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COUNSELLING AUSTRALIA

Australian Counselling Association Journal



WINTER



**Australia's
History - What
do we know of
our PAST**

**Drought
Counselling
Project - Part 2**

**The New Power
Therapy:
Emotional
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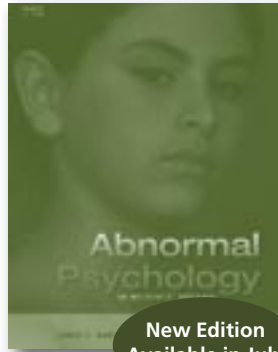
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Editorial By Phillip Armstrong



They had identified the ACA as being a leading association in relation to attracting new members over a consistent period of time.

The first half of the year has been extremely busy, particularly with our average of 60 new members per month being maintained. Our website is a good reflection of the interest being shown in ACA with 277,877 hits in the month of March and with 5555 of these going to our

National Register. The National Register will be undergoing a major refurbishment, as will the entire ACA website. We will be adding further information to the Register, as well as links to registered members' websites. We anticipate this will give ACA and our members a higher profile on the web.

Another good sign of our recognition as a peak body has been the interest shown to us by the media. This year to date, ACA has been approached by the Bulletin, Today Tonight, A Current Affair, Cleo Magazine (no, not a centre-fold), several university radio stations, several major newspapers in Sydney, Melbourne and Queensland, and ABC Radio, for comment about counselling issues that have been in the media. ACA was also invited by the British Association of Psychotherapists and Counsellors to co-host their International Research Conference in May this year.

Dr Brendan Tempest-Mogg, a Clinical member of ACA who is based in the UK, represented ACA at the conference. Brendan did a sterling job, which is evident from the interest that was shown in ACA by

the participants. Associations from Ireland, Malaysia and Kenya have indicated an interest in forming reciprocal relationships with ACA. Many of the attendees made very positive comments about the standard and content of our journal, including the editor of "cpj", the BACP peer-reviewed journal, which is quite an honour in itself. Many of the attendants also showed an interest in the ACA National Conference. We hope to meet with some of them in October. What is obvious from this conference is that ACA needs to raise the profile of research in our profession in Australia. Hopefully we will have more tangible news on a proposed strategy in regard to this issue later in the year. Brendan will be discussing the salient points that came out of the Research Conference at the ACA National Conference.

ACA was also invited to the Australian Society of Association Executives National Conference in May to give a presentation about "Recruitment of Members". They had identified ACA as being a leading association in relation to attracting new members over a consistent period of time. More importantly, they also identified our ability to retain members not just attract them. The opportunity to present was well worth it, with some very good networking being conducted. My main goal over the next month is to follow up these good leads that could prove beneficial for our members.

ACA

Letters to the Editor

A very interesting debate occurred during the last meeting of the Federation of Psychotherapists & Counsellors of Queensland Inc. The discussion revolved around the exchange of personal labour in return for counselling session/s.

There was agreement in relation to this subject, therefore, we would greatly appreciate the ACA official viewpoint concerning this matter.

Name and address supplied but withheld.

There are many issues that would prevent the exchange of services for counselling to occur. There are issues of insurance, litigation, accountability, tax (gst), OHS and compensation in the case of an accident. However all these aside,

when a service is performed technically a master-servant relationship is formed. The service provider is accountable to the client. We as counsellors are accountable to our clients the consumer. It would be unethical to put a client in such a position where they were accountable to a counsellor to provide a service. This reversal of positions would put clients in an extremely vulnerable situation and also leave the counsellor open to allegations of manipulation. In rural areas and with clients on acreage the exchange of services for produce may be considered. However, a client performing services in lieu of payment for counselling is not acceptable. Ed.

ACA

We would greatly appreciate the ACA official viewpoint concerning this matter.

Australia's History: What do we know of our PAST? – Part 2

By Ron Hampton

Early Contact and Confrontation: Initial Responses to Contact and Invasion

The invasion of Australia did not begin with any fanfare. It began with the interaction between Captain Arthur Phillip's invading corps of men (including soldiers, sailors and convicts) and the local indigenous people, the Eora.

From initial cordiality to the visitors, it descended into violence when it became evident that the intruders were attempting to take possession of the land of the people. Phillip had been instructed to deal carefully with the "native people", but increasing violence unfortunately occurred between the two groups.

Today, finally, many non-indigenous historians accept the invasion as a tragic cultural event. In *A Concise History of Australia*, Macintyre states: "We do not have the direct testimony of those Aborigines who dealt with the first European newcomers ... We know from contemporary descriptions that Arabanoo, Beenelong and others were horrified by such barbarous excesses as flogging, terrified by demonstrations of musket fire ... We can only guess at their reaction to violation of sacred site, destruction of habitat, their ravagement by disease and the growing realization that the intruders meant to stay." (Macintyre, 1999, p.35)

With a growing population and need for food, the British settlement began to expand into the surrounding country. Unable to live off the land because of their social and cultural background, the British engaged in creating the same style of farming which served them well in their mother country.

To achieve this, tracts of land were cleared of vegetation and crops sown. Excluding the local inhabitants from these areas was a cultural reaction on the part of the Settlers. It served to polarize attitudes among the Aborigines and often lead to reprisals by the Aboriginal residents.

Short sharp, hit-and-run attacks on isolated settlers were commonplace. It was not uncommon for settlers to be attacked and their buildings destroyed. "Theft" of stock, goods or foodstuff also became commonplace.

The British reacted. Armed incursions against the local people were organized. British settlers commonly went armed; shooting at any Aboriginal they considered a threat.

A Clash of Cultures

The invasion of Australia by the British was a clash of two diametrically opposed cultures.

One culture was based on a true co-operative approach to the land and its resources, treating everything within their universe as having a proper place and role. With neither little concept of personal possessions nor a great array of material goods, the Aborigines lived as part of the land, perceiving themselves as the custodians of a greater totality.

They had a reverence for the continuity of the Land and treated it according to the laws and customs laid down in their Dreamings. The land and all it

contained was to be maintained and preserved. True conservationists whose culture perceived the inter-relatedness of their ecosystem, they used the land, modifying it simply, almost naturally by the use of fire stick farming, or the redirection of creeks to form fish traps.

The second culture was singularly individualistic in its approach to possessions, goods and the land. Its social structure and its stratification were based on the accumulation of wealth and possessions, and on the exclusion of others from access to this wealth.

The land was merely another chattel. Possession of the land was an economic indicator. The land itself was there to be changed and used to individual financial advantage.

Initially the British assigned hierarchical social structure to Aboriginal society to accommodate their own system. They attributed roles such as "king" and "chief" to particular individuals based on skewed perceptions (the chest plates issued by the British invaders). Family structures were not understood and the complexity of kinship organization was ignored. The importance of land the ritual were ignored and ridiculed and Aboriginal people were seen as struggling to achieve a subsistence lifestyle.

In reality, traditional people operated on a cyclical basis of sustainable harvesting, living comfortably within their traditional lands. In this lifestyle, rituals, such as periodic burning, sustained the land and maintained its food sources. The traditional lifestyle allowed plenty of time for social and ceremonial activities.

When Aboriginal groups or individuals killed stock for food, or removed obstructions to their passage, or resisted dispossession, the invaders reacted with a show of force.

Battles were fought between Aboriginal resistors armed with spears and mounted police troopers armed with rifles. These included "police actions" and the formation and use of the "Native Police" against traditional people perceived as dangerous or troublesome. The authorities maintained the sham that there was no military action within Australia against Aboriginal people, always referring to "punitive expeditions" as police actions.

Evidence of government involvement in actions and massacres involving representatives of the authorities against the traditional Aboriginal owners can be found in many original documents and secondary sources, such as newspapers and journals.

Policies encouraging the worst of such activities were usually unwritten and the orders generating many of the most abhorrent incidents concealed the true intent. Under such activities the numbers of Aboriginal people in some areas rapidly declined.

There are several recorded battles. The Kalkadun of the Mt Isa region held off a large force almost to the last man until British force broke through and killed most of the remaining group, including women and children. The Battle of Pinjarra, another extended police action, took place south of Perth, resulting in the death of many Aboriginal people from that area.

When Aboriginal groups or individuals killed stock for food, or removed obstructions to their passage, or resisted dispossession, the invaders reacted with a show of force.

Australia's History: What do we know of our PAST? (Continued)

Massacres were not unknown in pastoral areas, even into the 20th Century. The last officially sanctioned reprisal raiding party occurred near Derby in the Kimberly area of Western Australia around 1926. Approximately twenty Aborigines were slaughtered in an act of revenge for the death of a white man.

Impact of Contact on Traditional Aboriginal People

It was not massacres that were the greatest cause of Aboriginal decimation but disease. A people inhabiting a continent isolated for thousands of years had no resistance to the diseases imported by the invaders. The effects of infections, bacteria and viruses, like the "common cold" from Europe, were devastating on a people with no acquired immunity or resistance.

The combination of disease and genocide was exacerbated by the loss of access to the Land, their spiritual and economic base. Denied their Land, their ritual and beliefs, and with no alternative sources of succour to sustain them, Aboriginal populations diminished and in many cases almost disappeared.

Estimates of the Aboriginal population at the time of the invasion, range from 600,000 to more than 850,000. In the middle of the 19th Century, estimates of the Aboriginal population were as low as 30,000, not including the offspring of mixed unions, who were not considered to be "racially pure".

NO Aboriginal Culture, Only Multitude of Cultures!: Australia vs Europe. How many times? How many cultures?

Australia is a land mass six to seven times the size of Europe, which is home to many cultures and language groups. Australia covers a far greater variety of climatic regions, ranging from tropical rain forest to starkly arid desert regions. How could anyone sensibly expect that Aboriginal people from all these regions will possess the same culture?

Traditionally, Aboriginal people spoke a variety of languages and dialects. Languages were based on three language strands, which divided into some 240 language groups and 650 to 720 languages and dialects, with each group possessing its own identity.

Traditionally, Aboriginal people spoke a variety of languages and dialects, with each group possessing its own identity.

Traditional Aboriginal peoples are the possessors of the most ancient oral history in the world, as well as the oldest continuous cultural and belief systems. Academics continue to support and confirm events recorded in Aboriginal legends or Dreamings. Imagine the number of repetitions which must have occurred for the story of a volcanic eruption, verified as taking place about 6,000 years ago to have been handed on across the generations to be still repeated today.

All cultures have creation myths or explanations. Aboriginal creation stories are collectively known as Dreamings, a term coined by W.E.H. Stanner to encompass the multitude of individual names attached by each group to its creation history.

Isolated from the rest of the world, Aboriginal creation histories do not conform to any of the patterns that non-Aborigines brought to this country. Torres Strait Island cultures and beliefs were subject to similar isolation, but were open to influences from the sphere of influence of Melanesian and far northern Aboriginal cultures.

Aboriginal Dreamings are as diverse as Aboriginal cultures and often pose a conundrum to non-Aboriginals. While Aboriginal groups of a particular region might display similarities in their Dreamings, distance and language reinforced and inspired considerable differences.

Despite such differences, LAND is the single most important feature of all Aboriginal mythology. It is from the Land that Aboriginal myths often portray life as emerging. The land is the basis for life. Ancestral spirits formed the land, the elements, the animals, birds and fish, the plants and the people. In doing so they laid down the laws governing all-important activities and rituals, and laid upon Aboriginal people the onus of perpetuating the universe they had created.

Aboriginal beliefs gave people guidance on how to live and survive in their own area. As Berndt & Berndt (1988, p337) state:

"Whether they represent the good or the bad example, the mythical figures are said to have laid down precepts or made suggestions of which people are expected to take notice today. They defined the broad roles to be played by both men and women in such matters as sacred ritual, economic affairs, marriage, child bearing, death."

Social structure was defined by the Law, as laid down in the Dreamings. The Law defined actions and outcomes. The Dreamings perpetuated roles, relationships and the outcomes of anti-social practices.

The place of the individual was as part of the group. Simultaneously, the group provided identity and succour to the individual.

Government, Church and the Indigenous Experience

The size of the continent and the harshness of its climate was the saving factor for Aboriginal cultures and society. The arid interior of Western Australia, South Australia, western Queensland, New South Wales, and the Northern Territory were safe from pastoral and commercial exploitation until late in the 19th Century. Even then, it did not occur overnight. Much of Australia was not occupied by the British until late in the 19th Century and resistance to dispossession continued into the 20th Century.

Pastoralists realized early that the Aborigines were a convenient source of cheap labour, accustomed to the climate and conditions and quick to learn the skills of European animal husbandry. They took control of the land and created dependence on handouts, reinforced by the "protection" of the Aborigines by the police.

Aboriginal stock and station hands were unable to leave their employment under the white man's law. Departure for any reason, unless it was to the white pastoralists advantage, was illegal. Like slaves, black workers were rounded up by the police, their

Traditional Aboriginal peoples are the possessors of the most ancient oral history in the world, as well as the oldest continuous cultural and belief systems.

“Protectors”, and returned to their stations, a situation which continued until the middle of the 20th Century.

There is little wonder that the Aboriginal people regard the police as the enemy. Not only did they enforce the labour and segregation policies, they were usually seen as instrumental in separating children from their families. The police were the wreckers of white justice on unsuspecting and unprotected Aboriginal families, groups and clans.

Government Policies

Indigenous Australians experienced various phases of Government policy under the domination of British and, later, under the federated Australian Government. Policies followed the annexation of the land and the subsequent dispassion and alienation of Indigenous people.

Early policies reflected notions of cultural superiority and ethnocentric concepts of the “rightness” of British rule. In this atmosphere of so-called superiority, the invaders decided to act to isolate the traditional inhabitants of the land.

The Isolationist Era was to produce the first of many laws aimed at controlling the local indigenous groups,

and began policy eras that served to control and subjugate the Aboriginal and Torres Strait Island inhabitants of Australia.

Broome (1995) writes of protective measures which aimed to save the Aborigines but “failed and tended to be perverted into devices of control rather than protection.” Following the abolition of slavery in other parts of the British Empire, the humanists of the anti-slavery movement began to look at Australia, albeit, not very carefully. Protectorates were established and failed in New South Wales, South Australia and Western Australia.

The Protection Era was described as the “christianizing” and “civilizing” of the Aboriginal people. Despite its name, this period did nothing to protect the Aborigines, but rather to imprison them, removing their ability to control their own lives. Children were segregated from their family groups. There was a conflict of interest between the missions and the pastoralists. Missionaries, settlers and pastoralists were unaware of the spiritual and physical relationship of the people with their land.

Protectorates were established and failed in New South Wales, South Australia and Western Australia.

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Internet and Computer Resources Compiled by Angela Lewis



Welcome to Winter everyone!
Some months ago in my email newsletter column, I talked about datastick or data pens. One of our members Freida Scott, emailed after reading this to let me know that she has a datastick watch – was it only me who immediately thought of Agent Maxwell Smart??!!! She takes it out on sites with her and down and uploads

information via her wristwatch. Freida tells me it is available from Dick Smith Electronics.

Websites:

www.ato.gov.au/super

The Australian Government's website has a link to superannuation issues. As the law has in regard to superannuation contributions has recently changed, it is worth a look to see what your obligations are as a small business owner/self employed person.

Sex

www.langtrees.com.au

A leading Perth madam runs this well designed website, which allows people to purchase a virtual tour through her establishment, book, view prostitutes and their rates and partake of a 'love school'. Tours and schools requirement. It is a comprehensive site, providing a lot of information,

www.Talkinsex.com.au

There are a surprising number of informative articles here, gleaned from around the world. The Q&A section also has a lot to offer.

Music therapy

www.kundalini-dance.com

Kundalini dance claims to improve physical and emotional health. The basis for it is in Transcendental yogic traditions, chakra healing and sound and dance movement therapy.

www.mh.org.au/sitesnandservices/musictherapy/default.htm

The Royal Melbourne Hospital in Victoria, considered a leading teaching hospital, is now running a music therapy program. The program is active in oncology, palliative care, bone marrow transplant and the eating disorder unit. The philosophy of the program is to meet patients' needs physically and emotionally by offering quality of life experiences through music and the therapeutic relationship between patient and therapist.

Window Washer

I have been using a program called 'Window Washer' from Webroot Software for the past 4 years on my own computer and have been extremely happy with its performance. The purpose of a 'washing' program is to easily clean up the history of your activities on your PC and the Internet. Window Washer runs automatically when you shut-down your computer and makes it easy to get rid of unwanted information that often clogs up system resources as it cleans up your browser's cache, cookies, history,

Window Washer runs automatically when you shut-down your computer and makes it easy to get rid of unwanted information that often clogs up system resources as it cleans up your browser's cache, cookies, history, recent document list, and much more.

recent document list, and much more. Using a program like this is useful for those people that do not want others being able to read a history of what Internet sites have been visited and do not want to go through and delete their own cookies. Of course for parents who are interested in which websites their offspring are visiting, this type of program would not be considered particularly helpful!

Common or shared use computers such as those in schools or libraries will often have this program type of running. It costs \$29.95 to purchase, but you can try it out first on a trial basis. A number of sites sell it and I suggest you do a Google search for 'Window Washer' and then decide where you would like to download it from – or utilise one of the free download sites further down in this article for your download. Below is a table explaining what the program cleans and why it is important to have it done.

History Item Information Contained in History Item

Browser History Information regarding each website you have visited, including the date and time of each visit.

Cache Individual files, scripts and graphics that were on the various web pages you have visited. Script viruses and web bugs can be stored here.

Cookies Data placed on your computer by web pages you have visited. Often contains login and password information. Also used to track where you have been on the web by other websites.

Find History A list of any searches you have performed on your computer.

Run History A list of applications that have been run from the Start Menu->Run option. This can include programs such as RegEdit.

URL History URL's (web pages) that you have typed into the address bar of your browser. This information is plainly and easily accessible and available to any user that opens your browser.

Table reprinted from ZDnet.

Other Places to Obtain Free Software:

If you are looking for an obscure tool to do something like transferring text easily from a webpage, chances are someone has written a little free program to help you out. The following sites offer an amazing array of free programs to do everything from sharing an Internet connection to changing your background image on a daily basis.

www.tucows.com - With files for nearly every operating system, Tucows is an amazing resource for free software.

WWW.Download.com - A CNET site, Download.com is a nice place to find the latest free software.

www.filefarm.com - FileFarm provides lots of free files for Macs and Windows.

www.macoszone.com - As the name suggests, this is a great place to download freeware made for the Mac OS.

www.Lowendmac.com - Offers conservatively sized freeware for older Macs.

www.Winfiles.com - Yet another CNET offering, Winfiles.com provides Windows users with all the shareware and freeware they could ever want.

www.EmailAddresses.com - An excellent resource for free application service provider (ASP) links.

Please note that all Internet addresses were correct at the time of submission to the ACA. Neither Angela Lewis nor the ACA gain any benefit from the publication of these site addresses. Angela Lewis (doctoral candidate) MA.Ed, MACA (np) practices as a corporate adult educator in Melbourne (computer training) www.AngelaLewis.com.au

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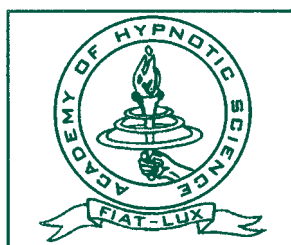
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Drought Counselling Project – Part 2

By Ingrid Johnson

COUNSELLOR INTERVIEWS RESULTS

Following on Part I of this article in the last issue, we report here on the Counsellor Interview Results that were obtained in a study carried out by Relationships Australia (RA). The study evaluated the implementation, within RA, of Commonwealth funding that was made available to various community organisations to provide free counselling to people throughout Australia who have been affected by the drought.

At least one counsellor in each participating State/Territory was interviewed regarding the implementation of the free drought counselling funding. These interviews were conducted after 30th June 2003, the official end to the funding period. There were different issues for each of the locations, along with some common themes:

- 1 Difficulties of time frame
- 2 Moving into a new location – establishing a relationship with the community
- 3 Backlash from community farmers – wanting money not counselling
- 4 Creative ways of accessing community
- 5 Lack of people walking through the door for 1:1 counselling
- 6 Success of accessing community through local field days etc
- 7 Importance of a local ally – well known and respected in the community

Each of these themes will be discussed, including local issues around the country.

Difficulties of short time frame

The funding was provided for a period of only 4 months. This affected the implementation of the counselling in a number of ways. Firstly, the difficulties in building relationships with the local community meant that much of the 4 months was used just to establish the service, rather than to deliver the actual counselling. Secondly, where many areas of need were identified, the short time frame meant that the counsellors were forced to choose between competing possibilities of intervention. Thirdly, a sense arose that the funding was ending but the drought certainly had not.

All [of] the counsellors said that the counselling was slowly gaining momentum, but that 'it takes time in the country'. One counsellor said that it took 2-3 months to build relationships with the local community, being careful not to alienate them. With a total timeframe of 4 months, this counsellor felt 'a little like (he was) pretending'.

An effective way to access the community was through eliciting referrals from existing local service providers (eg financial counsellors etc). The restrictive time frame limited this also. Upon enquiring about the reason for a lack of referrals after receiving an initially positive response from local services, one counsellor was told that they felt they could only refer clients with very short term issues. This discounted many potential clients. Particularly in a community wary of accessing services of this type, by the time clients do

attend counselling, there is often a long term build up of complex issues.

One counsellor commented that the short time frame meant that not all potential contacts could be followed up. This meant that the networks which were established would have been much more comprehensive, given more time.

This perception that the time frame was too short was felt not only by the counsellors but by the communities also. One counsellor said that some people 'felt ripped off' by the temporary nature of the service, which affected its credibility.

One counsellor felt that there was an attitude within the community that they were tired of being surveyed, and of short term free services with people coming into their community, speaking once or twice and then leaving again. This cycle is perceived by the local community as 'people telling them they must have a problem'. This feeling was illustrated by one farmer who said:

"you would have done us a bigger favour if you had put on a Barbie. That would have done more for us as a community to lift our spirits and tackle tomorrow with a more positive frame of mind".

Clearly, there is a need for ongoing services within rural communities, not just short term, ad hoc 'help'. The implementation of the free drought counselling has meant that a series of networks have been slowly established. In establishing new services in rural areas, it is not just the local community with which a relationship of trust must be developed. The existing professional community also must become familiar with the 'newcomer'. This combined process takes time. For the most value for money, these networks need to be maintained. Otherwise, next time the process must start all over again.

'We need water not counselling'

In a number of regions, there was a backlash against the counselling funding. Farmers in the local community felt that they needed financial relief, not counselling to help cope with the drought. There was an initial view in more than one area, that if the Government was going to be handing out money, it should go directly to assisting with the drought (eg water) rather than for counselling. This was interpreted as wanting to deal with the cause rather than trying to manage the problem – there wouldn't be relationship breakdown if there weren't a drought, so help us with that.

For one region, this view was actually printed in an article in the local newspaper. When the service provider wrote a response article looking at the issues from a different angle, the editor (who was not local) refused to print it. This lack of co-operation made the task of 'getting the message out there' all the more difficult.

The acceptability of counselling had to increase for this view to begin to change – especially [that] of males [with regard to] attending counselling. (As one counsellor said, a)n awareness grows, but cannot simply be imposed. In some areas this initial view

Clearly, there is a need for ongoing services within rural communities, not just short term, ad hoc 'help'. The implementation of the free drought counselling has meant that a series of networks have been slowly established.

diminished over time, but in others it persisted. Overcoming these views is both time and resource intensive for the service provider. In one region particularly, a lack of resources at the time of the drought counselling funding meant that alternative strategies such as attending local field days could not be pursued.

Advertising free services in some cases led to the local community feeling they were being given charity, which was unwelcome. Even when clients did respond, some insisted on paying, or at least making a contribution towards the cost. This usually translated into the clients being offered more sessions than the free counselling alone would have allowed.

Importance of location

The success of counselling implementation varied greatly according to location – those existing RA services located in a drought affected area were usually more easily able to find clients than those services which had to establish new locations for this project.

Where an existing service was located in a geographical area directly affected by the drought, finding clients for 1:1 counselling was generally not especially problematic. Existing clients were given free sessions where they met the criteria, or new clients were identified as drought affected and offered the free service. Areas of need were previously identified, and the drought counselling funding provided the opportunity and resources to meet some of those needs. In these areas, the time required for establishing relationships with the local community and identifying needs and clients was significantly reduced. The focus here shifted somewhat to providing outreach services, and attempting to plug gaps in the local services where existing positions had been unfilled over time. In such areas, a great need for professional counselling has been identified, and some positions are very difficult to fill. The drought counselling funding allowed neighbouring services in these areas with the assistance of the Relationships Australia outreach services to begin to fill these gaps, if only for a short while. Travel to outlying communities is expensive and time consuming – this funding allowed such travel to occur. One counsellor said it was a huge relief to be able to offer free counselling to people they knew needed it.

Other RA services were not so lucky. Where the drought affected areas were not previously in receipt of RA services, the groundwork required to build relationships, and creativity required to access the local community were far more onerous. With such short time frames to operate under, most of the funding time was spent establishing relationships, rather than actually implementing counselling *per se*. Thus, the experience of different counsellors varied greatly.

In a quirk of the system though, sometimes it was an advantage to be an 'out-of-towner'. A couple of counsellors spoke of clients driving quite some distance from their local community to see a counsellor in another town – where they would not be recognised and feel stigmatised for seeking help.

Another interesting response was the refusal to accept the services offered, on the basis that there is no

drought in the local area. In this one area, people simply said – there is no drought here, even if Canberra thinks there is! Whether this is a case of misdirected funding, denial from the local people, or simply their way of indicating the traditional rural attitude of not accepting charity, is unclear.

Lack of 1:1 clients

There has always been a thought that rural Australians are reluctant to embrace counselling – this project merely served to confirm that perception. The service providers had the sense that the local communities struggle with the non-tangible aspects of counselling, which is in keeping with their comments about financial assistance or 'putting on a barbie' being more useful than counselling. One counsellor actually stopped using the word 'counselling' as it would immediately elicit defensive reactions and people would lose interest in what was being said. Instead, being flexible about location – meeting people for a 'cuppa' in a local café or at their home was more positively received than invitations to attend an RA location for counselling.

The stigma involved in attending counselling was keenly felt by both males and females in these communities. Especially where isolation is both physical and emotional, letting the community know about the experiences you were having led to great vulnerability. Thus, there were issues of self worth and feeling disempowered, which in a cycle, inhibits attendance at counselling to deal with such issues.

Especially in areas which were new for RA, there were few 1:1 counselling clients during the short period of funding. Where these counsellors tried approaches familiar to them in the larger regional areas, there was little success. Simply setting up and office, placing ads around town and waiting for clients to walk in the door did not always work in these rural communities. Some of the advertising strategies used included brochures in rural shops and doctors surgeries, and a specially designed bookmark in a mobile library which has a parenting program, as well as print media, radio, television, internet and notices up around town. These techniques found varying degrees of success.

Most service providers initially tried advertising extensively in the local media and many found that there was virtually no response. Some counsellors felt that they wasted valuable time in the early stages with unsuccessful strategies to find counselling clients. Alternative ways of reaching these communities was necessary. There is a feeling that the idea of counselling is welcomed by the professional community, but they need to work out 'how to make it happen'.

A number of counsellors found that the best way to elicit 1:1 counselling clients was through attending local events rather than advertising the services. Meeting with local people so they have a face to connect with [the service] is important. Counselling referrals have trickled in through this method, although not necessarily quickly. Sometimes these referrals have been months later – another indication of the timeframes involved in accessing rural clients.

Some counsellors felt that while an area is in drought, people are focussed only on that. After rain, other

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Drought Counselling Project – Part 2 (Continued)

issues such as depression and relationship breakdown come to the fore. This reflects not only the severe nature of drought, where people are simply in a type of survival mode, but the longevity of its effects. Like any natural disaster, the impact does not end with the event, but may continue for years following.

Accessing the community

Creativity was required in finding ways to access these counselling suspicious communities. Where 1:1 counselling did not attract a significant response, alternative strategies were developed, which in some cases completely transformed the way the counsellor worked. Everything from the type of service being offered, to whom, where and when changed in an attempt to meet the local community in a manner in which they could be more familiar and comfortable.

One counsellor spoke of the importance of terminology. Rather than talking about people having problems, speaking about coping and adjusting to the natural occurrence of the drought found a better reception, and helped to break down barriers. This is in keeping with the counsellor who stopped using the word 'counselling'.

Often in rural communities, the best way to speak with people 1:1 is to go to them. In one area particularly, the service provider spoke of the success of a local Salvation Army counsellor who was well known and respected in the community and was able to simply turn up at people's farms to speak with them.

A sense quickly developed in most areas that it was necessary to actually meet the community, to give them a face to identify with, rather than just a name in a newspaper advertisement. Regional field days and community forums and events were popular ways of meeting the community in a relaxed setting. Sometimes this translated into direct referrals for counselling, but other times it was simply a good opportunity to meet informally. People were still reluctant to attend counselling. At these events, leaflets and fridge magnets with relevant phone numbers (Lifeline, financial counsellor, Kids line etc) were handed out. These events also provided a good starting point for the best rural advertising – word of mouth.

Local health services embraced the opportunities provided by the funding in one area particularly, and initiated a community education program for the counsellor to conduct, gave direct referrals for sessional counselling, and utilised the counsellor for their own staff debriefing. The nurses felt that in an area deprived of services, they had been conducting badly needed counselling simply because there was no one else to do it.

In some areas links with Government, other service providers and local organisations were established through forums and community meetings. These events were used to identify needs from the drought and source opportunities for outreach work.

Community consultation identified issues such as:

- Reduction or elimination of employment hours
- Family breakdown
- Impact of drought on a variety of small businesses
- Difficulty in accessing services – location, longer waiting lists

- Financial issues
- Population shift from smaller to larger regional centres
- Drought accentuated existing gaps in services

The spiritual side of country Australians became evident, with a degree of lay counselling occurring through priests and pastors. In one area, the counsellor set up workshops for the churches on weekends, spoke to the congregation and made themselves available afterwards. This was found to be a reasonably successful strategy.

Using local contacts, community education events were held with varying levels of success. Workshops such as farm family relationships workshops were conducted, and fairly well attended, mainly by women. Some were one off nights such as a 'meat in the sandwich' night for women, where about 30 attended with both formal talk and general discussion. Attending and conducting events of this type led to clients approaching RA, even months later.

A particularly innovative strategy arose from contact with the local schools. Firstly, attendance was arranged at a 'family fun night' for the school community. This event, with a theme of building resilience to get through the drought and move into the future, was heavily promoted within the school, and a local celebrity footballer spoke. Virtually the entire school and their parents attended. Food was provided, and information given about the opportunity to participate in a community education course. During the night, the children were taken to a separate area to play games with the teachers, which allowed space for the adults to talk. The event was very successful, with much enthusiasm from the local people.

The transition from such promising beginnings to actual clients though was not easy. Only 4 or 5 people attended the course, highlighting the fact that the rural community's reluctance to embrace counselling cannot be broken through in just one night. Listening in a group to a speaker, and chatting informally at group events with a counsellor is very different from actually risking your privacy in a small community and admitting that you need help.

The positive outcomes from such community events though, have flow on effects. For example, the principal of the school reported that since the night, some children were mixing together at school, when they had not previously done so.

Being responsive to the community rather than imposing views and ideas was vitally important to the success of the implementation of the drought funding. Following the success of the 'family fun night' and the poor participation at the education course, the service provider in this area linked with the local social worker from the Department of Education, to organise another community event. This became an art exhibition in what was probably the most successful creative strategy used by RA in the drought funding period. Three local primary schools were chosen by the social worker, and a local community artist worked with the children to construct and paint 'Dream Boats' – designed to take you into the future. The children wrote a story about their boat, who was coming with them and what they would take. An exhibition at each school was conducted, with afternoon tea provided.

The spiritual side of country Australians became evident, with a degree of lay counselling occurring through priests and pastors.

At these exhibitions, RA provided envelopes with 10 'Tip Sheets' on such topics as better communication and improved parenting. The parents were invited to and did take these envelopes. The exhibitions were so successful that a local art gallery then combined the work from all three schools into an exhibition, at the beginning of the school holidays. The families and media were invited, with the local Mayor opening the exhibition at which one child and one parent spoke.

Another creative way of implementing services and working with rather than against the rural community's values was the investigation of setting up a 1800 number for therapeutic counselling (rather than a crisis line). This service allows people to maintain their anonymity and is accessible.

Importance of a local ally

Especially in areas where the services had to relocate, the importance of finding an influential local ally was evident. Where service providers were able to establish such relationships, they were more easily able to gain the trust of the local communities. This strategy worked best where more than one local contact was found, as each connected the service provider to different sectors of the community.

A variety of people were found to be useful local contacts for the service providers:

- Business enterprise centre co-ordinators
- Community nurses
- Rural financial counsellors
- Community centre managers
- National Farmers Federation representatives
- Rotary clubs

These local contacts were able to assist the service providers in a number of ways. Some offered direct referrals, others organised the attendance of the counsellor at appropriate regional and local community events.

Rural men in counselling?!

Males tend to access counselling services less often than females, and this was found to be especially true in rural regions. Many counsellors found that the best approach was to 'get to the men through the women'.

Men are seen as being resilient, with women more 'in tune' with the issues and despair their husbands were facing. However even women were reluctant to share these issues and feelings, since they did not want to imply that their husbands were non-communicative. For most people in these communities, there was an attitude of 'just wanting to get on with things, rather than making out that they were having a hard time'. With women sometimes driving out of town to see counsellors, the additional stigma for men is a powerful force to be overcome by the service providers. It was found that after women had met the service providers, either in counselling or at a local community event, the men were more likely to then follow. Few men lead their partners to the services.

How the communities cope with the drought

The service providers were able to sense the attitudes and reactions of the local communities as a whole to the drought. This feedback provides an interesting mix of similarities and contrast with the comments from individual clients.

Overwhelmingly, the service providers sensed optimism and resilience in the communities. This was underpinned by a real need for help in dealing with issues, heavily inhibited by a reluctance to admit the need, and ask for or accept counselling as that help. Comments to service providers who were not well known to the communities were based around these attitudes:

- It will get better, we'll get through this
- Yes, it's tough, but this is our life.
- This is a lean year, the ones who have overspent or overcapitalised pay the price, others have diversified
- If it works out, it works out and if not we'll sell the farm

As service providers became better known, and in areas where they were already established, a different picture emerges of the effects of the drought on the communities.

One male client needed to travel to see his children. Since the drought, he began to take chopped firewood with him to sell on the way in order to pay for the petrol required for these visits. He eventually decided to sell his property and move closer to his family.

Some effects of the drought are more hidden than a lack of water and income. For one family, the father and son worked together closely. The son's wife worked in town and was not needed much for farming. When the father died and then the effects of the drought were felt most, the dynamics of the son's relationship with his wife changed dramatically. Suddenly he needed her a lot more for emotional support. This couple had a good outcome from attending relationship counselling together.

The practicalities of relationship breakdown is another more subtle area the drought affects. Clients (particularly females) who were in the process of separating and divorcing felt guilty about trying to negotiate a settlement during a drought. This added to the existing guilt about leaving the relationship.

Some clients told stories of the ways in which the Government, local businesses and even some banks were assisting them cope with the effects of the drought. One counsellor spoke of a wool buying firm which was loaning money to farmers for shearing and then recovering their costs from the profits. Businesses such as these were very grateful to know that counselling was available, since they see the effects of the drought throughout their local communities first hand on a daily basis.

One counsellor said that in the area he was working in, the banks had been very helpful to people, with local auctioneers confirming that there had been fewer foreclosures than might have been expected.

Effects of the drought on rural communities

Duration of Effects

Many clients provided insights into the longevity of the impact of the drought. They say that it usually takes 2-3 seasons to catch up, but that the current drought is worse than that. Some farmers were having to sell stock which meant losing bloodlines built up over generations.

The exhibitions were so successful that a local art gallery then combined the work from all three schools into an exhibition, at the beginning of the school holidays.

Drought Counselling Project – Part 2 (Continued)

'Treading water'

Assistance from Government and communities helps people to 'just hang on', but there is a sense that this survival mode is time limited. Many people spoke of feeling that they were able to cope with the drought for 1 or 2 years, but that if it continued any longer, they would be forced to sell.

Rains are welcomed but bring new pressures

When the longed for rains do appear, there are mixed feelings for farmers. Obviously the relief and expectation is huge, but there is also a sense of enormous pressure. Planting a new crop requires a substantial amount of money, right at a time when there is no spare money around. For some, this means getting into further debt when the drought breaks. The pressure on that first season after rains begin is therefore huge. True to the eternal optimist nature of rural communities though, the response is usually positive, trying not to think 'what if', as there are too many unpredictable variables in farming.

Changing nature of farming

Farming in Australia is not what it used to be. Erosion and salinity, among other issues, have changed the nature and costs of farming. Some machinery costs \$200 000 and must be updated every 3-4 years. Realities such as these, which have led to a feeling of expand or fold, exacerbate the otherwise already devastating effects of drought. The global context of modern Australian agriculture, and the lack of local influence over this context, has led to a sense of frustration and loss of power. Farmers feel that they have been coping with droughts forever, but with the changing context of farming, they are beginning to question whether or not the industry as a lifestyle remains sustainable.

Messages for Government

A number of message[s] to [the Commonwealth] Government were clearly heard throughout the process of implementing the drought counselling funding

- Services need to be long term, rather than continually coming into the area for short periods of good news and then taking that away again. Short term 'freebies' engenders feelings of being victimised, and mistrust in temporary services. (It takes time to build relationships and trust in new communities.)
- Support services need to be broader than 'counselling and education' and need to focus on community capacity building that can be sustained within the community if other services are withdrawn.
- Need for strategic plans for 'dying' towns, rather than falsely keeping services alive and then closing them without notice (eg more helpful to know – your primary school will close in 5 years time, than – your primary school will close next week).
- Need to understand long term economic impact of surviving drought. Just because it rains doesn't mean that the drought is over – it will take years to recover from this, with people having accumulated high levels of debt to survive the drought.

CONCLUSIONS

The success of the free drought counselling funding is difficult and complex to measure, as it quickly became clear that it could not simply be measured by how many counselling and education clients there were and what benefit they received.

The number of clients who were provided with free counselling varied greatly around the country, with some places having as many as 70, and others just a handful. The location of the service in relation to drought affected areas, attitudes of the local community, the co-operation of and communication with local influential allies, and the level of creativity in finding ways to work with the community were all factors contributing to greater or fewer numbers of counselling clients walking through the doors.

Much of the work done during this funding period was on a community development model, rather than an individual level. It is impossible to know at this stage how many people were assisted in finding the strength to cope with the effects of the drought on their lives and relationships, through the various techniques used by Relationships Australia during this time. Raising awareness of issues around the impact of the drought, coping with stress and opening lines of communication are just examples of the type of community-level response which arose in most areas with this funding.

It is clear though that over time, the acceptability and utilisation of counselling has increased greatly in these areas. In more than one area, the local community has felt that the service is so important, they will continue to fund it, at least to some extent, after the Commonwealth funding has ceased. This is local communities saying – we need the RA person to be here and are prepared to find a way to make that happen. At the very least, this funding has tapped into areas of need and provided some start in addressing them. Much good work has been started, which needs to be continued through ongoing funding for services in these areas. If only for the drought Australia is currently going through, these counselling services will be needed for years to come.

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Copies of the survey are available at ACA, Phone 1300 784 333 for a free copy.

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The New Power Therapy: Emotional Transformation Therapy™

By Steven Vazquez, Ph.D.

Within the last two decades, the mental health field has seen a variety of new “power therapies” that facilitate deep, rapid changes. These approaches are often techniques that are natural, surprisingly effective and make traditional methods of counseling look primitive by comparison. While their rapid effects are often eye-catching, they are often either narrow in their range of application or short-term in their effects. It is these and other factors that separates Emotional Transformation Therapy™ (ETT™) as the archetype for the new genre of psychotherapy. ETT™ is a mix of technology and compassionate interpersonal psychotherapy that ushers in a method that is very different from either the use of psychiatric medications or cognitive approaches to psychotherapy.

An ideal form of therapy for psychological conditions would have the following twelve characteristics: 1) It would work quickly. 2) It would work thoroughly, at the source of the problem. 3) It would have the capacity to precisely draw out inner resources for healing that may have been unconscious to the participant. 4) It would empower the participant. 5) It would be cost-effective. 6) It would be natural and non-invasive. 7) It would work in such a way that one could learn from having had the problem in order to be prepared to handle future challenges better. 8) It would resolve issues on a long-term basis without a dependency on the treatment. 9) It would be supportive so that the recipient felt cared for. 10) It would work consistently. 11) It would strongly improve not only the participant's mind but his/her physical body as well. 12) It would often help participants to experience outcomes that not only relieve symptoms but also provoke far more positive experiences than the client may have previously experienced. These features are being exhibited more and more frequently in the new genre of psychotherapy that uses biophysics.

The Emerging Biophysics Paradigm in a Biochemical Era

In the era of the biochemical model of psychological treatment, a new biophysics paradigm is emerging that may elevate treatment to new levels. Biophysics approaches include but are not limited to power therapies like (1) Thought Field Therapy (TFT), which uses the tapping of acupuncture meridians to facilitate rapid psychological changes, (2) Energy medicine techniques like therapeutic touch, cranio sacral manipulation, confluent somatic therapy, etc. that utilize emanations of bioenergy for fast mind and body changes, (3) Sound therapy like “toning”, (4) Light therapy like bright white light or ETT™. Instead of viewing conditions as “chemical imbalances”, the biophysics paradigm may focus upon human rhythms like brainwaves, ultradian rhythms (90 minute brain hemisphere shifts) and cranio sacral rhythms. These can be seen as “out of resonance” during disturbances like depression. The biophysics methods appear to provide advantages over biochemical remedies such as less adverse side effects, more rapid outcomes and less costly interventions.

Dawning of Light in Therapy

This new method emerged from a long history of the therapeutic use of light. More recently in 1982, Dr.

D.F. Kripke was the first researcher in this era to scientifically show that artificial light could be developed to have the effect of changing mood states in people suffering from what was later to be called seasonal affective disorder (S.A.D.). (Kripke, et. al. 1983) The original conception for its effectiveness was that a white light with a spectral distribution (blend of colors) similar to sunlight could be used to re-set malfunctioning “biological clocks” in the brain to reduce the impact of the longer winter nights. However, since that time millions of dollars have been spent for research on the effects of light stimulation on humans, so it is now known that appropriate light stimulation can even alter non-seasonally linked mood states. (Kripke, 1988) This means that anxiety, depression, bipolar conditions and many other conditions have been shown to respond favorably to light stimulation. The current standard of care for the treatment of S.A.D. is the use of a very bright (10,000 lux) white light for half an hour per day combined with antidepressants. (Eastman, et. al., 1998) It has now been established that light stimulation utilizes the mechanism of the serotonin neurotransmitter system as one mechanism to acquire these outcomes. (Brewerton, et al, 1987; O Roark, et al, 1987; Rao, M.L., et al, 1992) One of the problems with this bright white light approach is that a person must use it every day during the problematic time or the symptoms were very likely to quickly recur.

The bright white light approach is a method of suppressing or controlling unwanted emotions rather than actually resolving them. An entirely different way to harness the power of light is for the different purpose of bringing forth these unwanted moods and quickly processing them in order to resolve them for long-term relief. It has now been discovered that this can be accomplished by the use of specific wavelengths (colors) of light in conjunction with expressive psychotherapy. Scientific research has supported the idea that color has impact on both psychological and physical responses. (Pressey, 1921; Profusek & Rainey, 1987; Schaie, 1961; Schaie, 1961, Todd, 1973; Wilson, 1966) I observed hundreds of clients viewing various colors of light as their feelings were expressed. From these observations a content analysis of changes in thoughts and emotions yielded predictable patterns of responses. I found that the use of appropriately selected colors that match the recipient's exact state of mind, yielded rapid and dramatic changes in mood states. Previous scientific findings suggest that studies of color and human response seldom yielded the degree power of changes that I observed because the role of the subject's mental state was not accounted for at the time color stimuli were presented to the recipient. This matching response is called the “radiant biosynthesis effect”. This effect is one of the factors in this new archetype of psychotherapy.

When facilitators are trained to match wavelength of light stimulation into the eyes with specific expressed emotional themes of the client's mental state, consistent transformation of emotional states takes place. For example, if a client was fixated on sadness due to the loss of a loved one, the color green functions as a catalyst. With appropriate green

The bright white light approach is a method of suppressing or controlling unwanted emotions rather than actually resolving them.

exposure during the expression of sadness, the emotions briefly elevate. With continued green stimulation, emotions usually rapidly progress through phases until the opposite of sadness, joy, emerges. When this takes place, profound physiological changes typically accompany the change and spiritual experiences are frequent consequences.

How does it Work?

The practice of ETT™ typically involves the use of a small light instrument that projects beams of low-brightness light into the client's eyes. The client is seated less than a meter away from the light source. The setting is usually a darkened room in which the verbal processing of issues takes place with a facilitator's guidance. Variations of this optimal method may involve the use of specialized eye glasses, colored charts or colored fabrics or even non-specialized light sources in the room. When strobe light is used, the only contraindication is a client with a medical history of a rare type of seizure elicited by flashing lights. While the lack of direct eye contact with the facilitator may be uncomfortable to some clients initially, people actually tend to disclose more freely by not looking directly at their therapist. When the client looks directly at either a generated light source or a reflected light source, he/she is less likely to focus on superficial issues and is more likely to focus within himself/herself. (Pearlman, 2000)

For many people, talk therapy and supportive listening are all that is needed to improve, but far too often it is not enough. ETT™ is essentially a form of amplified interactive psychotherapy. Research supports the effectiveness of psychotherapy in general (Elkin, 1989; Elkin, 1989; Epstein, 1981). Many clients are not in contact with their emotions and talk therapy, by itself, may simply become an intellectual exercise. Still others appreciate the support that may be experienced through talking but want something that has a greater impact upon their emotions. ETT™ does not replace talk therapy; it adds to it. The unconditional positive regard for clients that Carl Rogers advocated is still very important in ETT™, but simply extends beyond its usual limits when the brain is stimulated by appropriate light. When proper light stimulation takes place as a recipient is supported by listening. A more rapid sequence of awarenesses and progressively changing emotional states occurs.

The Power of Using Brainwave Patterns

In addition to color stimulation, ETT™ uses rhythmic light to elicit brainwaves optimal for therapeutic objectives. In 1939, Dr. Walter was the first to discover that pulsating light into the eyes causes brainwave patterns to align with the rate of the light's pulse. (Walter & Shipton, 1949; Walter and Shipton, 1949) There are several of studies on the effects of flickering light upon the brain (Brazier & Cosby, 1951; Iwara, 1974; Kuhnt & Creutzfeldt, 1971; Glicksohn, J., 1986; Nogaway, T., & et al., 1976; Sato, K., & Kitajima, K., 1965; Takigawa, M., 1988; Vogel, W., Broverman, D. M., Klaiber, E., & Kun, K. J., 1969). A central premise in EEG biofeedback or "neurotherapy" is that each psychological condition is characterized by predominant brainwave patterns. By teaching clients to learn healthier brainwave patterns, relief of the condition's symptoms often takes place.

ETT™ utilizes this principle but provides the distinct advantage of eliciting the desired brainwave patterns within seconds, instead of through hours of EEG biofeedback sessions. In addition, since ETT™ does not require sensitive wiring like biofeedback, the client can verbally process emotions awakened by entering the brainwave state during the moment of a particular experience. There are many "entrainment" devices that use light stimulation on a self-help basis. (Hutchison, 1991) However, individual differences in brainwave patterns and changing needs for different brainwave patterns during a session are limitations for the self-help potential. It may be a grave mistake to eliminate the role of a facilitator's discernment and support during light stimulation. This capacity to bring forth brainwave patterns optimal for a given task during each moment of a psychotherapy session allows for precision and unusual speed in the counseling process.

In essence, ETT™ draws from the best of EEG biofeedback and the best of expressive interpersonal therapy for an unusually efficient synthesis. For example, if a person has difficulty accessing helpful insights, emotions or relevant memories related to the objective, brainwave patterns from eight to eleven cycles per second are well known to bring about increased inner awareness. (Toman, 1994) The control of the strobe rate of light stimulation allows the trained facilitator to help make awareness and processing of the client's issues easier and faster. In addition to simply accessing desired brainwave states, light stimulation itself actually stimulates the brain in ways that activate the entire mind-body system.

Reaching the Depths of the Unconscious Mind

The process of hypnosis is well documented to accomplish everything from control of physical pain to powerful changes in psychological conditions. (Hammond, 1990) Since ETT™ utilizes specific states of mind, it possesses many of the same powerful capacities of hypnosis. However, standard types of hypnosis are limited because many people are not hypnotizable. In addition, the hypnotic use of suggestion has become a questionable practice because of the possibility of creating "false memories" when memory retrieval is a part of the healing process. A third factor that limits hypnosis is that it is an interpersonal art form that is greatly dependent on the prowess of the hypnotherapist. While individual differences in the skill of the facilitator are always a part of therapy, eliciting appropriate brainwave states by simply turning a knob controlling the strobe rate is significantly more consistent and precise for eliciting optimal states of mind than the use of verbal suggestion. Since the client's eyes are open during ETT™, facilitators do not actually control the client's will during the process. Instead, ETT™ focuses upon drawing forth the client's own resources for the resolution of mutually identified objectives.

One of the most intriguing benefits of hypnosis, body-orientated therapies and the use of applied kinesiology is the ability to bring forth previously unconscious material. Hypnosis is well known to retrieve unconscious memories into awareness. (Hammond, 1990: p 509-517) Body orientated methods like cranio sacral manipulation often achieves this same

This capacity to bring forth brainwave patterns optimal for a given task during each moment of a psychotherapy session allows for precision and unusual speed in the counseling process.

The New Power Therapy: Emotional Transformation Therapy (Continued)

awareness but without the influence of suggestion. (Upledger, 1991) However, most body-oriented approaches require physical touch by the facilitator which is not acceptable in most situations of psychotherapy. More recently, applied kinesiology or "muscle testing" is a popular method of by-passing the conscious mind to access unconscious information through the "wisdom of the body." ETT™ also has a similar strength in gaining conscious awareness of previously unconscious information. In addition to insights made conscious to the recipient through light stimulation, an interpretive system of visual feedback during light stimulation yields frequent revelations of implicit memory. Just as projective testing like the Rorschach Ink Blot Test reveals information not known to the conscious mind through viewing an ambiguous visual target; rhythmic light stimulation elicits minute to minute projections that reveal the activities of the unconscious mind. When properly understood, this visual feedback is highly accurate and therefore advantageous in quickly revealing the source of psychological problems. Without suggestion or physical touch the visual feedback system of ETT™ is harnessed to spontaneously bring forth authentic unconscious information for immediate diagnostic usage.

Other treatment methods do not regard unconscious sources as having any value in managing symptoms. There are various forms of psychological techniques that use the physical tapping of acupuncture meridians. Among these are Thought Field Therapy (TFT) and its derivative Emotional Freedom Technique (EFT). These methods often stop the experience of unwanted emotions but usually require further self-help management. These methods are basically quick but they do not attempt to promote insight or understanding. During ETT™, insights become abundant and new learning typical. Rather than conceiving of unwanted emotions as disturbances in one's energy field, emotions can be a potentially rich resource that can be used for greater human potentiation. The value in unwanted emotions that is discovered through ETT™ sessions is simply avoided in meridian tapping techniques. For example, as painful as grief from the loss of a loved one can be, those who have done grief effectively can attest to deeply moving experiences and spiritual insight. With ETT™, depth work does not have to be forfeited on behalf of short term relief.

Biochemistry and Psychotherapy

Since biochemical contributions to mental health conditions like depression are selected for topics of research far more often than psychodynamic contributors, there are far more scientific findings about biochemical contributors. This scientific research is then used in pharmaceutical advertising to substantiate the value of biochemical remedies in the form of pills. While it is not disputed that biochemistry plays a role in psychological conditions, the importance of the biochemical contribution in the context of other contributors is in question. Research in brain development suggests that interpersonal interaction literally shapes brain functioning and in turn allows biochemical changes to take place as a consequence instead of as a cause. (Siegel, 1999)

Two scientific studies that used the SPECT Scan technology compared the effects of antidepressants and psychological counseling with depressed patients. (Brody, et al, 2001; Brody, et al 2001) The findings revealed that brain blood flow changes were very similar with both methods. Changes in brain chemistry are not dependent on consuming chemicals. Brain chemistry can change through the process of "new learning" that occurs in psychotherapy. In a massive US government study that reviewed all 334 studies on depression from 1980 to 1998, Murlow found that psychotherapy did slightly better than psychiatric medications or counseling plus medications. (Murlow, et al, 1999) Therefore, by accelerating the impact of psychotherapy through light stimulation, elevating effectiveness for an already effective approach has the potential to achieve efficacy levels unknown before this era.

The ETT™ method differs substantially in philosophy from the medication management of psychological symptoms. First, most psychotropic medications are designed to control symptoms by suppressing emotions, whereas ETT™ is designed to relieve symptoms by eliciting and transforming emotional states. This elicitation of emotions serves to encourage familiarity and skill in handling one's own feelings as well as resulting in a sense of empowerment from having faced and overcome adversity. These skills result in an ability to cope when emotions arise in the future which results in preventing the tendency for relapse. Psychiatric medications usually tend to foster a dependency on their continued use; whereas, most psychotherapy does not. ETT™ in particular fosters a long-term change without continued dependence on it that often occurs in the same amount of time that it takes for most psychiatric medications to reach their peak of effectiveness.

Eye Movement, Eye Position and Light

In addition, to the use of color to access moods and rhythmic emission of light to entrain brainwaves, ETT™ uses a powerful array of eye movements and "peripheral eye stimulation" techniques in conjunction with light stimulation. There are scientific studies on the impact of eye movement upon the psyche; (De Jongh, A., & ten Broeke, E., 1998; De Jongh, A., ten Broeke, E., & Renssen, M. R., 1999; Faw, T. T., & Nunnally, J. C., 1967; Gross, Y., Franko, R. & Lewin, I., 1978; Rothbaum, B. O., 1977; Scheck, M. M., Schaeffer, J. A., & Gillette, C. S., 1998; Wilson, S. A., Becker, L. A., & Tinker, R. H., 1995). Eye Movement Desensitization and Reprocessing (EMDR) is a technique that is documented to be successful in facilitating the relief of unresolved trauma. While ETT™ is not the same as EMDR, it does use principles of eye movement that appear to stem from a similar mechanism for psychological change. For example, EMDR primarily uses three basic angles for eye movement, whereas ETT™ utilizes an infinite array of angles. ETT™ simply harnesses a variety of speeds of eye movements and particularly different wavelengths of light stimulation in conjunction with eye movement processes. Therefore, with more resources available, the possibility exists for more precision in application. For example, specific types

Just as projective testing like the Rorschach Ink Blot Test reveals information not known to the conscious mind through viewing an ambiguous visual target; rhythmic light stimulation elicits minute to minute projections that reveal the activities of the unconscious mind.

of eye movement techniques in ETT™ can be chosen for retrieving memory, facilitating precise changes in bodily experiences, rapidly transforming emotional states, cognitive reframing, etc. While the specific type of light stimulation accounts for much of the changes, when coupled with carefully chosen angles and speeds of eye movement, profound shifts of emotional states become commonplace.

While “multidimensional eye movement” is a part of ETT™, peripheral eye stimulation is even more central to the process of deep, rapid improvements. This differs from eye movement techniques in that the client’s eyes are still during this technique but specific angles of viewing the visual target are utilized. Eye position concepts have been used in neurolinguistic programming as “visual accessing cues.” (Bandler & Grinder, 1979: p25) In research, numerous scientific studies support a variation of this concept in what is referred to as “lateralized visual brain stimulation”. (Hugdahl, K., Franzon, M., Anderson, B. & Waldebo, G., 1983; Schiffer, F., 1977; Schiffer, F., Anderson, CM. & Teicher, MH., 1997; Schiffer, F., Anderson, CM., Renshaw, PF., Mass, LC. & Teicher, MH., 1998; Wittling W. & Roschmann R., 1993; Zaidel, E., 1975). Harvard psychiatrist, Frederick Schiffer describes that the left portion of both eyes access the brain’s right hemisphere and the right portion of both eyes access the left hemisphere. Therefore, it is hypothesized that this mechanism explains the profound changes that can be acquired through lateral visual stimulation. While this explanation has validity, it is extremely incomplete. ETT™ utilizes eye positions that can be found in 24 different angles through the 360° range of peripheral eye positions, not just right and left positions. Through this mechanism, it has been observed that specific types of important previously unconscious information can be readily accessed. In addition, major changes in previously fixated emotional states may often be facilitated to take place within minutes. This article is not the forum to fully describe the complex peripheral eye stimulation system. Suffice it to say that it is an extraordinary means of facilitating change. When quantitative EEG measurements have taken place before and after these procedures, powerful brain integration changes have been observed. This appears to result in rapid symmetry of brain hemisphere coherence.

Enlightening Body and Spirit

In addition to the psychological benefits of ETT™, there are some unique physiological benefits. This occurs in several ways. First of all, there is a strong correlation between psychological conditions, such as depression and medical problems. Medical problems often improve as a consequence of changes in psychological experiences. Secondly, when light enters the eyes, it appears that elements of the brain serve to consistently transduce these impulses to specific vicinities of the body depending on the wavelength of light used. For example, blue green tends to activate the trapezius and shoulders. This activation can be harnessed to strongly alter symptoms in a specific vicinity. The fact that the hypothalamus, the brainstem and the limbic system are directly impacted by light stimulation into the eyes provides numerous opportunities for potential

influence. Third, the consistent ability for variations of light stimulation to activate the sympathetic nervous system or the parasympathetic nervous system by choice, offers opportunities to improve physiological experiences.

One of the most intriguing effects of ETT™ is the tendency for it to provoke spiritual experiences. There is a long history of the association of light with spirituality. Every major religion on earth uses the term light to refer to the divine. While many people would differentiate spiritual light from physical light and others would suggest that the term light is only meant to be a metaphor for the divine, observations during ETT™ suggest it may be more. During ETT™ sessions when relief of unwanted emotional states occurs, the result is often not just neutrality, but instead a positive experience. These profound experiences are often described in spiritual terms by the clients themselves. ETT™ appears to have a greater propensity for spiritual experiences than other forms of psychotherapy.

Is ETT™ a Panacea?

No. A small percentage of people find ETT™ over stimulating and an even smaller number of people perceive little effects of light stimulation. Sometimes people just need warm human support and at other times, skills training is necessary. Other people prefer pharmaceutical methods. There are circumstances in which symptom management is the preferred objective. Couple or family systems interactive work without light stimulation is most appropriate at times. While ETT™ is an optimal form of treatment by itself for the vast majority of people and conditions, it can also be used in conjunction with other methods.

What Can ETT™ Be Used For?

ETT™ has a particular strength in swift relief of unwanted emotional states. The vast majority of psychological conditions described in the Diagnostic and Statistical Manual IV have symptoms of fixated, distorted or flat emotional symptoms. (American Psychiatric Association, 1994) These emotional states appear to be central to the formation and maintenance of these conditions. Therefore, with the power to strongly and consistently change this emotional aspect of conditions, the power to heal is elevated. Typical outcomes of ETT™ include changing major recurrent depression in a few weeks, changing post traumatic stress disorder at a depth that may have been unknown before, relieving anxiety disorders like phobias, panic attacks and generalized anxiety so completely that relapse is almost unknown. Virtually anything that has been accomplished by EEG biofeedback is likely to be possible with ETT™. Other conditions helped by ETT™ include but are not limited to attention deficit disorder, closed head injuries, physical pain, etc.

Conclusion

ETT™ accelerates interpersonal talk therapy to new levels of outcomes. Since ETT™ is based on a combination of several elements conducted either simultaneously or in sequence, scientific inquiry would typically reduce the method into its components and measure the effects of each element. Almost all of these parts have already been scientifically verified. Therefore, while the method may appear novel to

Other people prefer pharmaceutical methods. There are circumstances in which symptom management is the preferred objective. Couple or family systems interactive work without light stimulation is most appropriate at times.

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many people, its foundation is grounded in evidence. ETT™ appears to make art out of a science, humanity out of technology, and biochemical changes out of biophysics. This synthesis of naturalistic techniques invites further scientific study. While a further understanding about why this method works is of high interest, both scientists and psychotherapists might best serve humanity by focusing on outcome studies.

ETT™ is a new archetype of psychotherapy that facilitates changes so quickly and deeply that when it is demonstrated, cognitive dissonance often rattles the observer. This takes place because for those professionals schooled in the biochemical era, biophysics interventions simply look confusing. Even though the twelve features of ideal psychotherapy are often characteristic of ETT™, its effectiveness is questioned because it is not yet widely known through the miracle of media marketing. Still others cannot conceive of a form of therapy that can be both brief and long-term in its effect. Whenever a shift in paradigm takes place, there is a transition period in which some people resist the change. However, through all of this controversy, some people will see the light. Our vested interests in current treatments must yield to possibilities of better healing. There will be new levels of interventions in the distant future but the present era has now taken a leap forward with ETT™.

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Report to the Nation from the Commission on Children at Risk. Hardwired to connect: The New Scientific Case for Authoritative Communities. An overview and comment. Gordon Ray.

The report is 82 pages in length including endnotes an appendix, and a reference list of commissioned papers. It is very clearly written, mainly clear of jargon, and packed with research and evidential material much of which has been accumulating over recent years. It was researched by a group of psychiatrists, other medical specialists, psychologists, research scientists and other health and well-being specialists. The term 'hardwired' involves the research in neuroscience concerning "...our basic biology and how our brains develop- showing that the human child is 'hardwired to connect'"

Why is it called children at risk? It is because of the concern regarding increasing rates of mental, emotional and behavioral problems among U.S. children and adolescents. The situation is deteriorating seriously. It involves: "high and rising rates of depression, anxiety, attention deficit and conduct disorder, thoughts of suicide, and other serious emotional and behavioral problems among U.S. children and adolescents" (2003)

The National Research Council in 2002 estimated that at least one of every four adolescents in the U.S. is currently at serious risk of not achieving productive adulthood. According to another recent study, about 21 per-cent of U.S. children ages nine to 17 years have a diagnosable mental or addictive disorder associated with at least minimum impairment (2003:8).

About 20 percent of students report having seriously considered suicide in the past year. About half of U.S. teenagers report using marijuana. Use of other drugs seems to be increasing. One in three teenagers report being engaged in binge drinking with cigarette smoking on the rise. Eleven percent drop out of high school. Over one in three have engaged in physical fights. Although death rates for heart disease and cancer have fallen, however, during the period 1950s – 2003 homicide deaths rose 130 percent and suicide rates by 140 percent. (2003:9-10).

Immigrant children present a disturbing paradox; despite generally having lower socioeconomic status parents these children are less likely than U.S. born to "...experience school absences due to health or emotional problems, and are also less likely to report engaging in risky behaviors, from early sex to substance abuse, delinquency, and violence." (2003:10) However, the longer they live in the U.S. then the more likely they are to have similar problems and behaviors to U.S. born adolescents. The report says that the implications of this are unmistakable. At least some of the basic foundations in which children are brought up are contributing to the problems. These social foundations are "... at best anemic, in the sense of weak and inadequate to foster full human flourishing, and at worst toxic." The problems of children and adolescents are now on too greater a scale and too pressing for professionals to adequately

cope with.

The report says although prescription drugs, psychotherapies and counseling "...permit us as professionals to pull many drowning children out of the river, surely we must still ask: why are so many of today's children in the river?" It then goes on to say that although these deficit models of treatment are obviously valuable we are in urgent need of also having an ecology prevention model. It is, then, advocating a model that seeks to deal with causes and not just the pathology of illnesses. Looking the evidence the Commission said the findings demonstrate that humans are hardwired to connect.

First, a great deal of evidence shows that we are hardwired for close attachments to other people, beginning with our mothers, fathers, and extended family: and then moving out to the broader community. Second, a less definitive but still significant body of evidence suggests that we are hardwired for meaning, born with a built-in capacity and drive to search for purpose and reflect on life's ultimate ends. (2003:14).

Thus the child has a deep need for connectedness in both regards; that is connectedness to other people and to meaning, it "... is essential to the child's health and development." (2003:14) The commission considers that a major reason is: "In recent decades the U.S. social institutions that foster these two forms of connectedness have gotten significantly weaker." (2003:6) This weakening is "...inadvertently depressing health and engendering emotional distress and mental illness" (2003"10). So to a large degree what is causing the crisis in American children and adolescents is a lack of connectedness to other people and deep connections to moral and spiritual meaning. How does the report suggest this crisis is dealt with? It says communities should claim back their roles of connectedness by establishing or reestablishing what it terms "Authoritative Communities"

Authoritative communities are groups that live out the types of connectedness that our children increasingly lack. They are groups of people who are committed to one another over time, and who model and pass on at least part of what it means to be a good person and live a good life. Renewing and building them is the key to improving the lives of U.S. children and adolescents. (2003:6).

The authors advise readers not to confuse 'authoritative' with authoritarian" which is associated with coercion. They believe "authoritative" implies and demonstrates a combination of " warmth and structure in which children in a democratic society appear most likely to thrive."(2003: 35). Examples of these social institutions that are vital in reconnecting with the young include: families with children, including extended families, civic, recreational, educational, community service, cultural, business, and

About 20 percent of students report having seriously considered suicide in the past year. About half of U.S. teenagers report using marijuana. Use of other drugs seems to be increasing. One in three teenagers report being engaged in binge drinking with cigarette smoking on the rise.

religious groups that include or serve persons under the age of 18. Over the decades from the mid 1960s families have grown weaker. People became less likely to marry, an increasingly smaller proportion of children are living with both biological parents.

“Structurally, very high rates of divorce and increasing rates of unwed childbearing have led to a significant disintegration of the two-parent family.” (2003:40). Putnam’s research adds to this.

Robert Putnam wrote an article in 1995, which he expanded into a book (2000) giving evidence of the decline of civic engagement. He included in this such as: political clubs and parties, civic and community groups based on face-to face relationships, religious organizations, unions, other workplace associations, and many informal social networks such as card playing groups and even family meals. It seems that for many people social connections and rituals that bond people have become anxiety laden, stressful and even unnatural; or people have lost the capacity to maintain or rebuild them and so such relationships are viewed as inaccessible. He maintains that to a large extent this is the outcome of a culture of individualism.

The report says that there is a “rough scholarly consensus: Putnam was right” it also says: “As a social value, familism has lost much ground in recent decades to other and in some cases competing values, such as individualism and consumerism”. (2003:41)

The core proposition of the committee is:

“Authoritative communities are groups that live out the types of connectedness that our children increasingly lack.” This leads them to their core rationale:

If children are hardwired to connect, and if the current ecology of childhood is leading to a weakening of connectedness and therefore to growing numbers of suffering children, building and renewing authoritative communities is arguably the imperative that we face as a society.” (2003:33).

The report also contains a list of “Ten Planks” and “Ten Characteristics” containing the essence of its findings. The planks for example include mechanisms by which we are biologically attached to others, the impact of nurturing environments on gene and brain development, risk taking and assigning meaning, development in morality and spiritual development.

The characteristics: social institutions re connectedness must include children and youth, treat children as ends in themselves, be warm and nurturing, establish clear limits and expectations, have a long-term focus, transmit shared understanding of what constitutes a good person, encourage spiritual and religious development and be oriented to equal dignity of all and to the principle of love of neighbour.

The most significant findings of the report concerning causes validate the research of Durkheim (1897), who wrote a seminal book on suicide and argues that weakened social bonds can, at a time of social change, place many people at risk making them vulnerable and stressed. It goes well beyond Durkheim, and also makes important recommendations. It also confirms, although not cited, the work of Viktor Frankl who wrote in 1948 with new editions in 1977 and 1997, arguing for the vital role of meaning and saying that the search for

ultimate meaning was an innate spiritual drive in humans. It also neglects the basic foundations of the politico-economic system to a great extent, which generates and sustains the core values of materialism, consumerism and individualism, according to an increasing number of concerned Americans an extreme degree, although it briefly mentions them. After all the dominant social form in a society tends to shape the way in which all other social forms are experienced and expressed. However, it cannot be expected to address these and maintain its research focus. It stands as an excellent example of research, literature review and the use of an expert committee, which has produced a new concept in “authoritative communities.” It is a clear and persuasively argued document of causes, symptoms and recommendations. It is a most important read for people in the helping professions and for interested citizens. Its work includes its cutting edge research information on biology, hardwiring’ on spirituality and social institutions. It will, I am sure, stimulate much discussion and further research.

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Gordon Ray is currently working in China and is a Clinical Member of ACA.

Robert Putnam wrote an article in 1995, which he expanded into a book (2000) giving evidence of the decline of civic engagement. He included in this such as: political clubs and parties, civic and community groups based on face-to face relationships, religious organizations, unions, other workplace associations, and many informal social networks such as card playing groups and even family meals.

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What is Hypnotherapy? By Lyndall Briggs

Hypnotherapy is a tool for reaching and dealing with problems of the mind and body using a state of mental relaxation in which the client is open to suggestion from the therapist. In the hypnotized state, emotional problems can be addressed and resolved, body functions can be improved to restore normal activity, and mental power can be improved to overcome obstacles, gain higher self esteem, improved memory, etc.

A Hypnotherapist uses a series of repeated instructions to bring you to a state of deep relaxation. While you are in this relaxed state, the conscious is less active and the subconscious is free to explore psychological or emotional problems and to take in suggestions effecting both mental and physical health.

Hypnosis can be described as a very deep state of relaxation. Hypnosis can be described as a normal, natural, healthy state of mind.

It is also a naturally occurring body defence mechanism. Hypnosis appears spontaneously as a protective mechanism in humans when they are frightened, disoriented, or in situations of severe violent stress – mental or physical.

The following are some examples:

Have you ever been in a room full of people ostensibly taking part in the group yet mentally being far away from it?

Have you ever had the experience of driving home while thinking about an issue that preoccupied you and suddenly realised that, although you have arrived safely at your destination, you can't recall having driven past familiar landmarks? You avoided collisions, stopped at red lights – it is as if you had somehow been travelling on automatic pilot.

Have you ever been unsure whether you did something or just thought about having to do it – for example, not knowing whether you either mailed a certain letter or just thought about mailing it?

Have you ever been able to block out sounds from your mind so that they were no longer important to you? Or so that they seemed very far away? Or so that you no longer understood them? Or so that you did not hear them at all?

Have you ever been staring off into space, actually thinking of nothing and being unaware of the passage of time?

Have you ever had the experience of recollecting a past experience in your life with such clarity and vitality that it was almost like living it again?

Have you ever been able to shut out your surroundings from your mind by concentrating very hard on something else?

Have you ever had the experience of reading a novel (or watching a movie) and, while doing so, actually forgotten yourself and your surroundings and lived the story with such reality and vividness that it became temporarily real to you?

Have you ever been lulled into a dreamy state or put to sleep by a lecture or a concert, even though you were not fatigued or tired?

In the hypnotic state you increase ~

The ability to IMAGINE

The ability to REMEMBER

The ability to be CREATIVE

The ability to respond to POSITIVE suggestions

Here are some examples:

The ability to IMAGINE – People in hypnosis respond extremely well to the use of imagery techniques, which have powerful benefits for change. Brain scans taken of people in hypnosis show increased activity during hypnosis, particularly in the motor and sensory area relating to heightened mental imagery. Under hypnosis the powerful benefits of imagery can be used to treat a wide range of conditions.

The ability to REMEMBER – People in hypnosis experienced a heightened sense of recall. For example, in some instances, hypnosis is used by the police to assist witnesses to recall car number plates or describe people at a crime or accident scene. The enhancement of the ability to remember in hypnosis enables the client and therapist to explore the origin or cause of symptoms that may be causing a client distress and take an appropriate course of action.

The CREATIVE abilities – By having access to increased creativity in hypnosis, people are able to allow themselves to be much more creative in their thinking thus enabling them to more readily explore options and solutions to issues that are troubling them. People can also utilise the benefits of self-hypnosis in all areas of their lives that involve creativity, such as painting, writing, music, etc.

Responsiveness to POSITIVE suggestions – Working as a team, the client and clinical Hypnotherapist agree on what outcomes the client is wishing to achieve. Heightened responsiveness to positive suggestion in hypnosis means that the clinical Hypnotherapist can reinforce the changes the client wishes to make. This reinforcing under hypnosis is at the subconscious (or unconscious) level which is much more powerful than making the suggestions to the conscious mind.

Therefore, hypnosis is not an artificial condition imposed upon a "subject," but rather a skill to be learned by the client to correct an existing symptom or problem. It's not magic. However, when used by a competent and well-trained professional, it is an effective and dynamic therapy. Here I will stress that all hypnosis is self hypnosis. The Clinical Hypnotherapist facilitates the process using a range of techniques, which may differ from client to client.

Therefore all of us have experienced hypnosis. Several times a day, in fact, we enter a self-induced trance state. Over the last twenty-four hours, you have been hypnotized approximately 39 times.

I'll bet you didn't even know it. What, for example, do you think was happening when you last watched TV? There you were, surrounded by distractions of all sorts – phone ringing, dogs barking, children playing, stomach growling, yet because something good was on, you were spellbound, concentrating only on the drama unfolding on that relatively small fraction of your environment, the screen.

You are also effectively hypnotized when you're surfing the Internet, when you're engrossed in a book,

A Hypnotherapist uses a series of repeated instructions to bring you to a state of deep relaxation. While you are in this relaxed state, the conscious is less active and the subconscious is free to explore psychological or emotional problems and to take in suggestions effecting both mental and physical health.

when you're lost in thought, as you're about to drift off to sleep, or even when a very attractive person walks by. Yes, going by the definition of hypnosis as being "an altered state of consciousness," the average person is hypnotized about 39 times a day.

So what? Well, you probably didn't know that when a person is in this altered state of consciousness, that person is highly suggestible.

This is a part of the natural activity-relaxation rhythm of the body known as the ultradian rhythm. We conventionally refer to this as "spacing out." It is also the state in which openness to learning is most likely to occur. Hypnosis is the focused use of the trance state in order to reprogram self-limiting unconscious patterns. The definition of hypnosis is slippery. I guess there are nearly as many perspectives on this issue as there are Hypnotherapists, and probably even some more. Some practitioners choose a narrow definition of trance and hypnosis, confining it to the hypnotic process of induction - changework - disengagement; others define it in a broader way. For me, hypnosis is communication with unconscious processes, and trance is the context from where this communication is done. Freud's free-association is trancework, and so are Gestalt, TA, psychodrama and numerous other approaches. Hypnotherapy as a separate realm dedicated to bring change through unconscious vehicles, is thus an approach practised not only by those who call themselves Hypnotherapists, but also by many other effective communicators and therapists.

However, we've learned that the unconscious cannot be commanded into a state of well being. The old stage hypnotist approach "Look into the mirror and feel confident" has been replaced by a more sophisticated method pioneered by Milton Erickson, M.D. Erickson reasoned that the unconscious is not an evil force trying to thwart our best intentions. Instead, each individual has all the resources necessary for change already residing within him or her. The Hypnotherapist helps the client awaken these latent potentials. They convey options to the client which were formerly unperceived. In order to do this, the Hypnotherapist uses a variety of techniques. They may enter into a dialogue with the unconscious, tell anecdotes and metaphors, stimulate memory recall, utilize age regression, help the client recall, reinterpret, or re-parent the original childhood trauma, or even assist in changing the original birth experience. Some esoteric hypnosis seeks to connect the client with past life events. Few good Hypnotherapists utilize only hypnosis in treatment. Many use insight-oriented and behavioural techniques as well.

Here's a story that illustrates that power: On the first day of the semester, a university professor came to class carrying an amber-coloured glass bottle containing a clear liquid. He announced to his 27 students that inside the bottle was a compound that, if inhaled, could make people feel "high," exuberant, or even giggly. While he was talking, the bottle slipped "accidentally" from his hands and when it shattered, its contents spilled all over the floor.

Within a few minutes, most of the students sitting in the back rows started exhibiting inebriated-like

behaviour; i.e., they were acting tipsy; several students reported being in high spirits; and a few from the front row fell into uncontrollable fits of laughter. The most curious thing about the incident was that the "mysterious" liquid was just plain water.

The experiment was just the professor's dramatic way of demonstrating the placebo effect, but what this episode really reveals is the phenomenal power of hypnotic suggestion, how mere words have the ability to cast a virtual spell on people. Clearly, the class had been hypnotized by the professor's words.

Through the use of hypnotically crafted words, phrases, suggestions or commands, most people could be made to behave in a predictable way; just like the students were when they were exposed to a substance which they were told was a potent chemical.

Emile Coué, the world's most recognized expert on the phenomenon of suggestion, said: "A person's free will always yields to the imagination." This is an absolute rule to which there is no exception.

Your conscious mind is the part of the mind that makes decisions and judgments from an extremely limited point of view. In other words, the conscious mind governs limits, puts up resistance, and builds barriers, obstacles, hurdles and much more.

The other part of the mind is the subconscious mind. This is the part that you are usually not aware of, yet it determines much, sometimes most, of what you do. In contrast to your conscious mind, your subconscious mind lacks reasoning power. For one thing, it does not know the difference between reality and fantasy. It processes products of our imagination as reality. Therefore, a good suggestion repeated often enough and long enough will be accepted by the subconscious mind as true, even when it is not true. Your subconscious mind is programmed to run on automatic.

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Lyndall Briggs is the Hypnotherapy Liaison Officer for ACA and is a registered Hypnotherapist and Counsellor.

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Hypnosis is the focused use of the trance state in order to reprogram self-limiting unconscious patterns. The definition of hypnosis is slippery.

Somatic Transference and Countertransference

By Donald Marmara, somatic psychotherapist

Psychologists tell us that 60% - 90% of communication is through bodylanguage and tone of voice. It seems clear, therefore, that it is very valuable to be aware of the interaction between therapists and clients on this level.

In the book "Bonding" by Stanley Keleman – the author defines transference and countertransference as "how a client and a therapist develop a relationship with each other to individuate, seek satisfaction, or maintain their social, instinctual and personal lives." He points out that whereas the more traditional approaches focus solely on feelings, emotions, fantasies and images, somatic psychotherapy views bodylanguage as the real mirror for feelings and needs.

Psychologists tell us that 60% - 90% of communication is through bodylanguage and tone of voice. It seems clear, therefore, that it is very valuable to be aware of the interaction between therapists and clients on this level.

Wilhelm Reich died in 1957, having done a massive amount of research on the emotional life of the body, which formed the basis out of which the schools of bioenergetics, radix, biosynthesis and other body-centred psychotherapies evolved. Over fifty years later, whilst psychologists acknowledge the importance of bodylanguage in communication, not many training courses equip practitioners with the skills required to understand what is being communicated on this level. We could surmise why this is the case, and I have my theories and opinions about this. What will be more useful, however, is to consider what we can do to equip ourselves and others in our profession with these essential skills.

Stanley Keleman writes in a way that invites the reader to participate in the process emotionally and somatically, as well as intellectually. Whilst this is very valuable and I recommend his books wholeheartedly – if you haven't read any I suggest you start with "your body speaks its mind" – you cannot learn practical skills by reading books alone. Similarly, whilst reading

articles such as this and books such as Stanley Keleman's can be of value, my wish is that they will lead you to explore the processes of somatic awareness and interaction more fully by participating in activities that increase your awareness of bodily sensations, and of the connection and interaction between bodily processes and emotions.

Whilst I am not suggesting that every counsellor and psychotherapist needs to train extensively in the emotional life of the body, I do think that some awareness of these processes are of great value, and that just as it is important for somatic psychotherapists to have an understanding of psychodynamic processes, it is equally valuable for practitioners of other modalities to gain an experiential and theoretical understanding of somatic-emotional interaction.

I am biased in favour of somatic psychotherapy – of course I am, why else would I have chosen to train in this modality? I have also learnt a great deal from other approaches, however, and this learning has been, and continues to be enriching for myself and my clients. My wish is that practitioners of different modalities work together and learn from each other – in my opinion this is one of the best contributions we can make to ourselves, our clients, and the development of our profession.

Donald Marmara has 26 years' international experience. He currently resides in Sydney, where he sees clients for counselling and psychotherapy, supervises therapists and business executives, and works with senior management teams to facilitate effective communication, team-building and life balance. He can be contacted on 0412 178 234 (mob) and at coredevelopment@optusnet.com.au.

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Head Start for Victorian Psychology Educator

Dr Emma Little from the School of Health Sciences at RMIT University was announced this week as the 2004 winner of the highly regarded **Pearson Education and APS Early Career Teaching Award**.

The Award is designed to encourage developing teachers at tertiary level to strive for the best possible outcomes in the advancement of their student's knowledge, understanding and capabilities in psychology.

Chair of the 2004 judging committee, Dr Mary Katsikitis from the Australian Psychological Society said: "We look for individuals whose enthusiasm for teaching and promotion of student learning places them significantly ahead of their peers."

"Dr Little had not only developed high quality materials for teaching, report writing and management of tutors, her evaluations from students was also extremely high, added Dr Katsikitis.

When asked why she had entered the Award and if it had been a positive experience, Dr Little replied emphatically to the affirmative saying that the process of addressing the selection criteria had made her realise how strong her passion for psychology was and just how much she loved her job. She then went on to say that she was surprised and delighted to be named the winner and if it had not been for the encouragement of colleagues she may not even have entered!

The Pearson Education and APS Early Teaching Career Teaching Award is one of only a few academic awards which recognise and encourage the development of quality teaching materials and innovative practises with most academic awards placing a far greater focus on research.

"As an academic, we often document our research activities either for promotional or funding purposes, but there is rarely a reason to document our teaching activities, so this opportunity was fantastic, Dr Little stated"

Pearson Education Australia is now accepting nominations - to be received no later than October 29, 2004 - for the 2005 **Pearson Education and APS Early Career Teaching Award**. Nominees must be lecturers or senior lecturers whose primary activity is teaching in psychology disciplines in undergraduate and/or postgraduate university courses. They must also be members of the APS.

For further information please contact:

Nicholas Rumpff
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Dr Little had not only developed high quality materials for teaching, report writing and management of tutors, her evaluations from students was also extremely high

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Book Reviews

Handbook of Rehabilitation Counselling

Editors: T.F. Riggart, Dennis R Maki
Springer Publishing Co.

This book is an excellent introduction to the field of rehabilitation counselling, but can also help update practicing professionals. It would make an excellent text as part of a foundation course. However, a fundamental question that needs to be answered first is, what is rehabilitation?



By the editors own admission, rehabilitation is a broad concept used in diverse context referring to the restoration of persons, places or things. In each of these cases, there is an implied connotation of a return to a state of health or useful and constructive activity.

Rehabilitation, they state, is defined as “a holistic and integrated program of medical, physical, psychosocial, and vocational interventions that empower a person with disability to achieve a personally fulfilling, socially meaningful and functionally effective interaction with the world”.

It could be argued that all counselling is allied to helping persons return from dysfunctional living towards a state of healthy thinking, feeling and behaving. The editors view disability as something which prohibits one from carrying on a normal job, or limits life’s major activities such as breathing, learning, walking, seeing, etc; It is clear that this book is about counselling persons who are eligible for or receiving social services and who are not able to function in the general sense of normality.

It is clearly divided into a progressive understanding of the responsibilities of the counsellor working with such individuals and covers in short but clearly explained sections such topics as Policy and law; Ethics; Advocacy; Assessment; Placement; Caseload management; Administration and Supervision.

Text is clearly written and understandable and supported by an extensive reference section, (37 pages). It contains much useful information in the appendices and a comprehensive index.

Reviewed by Ray Slade, Grad. Dip. Counselling & Human Services; B.Ed; Grad. Dip. Instr. Desgn. MACA(Clin)

Ray is a counsellor with Windana Therapeutic Community
RRP \$104.50 Elsevier Aust

Co-Dependent No More

By Melody Beattie

Melody Beattie writes both passionately and insightfully on the complexities of co-dependency. The book is like a guided tour which takes the reader chapter by chapter through the maze of characteristics associated with co-dependency, and gives clear, concise information on how to recover from the pain



of this existence. Melody showcases many stories and case histories in her book which helps the reader identify what stage of co-dependency they might be in and what they can do to take back control of their life. There are activities at the end of each chapter for readers to do and to reflect on. Most of these activities are designed to help the reader tap into their feelings and recognise their own behaviours in many situations over which they may feel they have no control.

The book is written from Melody’s own personal point of view and experience with the pain of co-dependency. She points out to readers that this book is a collection of ‘her own thoughts and ideas’ on a very complex topic and doesn’t pretend to be ‘the expert’, although the book has been extensively researched.

Much of the recovery process is based on the 12-step programme for addictions. For those not familiar with this programme, Melody Beattie describes the 12 steps and how to work the programme. There are also discussions on how to manage anger, learning to feel again, moving from victim to setting yourself free, learning to live and love again, and much more.

For counsellors who see couples regularly, this book shows you how to identify ‘hidden co-dependents’. You quickly recognise many client behaviours as you make your way through a most interesting journey of awareness and recovery from co-dependency. This book will draw you in with its honest and lengthy descriptions of the characteristics and often bazaar behaviours associated with the co-dependent existence. This is not just another book, but an experience. I recommend that you allow yourself this experience at least once.

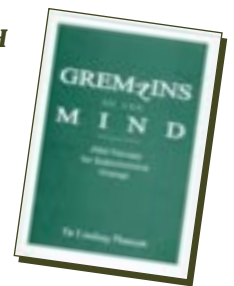
Reviewed by Brigitte Madeiski,
Clinical Member of ACA/CAPA
RRP \$37.50 Living Solutions

Gremlins of the Mind - PSH Therapy for Subconscious Change

by Dr Lindsay Duncan

Over the past decade PSH Therapy (Private Subconscious-mind Healing) has established itself as a brief and effective therapeutic approach for many human problems not responsive to other therapies. As one of the earliest PSH practitioners and a former academic, Lindsay Duncan is well-qualified to lead the reader through an exploration of its history and practice. His very readable style of writing with the generous use of case studies throughout and boxed summaries at the end of each chapter makes the subject matter easily accessible.

This is not a DIY book, nor is it an academic text, but it will appeal to a wide readership. Therapists will enjoy the clarification of where and how PSH sits in the context of other therapies. Trainee therapists will benefit especially from the coverage of the subconscious mind and its role in healing emotional damage. People searching for answers to their problems will find it easy to decide if PSH is suitable



Rehabilitation, they state, is defined as “a holistic and integrated program of medical, physical, psychosocial, and vocational interventions that empower a person with disability to achieve a personally fulfilling, socially meaningful and functionally effective interaction with the world”.

for them amidst the overwhelming range of other available therapies. And the general reader will become more informed about topics from Mesmer to managing stress, drug-free therapy, toxic families, hypnosis, self-esteem, and many other areas related to the subconscious mind.

One of the most appealing qualities of this book is Lindsay's ability to draw on everyday metaphors from life to illustrate his point. For example, a basic premise for PSH that differentiates it from other therapies is that it works at the cause level rather than treating the external symptom. This is compared with rubbing cream on a skin rash that is caused by diet, or shifting the chairs on the Titanic. In another section on accessing subconscious awarenesses through PSH he compares it with having someone's name on the tip of your tongue, or the presence of 'off' food in the refrigerator registering somewhere at the back of your mind through the sense of smell before the conscious mind realises some action is needed.

As therapists or clients, we all wonder why we sometimes don't get the results we would like in therapy. *Gremlins of the Mind* makes no claims that PSH is the perfect therapy. The very practical chapter called 'What is PSH Therapy and How Does it Feel?' is balanced by a later chapter called 'When Therapy Fails' which discusses some of the reasons that any therapy, including PSH, may let us down. The case studies also clearly demonstrate our individual differences and varying responses to therapy. As well as demonstrating the wide application of PSH they serve as the glue that links the more theoretical sections of the book.

It is a long time since I have read a book and been able to immediately feel a shift in my own therapies. I can thoroughly recommend it, especially to anybody with an interest in trance work.

- **Paperback:** 220 pages 155 mm X 225 mm
- **Published:** November, 2003
- **ISBN:** ISBN 0 9751282 0 5
- **Cost:** \$24.95
- **Or off web** www.lin-mind.com

Reviewed by Lyndall Briggs
RMASCH, PMACA.

Touch The Sky

By Patrick William Moore

Written in an inspirational format - idea on the left page, explanation on the right - this publication has 121 ideas aimed to both inspire the reader and help them find and embrace their waypower. Its author believes that messages about willpower and motivation often miss the point, don't offer 'what to do' and leave recipients of such messages, wondering 'how do I do this in my own life'. Waypower he says provides people with the skills and the ideas to do it themselves in the right way. When we discover the right way, willpower comes naturally and things just fall into place because waypower creates willpower. Where there's a way there's a will.

While his 121 ideas and explanations are not new, the author has put his own slant on them by



incorporating some eastern and martial arts philosophies in his explanations. The book's focus is to impel the reader to change their behaviour - de-clutter, empathise, make a fresh start, join a team, break the 'if' cycle, create a future and so on. Readers are also encouraged to stay open to new ideas and new thoughts, to open their minds to the wonder of the world and to keep their life filled with inspiration.

It's a publication filled with 'to dos and what to dos'. Women's Day feel it offers insights into retrieving control of your days and creating more time for yourself, and ABC National rates it as 'Extraordinary...a great gift!' I'm inclined to agree with City Weekly, that it 'combines traditional and new ideas on happiness and success and condenses them into easy to consume one page nuggets'.

Reviewed by Paulina Howfield

When somebody dies

from the series "Books Beyond Words"

Authors: Sheila Hollins, Sandra Dowling and Noelle Blackman

Illustrated by Catherine Brighton. Published by Gaskell and St. George's Hospital Medical School. ISBN # 1-901242-90-0



A book for counsellors/carers counselling bereaved intellectually disabled people.

The book is divided into four sections

- visuals or pictures on the right hand side, with the left side blank for the counsellor, carer or client (or all three) to write in or draw in, if desired;
- simple written texts corresponding to each picture, i.e. people at the church, people being sad, a couple re-living memories using photographs, etc.
- a very, very brief two-page section for counsellors/carers
- a list of resources

The well-illustrated pictures tell a compassionate story of the death of a loved one. Whilst the pictures showing people in various emotional states of sadness or crying are adequate, there are simply not enough pictures telling the full story of the rituals and activities undertaken when someone dies. For instance, pictures show people in an emotional, stressful state on one page, then at a coffee shop with comforting friends on the next page. The counsellor and client could have benefited from some extra pictures to explain the 'how and why' this, and other transitions (actions) came about. Paradoxically, the authors stress on their web site that intellectually disabled people should not be excluded, even when sad things happen, so why such a sparse story line?

The use of the blank page opposite a picture page is obviously a well-researched and valuable therapeutic tool for the client to express him/herself, either by writing or drawing. I do not question the authors' credentials in using this approach. Their web site speaks for itself. However, in this book, the pictures are on the right side, making it difficult for the client (or even the counsellor/carers) to write or draw on the

The use of the blank page opposite a picture page is obviously a well-researched and valuable therapeutic tool for the client to express him/herself, either by writing or drawing.

Book Reviews (Continued)

left. The book tends to flip to the left, effectively closing it over the writing hand, making the handling of the book very cumbersome and frustrating. Pictures on the left-hand side, using a spiral binder to lay the book flat, could have made it more "user-friendly" for the intellectually disabled.

The book's lists of resources for further advice, seeking written information or for obtaining videos are most helpful. However, the written sections specifically for the counsellor/carer are too brief for such a specialised counselling process. Not being satisfied with the scarcity of information, I looked for extra information on the internet. It is a great pity that the corresponding information I found on Professor Sheila Hollins web site http://www.intellectualdisability.info/mental_phys_health/grief_sh.html was not included in this book. This web site provides much more information for counsellors/carers of bereaved people with intellectual disabilities. The points raised and comprehensive explanations given on this web site do more to advance a counsellor's understanding of how to counsel an intellectually disabled person, than the short section at the back of the book. One can only assume that the book was designed solely for experienced counsellors in this area of specialisation. Less experienced counsellors could find themselves adrift.

The individual illustrations are charming and subtle. Nevertheless, I do feel that an expanded picture-storyline would have significantly enhanced the interactive counselling process for counsellor and client. Picture story telling is such a potent form of communication, yet in this book, on all levels the "message" and resources for the counsellor/carer are only partially delivered.

Reviewed by Helga Noakes, MACA. Dip. Prof. Couns. B.Soc.Sci. (Counselling & Mediation) Grad.Dip.Tr. & Dev., M.Org. Dev.&Tr. RRP \$43.95 Medsoc

Contrary To Love: Helping the Sexual Addict

By Patrick Carnes, Ph.D
Published by Hazleden Information and Educational Services 1994

The author of this publication is an authority on addiction and recovery issues in the US, and has written a number of books about sexuality, sexual addiction and family systems. He wrote this book, to provide a working map for professionals, that embraces the pervasive patterns and dynamics of sex addiction. It also builds on his theoretical framework for treating sexual addiction as discussed in his earlier book 'Out of the Shadows'.

The 'working map' consists of nine chapters that form a systemic framework for understanding and treating a range of addictive sexual behaviours. The author starts by defining sexual addiction and discussing common preconditions and risk factors. Then he explores obstacles to understanding sexual addiction such as secrecy, shame and morals; frameworks and

ideologies that don't work; and professional bias and rigidity. Chapters 3 and 4 discuss the cycles and framework of the addictive system, explaining catalytic environments and events; the stages of addiction; and how the various phases of addiction can be distinguished.

In chapters 5 & 6 the author surveys the factors within the family system that both contribute to and sustain the sexual addiction, before focusing in chapter 7, on the healing role that the 'Twelve Steps' of Alcoholics Anonymous can play when applied to sexual addiction. In the final two chapters he discusses assessment, intervention techniques and treatment of sexual addiction, as well as offering working knowledge of his Sexual Addiction Screening Test (SAST), a questionnaire he designed to measure the behaviour and phases of addiction.

This book is well written and easy to read. It contains charts and diagrams that back up the author's ideas and also help clarify the problems of working with sexual addiction. He has included insightful anecdotes that both highlight the issues, and draw the reader in to a deeper understanding of the cyclic, repetitive and ritualised world of the sex addict. Overall, it is a practical, and informative guide to treating sexual addiction that successfully bridges family systems with addictive dynamics.

Reviewer: Paulina Howfield, B. Ed Art; Dip I.A.T.E. (Art/Play Psychotherapy); Dip Couns.; Cert. Regression; Cert. Mediation; Cert IV W.A.A.T.; QMACA. Work includes HIV/AIDS Counselling; Sexual Health & Lifeskills Education; Group Facilitation; Mediation; Sandplay Therapy and Supervision; and Training and Consulting. RRP \$32.50 Living Solutions

Psychology – Key Ideas Stage 2

P. Whetham & A. Day (eds)
Greg Eather, Adelaide SA, 2003
ISBN 1 876734 95 7

The production of this book has been a collaborative team by the School of Psychology, University of South Australia. It has been written in accordance with "...the topics, key ideas and areas of learning as outlined in the SSABSA (Senior Secondary Assessment Board of South Australia) board-approved curriculum statement." This statement can be assessed at the SSABSA website: <http://www.sbas.sa.edu.au>.

How well the authors have achieved their goal, can therefore only be assessed by treating the text in conjunction with the SSABSA curriculum statement.

For the purposes of our ACA journal however, I do not believe such a review would be very helpful. I therefore propose to depart from the usual review format by looking at this textbook from the viewpoint: "Does this book, written for Grade 12 students, contain what a practitioner would hope to find in a basic text?"

As a text book it is well laid out, with pictures, diagrams, charts, graphs and "Activity and



He wrote this book, to provide a working map for professionals, that embraces the pervasive patterns and dynamics of sex addiction. It also builds on his theoretical framework for treating sexual addiction as discussed in his earlier book 'Out of the Shadows'.

Information Boxes” to break up the text. For easy reference the different topic areas (there are six of them) are delineated by a blue colour patch on the page ends (what do you call the face of a book opposite the spine?) unfortunately a printing error has seen the patches for topic areas five and six printed in the same position.

The six topics (each of which consist of five chapters) can themselves be treated quite flexibly as “there is no particular order in which they are to be done”. The first section deals with research design, methods, measurement, data and ethics – a good start. The remaining five, in order, deal with: social cognition, learning, personality, states of awareness and healthy minds. All five topics provide good basics for a student of psychology.

One area however that is notably lacking (and this is an argument with the syllabus setters rather than the authors) is the connection of the theory to the client. I, personally, do not believe that it is ever too early to ground the psychology student in client based reality. A sprinkling of case studies, a smattering of micro-counselling skills, a series of reminders that psychology is not an abstract science but a science grounded in the real life issues of real people would not go astray in a work such as this.

Overall this is a text that does what it sets out to do but I would like it – and the SSABSA syllabus go further.

Adrian Hellwig, (M. Comm, B.Theol., Dip. Counselling, Vice-President CCA, CMACA (CPC) Essentials Education

Child and Adolescent Mental Health Services: An Operational Handbook

G. Richardson & I. Partridge (eds)
London: Bell and Bain

‘The world is disgracefully managed; one hardly knows whom to complain to.’ (Ronald Firbank, Vainglory) In these days where people can readily identify the problem, this book and its authors strive to be part of the solution in providing a framework for evaluating, implementing and managing Child and Adolescent Mental Health Services (CAMHS). Whilst continually promoting that, any service should always meet the needs of its targeted population, the book offers a nuts and bolts approach to providing a client-centred, clinically effective service. Of key importance is the notion that partnership in service delivery involves an integrated and holistic approach and is best achieved by the development of effective operational structures that allow for professional functioning between relevant agencies.

The book draws upon data obtained through research, government policy, experience, achievements and scholarly opinion. The book does not aim to be prescriptive rather, to outline an approach to ‘what works’ for both providers and recipients of CAMHS. It does this by presenting its material in twenty-seven chapters covering a broad range of issues including



clinical governance, the law, child protection, management of referrals, and services pertaining to specific disorders and intervention strategies.

Of personal interest, the principles offered to guide appropriate and effective service delivery are a timely reminder:

1. CAMHS is based on a multi-disciplinary approach;
2. CAMHS is a responsive service that is client-centred and dovetails with services from other agencies;
3. CAMHS takes account of the social, educational, emotional and medical needs of the client and their family/carers (intensity of input is geared to complexity of need);
4. Clarity of information regarding methods of referral and consultation;
5. Clarity of operational policies for each professional, team and service detailing skills, accessibility and comprehensiveness;
6. For those working in the field, Self-care, supported by clear lines of responsibility, accountability, professional supervision and training;
7. Finally, interventions should result in a demonstrably better situation for the client as opposed to not intervening. Do no harm should inform clinical practice.

The book is presented in a clear, concise and logical manner. It is informative and instructive as well as being an appropriate tool for evaluation and reflection. Organisations involved with and associated with the delivery of CAMHS may find it a relevant resource for evaluating their present systems and incorporate such learnings into their Continuous Quality Improvement practices.

A note of caution, the services described within the text are based within the legislative framework of England and also pertain to the most part to Scotland, Northern Ireland and Wales. Overall an interesting, informative read.

*Peter Monaghan MCL, BSc(Psych), BTh
ISBN 190124296X RRP.85.50 Medsoc*

BRADSHAW ON: THE FAMILY. (A New Way of Creating Solid Self-Esteem)

John Bradshaw
Revised Edition, 1996.
Health Communications Inc,
Florida.

This 1996 publication of Bradshaw On: The Family is based on an original book that came from the 1988 production of a TV series of the same name. Its credibility is based on its continuing sales and the successful professional career of its author, John Bradshaw.

In his introductions, Bradshaw outlines his own family origin and his subsequent passion as a Therapist. This is reflected throughout the book where zeal sometimes leads to simplistic presentation and over repetition with much use of acronyms. This is not



Organisations involved with and associated with the delivery of CAMHS may find it a relevant resource for evaluating their present systems and incorporate such learnings into their Continuous Quality Improvement practices.

Book Reviews (Continued)

necessarily a bad thing, the nature of the book being what it is.

Bradshaw starts from a perspective that outlines a damaged person and the contemporary family system that tends to create such damage. He further expands on many aspects of “functional” and “dysfunctional” families and individuals of all ages. The final three chapters are devoted to a roadmap for discovery and recovery.

The main premise of John Bradshaw is that due to the nature of hereditary transmission, individuals are easily influenced in a manner that wilfully promotes guilt and shame. This may not necessarily be a deliberate act by the parental or other family role models but rather a common acceptance and practice of poor guidance that is constantly inherited. Alternatively, Bradshaw pulls no punches when he expands into areas of abuse such as alcohol or incest.

As a simplistic explanation there is the consideration of guilt and shame. On the one hand, guilt is easily identified. The individual transgresses some external overt or covert rule or behaviour and has been taught that to do so is bad. The individual has made a mistake. Shame is not so easy to identify. This is an

internal construct where dysfunctions promote an internal monitoring to determine that the individual feels they are the mistake.

It is the exploration and understanding of these principles that Bradshaw explores and clarifies before suggesting regenerating structures for individual rehabilitation.

This is not a text. What Bradshaw has done is to apply, what were then, the newly emerging psychological and therapeutic applications applicable to this area and present them in a cohesive structure. As a result, this book is suitable to expand the application of basic therapeutic knowledge for the emerging professional or as a resource for people emerging from a dysfunctional family background who are seeking a more comprehensive understanding of their situation.

Reviewed by John Dunn CMACA. Colac Counselling Service. BA (Psych & Phil), Dip App Sci (Counselling), Dip Tech Teaching, Cert IV Workplace Training & Assessment. RRP \$37.50 Living Solutions

Food Review – Food...Fun, Healthy and Safe

By Sheila Hollins and Margaret Flynn

This book is another in the Books Beyond Worlds series where health issues and services are discussed in an easy to read and understand manner. It has been produced as a pictorial representation and is suitable to use as an educational resource for those with learning disabilities.

The book is divided into several sections that cover various topics, such as, hygiene, meal preparation safety, food choice and elementary first aid. The first section is depicting a young couple who, with the help of their friend Joe, are guided on a shopping trip to select food for a birthday party. They are then helped to prepare the food in a safe and healthy way. Readers are able to make their own observations, and understanding of what the pictures represent can be at many levels. This type of book allows a support person to either read the book for the person or to prompt a deeper understanding of the story through gentle questioning.

It is a book that readers at different levels can enjoy while at the same time being subtly guided into ways

of looking after their health. Underlying the story is a sub plot showing the isolation of one of the guests and the effect this has on her. It then shows a way of offering friendship and support to help overcome this isolation.

Following this section is an outline of the story as envisioned by advisors who saw the pictures. Then follows a section of healthy eating patterns with a section on the food triangle. A short section on first aid is followed by ideas that could be of help to service providers. Then follows a diagrammatic list of do's and don'ts that could be copied and displayed, for example in group housing. Finally there is detailed advice about where help for the various health services can be sourced.

I think this is an essential resource in any educational setting, but particularly for those living in group situations or those assisting people in group settings.

Marguerite Middling BA, Diploma of Counselling

This book has been produced as a pictorial representation and is suitable to use as an educational resource for those with learning disabilities.



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and Counsellors of Queensland Inc**

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

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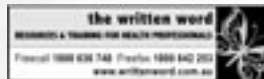
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