and indeed cheating is probably not the correct word. Cheating has a physical connotation, whereas infidelity is a broader and more encompassing description that allows for the inclusion of mentality into the description. This definition also allows for the acceptance that sex is a state of mind as much as it is a state of body – and of course 'cheating' must happen first mentally before it happens physically. There would be few people that go from considering purchasing a packet of peas to having sex on the supermarket floor – people generally think, fantasize and imagine the sex with an intended partner prior to the act actually taking place.

So when is a click more than a click? Is thinking about sex with the neighbour, colleague, or person on the bus an act of infidelity? Does it become infidelity when we write words to another, ring another, touch another or not until we actually commit the sex act? A simple litmus test offered by a number of the bulletin board contributors on the theme of cyber-infidelity is that if you do not want your partner to be aware of what you are doing or saying to or with someone on the Internet, then you are practising cyber-infidelity. Others feel that if cyber-sex is cheating, then so indeed is any imaginary stimulation such as reading sexually stimulating material such as so-called men's magazines or romantic bodice-ripper novels. The only difference they say is that there is someone actively involved in your imagination. *"I figured cheating was in the physical sense, where you actually had to go out and have the sexual relationships with another woman. That was my definition of cheating. "I hadn't done that - Except in my head... In my head I had done it hundreds of times," (M 55).*

One thing is certain: suspicion of infidelity can seriously damage trust in relationships. The medium that is used to express infidelity does not alter its impact nor the seriousness of how those affected view it as a transgression. These views are voiced over and over again by the contributors to the bulletin boards on this theme. The definition offered by Maheu (online 1999) is also a concise description of this phenomenon. She writes..."we'll use the word "infidelity" to describe the repeatedly taking of sexual energy outside of a committed, monogamous relationship through action intentionally leading to sexual arousal with an identified person, place, or thing. Secretive and deceptive behavior, denying suspicions when expressed by those who notice something amiss, and withdrawing emotional and sexual energy from their partner is common to both online and offline infidelity." (Maheu 1999). This definition I feel, translates equally for real time and cyber-infidelity.

David Greenfield (1999 online), an American psychologist, says that he is seeing more and more people in his practice affected by online affairs, and says there is no greater area impacted by Internet abuse than marriage and relationships. According to Greenfield, many people involved in destructive Internet relationships (destructive to themselves or their partners) don't seek counselling because they don't see anything wrong with what they're doing.

"A lot of people believe that as long as a relationship is not physically consummated, it can't be considered adultery," he says. "But I maintain that infidelity begins at the point of a strong emotional connection.

Others feel that if cyber-sex is cheating, then so indeed is any imaginary stimulation such as reading sexually stimulating material such as so-called men's magazines or romantic bodice-ripper novels.

When someone has a heightened emotional awareness and a sexual longing for somebody other than their mate, it's bound to have a negative effect on a marriage."

My own experience was decidedly mixed. I found myself truly surprised that mere characters on a keyboard, a disembodied voice on the other end of a telephone line, could carry with it such an erotic and emotional charge. But the guy was married and although we did establish ground rules I ended up "colouring outside the lines" in a way I never thought I would. When people begin an extra-marital affair of any kind, they usually think that they're capable of behaving like rational adults...but they hardly ever do. (F45)

Certainly the spouses and partners that contribute to the online discussions of cyber-infidelity are feeling very wounded, and cite separations and divorces as a result of discovering their mate has cheated and continues to cheat in the virtual world. It doesn't seem to matter whether it's a live person or an image, it doesn't matter whether it's in a one-on-one situation or whether they're doing it with the computer – they very clearly feel they're being cheated on. Another theme that I notice from these discussions is that not only do they feel cheated on; they feel extremely hurt and confused if their partner doesn't see cyber-infidelity as a 'problem'; using as their defence the argument that the women or men on the Internet are not 'real' and there is no actual lipstick on the collar, stolen kisses or penetration involved.

Why do it?

For millions of people around the world, the sound of a modem has become the equivalent of Lorelei's call to the sailors....and like the sailors of old enticed to crash on the rocks; they are powerless to stop the seductive pull of many modems beckoning from the virtual world. Though they may never meet in person, with just a point and a click, men and women are having cyber-sex, giving cyber-kisses and exchanging deep confidences. A counsellor by the name of Willard Harley, (online in Kennedy 1998), says the fundamental gap that the Internet fulfills for men and women is different for both, but is also universal – for men it is unfettered access to sexual images and talk of a sexual nature with many women, and for women it is the opportunity to bond and have a deep relationship with men or more often than not one man. According to Harley's research, conversation—especially conversation with a male—ranks among the top two emotional needs for most women and the Internet readily fills this need. Alvin Cooper's MSNBC.com survey (1998) also points to similar conclusions, showing that women favour sexual chat rooms (49 percent vs. 23 percent), while men prefer visual erotica online (50 percent vs. 23 percent).

Just like ordinary 'real time' affairs, cyber-affairs and cyber-sexual encounters would also appear to be a symptom of an underlying problem that existed in the relationship before the Internet ever entered the couple's lives. Pre-existing marital problems may include the usual culprits of sexual dissatisfaction, financial problems, and boredom with the relationship, age crises and poor communication. An easy escape

route is the Internet - a powerful place to run when the home fires begin to smoke. The net is always there: in your home, on your desk or at work – it is an available source of friendship, flattery and titillation. A naughty, flirty friend can be available 24 hours a day - just log onto the Internet. In some cases a cyber-lover is more reliable than a spouse – and often as couples are finding, provides a source of absorbing conversation, thrilling flattery and sexual titillation – while offering unconditional support, comfort and succor. It is after-all easy – log on and let your imagination run wild. A cyber-lover can type an empathetic message when he lives thousands of miles away, safe in the knowledge that he will not have to carry through with any of his (typed actions); which allows him to be wildly romantic, touchingly caring and the hero we may want him to be.

While this electronic bond can offer the fantasy of all the excitement, romance, and passion that may be missing in a current relationship, once users log off they are left with the residue of the other person in their hearts, but the reality of their actual relationships just outside the study door. And for some people, the burden of 'cheating' in this way is as cumbersome and worrisome to deal with as a genuine real time affair. Instead of dealing with how to confront the issues hurting a marriage or relationship, people can be tempted to simply step off into a fantasy land of cyber sex, flirting or infidelity. The problem with the Internet appears to be a triangulation of availability, low cost and anonymity. As one of the contributors to the online discussions on cyber-infidelity says "... my response to cyber-sex and porno on the internet is that it is very damaging to a person and their spouse. It's like giving an alcoholic the key to a liquor store after hours".

Dr Marilyn Maheu (online 2003) has done extensive work on cyber-infidelity and her website has extensive qualitative and quantitative data from respondents to surveys on cyber-affairs. Basically they fall into two camps, one that sees cyber-infidelity as betrayal of a partner and those that see it as a bit of harmless fun or stress relief. There is not much grey ground in between. The largest survey to date on the Internet and sex was conducted (online) by MSNBC.com and analyzed by Alvin Cooper (1999). This survey found in part that approximately 25 million Americans visited cyber sex sites and 4.7 million are considered cyber-sex addicts, logging more than 11 hours a week in some form of sexual interaction. More than two-third of the participants admitted to being married or attached.

Moral judgments aside, many authors and researchers in this field (Maheu 1999, Vaughan 1996, Cooper 1999) have identified cyber-affairs and cyber-infidelity as potentially devastating to the primary relationship by virtue of the secrecy, fantasy and excitement that online affairs (just like a real-life affair) can offer; plus further categorize them as potentially dangerous psychologically and emotionally, because more so than real life relationships these type of relationships are ripe for projection and misinterpretation by the parties involved. The nature of the medium ensures there are no physical and visual cues and very often until there are (if there are) telephone conversations, no auditory cues. All we have are the characters typed on our screens – so people are able to see what they wish to see by projecting attributes and situations into the relationship. These types of relationships are also

While this electronic bond can offer the fantasy of all the excitement, romance, and passion that may be missing in a current relationship, once users log off they are left with the residue of the other person in their hearts, but the reality of their actual relationships just outside the study door.

The Concept of Cyber-Infidelity (Continued)

more apt to trigger obsession and addiction than real life romance (Lewis 2001, Leiblum 1997, Young 1997, 1998). Dr Dick Henderson, a London marriage therapist (2002 University of Western Ontario online) says that he has had numerous couples come to him for counselling because one of the partners participates in cyber-sex, and continues on to say that between 10 to 20 percent of his counselling cases now involve the Internet and/or cyber-sex.

Vaughn (1996 online) has made a timeline on her website of the potential for danger to the primary relationship of a cyber infidelity and it is reprinted below:

1. **You spend more and more time Online.**
Online interactions provide an “escape” from the realities of day-to-day living.
The fantasy world online can make the real world seem dull and boring.
The sheer numbers of people create unlimited potential for “newness.”
2. **You meet someone interesting Online.**
You present the “best side” of your personality, and so do they.
You share confidences: hopes, fears, fantasies.
The intense sharing brings you closer and closer together.
You fantasize about being more than online friends.
You become infatuated with your “friend” and want more and more interaction.
You feel like you’re “in love.”
3. **Your primary partner suspects/knows about your online friend.**
You deny or rationalize about your online activity. Your partner becomes more and more suspicious and threatened.
You ignore or deny the impact this is having on your partner.
Your partner learns more and is devastated by the situation.
You tell yourself that since there’s no actual sex involved, it shouldn’t matter.
You grow closer to your online friend and more distant from your partner.
4. **You want to meet your online friend in person. You feel like “soul-mates” or that you were “meant for each other.”**
You consider “risking it all” to see your online friend.
You either meet and engage in sex or you don’t and feel like “star-crossed lovers.”
5. **Your life has been changed in ways you never intended.**
Your online relationship ends-and your “real” one may end as well.

(Website accessed 19/8/03 – reprinted from:
<http://www.vaughan-vaughan.com/com010.html>)

This unknown quote probably sums it up:

‘We essentially choose who we fall in love with, and all too often we fall in love with love itself’

– and the Internet has given us the virtual equivalent of Narcissus staring at his reflection in the pond; as many of us fall in love with the handsome or sexy stranger, who we have helped to create in our virtual conversations as we surf amongst the millions of

potential star-crossed lovers at our finger-tips. Indeed as Donna Haraway and her concept of the cyborg have noted, we can each make our own virtual Golem if we so desire.

Henderson (online) makes the interesting point that detachment from reality is what makes cyber sex and relationships so attractive, as these type of relationships offer instant intimacy and sexual freedom without actually having to be ‘real’ – there is no actual commitment to the cyber-relationship, it can be left at any time and it offers an instant ‘out’ from a primary troubled relationship. However I see this as not entirely true, as there are many people who believe that the cyber-relationship they are in is true and real and will lead to a real-life relationship. This in itself is a troubling side-aspect, but not the focus of this article.

These types of issues will come up in your mental health care practice – if they have not already. As mental health care professionals we need to be well-read, informed and aware of what is happening. If a husband and wife present in your practice with the wife on Prozac and unable to work because she is devastated because her husband has taken part in a ‘virtual wedding’ to a woman in Switzerland, what would you think – how confident would you be in dealing with the realities of their situation? Do you know enough about sexual and romantic behaviour on the Internet – where do people go, what do they actually do, how do people do it - to even begin to give sound advice and guidance?

I suggest the following as starting points for online reading:

Dr Kimberley Young’s site on Internet Addiction which has a section has cyber-sex addiction:
http://www.netaddiction.com/cybersexual_addiction.htm

Dr Alvin Cooper’s site: Sexuality on the Internet: From Sexual Exploration to Pathological Expression
<http://www.apa.org/journals/pro/pro302154.html>

Support groups message board
<http://www.cheaterbuster.com/messageboard.html>

Websites dedicated to the problem of online cheating/infidelity and sex.
<http://cyberwidows.tripod.com/resources.html>

(this one is particularly good and has more than just infidelity links)
<http://www.chatcheaters.com/>
<http://www.infidelitycheck.org/cases.htm>

There is also now a burgeoning industry, to help those who feel they have cyber cheating partners catch them out and provide proof; a precise follows below:

Proof of Infidelity

Spy Software

<<http://www.youarethespy.com/spy-software.htm>> - Links to all the most popular PC monitoring programs. Download and install programs that can secretly record all emails, chats, IM’s and web sites visited. Remote install and remote monitoring options - no access to the PC needed.

Spy Hardware

<<http://www.youarethespy.com/spy-hardware.htm>> - GPS vehicle tracking, keystroke recorders, hidden cameras, phone recorders, room recorders, bug detectors, voice changers, home lie detectors.

There is no actual commitment to the cyber-relationship, it can be left at any time and it offers an instant ‘out’ from a primary troubled relationship.

Private Investigators

<<http://www.chatcheaters.com/investigators/investigators.htm>>- Hire your own P.I.A directory of private investigators for the USA and other countries. Find professionals in domestic investigations and polygraph testing (lie detector test).

Find the Truth about Anyone

<<http://affiliates.jeanharris.com/cgi-bin/clickthru.cgi?pid=ND&sid=jadelink>>
- People searches, motor vehicle records, background searches, court records, locate assets; check your own background records.

Infidelity Testing

<<http://www.youarethespy.com/>> - You don't have to be lied to anymore! This semen home test kit has the ability to provide unquestionable evidence of infidelity..

This article owes its inception to a dear girlfriend who experienced cyber-infidelity the hard way – discovering her partner advertising on multiple dating sites.



Angela Lewis (MAEd) is a registered counsellor as well as a commentator on issues related to the societal impact of technology and a lecturer in IT education.

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The Institute of Corporate Counselling is a division of the Academy of Hypnotic Science.

Register of ACA Approved Supervisors

Name	Contact number	Qualifications	Cost hr	Medium
Philip Armstrong	Qld 07 3356 7262	B. Couns, Dip Psych SOA Supervision (Relat Aust)	\$88.00 ind \$25.00 pp grp	Phone, Group 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 9973 4997	MA Ad. Ed BA Psych. Philos	\$90.00	Phone, Group & Face to face
Kaye Laemmlle	Qld 07 5591 1299	Dip Prof Couns SOA Supervision (Relat Aust)	\$80.00	Phone, Group & Face to face
Miguel Barreiro	Vic 03 9723 1441	B.B.Sc (Hons)	\$80.00	Phone, Group & Face to face
Anne Warren	Vic 03 9458 3170	R.N. Dip Prof Couns.	\$80.00	Phone & Face to face
Kerry Cavanagh	SA 08 8221 6066	BA (Hons) M.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, Group & Face to face
Mary Hogan RSM	Vic 0407 332 226	Psychotherapy SOA Supervision	\$80.00	Face to face
Gerard Koe	Vic 03 9495 6144	BA Psychology MA Pastoral Counselling	\$70.00	Face to face & Phone
Kevin Franklin	WA 08 9328 6684	PhD Clinical Psychology	\$100.00	Group & Face to face
Gary Green	NSW 02 9597 7779	Dip Prof Counselling, Supervisor (ACAP)	\$80.00 1.25 hr	Face to face & Phone
Gayle Higgins	VIC 03 9499 9312	Dip Prof Counselling, SOA Supervisor Trg (AIPC)	\$60.00	Phone, Group & Face to face
Yvonne Howlett	SA 0414 432 078	Dip Prof Counselling, Supervisor Trg (AIPC)	\$100.00	Phone, Group & Face to face
Servaas Van Beekam drs	NSW 02 9300 9907	Drs in Psych Post Doc Counselling	\$120.00	Face to face & Phone
John Murray	NSW 02 9363 0720	MA Pastoral Ministry, Master Practitioner NLP	\$85.00	Face to face & Phone
Jacqueline Segal	NSW 02 4566 4614	MA Applied Science Supervisor Trg (AIPC)	\$80.00	Phone, Group & Face to face
David Hayden	TAS 0417 581 699	Dip Prof Counselling Supervisor Trg (AIPC)	\$66.00	Phone, Group & Face to face
Cate Clark	NSW 02 6041 1913	RN, Grad Dip Health Science Clinical Supervisor	\$80.00	By negotiation
Lyndall Briggs	NSW 02 9554 3350	Mast. Prac NLP, Dip Clinical Hypnotherapy, Clinical Sup.	\$66.00	Phone, Group & Face to face
Christine Ockenfels	WA 08 9312 1738	MA Arts HS (Counselling) Grad Dip Counselling Supervisor Trg (Wasley Inst.)	\$66.00	Phone, Group & Face to face
Nirada Van der Burg	WA 08 9382 1772	MA Counselling Psychology	\$100.00	Face to face
Grahame Smith	NSW 0428 218 808	Dip Prof Counselling, Supervisor Trg (AIPC)	\$66.00	Phone & Face to face
Carol Moore	SA 0419 859 844	Dip Prof Counselling, BA Business & HRD Adult Educ. Supervisor Trg (AIPC)	\$99.00	Phone, Group & Face to face
Sandra Brown	VIC 0413 332 675	MA (Ed) MA, MAPS, Dip Clin Hyp	\$66.00	Pref. Face to face, Group & Phone by negtn
Kathryn Kemp	WA 0400 440 113	Post Grad Diploma Counselling, Supervisor Training	\$80.00	Face to face, Phone & Trainer
Subhana Barzaghi	NSW 0414 605 226	BA Soc. Sci	\$90.00	Face to face
Donna Apostolos	VIC 0417 400 905	Reg. Psychologist	\$80.00	Phone, Group & Face to face
Claire Sargent	VIC 0409 438 514	BA Hons Psychologist	\$110.00	Phone, Group & Face to face
Michael Cohn	NSW 02 9130 6661	B. Com LL.B; Grad Dip Couns; M. Couns.	\$66.00	Phone, Group & Face to face
Judy Boyland	QLD 0413 358 234	M.Ed. Dip. Prof. Couns. Prof. Sup. (ACCS)	\$85.00	Phone & Face to face

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.

Register of ACA Approved Supervisors (Continued)

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.

Counselling Australia is distributed to every state within Australia and all major regional areas.

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

Name _____
 Address _____ Post Code _____
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 Mobile _____ email _____ fax _____

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Internet and Computer Resources compiled by Angela Lewis



Hello fellow members!

My main focus this issue is Spyware, which we deal with further into this column. But firstly we look at all the 'wares' and where they fit in!

Freeware – this is as the name implies, free software. Occasionally you will come across freeware that asks for some type of donation to keep using it, but you are under no obligation to keep using it.

Shareware – that has some type of time or usage limitation to it until you are required to pay for it.

Careware – A variety of shareware in which the creator of the software asks that a payment for the use of the application be made to a charity or specific cause.

Adware – this is software that displays ads to pay for development and is usually bundled in with freeware.

Spyware – this is also bundled software that comes with freeware but works to return information about your computer usage back to the developers of software, who will then sell this information onto marketers.

Spyware In-depth: As detailed above, Spyware is a piece of software that sends back to someone else (usually without your knowledge), information about the sort of Web sites you visit. This type of program usually sneaks onto your computer when you or perhaps your children download games or software from the Internet. Unknown to you at the time, it is possible you are getting a free unwelcome download along with your requested one!

The Internet jargon for these sneaky little programs is Spyware or Adware. The original idea was that companies in their quest for more statistical data about their customer base organised it so that a piece of software would download into your computer that would relay back to the company wanting the information, the addresses of sites that you were going to and areas of the Internet you were visiting. A much cheaper way of doing market research and getting statistics about purchasing patterns, interests, etc.

Currently the worst culprits are seen to be those companies that are giving away 'free software'. Obviously if they are giving their software away they are not earning money, so they charge marketers to accompany your free software download with their Spyware. Just as it is with ordinary mail, your personal information is of interest to advertisers so that they can target the appropriate markets with the placement of ads - in this case on particular Web sites. One assumes it is only used for marketing purposes, but really who wants information collected on our private actions of purchasing, reading, writing and communicating on the Internet? In Australia we do have the Privacy Act which disallows the secret on-selling of our private information, however if you download software from overseas, then our legislation here does not cover it, so the Spyware is not against any privacy act nor is it illegal.

So what do we do about it? For a start, prior to downloading any software program from the Internet, check with the site www.spychecker.com which keeps an up to date list of programs with Spyware attached. Secondly install a Firewall – you have all heard me speak about why you should have a firewall installed – this is yet another good reason. Start by looking at www.zonelabs.com for a free one. Thirdly, get rid of any Spyware that may already be on your computer. You can do this by downloading a free program called **Ad-Aware** from www.lavasoft.de. This program detects if your computer already has Spyware on it and then gives you instructions for getting rid of it. I make my son run a program called Pest Patrol (a purchased version of the Ad-Aware program) every time he has downloaded yet another game.

Using Ad-Aware: You need to run this program manually yourself once it has been downloaded. Generally it attaches an icon to your desktop. You will need to double click this icon to start Ad-Aware checking your computer for Spyware. As the free version is a manual version, you will have to remember to run it whenever you have downloaded anything from the Internet. If it locates Spyware files then it will prompt you to delete them. All instructions are transparent and easy to follow. The link to the actual download page is <http://www.lavasoft.de/support/download/>.

As I said the Ad-Aware program is free. However there is a more advanced version of it that you will be notified of when using the free version. It is not expensive, and you should consider supporting companies such as this to ensure that they keep producing valuable software like this in the future. The same goes for the Zone Alarms Firewall. Certainly use the free version, but think about making a small investment in future software development by buying ZoneAlarm Pro. You can also get a Spyware program thrown in with it when you purchase a full copy. *Firewalls, anti-virus software and now anti-Spyware software – where will it all end!!*

Jargon

"Google that by COB" – geek speak translation: Search for that on the Internet and get back to me by close of business.

Bounce – When email messages cannot get to the intended recipient for some reason or other, it 'bounces back' (gets returned to) to the original sender.

Clicks and mortar – a play on words with reference to a traditional bricks-and-mortar company. It means a company that is trading electronically, selling their products on the Internet – generally one that is a 'real business' trading in a normal store but who also has an online selling section as well.

Discussion Forum for my research: This month I am asking you to help me! I have set up a discussion forum – this is like a chat room however with a forum any of us can visit it at any time and have something to say (this is called posting). The purpose of this forum is to get some input from ACA members on how they experience using the Internet and computers and how this influences their learning. As a component of my larger dissertation paper, I would like to conduct a research project into how

Just as it is with ordinary mail, your personal information is of interest to advertisers so that they can target the appropriate markets with the placement of ads - in this case on particular Web sites.

Internet and Computer Resources Compiled by Angela Lewis

professional, employed women are negotiating and experiencing using the Internet and identifying any problematic areas of use that may impact on future learning experiences.

This research project is part of my Doctoral research into women learning IT in the workplace. The focus is women, however male ACA members are most welcome to visit and post comments. My website has full information on the project plus the Consent form. www.angelalewis.com.au/research/

The link for the forum is:
<http://22forum.com/alewisresearch/>

I strongly suggest you post anonymously (you can just make up a user name) however it is entirely up to you whether you reveal your identity or not. My identity is clearly revealed.

Even if you think you have nothing to contribute, this would be an excellent way to have a play around and experience 'posting' – even just jump in and say hi! How to do it:

1. Click the link for the forum 'Women Using Computers and the Internet'.

2. Read what others have said
3. Click **Reply to this message** to get a form like an email – put in a made-up nickname and also make-up your email address or use a hotmail generic one – in the interests of being anonymous.
4. Type your message and then click POST.

All visitors to this forum can read what you have said. We can discuss the topic amongst ourselves, bring up new directions, and just generally see where this topic takes us! I would love it if you joined

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

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

ACA

Firewalls, anti-virus software and now anti-Spyware software – where will it all end!

Business Cards - a cut above the rest By Philip Armstrong

Your business card can be the most powerful marketing tool you own. It is compact, is something you can carry with you everywhere and can be easily handed out at every opportunity. It is a great networking tool. The trick to handing out business cards is to get the recipient to feel like you are offering them a service not to have him/her wondering what you are trying to gain. A simple statement like "If I can be of help anytime, just let me know", can easily overcome this. By handing out your card to everyone you meet, you are increasing your network. This is a great way to promote your services. It is no use having business cards if you only give them to people who already know you or keep them nicely stacked in your office draw.

Card designs should be basic and straight forward, showing your name, title, qualification, membership of an appropriate professional body (do not get caught up in showing all your qualifications and memberships), phone number, fax, email, website, business (clinic) address, and company logo or letterhead. Your card is a reflection of you so how it looks is important.

Your image as a professional is important and therefore your business card needs to project this. The over use of glossy bright colours may not be seen by a potential referral base as reflecting someone to

whom they want to refer patients/clients. Pastels are a good starting point for colours but the choice is yours. Check out other people's cards for ideas and looks and get the printer to use a distinctive font (make sure it can be read easily). Do not use flamboyant and trendy designs unless you are comfortable with them and try not to use too many colours. A professional finishing touch, such as a varnish finish or embossed paper, is always worth that little extra. Try to make sure that the paper used is at least 250 to 300 gsm.

Your card needs to look and feel good and be strong enough to last the rigours of time. Do-it-yourself business cards, created on a home computer, are cheap and readily available. They are in most cases also very obviously not made by a professional printer. If you want to project an image of being professional, your tools need to be professionally made. The most neglected part of business cards is the back. Use the back to state what your specialties are, such as relationship counselling, or for appointments. Using the back for appointments makes sure that people keep your card on hand.

Do not underestimate the power of business cards. They can attract business just as well as an advertisement in the paper.

ACA

Your card needs to look and feel good and be strong enough to last the rigours of time.

Research into counsellor stress and burnout

Members of the ACA are invited to participate in research into counsellor stress and burnout.

Members of the ACA are invited to participate in research into counsellor stress and burnout, a doctoral study supervised by Assoc. Prof. Kenneth Greenwood. Full details can be obtained by contacting Ruth Rosalion on (03) 9457-1837, email rmrosalion@hotmail.com, or by mail to Ruth Rosalion, School of Psychological Science, La Trobe University,

Bundoora, Victoria, 3084. All data is confidential and no names of participants or schools will be reported. The research is currently focused on school counsellors, but those working in other fields are also welcome to respond, as the study will be extended if sufficient numbers are obtained.

ACA

ACA Member Business Card

Eighty-three percent of the members who responded to the ACA survey asked ACA to develop a logo that can be used for marketing material. In response to that we have developed a business card shell (letter head will follow) that can have the members details inserted which in turn can then be used as a business card. This card will not only reflect the holders membership to the leading professional body of counsellors in Australia but also to their dedication to meeting industry standards and accountability. We believe the card is professional looking as well as easily identifying the holder as being a member of the ACA. Only full practicing members will be able to have access to these cards. To ensure practicality the back of the card can be used for appointment reminders.

These cards have been professionally designed and printed on high quality business paper to reflect the owner's professionalism. We have kept the price down which includes postage and handling to a reasonable level. However, as with everything we do at ACA we have only used the best material as well as having a graphic designer to come up with a quality design. This is reflected in the price, our cards may not be the cheapest option but they are definitely the most professional option.

The price of the cards are per 500, this may seem a large quantity but the art to having business cards is not in keeping them but handing them out at every opportunity. You will find if you leave quantities of your cards (in card holders, not loose on the counter) at the local chemist, hairdresser, milk bar and any other place where people congregate you will go through 500 very quickly. This does not include those you hand out at the local chamber of commerce and any other gatherings of professional business people you attend to extend your network. If you still have plenty of cards left over after a few months you are not using them efficiently.

The following is an example of how the cards will look with my business details on them. There is no need to follow my style or font design, you simply supply us with what you want. The cost is \$140.00 per 500 and \$170.00 per 1000 this price includes postage & packing anywhere in Australia. We can supply quantities of 250 however small runs at this number are not cost effective therefore this is reflected in the price of \$120 per 250. Ring 1300 784 333 for an order form or if you have any comments on the cards.

	<p>Clinic: Level 3, 131 Wickham Tce Brisbane CBD Phone 3832 5700</p>
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<p>Philip Armstrong MACA (CPC), MCCA, AIMM Grad. Degree, Couns (UNE), Dip. Psych., Dip App Sci (Counselling) Director / Principal Counsellor / Presenter PO Box 160 Grange Q 4051 Phone 1800 132 123 Mobile 0402 206 906 email: philip@easemail.net</p>	<p>Registered Member of the Australian Counselling Association</p>

These cards have been professionally designed and printed on high quality business paper to reflect the owner's professionalism.

	<p>MEMBER</p>
<p>Registered Member of the Australian Counselling Association</p>	

ACA members in NSW

Dear all

As president of the NSWCA I am writing to invite the participation of all ACA members who live in NSW. The New South Wales Counselling Association is a newly incorporated not for profit organisation set up as a peak industry body within NSW.

Our role could be said to be twofold. Firstly we exist to speak with and on behalf of our members to both the general and political community of NSW on issues associated with counselling. Secondly we are present to support our members professionally. This means making available to our members quality professional development opportunities, which are accessible both geographically and financially.

To this end we are currently resourcing two active local chapters, one in Sydney, the other in the Hunter Valley. These meetings provide the means for members to meet their professional development obligations in an effective and affordable fashion. Accordingly these regular events are well attended, and by all accounts function well for attendee's.

Other reasons for providing these forums include the opportunity for regular networking with other

professionals, the development of business contacts and skills, and the ability to ensure members opinions regarding the industry are communicated.

We are also setting up an active chapter in the ACT, and are interested to consider chapters in other regional areas.

The NSWCA, whilst newly incorporated, has been operating for 3 years. In this time we have grown considerably by virtue of our provision of services to our members and our active welcoming of your involvement. I believe it makes sense for each counsellor personally to be active in the development of their industry. The greater our collective involvement, the more minds together, the better the outcomes for our industry and in turn the community we serve.

The NSWCA offers each of you a tremendous opportunity, but we need your involvement to meet the promise. To find out how you could become more involved please contact Martin Hunter Jones on martinjh@tpg.com.au, or call 1300 784 333 for information on NSWCA events you can attend.

Yours sincerely
Martin Hunter Jones

The greater our collective involvement, the more minds together, the better the outcomes for our industry and in turn the community we serve.

Two New Bodies Affiliate with ACA By Lyndall Briggs

It is with great pride, as the representative for the two new affiliated hypnotherapy associations to the ACA, that I would like to tell you a little bit about both of them.

The first is the Professional Clinical Hypnotherapists of Australian – PCHA (Formally known as the Professional Clinical Hypnotherapists and Examiners of Australasia). The PCHA is a long standing professional organisation, the inaugural meeting was held on Sunday, June 26, 1983 in Haberfield, NSW. Their aim is to promote the educational and ethical aspects of clinical hypnotherapy, and to ensure members and associates maintain the highest professional standards in the practice of clinical hypnotherapy. They have the stability of only having two past presidents, Dr Thad West and Roger Johnson, the current President is Margaret Tomko, elected in 2001, Margaret was a founder member of this association.

The purpose for the formation of this association was due to a perceived deficit in the amount of education provided to practising Hypnotherapists. This association has dedicated every meeting to education and has met this commitment since inauguration. They provide approximately four educational meetings each year, one of which is a weekend conference which provides not only excellent presenters, but social interaction between members of the association, Hypnotherapists from other associations, and their families.

The current committee comprise a very homogenous group of people, who provide years of experience not only as Hypnotherapists, but in the arena of a diversity of professions and leadership. They are all fully committed to furthering the profession of hypnotherapy within the profession itself, as well as in the wider community.

The second is the ASCH, The Australian Society of Clinical Hypnotherapists; The ASCH was formed in 1974 by a small group of clinical Hypnotherapists dedicated to maintaining high ethical and professional standards in clinical hypnotherapy. Since that time the Society has grown steadily in membership and now has representatives in every state of Australia and as far a field as Fiji, New Zealand, Hong Kong, England and The United States of America.

The original concepts and ideals of the Founding Members have been rigorously maintained. Every society member is trained and examined in the relevant areas of study including, the clinical applications of hypnosis, psychology and counselling skills. Prospective members are psychologically assessed to ensure they are suitable persons to carry out therapy and members are required to enter into a supervisory relationship with experienced members during their training and initial period of membership. All members are sworn to uphold the professional and ethical standards as are set out in the Society's comprehensive Code of Ethics.

The membership of the ASCH includes professional Hypnotherapists, medical practitioners, psychologists, psychiatrists, registered nurses, chiropractors, counsellors, acupuncturists and people from various other health care professions.

To keep members apprised of the latest developments and techniques used in clinical

hypnotherapy the Society maintains a continuing educational programme comprised of discussion groups, workshops and seminars, supervised practice sessions and similar. In addition meetings are convened on a regular basis during which members are encouraged to exchange ideas and knowledge of their particular areas of expertise or specialisation.

The Society is the largest multi-disciplinary organisation of its type in Australia with such a varied professional membership an important part of its uniqueness and strength.

Members of the ASCH come from many nationality backgrounds, making a wide range of languages available for clients seeking hypnotherapy. The range of languages spoken include: Italian, Greek, German, Hungarian, Dutch, Arabic, French, Cantonese, Mandarin, Malaysian, Indonesian, Spanish, Russian, Polish, Maltese, Slovak, Macedonian, Bengali, Tamil, and Hindi.

The Society is administered by a Board of Directors, elected each year by the members. The Board has included professional Hypnotherapists, medical practitioners and psychologists who are actively involved in clinical hypnotherapy. Biannually the Society convenes a National Convention for Hypnotherapists with both international and local speakers and delegates.

A scientific Journal is published twice each year with articles submitted from local and overseas contributors. Subscribers to the Journal include most of the major hospitals and universities in Australia, the United Kingdom, the USA, Malaysia and New Zealand. The society also produces a quarterly newsletter for its members.

The Society is recognised as an authoritative body in the field of clinical hypnotherapy by Government departments and law-enforcement agencies. Members are recognised as providers for several Health Insurance Funds and are regularly invited to speak to community groups and the various service Clubs about their profession of clinical hypnotherapy.

Both the ASCH and the PCHA are non-profit organisations with membership fees being re-invested in various ways to promote the aims and objectives of the societies.

For any further information on the ASCH please refer to the website, www.asch.com.au.

We hope the affiliation with the ACA will have benefits for all organizations concerned. One of our aims is to provide our members with access to ACA facilities. Our members will be able to join local chapters, have access to ongoing professional development workshops, meet and interact with like minded people (particularly important for some of our country and interstate members). Our members will receive this valuable journal and have access to more supervisors. In return ACA members will have access to our ongoing professional development workshops, training programmes and supervisors. The affiliation will also give the opportunity to lobby government bodies, health funds and insurance companies in a combined, more powerful effort.

We look forward to a long relationship with advantages for all concerned,

One of our aims is to provide our members with access to ACA facilities. Our members will be able to join local chapters, have access to ongoing professional development workshops, meet and interact with like minded people. Our members will receive this valuable journal and have access to more supervisors.

Families, Life and Conundrums: The Modern Face of Counselling – ACA National Conference

The ACA National Conference hosted by the New South Wales Counselling Association Inc was held at the Stamford Plaza Hotel on the 7th, 8th and 9th of November.

The conference was well attended by members and visitors alike with over 300 people coming through the doors during the three days. The venue was the beautiful Stamford Hotel whose staff looked after us as though we were royalty. The food and rooms were top class and well presented.

We were honoured by the presence of one of Australia's one hundred living treasures Reverend Bill Crews who was the key speaker and started the conference off with a passionate opening discussion on the Exodus Foundation. He followed this with an entertaining discussion on his experiences as a social justice advocate.

One of the most controversial subjects faced on the day was a discussion on regulation and the counselling industry. Associate professor Bill Warren put together a good objective argument on the need for and against regulating the counselling industry. ACA will be following this subject up with a creation of discussion board made up of interested members, Bill Warren has indicated he would be happy to be a part of any such move.

Day two and three saw 36 workshops and subjects covered ranging from Sex Therapy with Dr Lesley Lee to Music Therapy with Dr Ruth Bright. ACA would like to thank the New South Wales Counselling Association Inc, all those who attended, all those who presented and definitely a big thank you to all those who were involved with the organisation and administration of the Conference. ACA will be having another National Conference in 2004 in October/November in Brisbane, Queensland, which will be hosted by the Federation of Psychotherapists and Counsellors of Queensland Inc.

Awards

On the evening of Saturday the 8th of November at the National Conference an awards night was held to recognise and show appreciation to individual members who have contributed to the growth and idealism of ACA and the counselling industry as a whole. Nominations for awards were made by the members and committee members of the individual Member Associations and Chapters. The Chairs and Presidents of the Member Associations and Chapters nominated special awards. The following people received awards:

Special awards:

Thompson Education Award, an award from Thompson Education that included a selection of books, went to Bridget Hallam for services in two states, New South Wales and Queensland to the relevant Chapters of those states.

Authenticity Health Retreats Award, a two stay at the Authenticity Health Retreat in South Australia went to Yvonne Howlett for services to the South Australian Chapter.

Awards:

Victoria — Awards for contributions to the Victorian Chapter, now the Federation of Victorian Counsellors Inc, and the counselling industry:

Miguel Barreiro, Hans Schmid, Veronica Basa and Patricia Ong.

New South Wales — Awards for contributions to the NSW Chapter now the New South Wales Counselling Association Inc, and the counselling industry:

Martin Hunter Jones, Jill Elvey-Powell, Bridget Hallam and Ted Heaton

South Australia — Awards for contributions to the South Australian Chapter and the counselling industry:

Peter Papps, Yvonne Howlett, Liz Gamble and Anthony McAvaney

Queensland — Awards for contributions to the Queensland Chapter, now the Federation of Psychotherapists and Counsellors of Queensland Inc, Diana Dawson

Western Australia — Awards for contributions to the WA Chapter, now the Professional Counsellors Association of WA Inc, and the counselling industry: Lorne Ferster, Carolyn Hage and Richard Clare

Tasmania — Award for his contribution to the Tasmanian Chapter and the counselling industry: David Hayden

Special individual awards for contributions to ACA and the counselling industry:

Adrian Hellwig (Qld) for his contributions as the permanent member to the ACA disciplinary board, contributions to the journal and being a member of the journal peer review board.

Carole Moore (SA) for her contributions to promoting professional counselling in education in South Australia.

Dr Travis Gee (Qld) for his three years as Chair of the Peer Review Committee for the ACA journal "Counselling Australia" and his contributions to the journal.

Angela Lewis (Vic) for her contributions to the journal "Counselling Australia" as the journals I.T. Educator in regards to matters on Information Technology and its relevance to counselling.

Philip Armstrong (Qld) was awarded the first Fellowship to the ACA for his leadership of the association and his contributions to the association over many years internationally and within Australia as well as his contributions to the counselling industry. The combined board of the Member Associations and Chapters Presidents ratified this award.

ACA

One of the most controversial subjects faced on the day was a discussion on regulation and the counselling industry.

The following pages are a collage of photographs taken at the conference.





Chapter News



New South Wales
Counselling Association Inc

It's been a big year for the NSWCA, including amongst other things, Incorporation, our inaugural AGM, and our involvement in the organisation of the National ACA Conference here in Sydney. The Sydney and Hunter Valley Chapters are moving forward well. An indicator of this positive momentum includes our ability to attract high quality speakers to our bimonthly meetings. Indeed we are even finding speakers are approaching us to present their ideas.

The other indicator that we are going well is the fact that our attendance figures are high and rising. It seems that for those in the know, being all those who go, the opportunity of attendance at our chapter meetings is very worthwhile. In addition to this, the NSWCA has facilitated the development of two new chapters in the ACT and also Western Sydney.

Both of these new chapters are applying the service model which is bimonthly meetings which include a presentation plus an hour of professional group supervision plus a meeting in which members develop their vision forward together. These meetings started well with significant attendance and some real energy and excitement. We are looking forward to some great things coming out of these chapters for our members and participants. It is expected that we will support the development of other chapters through the next year. Could be your region next!

The NSWCA Inc would also like to acknowledge our award winners for services to ACA and the Counselling industry.

These awards were handed out at the ACA National Conference.

Jill Elvy-Powel
Bridget Hallam (now living in Queensland)
Ted Heaton and
Martin Hunter Jones.

For more information on the NSWCA and how you could be involved please contact the President of the NSWCA, Martin Hunter Jones on 02)973 2597 or 0438 336 535, or email on martinhj@tpg.com.au

SYDNEY CHAPTER.

Dates for the Sydney Chapter meetings for 2004 are 14th of February, 10th of April, 12th of June, 14th of August, 9th of October and the 11th of December. The first meeting will have Allen Rudner as the guest presenter. Allen, a highly regarded Counsellor and Group Presenter, will take us through the material from his "He said, She said" workshop, on the differences between men and women and ways of working with that difference.

Please note the venue has for the first time changed. The presentations will now be at the Ryde Eastwood Leagues Club: 117 Ryedale Rd West Ryde. Meeting times are:

1 pm Professional Supervision Group
2 pm Presentation
3 pm Chapter and NSWCA meeting

For more information on the Sydney Chapter please contact the NSWCA secretary, Kerry Cole on 02) 9596 0007 or via email on ker_kids@yahoo.com.au

HUNTER VALLEY CHAPTER

The Hunter Valley Chapter continue to achieve a great response to its meetings which are held on the 2nd Wednesday of every 2nd month at the Gracegrove College in Newcastle.

At this stage their curricular of presenters for 2004 is unconfirmed. But you can get up to date information from either Ted Heaton on 02)49625650 or Steve Tsousis via email on stevetsousis@hotmail.com

WESTERN SYDNEY CHAPTER

The 2004 meeting dates for the Western Sydney Chapter are 31st of January, 27th of March, 29th of May, 31st of July, 25th of September, and the 27th of November 2004.

The first presentation in January will address the subject of Post Natal Depression. Other topics through the year will include D&A, Domestic Violence, Anxiety, Depression, and Agoraphobia.

Venue: Emu Plains Community Centre, Lawson St, Emu Plains

Times: 2.00 - 5.00pm

For more information on this chapter and to confirm your attendance please call West Sydney Convenor Brigitte Madeiski on (02) 4735 6910 or email brigitte.madeiski@bigpond.com

ACT CHAPTER

The ACT chapter will start its new year of meetings on the 7th of February. Meetings will be bimonthly from there on the 1st Saturday of the month at issue.

The speaker for the first meeting will be Steve Tsousis. Steve is a lecturer on Counselling at the Gracegrove College in Newcastle and is the Vice President of the NSWCA. His presentation will be "Counselling Skills for your Clients Inner Child".

Venue : The Griffin Centre, Town Centre
1 pm Professional Supervision hour
2 pm presentation by Steve Tsousis
3 pm chapter meeting

For more information please contact convenor Lola Higgins on 02)62310553 or email katykea@boxfrog.com



Professional Counsellors Association
of WA Inc

Last meeting of the year will be Monday 1st December 2003 at 5.00pm at 110-116 East Parade, East Perth. Telephone Carolyn 0403 943 042 for any further information. Our last meeting for the year was followed by a *festive season celebration*, which was well attended and fun had by all.

It's hard to believe we are almost at the end of the year. It has been a very busy year for the Professional Counsellors Association of WA. The number of members attending our monthly meetings has progressively increased. The diversity of members has proved very interesting, as it has assisted in broadening our networking among members, and also exposed members to the many different areas of counselling in Western Australia.

The NSWCA Inc would also like to acknowledge our award winners for services to ACA and the Counselling industry.

We would also like to congratulate the following WA members who were recognised by the ACA for services to the association and counselling industry and were nominated and received awards at the ACA National Conference.

Carolyn Hage, Richard Clare, and Lorne Ferster.

This year has been exciting as we became incorporated, and held our AGM in September, which resulted in a committee being established. We have some very creative and exciting events for consideration in 2004, so stay tuned!



**Federation of Victorian
Counsellors Inc**

STATE NEWS, Federation of Victorian Counsellors Inc.

The F.V.C. held its inaugural AGM on Saturday, 1. November 2003.

The following members were voted to fill the management board positions:

Miguel Barreiro	<i>President</i>
Paul Tricker	<i>Vice President</i>
Stan Gower	<i>Treasurer</i>
Hans Schmid	<i>Secretary</i>

Committee members:

Veronica Basa	
John Dunn	<i>Country Representative</i>
Rodney Holmes	<i>Student Representative</i>
Barbara Matheson	
Jasmin Ong	

Prior to the business procedure of the formal part of this meeting, Miguel Barreiro facilitated a lively and interesting exchange of ideas amongst those who attended. The discussion was again evidence of the need and willingness many counsellors have to seek contact and interaction with others in similar situations and circumstances. This is one very useful way of reducing the anxiety that can be part of the isolation some counsellors may face at times, and one of the important functions of the Federation. I'm sure we all benefited from the interesting and valuable information that was shared by members. It was also really good to see some country members who traveled a long distance to be at this meeting.

More details of what was discussed at this meeting and of the exciting plans for the future will be announced at the next meeting of the Federation in December 2003.

The next meeting is scheduled for:

Date: Saturday, 13. December 2003

Time: 2pm to 3pm: Business Meeting.
(Management Board).

3pm to 5.30pm: General meeting, all members welcome.

Venue: Combined Community Counselling, 148 Maroondah Highway, Croydon.

Please RSVP by Friday, 5. December to confirm your attendance. commcounselling@aol.com

This is also a social event!

Please bring a plate (with something on it) for afternoon tea. The only cost will be a gold coin

donation (\$2.00), and there will be a mystery door prize for the lucky winner!

Apart from having open discussions and interchange of ideas about individual concerns and future activities of the federation, we would also like to enjoy each other's company, and get to know one another! The intention is, to hold regular meetings for the members of the federation on the 2nd Saturday of each month. This will make it easier to remember the dates. It is also intended to hold the occasional meeting in certain country areas in the future. The venues may change and will be announced when the time comes.

Don't miss out on the opportunities and benefits these meetings offer. Now that the Federation is up and running, there is more energy available to get things done that will benefit the members and our counselling clients.

Peer supervision and presentations for OPD has already been happening at former chapter meetings. Peer supervision sessions have also taken place in the Knox area and at South Yarra. We can now build on what was already planned and practiced in the past with greater numbers of members who play an active part in the Federation's activities.

The VFC Inc would like to congratulate the following Victorians who were recognised with awards at the National Conference.

Hans Schmid, Veronica Basa, Patricia Ong, Angela Lewis, and Miguel Barreiro

South Australian Chapter

The Chairperson and members of the South Australian Chapter would like to congratulate the following members who received awards at the ACA National Conference for contributions to the association and counselling industry:

Carol Moore, Liz Gamble, Anthony McAvaney, Yvonne Howlett and Peter Papps.

The management committee of the South Australian Chapter are currently going through a restructure due to the resignation of several members due to retirement and health reasons. South Australian members will be informed through the EOM when the next meeting is and the venue. In the meantime any queries can be emailed to the Chairman Peter Paps on email persontoperson@picknowl.com.au or phone (08) 8363-5822.

Tasmanian Chapter

The Tasmanian Chapter is going from strength to strength with a possible sub Chapter being formed in Launceston. Current meetings in Hobart have been well attended with some very well known counsellors such as Mr Vyvyan Alomes, a Couples Therapist, doing presentations for the members. We would like to congratulate our Chairperson Mr David Hayden for his award at the ACA National Conference for services towards the association and industry. For further information in regards to meetings next year please email David on resid@knightfranktasmania.com.au or phone on 0417 581 699.

Now that the Federation is up and running, there is more energy available to get things done that will benefit the members and our counselling clients.

Book Reviews

Digging Deep

By: J.F. Matthews

The digging deep program comes in two parts – a teacher's manual and an activities book.

It has been primarily produced as an educational resource for those dealing with boys aged 8 to 16 years but could be adapted for any child in this age group who has trouble understanding, or even identifying, how they feel.

As a counsellor working in a boys school I can see the need for such a resource (though in the school I am in I have seen the need decrease considerably over the last ten years).

Whether or not a curriculum based approach to this problem is practical or not is another issue. Most teachers of my experience have no time to introduce extraneous material into an already full curriculum. Those teachers who care enough about the issue will most likely take out little pieces here and there or use a single exercise – not ideal with something designed to work as a program but a reality of today's school environment.

As a counsellor such things as the "190 words to describe feelings" can be useful, though a tool I usually use is a page of cartoon faces showing different expressions with a feeling written underneath each one. The real worth in this resource for me lies in the well grounded glimpse it gives into the psyche of the Australian male in this age group. Though no one is saying all Australian males are like this, one meets and can identify this type often enough to make the program's contribution to this issue of value. The problem of course is that such information becomes dated within 5-8 years, with some of the "now" expressions having a much shorter lifespan than that! Hopefully this will result in a second edition as the situation evolves.

To me this is a "nice" but not essential resource.

Adrian Hellwig (Vice-president CCA)

Available through Acer Press Phone 03-9835 7447

Why Men Lie and Women Cry

by Allan and Barbara Pease

Husband and wife team, Allan and Barbara Pease have written *Why Men Lie and Women Cry* as the next step on the relationship ladder from *Why Men Don't Listen and Women Can't Read Maps*.

In their unique style they have again written a book which is both factual and comical in presentation.

This book is a culmination of information and research collected by them about relationships



everywhere. It defines common problems and in their true style suggests practical solutions. It explores the languages of the opposite sex – Manspeak and Womanspeak which presents an interesting perspective to both male and female readers.

It is useful in the counselling context as it's easy to understand, common sense themes relate to everyday indifference within relationships. It's practical application of solutions, factual presentation of relationship themes and ideas flavoured with a unique sense of humour allow this book to reach many people informing us that possibly the indifferences people experience in relationships are really just gender differences which once understood – can be possibly worked through.

Why Men Lie and Women Cry offers a real chance to cut some of that misery, anguish and confusion out of relationships. It's full of common sense and scientific facts that are powerful, yet presented in a humorous, easily, understandable way. It explains the behaviour of the other side in a variety of roles.

Book reviewed by Stacey Lloyd BA(Psych), Dip Bus(Mgmt), Cert IV(Trng & Asst), PACFA, CCA, MACA(Clin)

Book available through Pease International. Phone 07-5445 5600 \$27.50

Secret Scars

By V.J. Turner

Upon starting *Secret Scars*, I must admit that I was apprehensive when the author started out by saying that she is a survivor of the condition, thinking it was another of those "I've had it so I know all about it," books.

However, this is certainly not the case with V.J. Turner who takes both an engaging and scholarly approach to help the reader understand the dynamics involved in self-injury. Not only does Turner share case histories and her personal struggle as a former self-injurer, she backs it up by citing studies, research findings and clinical outcomes. *Secret Scars* is a groundbreaking book that demystifies self-injury by explaining it as an addiction. She suggests they "Get out of the problem and into the solution."

V.J. Turner is a pseudonym for a licensed clinical psychologist. Her numerous academic credentials include a Ph.D. and a post-doctorate fellowship. She has many years of experience working therapeutically with adolescents and patients with addictive disorders. She has written and published extensively, including academic journal articles, books and assessment instruments in the field of psychology.

Some areas that are well addressed in this book are: What is self-injury? Why would people deliberately hurt themselves? Why can't they stop? What can I do to help? These questions and many more are asked and answered in *Secret Scars*, a revealing look at the addiction of self-injury. Self-injury is one of the fastest growing health problems among teenage girls today. Despite its prevalence, however, self-injury remains a behaviour shrouded in mystery and misconceptions. The author looks at dispelling the myth that self harm



is a sin, citing many cases from a biblical or religious nature where self-harm has been reported. The great paradox here is that while self-mutilation is self-punishing and self-destructive, it is also an attempt at self-healing.

I found that some of the diagrams were great at describing in a visual way that generally in the beginning (childhood), the self-abuser was able to dissociate after an emotional trauma or physical or sexual abuse. Which leads to the current behaviour of "stress or panic/emotional overload -> self-harm -> Pain = relief or 'high' -> end goal of numb/dissociated".

The author states that, "Understanding and becoming fully conscious of the dynamics involved, of both the original trauma and the resultant subconsciously ingrained and well-learned defective coping mechanisms used in the present, can help to break this cycle."

Available through Living Solutions Bookshop Phone 03-5977 6366 \$40.00. ISBN: 1568389140

Reviewed by Lyndall Briggs RMASCH, CMACA.

The Psychology of Language

By Timothy Jay

"The Psychology of Language" is the sort of book that anyone who deals in communication needs on their bookshelf and that includes therapists and counsellors. It is a scholarly yet accessible work, which combines the traditional language research with some startlingly new ideas, ably backed up by examples and references. In particular, Jay is concerned with the emotional aspects of language, which are still not being considered by mainstream psychological research (Preface, page iii).

The book falls into two parts. The first, an "Introduction to the Psychology of Language" contains the familiar language research elements together with descriptions of the latest work in this field. In the second, "Applied Linguistics", Jay links language learning with emotional experience through his fascinating exploration of topics such as taboo language, storytelling, jokes, humour, figurative speech and thought. Although he is primarily concerned with the English language Jay does bring in a host of examples from other languages and cultures, including American Sign Language (ASL).

The book is written in a clear unambiguous style but is not without its touches of humour. It can serve as a textbook for tertiary students or as a resource book for the individual reader. It is very well-organised and set in reader-friendly format with plenty of diagrams, tables and examples. Each chapter begins with a set of critical thinking questions to focus the reader, as well as various other exercises, to apply one's knowledge. At the end of each chapter there are key terms, websites as well as a preview of the next chapter. At the end of the book there is an excellent bibliography together with a useful glossary of terms.

In his Preface Jay asks whether it is really possible to 'understand language acquisition by ignoring its

cultural and emotional contexts' and has convincingly proved that it is not!

Anne Jeavons, M.Ed (sign language research), B.Ed (teaching deaf/h.impaired), B.A (French English German), Grad Dip Ed, Grad Dip Ed Admin, Dip Frontline Management, Cert IV Assessment and Workplace Training, Dip Counselling (in progress) and student member of ACA.

Available through Pearson Education.
ISBN 013 026 6094. www.prenhall.com.

Toy Horses Can Be Real

By Pam Mitchell

Pam Mitchell's purpose for this book is simple: "to help people s ~ t ~ r ~ e ~ t ~ c ~ h to achieve their goals whether in business, sport or life itself".

Success comes in many forms and this book encourages the reader to strive for it in many different areas of life. This is really a kick-start book; useful to an individual who is contemplating the idea of change, and is looking for the inspiration, the spark that will catapult them towards action. It is written in a conversational style, not surprising as the author is an esteemed public speaker and presenter. All of the chapters start with a story, tying the content to 'real life', and illustrating the main point of the chapter it prefaces. The author employs the strategy of "developing self and interpersonal communication; fostering energy to increase pride, performance and productivity and profit; charting step-by-step achievable goals to determine positive outcome". I found the approach to some of the expected sections in a book on motivation different – the chapter exploring COMMUNICATION, is devoted to self-discovery; communicating with oneself and discovering and appreciating your personal worth, as the forerunner of being able to communicate that worth to others, thus bringing success. Chapters of note are: SOUL, MUSIC, READING, and COLOUR, exploring the influences of environment, and illustrating that success as the end result is only as effective as the ingredients that go into it. Other chapters looking at what we often experience as barriers to success are CONFLICT, FEAR and TEAMWORK.

This slim volume has packed a lot into its relatively few pages. It is encouraging from beginning to end, and does not entertain the thought that there isn't a person reading it who is not capable of putting success into some part of their lives. It is realistic and consciousness-raising, sometimes confronting, and always puts responsibility for success and happiness right where it belongs – in the hands of the individual. Available from Pam Mitchell. Phone 08-8357 0344

Jodi Thompson, Bachelor of Science (Applied Psychology)

Personal Support Programme Coordinator, Fraser Coast Training Employment Support Service



Book Reviews (Continued)

Risky Practices (Expanded Edition)

By Nigel McBride and Michael Tunnecliffe

Every day I am contacted by either ACA members or supervisees on legal or ethical issues. This is the book I consult when I am not sure or to verify my facts. The book deals with every day legal and ethical issues counsellors and psychotherapists are confronted by. Anyone who has been involved with legal and/or litigation issues will know that there is a lot of grey and very little black and white when it comes to legal issues in counselling and psychotherapy. This is usually the case when operating in a self-regulating industry such as ours where there are few mandated guidelines.

One comment I have heard by some who have the read the book is that it is over board and it would be unrealistic to take on board all the information. This is a bit like only following some speed signs and not others, you will get caught speeding sooner or latter. Unfortunately we live in an era of litigation and counsellors are now finding themselves a target. There were several counsellors this year who had litigation taken out against them in Australia and these numbers will rise with the increased use of counselling.

Risky Practices will give you the necessary information you require to at least consider your position, practices and policies. The book comes with a disk that contains three risk management templates. I thought the template for a consent form was overly long however, it formed a good basis and the great thing about templates is you can cut and paste to suit yourself.

Risky Practices is a must, particularly for those in private practice, even if you do not wish to follow all the suggestion at least having a knowledge of the issues is a good starting point.

Reviewed by Philip Armstrong B. Couns, Dip Psych FACA, President of Federation of Psychotherapists and Counsellors of Queensland Inc.

Risky Practice is available for \$32 by either phoning (08) 9430 4377 or email books@emergencysupport.com.au



“Pariahs”

I was sent a copy of 'Pariahs' - an award winning film on 'bullying in our public schools' made by grade 12 Edmonton, Alberta, Canada students, by Leonard Shane a retired elementary teacher from Vancouver, B.C., Canada.

The DVD was reviewed at the ACA National Conference and was well received. I thought the DVD was well structured and had a powerful point to make. The DVD is not a Hollywood production and doesn't suffer from gratuitous violence or swearing for swearings sake. The film is a bit slow but for good reason as it builds up to a non-violent yet very powerful ending with a significant message for school children and parents. I believe this DVD should a part of every schools curriculum. Reviewed by Philip Armstrong

The following is some comments made by Dr Fred Shane

My name is Dr. Fred Shane. As a psychiatrist I have dealt with violence in families for decades. I have worked in the forensic system in both Canada and the United States for years. It is my opinion that the movie Pariahs serves as an excellent foundation for dealing with the phenomenon of bullying in our school system.

The movie is the brainchild of an adolescent film maker, Will Beauchamp of Edmonton, Canada. This movie won a significant prize at the Toronto International Teen Movie Festival in 2002. There is significant intrinsic value in Mr. Beauchamp's view of violence in the school because of his connection to his generation.

In particular the movie itself serves as a starting point for teachers to discuss the concerns that the movie depicts. The crucial theme is that of victimization. The young man who is physically and emotionally abused experiences personal catastrophe from the bullying. It would be important to explore the range of feelings the victim experiences with the students to whom this movie would be shown

The price of the DVD is yet to be confirmed . For further information contact George Thompson at Living Solutions on tel: 03 5977 6366 or email sales@livingsolutionsbookshop.com.au .





British Association for
Counselling and Psychotherapy

10th Annual BACP Research Conference

Announcement and Call for
Papers

‘The World of Counselling
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21 - 22 May 2004, London

In association with:

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- ⌘ Kenya Association of Professional Counsellors (KAPC)
- ⌘ Malaysian Counselling Association (PERKAMA)
- ⌘ New Zealand Association for Counselling and Psychotherapy (NZAC)
- ⌘ Psychotherapy and Counselling Federation of Australia (PACFA)

For further details visit:
http://www.bacp.co.uk/research/general_2004.html

Call for Paper enquiries contact:
Angela Couchman on 0870 443 5237
or email: angela.couchman@bacp.co.uk

For booking enquiries please contact
Tracey Lawson on 0870 443 5241
or email: tracey.lawson@bacp.co.uk

Casual rental of professional serviced Counselling Rooms...

The Australian Counselling Service (ACS) operates professional counselling clinics in Brisbane, Sydney and Melbourne, and provides counsellors and psychologists access to serviced facilities from which to operate their practice. All three ACS Clinics contain soundproof counselling rooms, a group room, viewing room for professional supervision, and a reception/waiting area.

ACS offers casual room rental for only \$25.00 per hour. Discounted rates for blocked room rental and weekly/monthly rental packages are also available. There are no rental agreements – simply competitive hourly rates. ACS provides counsellors with a cost-effective option to deliver their services from professionally-fitted premises, without the complication of a long term lease.

Locations



BRISBANE
Ground Floor
1454 Logan Road
Mt Gravatt Qld 4122
Ph: (07) 3420 4127
Fax: (07) 3420 4135



SYDNEY
Ground Floor
18-20 Ross Street
Parramatta NSW 2150
Ph: (02) 9890 8001
Fax: (02) 9890 8006



MELBOURNE
Ground Floor
627 Chapel Street
South Yarra Vic 3141
Ph: (03) 9826 3733
Fax: (03) 9826 3766

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What memberships do you have: _____

Do you have current PI Insurance: Yes /No

For on line membership information and
details
about . . .
the Association for Counsellors in Australia
please visit the
ACA Website
at
<http://www.theaca.net.au>



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