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The Efficacy of the Twelve-step Facilitation Therapy for Alcohol Problems

Dream Therapy, Interpretations & Analysis

Becoming a Porch Theologian, Providing a safe place for patchwork faith

"If only I was more motivated!"

Superannuation Choice – What it means to you

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I would like to welcome all our readers to the first edition of Counselling Australia for 2005 and hope you enjoyed the Christmas and New Year break.

Unfortunately, for many people in Asia and around the world, the Christmas period turned into a nightmare, with a tsunami physically impacting on many Asian countries on Boxing Day. As with all natural disasters, the tsunami was indiscriminate, killing men, women and children. Many westerners who were holidaying or backpacking were also caught up in the disaster, as both indigenous people and foreigners became victims. Not only were lives lost but livelihoods, homes and businesses were lost. The damage to the ecology and economy of many areas is still yet to be determined but there is no debate as to whether the outcome will be negative for many years to come.

I have noted with some cynicism some articles by counsellors who have claimed that counselling services were not as needed as counsellors would like to believe. I am referring to counselling for westerners not the indigenous population. I can only say that was not my experience during the height of the disaster. I personally received calls at ACA from reporters and members of the media from Indonesia and also family members in Australia asking if there were any Australian counsellors in the disaster area. These people all claimed that the need for counselling services was dire and such services were short on the ground. I am also aware that many aide workers and Australian survivors and families if victims have requested counselling services on their return. Maybe my experience is not balanced due to ACA's being the only counselling body to have an office open and being contactable in the days following the disaster. Therefore the amount of information we received may have been out of proportion to what others were receiving. It may, however, also be that inaction may need to be justified, something that private practitioners such as myself see clients do on a regular basis.

By training local students who understood cultural issues, we would be able to impart skills that not only could be used for life but also could be passed on.

The tsunami disaster was, for me, a significant period of introspection, as I struggled with a great sense of helplessness followed by frustration and anger. When I became aware of the tsunami and its devastating effects, my first thought, like many Australians, was "What can I do?" I felt that, as a professional counsellor, I could do more than donate money; I wanted to do something more tangible and practical. Like many of us though, I was in a state of numbness for the first few days after the disaster, as newsreel followed by newsreel showed even more shocking footage of damage and loss of life. On Tuesday the 4th of January I was able to refocus slowly on my dilemma of what to do, when I came back to work at ACA.

I considered what I could do as an individual and quickly came to the conclusion that, as an individual, I could achieve little. I do not speak any Asian languages and, although I have spent considerable time in Asia, I am not arrogant enough to believe I really understand the cultural differences enough to be of any positive use. Therefore, any consideration of travelling to any of the disaster areas was put aside. I also considered that my responsibility within the profession was greater than that of most, due my unique position within ACA. My unique position did give me the ability to try to put into action some form of strategy that would be able to be global instead of narrow in its effects.

It was at this same time that we started to receive phone calls and emails from other counsellors, asking if there was anything they could do. Many of these counsellors were non-members who also wished to help in some way. I was surprised at the lack of action outside of ACA in regard to counselling issues. After contemplating the immediate issues with my colleagues, it was decided that there were two issues - how to help the indigenous populations who had been affected by the tsunami and how to help any Australians who had been affected. A two-pronged strategy was required but we also needed to work with an agency for logistical purposes, if we were to decide to send people overseas.

The first strategy considered the cultural and language issues that would be encountered and we needed to ask ourselves whether Australian counsellors would be able to be effective considering these obstacles. The answer was a resounding "no". Issues such as food, water, shelter etc were an obvious priority. It was also considered that we would not be able to help the indigenous population effectively with trauma, grief and other such issues. We could be effective, however, by allowing the indigenous population to own the disaster and by helping on another, less-direct level. It was decided that we could help through offering training services to local universities and providers of counsellor training services.

It was adhering to the old saying of "teach a man to fish and he can feed himself for life". By training local students who understood cultural issues, we would be able to impart skills that not only could be used for life but also could be passed on. Presently we are working with the government and possibly Australian Volunteers International to send over a training team to Sri Lanka, where we have been invited by Dr Francis Wilks to help students from the University of Peradeniya. I felt very uplifted by this request and believed that this was possibly the most viable of all our projects. I was still on a long learning curve at this time and was still very positive.

Training of indigenous counsellors not only would honour cultural differences but would have a far greater long-term benefit to the local community and counselling profession. This would also help to establish a long-term collegial relationship with our Asian neighbours. There could also be a possibility of helping directly, through interpreters, any local victims who may need immediate help, if appropriate. This project is currently still under consideration by the appropriate authorities. ACA will continue to investigate alternative avenues of funding in regard to sending at least one team to Sri Lanka to meet this need.

ACA is always happy to work with other similar associations and therefore I was very pleased when I was approached by Associate Professor Dr Paul Stevenson to participate in a joint project with him. Dr Stevenson is the current President of the Australian College of Clinical Psychologists Inc (ACCP). We met in mid January and both felt that there was going to

be a significant issue in relation to trauma issues for Australian aide workers. Dr Stevenson was also aware of ACA's desire to send counsellors to the tsunami-affected areas. ACCP and ACA then put together a joint statement outlining a joint project, which was then sent to the Prime Minister's office. The statement outlines a project to send teams of assessors and counsellors to areas where Australian aide workers are serving.

The priority of this mission would be to assess aide workers for trauma issues and then supply counselling services where needed. A secondary service of counselling actual tsunami victims, where appropriate and with the use of interpreters, would also be put into place. Fortunately, we have received offers from counsellors who do speak the local languages and therefore they would be able to work with the local populations as part of the mission. Psychologists from ACCP primarily would be responsible for assessment work, whilst counsellors would be responsible for dialectic treatment. This mission has been frustrated by a lack of co-ordination by authorities, who have agreed that the mission is much needed and should be given priority.

It was at this stage that it became apparent that the agencies that were co-ordinating services and logistics were simply overwhelmed and unable to cope. It was a catch-22 situation. People were going over to the affected areas using their own resources, due to the lack of support or slow reaction time by the appropriate agencies. These people then were congesting the services on the ground by becoming logistical victims themselves. This, in itself, was causing major delays by agencies to send organised teams overseas. There was a significant issue developing in regard to helpers simply turning up at the disaster sites and then becoming reliant on resources that were put aside for victims and organised teams of helpers. One member from an agency, when speaking to me, simply said, "we need to purge the disaster area of all non-essential help, including so-called VIPs". I felt this possibly reflected the feelings of most of the aide workers who were working in co-ordination and logistical roles.

My frustration at this time was turning into pure anger and I needed to debrief with a colleague to purge myself of negative feelings and a sense of uselessness. I was also developing a very dim view of what seemed to me to be a total lack of risk-management planning and policies, particularly in regard to preventative measures being taken by agencies and the government in relation to Australian volunteers and trauma issues. I was happy to consider that time was an issue and help was needed immediately so therefore risk-management issues may have taken a back seat. ACA and ACCP, however, were offering a real and immediate resolution to these issues, which we had identified.

I felt that many of the Australian aide workers were not going to be given access to counselling and assessment services in time, if at all. By now, the first rotation of health workers was returning to Australia. A colleague of mine who was contracted to supply assessment and debriefing services to a large group of Queensland Health workers identified that more than 10% of those who came through his service were already suffering from trauma issues and were likely to develop more chronic conditions if further intervention was not received.

There was also the issue that none of the health workers had been formally assessed for trauma issues whilst on the ground in Asia. Trauma assessment, particularly through biofeedback technology, would in most cases identify issues whilst they were in their early stages. Without early and on-going assessment, any false compensation claims would be difficult to disprove and would cost the government (state and federal) millions of dollars in payouts. This also means that legitimate claims will probably only be made once conditions become chronic and again will cost millions in pensions and health services. My colleague's experience confirmed my belief that we were missing the boat in regard to providing any sort of preventative help and we were now in a reactive situation.

By mid January, I came to the conclusion that I needed more political support and, hopefully, intervention. Australian Volunteers had phoned back and assured me that our proposal was still being considered and carried a priority heading, however they could not give an accurate indication of when a decision would be made. I made an appointment to see an old friend of mine, whom I only contact when desperate, Hon David Jull MP. It was late January by the time I saw David. I was very anxious and came across as being as desperate as I felt. As always with David, I received a fair hearing and he assured me he would follow through immediately in regard to getting my requests through to the appropriate decision makers. David was able to ensure that the material with which I had supplied him went directly to Hon Tony Abbot MP, Minister for Health and Ageing.

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In early February, I received a letter from Ms Joan Connor, of the Parliamentary Service team, Portfolio Strategies Division, stating that the my correspondence *"has been forwarded to the Department for appropriate action"*. Personally, I am not quite sure what that actually means. I am now more at peace with myself and have reflected on the lessons learnt out of this tragedy for myself. My need to help and expectations that sound projects would be adopted and actioned by the authorities were unrealistic. I believe my understanding of the disaster and consideration of priorities was sound. My previous life in the Army had trained me to evaluate situations quickly and effectively. My appreciation of how quickly agencies can become clogged with offers for help, let alone the logistical drain experienced by these agencies in regard to unsolicited help and VIPs, was lacking.

A disaster of this size is a challenge to many of us and naturally all of us feel our help is most needed. I am proud of the efforts of all Australians, both civilian and military, who have contributed through donations or hands-on assistance, and have resolved to continue to follow up this issue with the authorities. I hope that if nothing else comes of these projects, the efforts of myself, ACA staff and the many other counsellors who undertook this journey with me are appreciated. This project may not come to fruition but I can say that I feel good about the fact that I and all those who volunteered to be part of the project did respond to

Special Editorial – Tsunami Disaster – (Continued)

the disaster, as opposed to letting others get on with it.

On a more positive note, the project to get a National Register of Counsellors for tsunami victims and aide workers on their return to Australia was a resounding success. The idea for the register came about at the same time as the other tsunami projects, with the emphasis being on victims and aide workers and their needs on their return to Australia. It was considered that free services to help trauma and crisis issues should be made available to all Australian aide workers, victims and their families.

A call was sent out to all appropriately trained counsellors, psychotherapists, social workers and psychologists who had experience dealing in trauma issues to register their names for the project. ACA started to receive calls within 30 minutes of the call going out. The register now has over 167 professionals on it, all offering free services for aide workers, victims and their families. Again, it was very uplifting to find many of the professionals who have registered are not ACA members and come from other professional bodies. It was refreshing to see that political allegiances were put to one side to come together in a common cause. The register has been mentioned in virtually every major national and regional newspaper in Australia. In addition, twenty-five radio interviews were conducted in a period of three weeks in regard to the register and its purpose.

The register went live on the ACA web page in mid January and is now up and running. According to the ACA statistical data program, there were 244 hits on the tsunami register in January. I would suggest this means that there is definitely some interest.

The register went live on the ACA web page in mid January and is now up and running. According to the ACA statistical data program, there were 244 hits on the tsunami register in January. I would suggest this means that there is definitely some interest. ACA will follow up the usage rate as time moves on. I would like to take this opportunity to thank all those who have registered and committed to help fellow Australians in a time of need. Regardless of how often the register is used, it is sometimes the offer that means more than the actual action. The honour of being given the opportunity by ACA, its members and non-members to contribute in even a small way has made me realise how incredibly lucky I am to be involved in such a noble profession.

Philip Armstrong

Editor

ACA

The Efficacy of the Twelve-step Facilitation Therapy for Alcohol Problems – By Derek Botha

Abstract: In a review of the literature, it was found that only four studies have used randomised controlled trials in attempts to determine the efficacy of the twelve-step facilitation therapy for alcohol problems. All four studies failed to support the purported comparative efficacy of the twelve-step facilitation therapy. This article briefly analyses the nature and results of these studies, and investigates the nature of the factors relating to the twelve-step facilitation therapy (Alcoholics Anonymous twelve steps and twelve traditions) that may have contributed to the limited research on alcohol problems using randomised controlled trials, and to the results. It is found that, unlike many of the other treatment modalities evaluated by researchers, such as cognitive-behavioural therapy and motivational enhancement therapy, the philosophy, ideas, rituals and beliefs of the twelve-step facilitation therapy seem unscientific and incompatible with the scientific paradigm of randomised controlled evaluation. Consequently, it appears that the methods through which change is accomplished using the twelve step facilitation therapy are different from the techniques that are ordinarily used in other psychotherapies.

1 Introduction

Although twelve step facilitation therapy (TSF) is considered to be an effective group intervention for alcohol problems (Flores, 1988), the paradox is that the efficacy[1,2] of TSF has not been systematically and empirically established. Not only has there been limited research to determine the efficacy of TSF, but none of the randomised controlled studies have supported the purported efficacy of TSF. The most recent randomised controlled study, entitled Project MATCH (Matching Alcoholism Treatment to Client Heterogeneity) (1997), also failed to confirm the efficacy of TSF in relation to two other standard therapy modalities. In addition, its results have led to uncertainty in the field of treatment for alcohol dependence and problems (Heather, 2001b). Within this context, the purposes of this article were twofold:

* firstly, to investigate the nature and results of randomised controlled studies aimed at determining the efficacy of the TSF for alcohol problems, and,
* secondly, to identify and discuss the nature of any factors relating to the use of TSF for alcohol problems that may have contributed to the limited research using randomised controlled studies, and to the findings of those studies.

2 Background to the review

In the mid-1990's research on alcohol treatment shifted away from the focus of whether or not a treatment worked, or which treatment was most effective, to the possibility that treatment outcomes would be improved when matching individuals to treatment based on individual characteristics (Mattson, Allen, Longabaugh, Nickless, Connors & Kadden, 1994). In the USA, the National Institute on Alcohol Abuse and Alcoholism initiated a multi-site clinical trial (Project MATCH, 1997) with the aim of determining whether or not alcoholics[3] with different characteristics responded selectively to three different treatment approaches, namely Cognitive-Behavioural coping skills Therapy (CBT), Motivational Enhancement Therapy (MET), or Twelve-step Facilitation Therapy (TSF)[4]. Results of Project MATCH indicated that there was a lack of statistical and clinical differences among the results of the three treatment modalities. These results challenged the view that patient-treatment matching would yield more positive outcomes. They also failed to indicate any efficacy of TSF relative to the other two modalities.

In the mid-1990's research on alcohol treatment shifted away from the focus of whether or not a treatment worked, or which treatment was most effective, to the possibility that treatment outcomes would be improved when matching individuals to treatment based on individual characteristics.

A search of the literature revealed that there were only three other reported studies, prior to Project MATCH, on the efficacy of TSF that used randomised controlled methods. These were the studies by Dittman, Crawford, Forgy, Moskowitz & MacAndrew (1967); Brandsma, Maultsby & Welsh (1980); and Walsh, Hingson, Merrigan, Levenson, Cupples, Heeren, Coffman, Becker, Barker, Hamilton, Mcguire & Kelly (1991). These studies also failed to sytematically and empirically establish the efficacy of TSF. These studies, and Project MATCH, were evaluated in this article as they were the only reported studies that used a randomised controlled methodology to determine the efficacy of TSF. This evaluation process commenced with an analysis of Project MATCH and its findings, as it was the most recent study, and its results have led to the aforementioned uncertainty in the field.

3 Project MATCH

Project MATCH was a multi-site collaborative study investigating the 'treatment matching' hypothesis (Project MATCH, 1997). It was designed to assess the benefits of matching clients showing alcohol dependence or abuse, to three different treatments

1 The most accepted method to establish whether or not a model of psychotherapy works, is by clinical trials that use monitored, manualised treatments, randomised assignment of participants, and a control/comparison group, which is an efficacy study. A study that focuses more on whether or not psychotherapy works as it is practised in the field in its unaltered state, is an *effectiveness* study. In this latter type of study, the individuals choose the type of treatment they prefer, and the nature of the treatment is not controlled – that is, there is no control and no randomness (Howard, Monash, Brill, Martinovich & Lutz, 1996). Some of the literature reviewed failed to distinguish between these two types of studies, and either clearly used the two concepts incorrectly, or randomly interchanged them (see for instance, Brown 2001; Heather, 2001b; McCrady & Delaney, 1995). Where appropriate, when referencing in the text of this review, the wording from the original source was amended to reflect the correct type of study, or studies, that were being referred to. However, original sources were quoted verbatim.

2 The contextual nature of research into the efficacy and effectiveness of TSF must be noted. There are four major sources of information on the efficacy or effectiveness of TSF (McCrady & Delaney, 1995). The first source is from controlled studies using randomised assignment to experimental groups – these would be *efficacy* studies. The remaining three sources are from studies of *effectiveness*: (1) quasi-experimental designs comparing TSF to other forms of treatment; (2) single group studies that follow subjects after involvement with TSF, and (3) treatment outcomes that look at the relationships between TSF attendance and professional treatment.

3 Alcohol abuse and alcohol dependence are the most common substance-related disorders, and are commonly referred to as alcoholism (Kaplan, Sadock & Grebb, 1994). However, because 'alcoholism' lacks a precise definition, it is not used in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The DSM-IV distinguishes between alcohol abuse and alcohol dependence (DSM-IV, table 12.2-2; Davison & Neale, 2001). However, for ease of reference in this review, both the substance related disorders, alcohol abuse and dependence were deemed to be incorporated in the use of the terms 'alcoholics' and 'alcoholism'.

4 The Twelve Steps and the Twelve Traditions of Alcoholics Anonymous are attached. The use of TSF in Project MATCH was based on the principles of Alcoholics Anonymous that incorporate both the twelve steps and the twelve traditions of AA. Thus, the use of the term TSF in this review will refer to both the twelve steps and the twelve traditions of Alcoholics Anonymous.

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with respect to a variety of client attributes. These three treatment modalities were: TSF, founded on the idea that alcoholism is a spiritual and medical disease; CBT, an approach based on social learning theory; and MET, a less intensive form of therapy based on the principles of motivational psychology (Heather, 2001b). Furthermore, CBT was hypothesised to be more useful for patients with higher alcohol involvement, cognitive impairment and sociopathy; TSF was hypothesised to be more useful for individuals with greater alcohol involvement and meaning seeking; and, MET was hypothesised to be more useful for clients with high conceptual levels and low readiness to change (Project Match Research Group, 1997; Brown, 2001).

These three individual modalities were delivered at ten treatment sites in the USA and involved a total of 1726 clients, divided into two parallel but independent clinical trials – an outpatient arm (n = 952), and an aftercare arm (n = 774). Clients within each arm were randomly assigned to three 12-week, manual-guided interventions. Each of the modalities was delivered by trained therapists on a one-to-one basis.

From these results, it would be an oversimplification to merely conclude that, no matter which of the three treatment modalities were to be used for problem drinkers, the same degree of outcome can be expected.

The results of this randomised, controlled clinical trial indicated that all three therapies were associated with significant and substantial reductions in both drinking behaviour and alcohol-related negative consequences over a 12-week therapy delivery period, and a 1-year follow-up period, with few differences in the relative effectiveness of the three therapies (Project MATCH, 1997, 1998a, 1998b).

Ironically, these results of Project MATCH have partly led to uncertainty in the field of treatment for alcohol dependence and problems (Heather, 2001b). In the context of this review, it would seem that a brief discussion of the results would be appropriate in order to contextualise them.

Although the results did not confirm the research hypothesis – that careful matching would improve overall success rates – they should not completely invalidate the potential usefulness of client–treatment matching. The trial identified and assessed the efficacy of only three clinically useful matching effects – several other possible forms of matching were not investigated.

Another aspect of the trial was that the overall effectiveness of the three treatments was the same, and this pattern did not change throughout a 3-year follow-up period (Project MATCH, 1998b). This result did not mean that the three treatments were ineffective; the absolute success and improvement rates of all three were impressive, although the research design did not include a 'no treatment' control group (Heather, 2001b). In other words, Project MATCH showed that TSF can be effective if routine treatment were to be carried out to the high standards of therapist training and quality control of treatment delivery in Project MATCH. In regard to the nature of this aspect of the trial, Brown has issued a word of caution by noting that Project MATCH was the largest clinical trial ever conducted, and each of the treatment modalities was manualised (Brown, 2001). Brown notes that ' … the careful monitoring of treatment delivery, limiting attrition and delivering an adequate amount of treatment may have served to make the modalities more similar than different with respect to therapist involvement' (503).

From these results, it would be an oversimplification to merely conclude that, no matter which of the three treatment modalities were to be used for problem drinkers, the same degree of outcome can be expected. Such an approach discounts the impact on the effectiveness of treatment of such variables as client motivation to change, level of therapist skill or empathy, or a combination of both (Heather, 2001b).

Finally, the practical implications of the results of Project MATCH have drawn criticism in that the study failed to address the influence of client satisfaction in relation to modality effectiveness (Donovan, Kadden, DiClemente, Carrol, 2002). These authors submitted that, in spite of the fact that the three treatments were similar in effectiveness, or even if one had been slightly less effective than the others, ' … the treatment of choice is likely to be determined by clients' preference, with any potential loss in therapeutic effectiveness likely being outweighed by the gain in other perceived benefits' (291).

In regard to using the results of MATCH as a referral basis, the following aspects are relevant:

Network support system: in the outpatient arm only, those individuals with a social support network supportive of drinking, did better with TSF than with MET or CBT (Project MATCH, 1998; Longabaugh, Wirz, Zweben & Stout, 1998; Heather, 2001a; Emrick, 2001).

Client anger: Also specific to the outpatient arm, the finding was that clients initially high in anger benefited more from a non-confrontational approach to acquire motivation to change their drinking behaviour (MET), than from TSF – actively encouraging angry clients to engage in TSF, may provoke an angry response, and thus adversely impact on the chances of good outcome on treatment (Project MATCH, 1998; Longabaugh et al, 1998; Heather, 2001a; Emrick, 2001).

Dependence level: Inpatients with a relatively high dependence on alcohol, may benefit more from TSF group oriented aftercare treatment than from treatment based on CBT ((Project MATCH, 1998; Longabaugh et al, 1998; Emrick, 2001).

For the purposes of this article, this analysis of Project MATCH and its results indicated that it did not confirm the hypothesis that careful matching would improve success rates, nor did the findings show any significant efficacy of TSF in relation to the two other modalities in the study, MET and CBT.

3 Research prior to Project MATCH

Only three studies prior to Project MATCH (Dittman et al, 1967; Brandsma et al, 1980; and Walsh et al, 1991) employed random assignment and adequate controls to compare the efficacy of TSF with no intervention, or alternative interventions, and in no case did they show TSF to advantage. These three studies will be analysed briefly.

In the Ditman et al (1967) study, 301 chronic drunk offenders were randomly assigned to one or other of

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three treatment conditions: to AA, to a psychiatrically oriented community alcohol treatment clinic; or to no treatment. It was also required that each offender report back to the court at the end of six months. Evidence of co-operation in clinic treatment was given to the court by the clinic. In AA, such evidence was brought to the court by the offender in the form of signed statements from AA secretaries proving attendance at five meetings within 30 days. Based on records of re-arrest, the results of the study indicated there was no statistically significance among the three treatment groups. Ditman et al concluded that ' … forced referrals to AA and to an alcoholism clinic treatment program failed to reduce the likelihood of recidivism among a population of convicted chronic drunk offenders' (1967, 163).

In the second randomised controlled study, Brandsma et al (1980) examined the efficacy of four treatment modalities in terms of several variables at outcome and during a 1-year follow-up. The treatment modalities were insight therapy, rational behaviour therapy (administered by a professional), rational behaviour therapy (administered by a layman), and AA (TSF). There was also a control group who did not receive any active intervention from the researchers, but were at liberty to avail themselves of any treatment opportunities in the community. The court-referred patients were randomly assigned to one of the five groups. Brandsma et al found no differences at 12-month follow-up between TSF and no treatment, and at 3-month follow-up those assigned to TSF were found to be significantly more likely to be binge drinking, relative to controls or those assigned to other interventions (based on unverified self-reports). Limitations of this study were that the meeting locations for the delivery of TSF were prescribed, that the subjects were court offenders, and that they were required to attend only one AA meeting per week.

Additional in-patient treatment was required significantly more often by the AA group than by the subjects assigned to initial treatment in the hospital. The differences among the groups were especially pronounced for workers who had used cocaine within six months before study entry.

In the Walsh et al (1991) study, which was anchored in the work-site, the researchers ' … compared the effectiveness of mandatory in-hospital treatment with that of required attendance at the meetings of a self-help group, and a choice of treatment options' (775). They randomly assigned 227 workers newly identified as abusing alcohol to one of the three rehabilitation regimens: compulsory in-patient treatment; compulsory attendance at AA meetings (TSF); and a choice of options. The groups were compared in terms of 12 job-performance variables and 12 measures of drinking and drug use during a two-year follow-up period (Walsh et al, 1991). This study found that all three groups improved, and no significant differences were found among the groups in job-related outcome variables (Walsh et al, 1991). On seven measures of drinking and drug use, they found significant differences at several follow-up assessments. The hospital group fared best and that assigned to AA the least well; those allowed to choose a program had intermediate outcomes. Additional in-patient treatment was required significantly more often by the AA group than by the subjects assigned to initial treatment in the hospital. The differences among the groups were especially pronounced for workers who had used cocaine within six months before study entry. The estimated costs of inpatient treatment for the AA and choice groups averaged only 10 percent less than the costs for the hospital group because of their higher rates of additional treatment (Walsh et al, 1991).

Walsh et al concluded that ' … even for employed problem drinkers who are not abusing drugs and who have no serious medical problems, an initial referral to AA alone or a choice of programs, although less costly than inpatient care, involves more risk than compulsory inpatient treatment and should be accompanied by close monitoring for signs of incipient relapse' (1991, 775)

It must be noted that in none of these studies were cases that were referred to AA, screened for potential suitability, and in all cases, it is doubtful that subjects' circumstances made them appropriate candidates for TSF (Ogborne, 1993). Furthermore, all three studies were conducted using coerced populations (chronic drunkenness offenders, persons convicted of driving while drunk, employees referred to an employee assistance program) (McCrady & Delaney, 1995). One of the basic underlying philosophies of TSF is that it is intended to be a voluntary program open to persons who desire to stop drinking. It could be argued that it is not a fair test to evaluate the efficacy of TSF with persons who are compelled to attend TSF and who do not want to stop drinking (McCrady & Delaney, 1995).

It is therefore evident that there has been only a limited amount of research on the efficacy of TSF, using randomised controlled trials despite the large membership of AA, and the enthusiasm held by so many in the alcoholism field (Emrick, 2001). The evidence indicates that in all three randomised controlled trials, TSF was studied as a distinct alternative. However, all three had methodological weaknesses, and none of these controlled trials found TSF to be more efficacious than alternative treatment, or no treatment. It can therefore be concluded that although these findings may argue against mandating clients to TSF, they shed no light on the efficacy of this approach when used as intended: as a voluntary process (Miller, Brown, Simpson, Handmaker, Bien, Luckie, Montgomery, Hester, & Tonigan, 1995). In addition, Project MATCH failed to confirm the research hypothesis that careful matching of clients with the three treatment modalities (TSF, MET and CBT), would improve overall success rates. Thus, there have been no randomised controlled studies that have supported the purported superior efficacy of TSF. The question that then arises, is whether or not efficacy studies on TSF can be done? The next section investigates this question in order to identify and understand the reasons for this paucity of research on TSF, using randomised controlled methods, and the reasons for the lack of support for the efficacy of TSF. It outlines some of the main constraints imposed on research, using randomised controlled studies, because of the unique philosophies and characteristics underlying AA, and thus TSF when used on studies of alcohol problems.

4 TWELVE-STEP FACILITATION THERAPY (TSF)

Research on TSF, using randomised controlled studies, has been hampered both by constraints imposed by the doctrine and philosophy of AA, and by features of its 'treatment' processes (Cook & Campbell, 1979;

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Dennis & Boruch, 1989). It would seem that some of the barriers to using randomised controlled trials could be as much attitudinal as scientific (McCrady & Delaney, 1995). These will be discussed.

4.1 Key concepts of TSF

There is no uniform consensus concerning exactly what the objectives of AA are, although it is agreed that it is a fellowship that exists to help its members stay sober (Nowinski, 1993). Furthermore, AA is not a formal treatment program but exists as a ' … collection of men and women who are connected by common desires: to not drink again and to be in fellowship with one another' (Nowinski, 1993). The twelve steps and traditions (see Attachments) provide guidelines on how to organise groups whose aim is to help members achieve the objective of not drinking. Although rich in concepts, TSF lacks a formal theory of change, or of causation. Thus, in order to undertake research on TSF, it is important to understand that TSF is founded not on theory or operational constructs, but on ideas, ethics, rituals, beliefs and traditions (Nowinski, 1993). The task for a researcher is to translate these key TSF concepts – that is, ideas, ethics, rituals, beliefs and traditions - into operational constructs, *without losing their meaning* (my italics) (Nowinski, 1993). Within the context of this review, it would seem that the most important factors that underlie these key concepts that help define TSF, and impose constraints on the use of randomised controlled studies, include faith, tolerance, and pragmatism (Nowinski, 1993). Each will be reviewed in turn.

Although it may be tempting for researchers to reframe steps two and three in terms of expectancies for change, hope or personal trust, this is not the same as the belief, faith and in reliance on some greater power.

4.1.1 Faith

TSF is grounded in faith and belief in a higher power (steps two and three), and is steeped in individual spirituality (Nowinski, 1993; Beutler, Jovanovic & Williams, 1993). The way that AA defines this higher power makes it an ultimately personal matter. It is the belief in and a willingness to rely on some power greater than the individual will, more than in science, that sustains the individual AA member. The locus of control is seen to be God, while prayer sustains and comforts the individual (Nowinski, 1993). Because so many clinicians involved in treating alcoholics have themselves successfully recovered by means of TSF, the same faith and acceptance that guided their personal recovery has led to their personal acceptance of the universal effectiveness of TSF (McCrady & Delaney, 1995).

Although it may be tempting for researchers to reframe steps two and three in terms of expectancies for change, hope or personal trust, this is not the same as the belief, faith and in reliance on some greater power. In other words, there are difficulties in translating this key TSF concept of faith and spirituality into operational constructs that make it accessible to research, *without losing the meaning* (Nowinski, 1993).

4.1.2 Tolerance

Just as spirituality is an integral part of TSF, so is the aspect of tolerance: 'No AA can compel another to do anything; nobody can be punished or expelled; Our Twelve Steps to recovery are suggestions' (Alcoholics Anonymous, 1952a, 129). Also, ' … the only requirement for AA membership is a desire to stop drinking' (Alcoholics Anonymous, 1952b, 139). These aspects indicate some of the tolerance issues in TSF that have led to its pluralism and adaptability (Nowinski, 1993). For the researcher, this would mean that there is an absence of standards in the TSF culture. In other words, there is no standard AA program, no standard AA meeting or group; and no standard measure of success, except for not drinking today (Nowinski, 1993; Cook & Campbell, 1979; Denis & Boruch, 1989). There is also no standard member, as membership is a dynamic population that oscillates between involvement and non-attendance (McCrady & Miller, 1995). Consequently, those involved with AA may be exposed to experiences that vary with the groups they attend and the characteristics and motivations of sponsors (McCrady & Irvine, 1998). Unlike the standardised, quality-controlled interventions that many treatment researchers consider as prerequisites, AA is a purposefully 'unorganised', non-standardised, non-exclusive, open-ended movement that engages individuals in a loosely defined mutual self-help process (Ogborne, 1993). Thus, controlled research studies aimed at determining the efficacy of TSF have been confronted by the inevitable and demonstrable variations in the experiences of the individuals exposed to the movement.

Furthermore, AA's open-door policy invites a heterogenous grouping of potential beneficiaries. Unlike many formal treatment programs, AA does not screen out those considered as unsuitable due to various factors, such as, for instance, inability to pay or mental health problems (Ogborne, 1993). In fact, those who relapse are welcome to return, as are abstainers seeking to prevent relapse. The challenges posed to researchers evaluating the efficacy of AA, posed by its unstandardised and open-ended nature are also compounded by the influence of the process of 'self-selection' in exposure to AA experiences. For instance, members are at liberty to attend as many or as few meetings as they wish, or determine their level of commitment to events and meetings. The significance of such individual interactions complicates the evaluation process, and will be missed if the research methodology fails to take them into account (Ogborne, 1993; Cook & Campbell, 1979; Denis & Boruch, 1989).

4.1.3 Pragmatism

Literature on AA makes a point that the ' … twelve steps to recovery are *suggestions*,' (Alcoholics Anonymous, 1952a, 129; my italics). This indicates the pragmatic approach and a reluctance of AA to become dogmatic. Another instance of this pragmatism is revealed in an AA publication that opens by advising the reader: 'Here we tell only *some* methods we have used for living without drinking. You are welcome to all of them, whether you are interested in AA or not' (Alcoholics Anonymous, 1952b, 1). In essence, this approach may represent a significant limitation for research that is typically based on ' … more control than this over independent variables such as treatment protocols' Nowinski, 1993, 36).

4.2 Some methodological issues

Efficacy studies on TSF require randomised controlled conditions. However, these preconditions bring with them collateral consequences - the ability to generalise TSF studies involving only individuals who have agreed to randomisation and other conditions, may then become limited.

Another consequence of using the research process of randomisation, is that it may be compromised by negative or compensatory reactions of those assigned to a less attractive treatment (Nowinski, 1993). For instance, those subjects assigned to the TSF modality may be disappointed if they were in fact seeking exposure to the MET or CBT modality. This could result in adverse attitudes to change or attempts to subvert the research protocol.

The availability of multi-variate data analysis methods could be considered to possibly reduce the need to use random assignment as the only means to control for factors that compound effects of social interventions (Nowinski, 1993).

4.3 Concluding comments on TSF

Unlike many of the other 'treatments' evaluated by researchers, such as CBT and MET, the philosophy, ideas, rituals and beliefs of TSF seem unscientific and incompatible with the scientific paradigm of randomised controlled experimentation (Vaillant, 1983). Thus, constraints have been imposed on research, both because of the distinct characteristics of TSF, as well as some of the methodological requirements imposed by the paradigm of randomised controlled studies.

5 CONCLUSION

Comparative research, using randomised controlled trials, has been hampered both by constraints imposed by the ideas, ethics, rituals, beliefs and traditions of TSF for alcohol treatment, and by some of the features of its treatment format. The underlying factors of faith, tolerance and pragmatism for TSF mean that it proposes a different set of constructs as compared with conventional psychotherapy programs, such as CBT and MET, by which they explain how change occurs. This lack of evidence of the efficacy of TSF, despite the efforts of sophisticated researchers, tends to support the notion that TSF and the individual and collective spiritual faith that underpin it, cannot be separated and investigated with specific quantitative methodologies, and is a challenge to researchers to consider research strategies that respect that reality.

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The challenges posed to researchers evaluating the efficacy of AA, posed by its unstandardised and open-ended nature are also compounded by the influence of the process of 'self-selection' in exposure to AA experiences.

ATTACHMENT

THE TWELVE STEPS (of AA)

Step One	We admitted that we were powerless over alcohol - that our lives had become unmanageable.
Step Two	Came to believe that a Power greater than ourselves could restore us to sanity.
Step Three	Made a decision to turn our will and our lives over to the care of God as we understood Him.

The Efficacy of the Twelve-step Facilitation Therapy for Alcohol Problems (Continued)

The underlying factors of faith, tolerance and pragmatism for TSF mean that it proposes a different set of constructs as compared with conventional psychotherapy programs, such as CBT and MET, by which they explain how change occurs.

Step Four Made a searching and fearless moral inventory of ourselves.

Step Five Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Step Six Were entirely ready to have God remove all these defects of character.

Step Seven Humbly asked Him to remove our shortcomings.

Step Eight Made a list of all persons we had harmed and became willing to make amends to them all.

Step Nine Made direct amends to such people wherever possible, except when to do so would injure them or others.

Step Ten Continued to take personal inventory and when we were wrong, promptly admitted it.

Step Eleven Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us, and the power to carry that out.

Step Twelve Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The Twelve Traditions (of AA)

1 Our common welfare should come first; personal recovery depends on AA unity

2 For our group purpose, there is but one ultimate authority – a loving God as He may express himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3 The only requirement for AA membership is a desire to stop drinking.

4 Each group should be autonomous except in matters affecting other groups or AA as a whole.

5 Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.

6 An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.

7 Every AA group ought to be fully self-supporting, declining outside contributions.

8 AA should remain forever non-professional, but our service centres may employ special workers.

9 AA, as such, ought never be organised; but we may create service boards or committees directly responsible to those they serve.

10 AA has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.

11 Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

12 Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

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ACA

Counselling workshops

Workshop details

Presenters Mark Pearson and Helen Wilson
Cost $148.50 (includes lunch and GST)
Venue ACER, 347 Camberwell Road, Camberwell
Time 9.30am – 4.30pm

For bookings and details contact Margaret Taylor at the Centre for Professional Learning
Phone 03 9835 7403
Email taylor@acer.edu.au

Safe Anger Release: an introduction to using Expressive Therapies with troubled & traumatised young clients

This highly experiential introductory day will model practical ways of dealing with anger, frustration, and the disruptive acting-out of children and adolescents. Expressive Therapy tools such as drawing bioenergetics, emotional release exercises and relaxation will be introduced. As well as presenting the framework and principles of Expressive Therapies, there will be a focus on boundary setting, bringing closure after emotional processing and supporting integration. These approaches have been developed from psychodynamic theory, and support young clients to resolve underlying emotional issues impacting negatively on behaviour and cognition.

Date 8 June

Sandplay and Symbol Work: Projective counselling and emotional growth

This highly experiential workshop introduces participants to an overview of the theory, history, research and methods of Sandplay Therapy and Symbol Work as used with children and adolescents. The workshop provides a unique opportunity for hands-on experience with the use of miniature objects and sandtrays as used in contemporary expressive counselling. This method of creating a safe space for the imagination to play out any conflicts supports emotional healing and a healthier adaptation to life changes.

Date 9 June

Expressive Therapies in schools: Counselling activities to reduce difficult behaviours

This experiential workshop will give practical assistance in using expressive exercises to help young counselling clients contact, recognise, release and talk about their feelings, within an educational setting. This day will demonstrate researched methods of using drawing, writing, self-discovery worksheets, role-play, bioenergetics and emotional release exercises. The counselling principles underlying expressive therapies will be discussed and there will be brief case stories illustrated by young clients' artwork. A brief review of reports from Guidance Officers using these methods as well as research on using these methods in school settings will also be presented.

Date 4 October

Using Expressive Therapies with troubled & traumatised young clients

A practical workshop suitable for those in the helping professions introducing the methods and frameworks of Expressive Therapies. This workshop will provide hands-on experience, theory, history, some research and illustrated case stories of counselling work with children and adolescents who have been troubled or traumatised. There will be a focus on the care needed in counselling and support for young clients with long-term emotional problems or who are affected by trauma, prolonged duress stress disorder or post-traumatic stress disorders. Some topics covered: expressive activities for young clients, causes of predisposition to psychological disturbances, building bridges between explicit and implicit memory, matching treatment to types of trauma victims, the value of a client-centred activities-based approach.

Date 5 October

Australian Council *for* Educational Research

ACER

Dream Therapy, Interpretation & Analysis

– Dr.Ted Heaton PhD, PMACA

Dreams can be the spice of life. They lead us, heal us, change us, fortify us, anoint us, bewilder us, excite and inspire us, drive us, and most of all they love us…..if we let them!!

The purpose of this article is to provide counsellors and therapists with techniques I have enhanced for easy use in their own practice. I have developed a series of delightful workshop material aimed at enlightening the counsellor/therapists personal life, as well as those of his or her clients.

My basic understanding is that it is very difficult to successfully and effectively interpret someone else's dreams, especially without first possessing a core understanding of dream psychology. Equally important is the requirement for the interpreter to be clear in the moment as it is easy to have transference based on your personal knowledge of the client. The best place to gain dream understanding and individual objectivity is by using the dreamer in the major role.

Edgar Cayce made the point that: 'Only the dreamer knows the true meaning of his dreams'. Freud went further to say that our dreams were the direct result of our repressions of certain desires … almost exclusively sexual. He felt the purpose of the dreams was to deal with the release of the emotionality pent up by those desires and that it was close to impossible for most people to be able to effectively interpret their own dreams.

As far back as recorded history can take us dreams have had a significant effect on the lives and condition of humankind. According to the Koran, the study of dreams was 'the prime science since the beginning of the world'.

Jung tended to be more positive and slightly less restrained than Freud and felt we could indeed interpret our own dreams with training, and that we could then help others do likewise. He believed that the dream was certainly sexual sometimes, but most often it was linked to the individual's personal unconscious and at other times it became part of the collective unconscious.

As far back as recorded history can take us dreams have had a significant effect on the lives and condition of humankind. According to the Koran, the study of dreams was *'the prime science since the beginning of the world'*. Circa 400 B.C. Plato in his Phaedo took pains to mention how Socrates was influenced by a dream to study the arts and music. Plato was already studying the irrationality of the human and the Dweller on the Threshold in dreams and their irrational impulses.

Well known dreamers and/or their work include –

Edison and Einstein; Samuel Taylor Coleridge's famous poem 'Kubla Khan'; Paul McCartney's 'Yesterday'; Stravinski dreaming a complete octet; Nobel Prize winner Otto Loewi maintained that he won as a direct result of a dream; Joern Utzon's dreaming lead to the concepts of the Sydney Opera House; E. Howe's Singer Sewing machine; Galt McDermot who wrote the musical Hair composed the song Aquarius from the energy of a dream; The Benzene Molecule was created from a dream.

The energy of dreaming is mentioned 120 times in the bible. It is filled with stories of how dreams affected or directed the lives of people from the time of Abraham through to Jesus.

And on and on the influence of dreams and dreamers goes!

But it's not just humans that dream. Scientists recently found that Zebra Finches rehearse songs in their sleep! Dogs and cats appear to dream about events of the day.

It is thought that all people dream …. but all people don't remember their dreams. Laboratory research shows that we all have a significant number of dreams each night of our lives. Depending on how long we sleep we can expect from 3 to 5 per night. By the time we're 60 we have spent at least 5 full years of our life dreaming.

What is a dream? Dreams are imagery that occurs in sleep or in other altered states of consciousness where the brain wave frequencies reduce in activity to a certain level of theta/delta prior to unconsciousness. Dreams are often the personalised mythology of the dreamer. Dreams are images constructed from the symbols of our ex externa world - The dream world is a world of communication.

'The dream is a little hidden door in the innermost and most secret recesses of the psyche, opening into that cosmic night which was psyche long before there was any ego consciousness, and which will remain psyche no matter how far our ego consciousness may extend'…C.G.Jung.

Dreams tend to centre on classical areas of internal conflict, such as 'should I take a chance or not?'. Dreams of sex, aggression and misfortune are common. At the same time we dream about what Freud called 'Day Residue'. This refers to issues like our struggles with current financial problems, concern over up-coming meetings with important people or fantasising about how we could have more effectively handled a discussion we had today around the water cooler with an attractive work colleague (paraproxemic dreaming).

As the best place to obtain dream understanding is by using one's self as the model, a personal dream journal becomes a pre-requisite. The object is to use the journal as an awareness vehicle for the messages that are being broadcast to you through the dream medium and to reach the 'Ahha' principle of personal enlightenment and understanding.

I recommend that you write down in the journal your next 10 dreams in as much detail as possible. Once the 10 have been recorded review them carefully and identify the over-lying message, the mystical or spiritual factors, the positive factors, the negative factors, patterns, recurring themes and the surprises, if any.

THE DREAM MANDALA WORKSHOP – you will need at least 1 hour for the drawing exercise. You may wish to suggest your client does the drawing and interpretation at home, and bring it in mostly completed, or draw within the session and do the interpretation at home.

You will need a mixture of coloured pencils/pastels, a pencil and eraser, a sheet of blank paper.

Draw a large circle on the paper and a smaller circle (about the size of 20c coin) in the centre of that circle.

Write your name (as you are now known) and the date in the smaller central circle. Divide the large circle into quarters, and number them 1 – 4, the lower left quadrant being No. 1, the upper left being No. 2.

In quadrant No. 1 make a drawing that represents your most current dream – artistic ability is not important, symbology is . Use colour or not. The more effort you give, the more overall understanding you will gain. When you are satisfied that the drawing represents the dream well enough, give quadrant 1 a title – write it outside the circle, beside the drawing.

In quadrant No. 2, place your second most current dream using the same technique, again give it a title. Continue on in a clockwise fashion for quadrants 3, your third most current; and 4, your fourth most current. Don't be concerned about comparing the quadrants with each other at this time.

The mandala is now ready to be interpreted.

1. Note the 4 titles. Is there a theme, any similarities? Have you used passive or aggressive terms? Are the titles clear or confusing?

2. Study quadrant 1. Assess the area, noting colours, forms, areas of blankness, actual things or people and their significance. Write down your first impression, followed by thoughts and feelings in detail about the quadrant. Use the same technique for the 3 other quadrants using separate sheets of paper for each quadrant.

3. After completion of the four sections, note what is obvious, what is strange, what appears normal, what appears abnormal.

4. Finally, review the titles, drawings and written notes on each of the sections, with an overview of the four quadrants as a whole. Give the completed mandala a title and write a couple of sentences on your thoughts and feelings for the whole circle. What you are always looking for is the Ahha! factor… when the light goes on, and the little voice inside says 'Ahha, I've got it'.

The dream mandala is a moment in time captured. The symbols, colours and words reflect the participants life in that moment. It is a subconscious, unconscious, daytime, nighttime inspection of the self. Dreams make us self-aware. As Dr Jim Paupst noted 'All actions of the day added to the dreams of the night are the sum of the whole person'.

It is a subconscious, unconscious, daytime, nighttime inspection of the self. Dreams make us self-aware.

In following articles I will look at other types of dreams and in particular the Vision, the Lucid dream and the Lucigram. At the same time we will explore the part parasocial relationships and paraproxemic relationships have on our dream life.

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ACA

Becoming a Porch Theologian, Providing a safe place for patchworking faith. – By Anne Jensen

You can come into my home by either the back porch or the front veranda. The place we call the porch is long, wide and cool, littered with dogs and their dishes. There is a cane rocking chair, perfectly moulded to my proportions, patch worked with some new canes, and my bucket of wet wicker languishing in hope nearby. Leaning against the wall, more often admired than occupied, is a 15-foot long weatherworn pew with stately arched end posts, renovation pending. In the midst of unfinished projects, you can sit rocking, and lose an hour watching the dogs chase ducks on the dam, willows wafting, and the stark, steep rock faces changing hues of blue in the distance as clouds jog past the sun. In contrast, the front *veranda* overlooks the country road from which we might be scrutinised. Staged at the freshly painted front entrance are pot plants, a bubbling water feature, and a new cast-iron garden setting: we do not linger here. Friends mostly come in the back way.

Porch Theology is the safe and untidy place that people seek in their quest for peace. It can be a way both in and out of organised religion. It is also a secret place, hidden from the scrutiny of those who guard the boxed-Gods of religion. People who are doing patchwork theology, usually do not consult their more usual soul guardians, who often have the additional task of keeping the worship places filled. In Old Testament times the porch of the temple was a place for dynamic teaching, and for prophets to weep, but after Christ it became the place where the new religion was brewed and persecuted. In Minneapolis and London there are Irish pubs which advertise *Solomon's Porch Theology*, nights of dialogue between regulars about life, hope, challenge and realities. Porch Theology is interminably variable. It has been conjectured beyond the pulpit, in the place where people meet their fears and frustrations. It is fluid and unboundaried, untouched by doctrinal debate. Christian churches fight a futile battle to try and put Porch Theology back into a denominational bud vase…schisms spring up where ideas are given credence through debate. However, in dialogue with Muslims and Buddhists, I have learned that Porch Theology also thrives in other faiths, where the conversations of the faithful become an anvil to forge a God who will live in their personal untidy space. It is my belief that counsellors must increasingly provide the porch for those whose faith has become painful and uncertain, and those whose faith is embryonic, and those looking for a way out of places that have become unsafe.

Finding a safe place to do some doubting

There is a need for a safe place to work on adjustment, and to avoid delusion, because the changing nature of faith communities makes it difficult for those who want to speak more of doubt than certainty. In an age of fundamentalisms, porch-seekers may be the very people who lack the attributes of fierce conviction that leads to excess. Yet these people may be at odds with co-religionists, spiritual leaders, and the faith communities to which they belong, simply because of the doubts, fears and spiritual contradictions. Certainty itself has become a marketing tool even in those religious movements that are too circumspect to be regarded as cultic. Large numbers of people from the older denominations are moving into fast-growing new religious movements where the potential for the loss of faith actually increases. Some social theorists of religion believe that fast growing religious movements are characterised by high demands, exclusiveness and conviction, which is initially attractive. Groups living in conflict with society also attract members, but the authority which holds them together may soon become claustrophobic, making belonging as painful as the thought of leaving. In an analysis of the Pentecostal movement, which was the largest new religious movement of the 20th Century, Harvey Cox describes how irresistibly warm communities with authoritarian leaders broker certitude, in a movement which has proliferated through schism. Schism is also intrinsic to the God-told-me chaos described by Jon Krakauer in his expose of prophecy-led Mormon splinter groups, which continue to embrace polygamy. The more orthodox Church of Jesus Christ of Latter Day Saints (LDS) was the fastest growing new religious movement of the 19th Century. The vitality of both the Pentecostal and LDS movements produce high levels of satisfaction for members, as well as exemplary families which resist alcohol, adultery and dishonesty. These Christian movements represent a religious phenomena which has caused some sociologists to suggest that secularisation is a myth. Individuals probably apply the same subjective rational choice to religious affiliation as to other life choices. In affiliations of high commitment and expectations, however, there is also painful fall-out for those whose life experience contains contradictions. National Church Life Surveys (NCLS) have shown that church membership is potent to a sense of well-being, and emotional equanimity. The links between prayer and faith and health, are well known. Yet while many people find their religion a source of strength, issues of theology take on profound significance for faith-based individuals, when things go wrong in life. But what is meant by *theology, religion, faith,* and *god?*

In Old Testament times the porch of the temple was a place for dynamic teaching, and for prophets to weep, but after Christ it became the place where the new religion was brewed and persecuted.

While the NCLS has worked hard to analyse Australia's generally poorly attended churches, the popular media conception of Australia as a nation of larrikin atheists, has faded somewhat. Australia has not seemed to embrace the righteous Bush-esque God, yet a generic god turns up everywhere in Australia, invoked by television journalists in crises (*"We are all praying.."*) politicians and public figures on public occasions, in schools and parliament, in a way not possible in many other nations. The appearance of a generic god on the national platforms, has coincided with the rising profile of a raft of spirituality ushered in by multi culturalism, as though the spiritualism of other nations has given our own god legitimacy. Moreover, faith, religion, and Christian values were the stuff of headlines, books, television commentary and academic papers, throughout 2003 and 2004, and particularly after the November elections when a new Christians party emerged, and also post-Olympics as outstanding young athletes spoke about their faith. I wonder how many people were forced to wonder about faith and religion as a result of 9/11, and the interminable

Becoming a Porch Theologian, Providing a safe place for patchworking faith. (Continued)

tragedy of Iraq. The popular media has been using the phrase, *"the new chic"*, to describe faith-based values promoted by sports and entertainment celebrities, such as Melbourne Cup winning jockey Darren Beadman. It could be said that in Australia there has been an intense interest in personal faith and the life choices it involves, but not religion.

The German theologian Dietrich Bonhoeffer used the word **religion** pejoratively, to mean acts and rituals tainted by fear and cant, whereas faith is about hope and peace. For many Australians who do not appear in NCLS statistics, there seems to be a god who lives beyond religion. At times faith must be extracted from a religious framework, so it can nourish rather than consume. Events globally conspire against all organised religions, yet people increasingly seek evidence of something beyond themselves. For people without religious affiliations, there is often a search for faith during times of crisis. A good porch theologian will enable an individual to explore beliefs without the bells and whistles of organised religion, to make a distinction between the content and the packaging.

The costs extracted by gods and friends

In order to do theology with people, it is necessary to know not only exactly what they mean when they use words like *god*, *church, Christian, faith, and spiritual*, but to discern the religious or demand components of their belief systems. Are religious acts such as fasting, praying, giving, attending, and keeping dress codes, essential to salvation in an individual's belief framework? Or are these actions symbols of devotion: to win God's love, or to prove one's own love? The answer to the questions may depend more on the individual and her faith community, than a particular brand of religion. The bible abounds with stories of movable religious scruples. In real life, Scots athlete Eric Liddell, who refused to run on the Sabbath, followed up his Olympic triumphs with missionary work in China. During the war the Japanese took prisoner Liddell, and he abandoned his Sabbath-keeping for the more important task of keeping the children of the POW camps safely occupied playing cricket. Historically Sabbath keeping was important to many religions, but recently everyone has made concessions to shiftwork and 24-hour shopping. Social norms seem to be stronger than religious imperative. Individuals do not need the additional burden of face-saving when they are in crisis. It is helpful for individuals to know whether behavioural demands are made by their god or their friends.

Without a Porch Theology, the struggle to hold together life and crisis, ambiguities and paradox, can lead to emotional exhaustion.

The cause of all contradictions

Porch Theology develops around the central paradox of most religions: an all-powerful all-knowing and all-good God, who operates in a world that is often chaotic and evil.

When life does not hurt, it is easier to sustain complex discourses of untested beliefs. Moreover, religious practice with its celebrations, rites of passage, music and liturgies, are intoxicating, affirming of place and purpose in the family and community. It is the disruptions of life that expose inconsistencies, and so explanatory or placatory patterns develop that are often focussed on religious ritual. For some families these explanatory patterns become family lore to assure safe passage through life. Long after the crisis, all that remains is some familial behaviour: a streak of altruism, a perennial search for vocation, a commitment to benevolence, or a fortress mentality, based on a specific understanding of God or the church. *Religion* in the negative sense, reinforces superstition and the human desire to wield control. In contrast, *faith* recognises the reality of ultimate powerlessness, and becomes reconciled to the mixed seasons and fortunes of life.

Without a Porch Theology, the struggle to hold together life and crisis, ambiguities and paradox, can lead to emotional exhaustion. Rigid theologies and demanding doctrines may lead to a kind of implosion of the very values that are supposed to empower an individual in crisis. Faith-based people often need support and permission to admit they do not understand, or do not believe, certain parts of their religious package. They may need to be guided to the comfortable rocker from which they can look on the work of a creator God, without pondering the paradox of fires and storm. It is not the moment to jettison everything.

Parentally indulgent or punitive?

For Counsellors who want to engage in porch theology, there is a challenge to understand one's own untidy preferences, as opposed to the labels and badges we wear. In our deepest, private moments of crisis, is there a god and what is she like? Parental in dependability or in punitiveness? Has joy or satisfaction come into our life in ways approved by our God-package, or have we guiltily readjusted the God we were given in order to attribute our success, sexuality or failure, to him. Has disillusionment in a faith community left us with a residue of guilt or grief that grace cannot reach? Or perhaps we left faith. Was it the porch or the institution we abandoned? Do we give ourselves tokens for human failing but refuse to let our teachers and leaders out of prison for loading us up with uncomfortable demands? Is our contempt for religion entirely personal or is it politically correct or perhaps inherited? These questions are designed to free us from the sometimes-monastic demands of institutional faiths that war with Porch Theology. Have I reconciled the various issues? What causes and consequences in my life do I attribute to which agencies, and does that make sense? Do I have my own permission to believe the irrational? Will I extend that permission to others?

Suffering and theology

It is an additional paradox that individuals search for rationality in the midst of the chaotic. The problem of pain and a good God is not brought to the surface by theory, but by grievous personal confrontation with pain. Pain compounds with confusion and doubt to produce a secondary crisis. I suspect spiritual angst is directly proportional to the depth of one's religious indoctrination. Twenty minutes of religious instruction twice a year may produce a simple faith that modifies itself easily when life turns sour. It cannot compare with the thoroughly dark night of the soul that comes, for example, to a missionary doctor whose child is dying. Personal suffering is the greatest source of

spiritual confusion, and for a faith-based individual, the issues cannot be isolated or separated.

There is no one way for faith-based individuals to respond to suffering, but it is probably important for a counsellor to know the norms of a client's faith community. In a Christian context, and painting with a very broad brush, it could be said that some theologies have enshrined suffering as God's will for our good, where triumph comes through a posture of submission. Some favourite hymns morbidly reinforce the idea of silent resignation, and trust. This school sees personal suffering as redemptive. It is seen as a way of sharpening one's character, proving one's faithfulness, and developing perseverance. Worldly success is not usually high on the agenda in these churches.

However, other groups see personal suffering as a sign of defeat, and a victory for Satan. The popular preaching of Pentecostal churches is focussed on obtaining health, wealth and success, and the road to these benefits from God is prayer, scripture recitation, tithing and church attendance. Certain diseases and conditions are seen as hereditary curses.

Regardless of which school individuals subscribe to, there can be doubt, conflict and disillusionment. For most people, tragedy and evil prompts questions about God's role. In the wake of tsunami, whole nations wondered what this implied in the spiritual realms.

The kind of spiritual response expected of the individual may directly impact coping ability, because it diminishes options, and the response becomes a role played, rather than a lived experience. A young charismatic widow may be expected to rejoice that her husband is in heaven, or a congregational leader may face the death of his own child while acting as a role-model of faith, comforting others. Grief may be suppressed but inwardly sharpened by anger at the expectations of others. To give a person hope, the tentacles of religious expectations need to be loosed, and a genuine response released.

Who threw the curved ball?

Theology impacts perceptions about life's contradictory experiences….. life's curved balls, such as the birth of a disabled child, sudden death, bankruptcy, cancer, redundancy. Events may be experienced as a meaningless intrusion of fate, or an assault to faith, depending on perspective. An individual's theology determines whether contradictory experiences are blamed on God or Satan, whether the events are a punishment or an imperative for change, whether events demand explanation or submission, and whether reactions and responses require a role-play or emotional reality. For the true believer, the pain of the event is intensified by this spiritual confusion. Pain is intensified for professional spiritual leaders if they are not permitted to review and reflect their beliefs.

In his well-known book *When Bad Things Happen to Good People*, Rabbi Harold Kushner examined the concept of an omnipotent God, in the light of his son's terminal disease. Kushner could not believe his good God would permit the appalling suffering of his child, who had progeria, which is rapid premature aging. He relinquished the concept of God's omnipotence, but kept a loving but more absent God who chose to not break into human affairs. His theology was now more comfortable in the light of his family's suffering, and the tragedies he experienced pastorally. Kushner's porch theology was not purely personal. As a young rabbi he had been shocked when in the midst of random tragedy, people attributed their suffering to a missed religious ritual.

Remaking God's image

As a Christian theologian I stand on the same ground as Rabbi Kushner. When my grandchild was born a dwarf, I came to believe in a more arbitrary constellation of events while my spiritual leaders were praying for a miracle of healing. What kind of God would afflict an entire family for the mere opportunity to perform magick? Firstly, I claim the right to interpret my religious text in the light of my life, and secondly, I refuse to be an accomplice to dogma that locks people into shame and pain. This is the development of Porch Theology, and like faith itself, it is not rational, because if god is God, who am I to argue? In my denomination, experience is regarded as less valid than the text: negative experiences are our fault or failure. But will I sit on the porch with a God who talks over the top of the pain and struggle of my life? In my denomination, some interpretations of the text are regarded as "better"…..but will I sit rocking and reading that text on the porch if it cannot have meaning for me at a personal level?

Theology impacts perceptions about life's contradictory experiences….. life's curved balls, such as the birth of a disabled child, sudden death, bankruptcy, cancer, redundancy.

There is a deeper, and perhaps final question here: why remain in a community whose irrational beliefs are offensive? Simply because it is community, and in certain seasons, if they will let you stay, belonging is more important than believing. This question is a great struggle for those who have truly belonged. Doing theology is hammer and anvil, ore melting in the fiery furnace. The process is important to all kinds of people who ask the supposedly fatal question: "Hath God said?". They may feel they deserve concessions for trying, for good-work, or simply because they had a bad start. This struggle to discover an unboxed god, is the struggle for faith itself.

While some people require a cohesive intellectual grasp of evil, sickness, suffering, others work only towards peace and reconcile themselves in the process. The writer Mary Craig, who gave birth to two severely intellectually disabled sons, titled her biography, *Blessings*. As a faith-based person, she was not blessed by the events of her life, but in the personal transformation necessary to endure for the sake of others. Her life as a writer and the biographer of John Paul II emerged from this suffering. At the end of her book she quotes the *Tao Te Ching*:

> *Blunt the sharpness*
> *Untangle the knots*
> *Soften the glare*

Part of the blunting, untangling and softening process, is in helping people do theology safely. With support they can become interpreters of their life text in the light of the faith they have inherited. If the avoidance of evil was simply a matter of religious observance – a Jewish fast, a Pentecostal tithe, a Catholic Mass– that god would be a slot-machine Santa, unworthy of worship, and I have heard people of many faiths

Becoming a Porch Theologian, Providing a safe place for patchworking faith. (Continued)

expound this point. There is a maturity of faith to be had here, when individuals struggle with the notion that religious acts have failed, but on a deeper level, the person they regard as God has failed their expectations: betrayed them. A sense of betrayal by leaders and organisations is not uncommon.

Faith communities come alive in crises: they want to love, pray, serve, weep, support, and encourage, and some of this may be a need to vindicate their own beliefs and ward off similar disasters. A wavering co-religionist is a cause for concern. Blame and criticism are used to protect god's reputation. It is hardly surprising that in crises, many faith-based people want to run from their congregations in order to resolve their spiritual tensions. To extricate oneself from a faith community in a time of crisis, whether from anger or despair, is costly. To be ejected for unbelief is caustic agony. Expectations of continued attendance and participation are not always helpful, but organised religion measures belonging in this way, and porches are rare. The people who work out their theology on a porch often become, like Kushner and Craig, more effective teachers of sustaining faith.

What if there's only a back door?

Fanaticism intensifies its religious duties and refuses to go inward: it is sustained by deception and control so strong that people who leave feel as though they have escaped from another world.

But what if the faith community is rigid and demanding? What if the judgements of a religious group have taken the sufferer over the edge. It is not difficult to recognise pathological religiousity because it shrinks from examination and offers slogans and mantras rather than dialogue. Any group, any theology, can become dysfunctional. Religious addictions, spiritual abuse, manipulative teaching, oppose reflection and discussion, and victimises those it claims to help. Fanaticism intensifies its religious duties and refuses to go inward: it is sustained by deception and control so strong that people who leave feel as though they have escaped from another world. Withdrawal from an abusive spiritual community is a unique crisis. Often that community has claimed a god-ordained exclusivity: its text, its guru, its practice, or its power, is paramount. Such communities do not permit people to find a porch. If there is only a backdoor, an individual may need to be supported to walk through it, back to health. Exclusive truth claims exacerbate suffering if they are interpreted as evidence of self-delusion or deception. Porch theology can provide a bridge so that the truth is no longer seen as dichotomous, but simply grey. Chomsky demonstrates that much meaning is embedded in perception. In fact, many religious idioms and slogans only describe abstinence rather than practice, of they only refer people to our text. Whether that text is the bible or the Koran or the Book of Mormon, as Fish and Foucault have shown, text- readers disagree on practice because, regardless of what we imagine about our own subjectivity and logic, words only have life as they resonate with our own life. Porch Theology gives credibility to people's stories, and gives them a place to sit and think about whether they are on the way in, or on the way out.

Most ancient faiths have at their core a resilience born out of the purity of the original vision. For each new generation, there is a seductive hope that life will include faithful marriages, warm families, and meaningful work, orchestrated by an all-good and all-powerful god. The abandonment of this hope, for some, leads to an abyss. The writer and theologian Francis Schaeffer created a safe place in Switzerland known as L'Abri, for people to examine their beliefs. Schaeffer had journeyed through a crisis of his own faith by putting aside the mega discourse he had been handed in church and seminary, and starting again. Finding a safe place to discuss dangerous thoughts is help indeed.

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ACA

Internet and Computer Resources

– Compiled by Angela Lewis

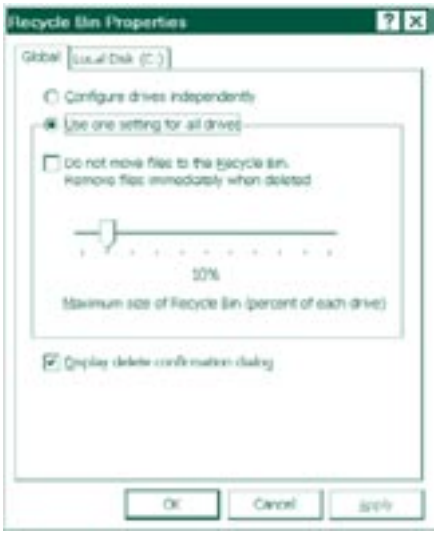
Hello everybody,

If you are anything like me, then you frequently have many programs running at once. If you want to send them all down to the taskbar (the bar across the bottom of your windows program) and go straight back to the Windows desktop, then a good little keystroke is this: Hold down the windows key on the keyboard (it looks like this: and is found left hand side near the 'z') and then press the letter M – all running programs are now minimised – but not closed. To open one of the programs sitting on the Taskbar just click the relevant icon on the Taskbar and it will be now be back on the screen.

The Recycle Bin - It is always sitting there quietly on our computer screens – let's see in the New Year by getting to know it! The Recycle Bin is the icon that holds deleted files until it has reached 10% of the value of the size of the computer. This means that there could be heaps of documents or files sitting in there taking up unnecessary room. When the icon shows papers sticking out of the top that means there are files in it, when there are none, that means the bin is empty. When you double click the **Recycle Bin icon** it opens up a window and you can see which files are in there. If you wish to delete them all (permanently, never to be seen again), then click on '**Empty Recycle Bin**' – if that is not showing, then choose **File Menu** and then **Empty Recycle Bin**.

To change the settings on how the bin operates do the following:

1. Right click the **Recycle Bin** Icon.
2. Choose **Properties**.
3. Change settings as required – for example you may choose to allocate less than 10% to the Recycle Bin, or you may wish to stop using the bin and allow documents to be permanently deleted instead of going to the Recycle Bin area.



To bring back or restore a file that 'accidentally' got into the Recycle bin: Click on the file you want back, then click the '**Restore this item**' link. If you cannot see it, then you need to click the **File** menu and then click on **Restore**. Restore simply means return the file to its original location.

Deleted Emails: Once you have deleted them and then opened up the **Deleted Items** folder and deleted them from there…well they are really gone! However it is possible you responded to that deleted email and still have the history of that email conversation in the copy of the email you sent. It is always worth a quick look in the **Sent Items** folder, as many people forget to delete old emails out of there. That being said, it takes up room when you leave a copy of old mail in that folder, so you could also think about deleting some of those old emails. I am always surprised how many I find lurking in my **Sent Items** – especially once I have forwarded some jokes or pictures onto friends!

Women's Wellbeing: An online partnership between Tetley Tea and the Jean Hailes Foundation (a major research organisation into women's health) has produced www.tetleywellbeing4life.com.au. This website is well designed and full of comprehensive information for women around physical and emotional wellbeing.

Online Counselling: This site offers online counselling for people with Type-1 diabetes. It is a free service and includes referrals and discussion forums. It may be of interest to members who are exploring the online counselling concept. www.diabetescounselling.com.au.

Healthcare: www.mydr.com.au is a multi-linked site of relevant and interesting health information for Australians, including a comprehensive medical dictionary. (I depressed myself by reading about what consistutes 'standard drinks' over the Christmas period and how alcohol affects the liver!)

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. Visit me at www.AngelaLewis.com.au

If you are anything like me, then you frequently have many programs running at once.

Complaints Tribunal Findings

In accord with Section 5 of the ACA complaints procedure the Tribunal would like to notify the membership and all interested parties that member Geoffrey Groube registration number 1756 has been suspended for six months from November 2004 – May 2005. After the successful completion of this period he will be fully reinstated with all rights and benefits.

"If only I was more motivated!"– By Gary Green

How often have you heard a client say, "if only I was more motivated!"? Well, interestingly enough they are…they just don't realise it!

Motivation is the cause of a person's behaviour or the reason for a person doing something. It involves both conscious and subconscious drivers. Maslow's theory determined that there is a primary level of motivation to satisfy basic needs (food / oxygen / water), and a secondary level of motivation to fulfil social needs (companionship / achievement).

Maslow believed that the primary needs had to be met, before a person could attend to secondary drives. Notwithstanding this, his theory didn't fully explain motivational drives and could be considered overly simplistic, as emotional needs are hardly less essential then physical needs. What validates this point are the examples of suicide over lost love, Kamikaze behaviour and more recently terrorist blowing themselves up!

No single theory of motivation is yet to be universally accepted, but some important distinctions have been made through time. For instance, people were once thought to pursue behaviours that were likely to elicit a desired state of zero stimulation. More recently though, cognitive theories of motivation depict people seeking to intensify rather than minimise stimulation. Examples of this are the need for variety or the process of being curious.

In my practice I endeavour to assist clients to perform optimally at subconsciously competent levels, and that entails the development of both crystallised and fluid intelligence.

Motivation and intelligence have an interesting relationship that is also worthy of exploration. In my practice I endeavour to assist clients to perform optimally at subconsciously competent levels, and that entails the development of both crystallised and fluid intelligence. Dweck and Elliott (1983) define crystallised intelligence as accumulative and logical, with fluid intelligence being more abstract (i.e., lateral thinking). At any rate, to paraphrase Jim Rohn (2004), if you take and idiot an you motivate him, you end up with a motivated idiot! Therefore, the accumulation of both types of intelligence is necessary, prior to any directional motivation.

It can also be the case that in the process of accumulating intelligence, one becomes motivated. This in turn can improve your self-esteem, which can have a flow-on effect to your motivation. This is similar to the circular cause and effect relationship that Feltz (1988) identifies. In essence, motivation can lead to action, and action can lead to motivation.

Thus, motivation may be viewed as being more of a 360 degree continuum, not just the linear polarity of either: **Motivated** |——-| **Unmotivated**. This is an enlightening concept, as one of the ramifications of this is that vagrants are actually motivated (what a concept)! So people are always motivated, just not necessarily in the direction one may think they ought to be. McKay and Fanning (1992) believe "this is the essence of motivation: wanting to do something more then any other thing" (p127). This is how I now see it: **Motivated to do** |——-| **Motivated not to do**.

Interestingly, our self-esteem can and usually does affect our motivation. Self-esteem is a certain intangible and invisible something that is comprised greatly by a sense of compassion for oneself. In a similar way that a siphon keeps water flowing once some momentum has been built up, so too will self-esteem continue to flow once it has developed some inertia. Likewise, events can act upon it to stymie the flow.

Maltz (1960) believed that having low self-esteem was like driving through life with your hand-break on! High self-esteem certainly instills high self-confidence, and most people realise that '**confidence is king**'. According to DeVito (1994) "The major reason that self-esteem is so important is simply that **success breeds success**" (p47).

There was a time in my life where I suffered from low self-esteem. My appearance was akin to that of a beanpole, with a weight of 76 kg and a height of 195 cm. My low weight affected many areas of my life including my love life, sporting prowess, along with my ability to defend myself. The cumulative effect of all my failings and self-reproach in these areas motivated me to withdraw even further.

McKay and Fanning (1992) state that "judging and rejecting yourself causes enormous pain…and in the same way that you would favour and protect a physical wound, you find yourself avoiding anything that might aggravate the pain of self-rejection in any way" (p01). For me, this eventuated in a downward spiral (the corollary of success breading success) whereby the pain I associated with change, was ultimately exceeded by the pain I was experiencing at the time (self-rejection / reproach / attack). McKay and Fanning (1992) believe that, "self-attack has a more directly toxic effect on your self-esteem than the defences of running away or attacking others" (p210). This was certainly the case at the time.

Therefore upon reflection, it was the combined effects of low self-esteem and high vulnerability to others that provided the impetus (pain) for me to commence weight training, Taekwondo and to adopt rigorous dietary measures. This led to my motivation in a fresh direction and vehement determination to improve myself, and in the process I inadvertently increased my self-esteem. However, at the time I was quite unaware of these subconscious drivers and all I wanted to do was simply feel better.

In another example from my youth, I asked a young lady out and upon rejection I exclaimed audibly (overtly), "Well I expected that". At the same time my internal critic was beating me up covertly, and saying things like, "You idiot! You shouldn't have asked her out!" This overt and covert negative self-talk obviously had a grievous impact on my self-esteem (don't worry – I've recovered:).

An interesting way of reframing these negative experiences can be to consider the analogy of TV. Our internal self-talk is similar to a voice-over commentary telling us what we see on our screen, similar to what you receive watching the footie on TV. McKay and Fanning (1992 – great book!) would concur with this analogy, as it leads onto the important insight that when a person is criticising themselves, they are criticising only what they see on their screen (in their minds eye). Being aware of this can be a healthy way to depersonalise criticism, while at the same time accurately reframing it.

It's also worth noting that our beliefs can often hamstring our self-esteem and consequently our

success. DeVito (1994) defines beliefs as a "confidence in the existence or truth of something" (p470). Core beliefs have also been referred to by McKay and Fanning (1992) as, "the fundamental building blocks of self-esteem" (p225). Studies have also shown how difficult, if not impossible it is to be **moved** (motivated) away from your core beliefs.

Hopkins (1994) for example, placed flees in a jar with a clear cellophane lid. After 5 minutes the lid was removed, but the fleas jumped no higher than where the clear lid once was, even though they could. In short, the fleas had developed self-limiting beliefs, and this is another subtle illustrator of the interconnection that exists between motivation, beliefs and self-esteem.

Motivation can also be linked to self-esteem in a self-sabotage kind of way. It presents itself in the form of people deliberately holding out (holding back) on themselves for fear of failure, and the harm that may wrought on their fragile egos and self-esteem. I believe this is a defence mechanism that many people with low self-esteem adopt. Additionally, fear of failure is largely a mental construct that is associated with cognitive state anxiety. Surprisingly however, failure can be healthy so long as it's attributed to something clients believe they can rectify.

As a Taekwondo instructor, it has been my observation that clients tend to dropout when their interests wane, or their self-esteem needs are not being met. Other authors concur and have concluded that most dropouts are due to an overemphasis on winning (see, for example, Gould 1984, Roberts 1984, cited in SG 2000). I find that a delicate balance needs to be struck between having fun, and skill improvement. I've also found that competitive stresses associated with competitions, more often than not, damage egos (self-esteem) and this in turn can motivate clients to withdraw.

I'll conclude this synopsis on motivation with an old terse saying that may serve to remind certain clients of ours (those 'motivated not to do'), that our internal negative self-talk (inner critic) serves no monumental purpose and ought to be kept in check…**There is no monument erected for the critic!**

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He is presently a Rockdale City Councillor (Alderman), member of the Theosophical Society (TS), Clinical Member/Supervisor with the Australian Counselling Association (CMACA), Clinical Member of the Counsellors And Psychotherapist Association (CMCAPA), Full Member of the NSW Counselling Association (NSWCA) and long term member (15 years) with the New South Wales Justices' Association (NSWJA). Further information on Gary can be found at: www.GaryGreen.org

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Motivation can also be linked to self-esteem in a self-sabotage kind of way. It presents itself in the form of people deliberately holding out (holding back) on themselves for fear of failure, and the harm that may wrought on their fragile egos and self-esteem.

COUNSELLING AUSTRALIA
Australian Counselling Association Journal
ACA AUSTRALIAN COUNSELLING ASSOCIATION

ADVERTISING RATES & INFORMATION

Our target market consists primarily of four groups: Professional Members of the Association; Student Members; Training Providers (private & government) and health professionals including psychotherapists and mental health professionals.

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

Student members consist of members from all walks of life who are studying a course in counselling for one of three reasons: to become a counsellor, personal development or to gain further skills to enhance a vocation that requires people skills.

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

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

National circulation of 3500, produced quarterly with an estimated readership base of 8000.

Publication dates & deadlines

The journal is published quarterly in March, June, September and December. All advertising needs to be submitted no latter than the 7th of the previous month. Inserts can be arranged up to the actual publication dates. Advertisements should be submitted in MS Word or Works format.

Display Rates (Australian dollars) per edition

GST included

Full page	– 170mm wide x 230mm high	$540.00	
Half Page	– 170mm wide x 110mm high	$285.00	**Front & back page**
Quarter Page	– 80mm wide x 110mm high	$155.00	$720.00
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Single pre-printed page A4 folded to DL or A5 sheet supplied by advertiser X 3000

$600 Australia wide or $200 per state.

Email of the Month Newsletter

The EOM Newsletter is sent out to over 3,600 email addresses each month. If you wish to advertise in the EOM the rates are as follows:

Quarter page $88 **Half page** $120 **Full page** $200

To place a booking or for more information, please contact
Doug Herrington on **1300 784 333** or advertising@theaca.net.au

Private Practice with Ken Warren

Ken Warren, BA, M Soc SC, MACA (clinical), is a Counsellor, Workshop Leader and Professional Speaker based on the Sunshine Coast (Qld). He can be contacted through his website www.counsel.com.au

HAVING THE RIGHT TOOLS

Succeeding in private practice is not just about being a good therapist - I believe one also has to be a good business person. Part of this is finding clear and confident ways of presenting yourself to potential referrers and clients.

One key aspect of presenting yourself well is having the right tools - business cards, a practice brochure, commonly used forms, etc. But before you can design any promotional materials, you first need to have a concise way of describing yourself and your services. Such a summary will also be useful when you are talking to people about what you do. It is important to be brief, to use simple language without technical jargon, to emphasise your points of difference from other therapists, and also to highlight the benefits for people who come to see you.

Part of how I speak about my work, for example, might include some of the following. "I work as a Counsellor, helping people to have better relationships and happier lives. I also work as a professional speaker, training teachers in better handling behaviour problems, and teaching helping professionals in how to work more effectively with people. Each week, I also publish a free email newsletter with articles on good mental health, better relationships, and living life well".

Of course, what you say needs to be tailored to who you are speaking to at the time. When I speak to people who may refer others to me for counselling, I tend to speak more about the work I do in conflict resolution or anger management. With counsellors, I will tend to mention the professional supervision and mentoring I provide. With people interested in training, I tend to speak about my public workshops as well as my in-house training programs. What you say also needs to be said with confidence, so it may take some practice or further thought.

Once you have developed a concise summary of yourself and your services, you are in a good position to start designing your basic practice materials. Down the track, you may also want to use such information in your website or newsletter. One easy option for business cards and brochures is to take advantage of ACA's personalised templates. Another option, especially if you want to make your materials to stand out from others, is to place on the front of your business cards and brochures a professional colour photo of yourself. I can hear the gasps of horror now from those counsellors who are averse to putting themselves forward in this way. But, counselling is a personal business and knowing how a therapist looks can help some people make the connection.

Make a point of using both sides of your business card, perhaps listing your areas of specialty on the back, together with space to write appointment times. I am sure the small reminder on the back of my cards for people to give a minimum of twenty-four hours notice if changing appointments has helped minimise my number of late cancellations. Listing your specialties is another way of highlighting how you differ from other therapists in your community. Be careful about becoming too specialised. If you highlight that you only work with a certain client group - gay, homeless people with drinking problems, for example - you may well limit your referrals of other clients. Mentioning a small number of specialties and interest areas, without being exclusive, tends to be best.

Practice brochures can give you the necessary space to speak more of your services. So it is important to think about the range of services you offer - counselling, supervision, court reports, workshops, therapeutic groups, books for sale - the list goes on. You can also include your summary of your qualifications and background, what benefits counselling with you offers, a map of your office location, as well as your contact details. A balance needs to be sought between brevity and including the information that is needed.

It is important that any materials you draft are market-tested with people who can give professional input - not just your friends who will tell you that they are 'really good'. Consider running your drafts past referrers, potential clients, and others you respect. Such people will often spot omissions or raise issues you may have overlooked. I recommend that your materials be edited by people with excellent writing skills and professionally designed by a graphic artist. Amateurish layout, spelling errors or poorly worded sentences will not reflect well on you. Well-designed brochures or business cards will not only help you to present yourself well to those people who have not have met you, but also to feel more confident as you pass them on to others. Over the years, you are likely to go through continual updates and revisions, so don't agonise for too long over the content.

Well-designed brochures or business cards will not only help you to present yourself well to those people who have not have met you, but also to feel more confident as you pass them on to others.

You will also need a well-designed letterhead to use for reports and correspondence. As well as your contact details, consider including your qualifications and specialties in a boxed margin down the left-hand side of your letterhead. By doing so, all of your correspondence becomes a tool for informing others about who you are and what you do.

An essential part of a good counselling practice these days is having a Client Information form which clients read and sign before commencing counselling. Such a form summarises your background, availability for appointments, your fees, procedures for complaints, and clarifies issues of confidentiality. I assure you these will save you a few headaches down the track. They will also reduce your risk of litigation by helping people to be clear about how you work and to have realistic expectations of counselling.

Other commonly used forms include those that give written authority for the counsellor to release information to certain parties - these also will reduce the likelihood of upset clients. If you choose to work

Private Practice with Ken Warren (Continued)

Now there is a lot more to marketing than simply having nicely designed stationery.

with clients who are deferring payment of your fees until settlement of a litigation case, I recommend another useful form, called an Irrevocable Authority. This form enables clients to authorise their solicitor to pay the counsellor's fees upon settlement of their claim. If you provide supervision, you will also want a supervision contract that defines both parties' responsibilities. You will also need a form for recording the details of your counselling sessions. Samples of the above forms are freely available from my website.

Now there is a lot more to marketing than simply having nicely designed stationery. It is how you use such materials and your relationship skills that really count. Next article, I will write about marketing and networking to generate referrals. Those who would like to share what they have found to be useful can contact me through my website.

In summary

1. Develop a concise, positive description of what you do
2. In all of your practice materials, consider how you can use these to promote what you do
3. Market-test all drafts of your materials
4. Have all materials professionally designed by a graphic artist
5. Prepare in advance commonly-used client forms

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Superannuation Choice – What it means for you

The ability for Australians to choose where their employers should direct their superannuation benefits becomes a reality on 1 July 2005. For employees, the freedom to choose is welcome, however choice should be exercised carefully. Employers will need to be aware of their new obligations under the legislation.

WHO does super choice apply to?

Not all Australians will benefit - those employed under a state award or certain workplace agreements may not be eligible. Those in funds where their benefit is calculated by a formula or those in public sector superannuation funds may also be excluded. In all cases, employers should check how the choice legislation applies to them.

WHAT are we required to do?

All eligible employees must be provided with choice through the provision of a standard form. The employer should choose a 'default fund' for those employees that do not make a choice. In choosing a default fund, employers will need to understand the minimum standards under the Act or seek advice.

Employees nominating an alternate fund must provide their employer with sufficient information to show your chosen fund is a complying fund and can take contributions from your employer.

WHEN must choice be offered?

From 01 July 2005, choice must be offered to all eligible employees within 28 days of commencing employment. Existing employees need to be offered choice by 29 July 2005.

WHERE should I put my superannuation?

Employees should be aware that it may not be in your best interest to exercise choice. Your employer's nominated fund may provide you with better insurance cover, lower fees and other benefits due to a larger number of members in an employer plan.

A personal super plan may offer you more options and the flexibility to move with you should you change employment.

For those interested in running their own superannuation fund, be aware that Self-Managed Super Funds (SMSFs) must conform to stringent ATO guidelines. Additionally, fixed costs can make SMSFs more expensive when account balances are not large. (eg less than $200,000).

How you invest within your superannuation also need careful consideration. Last year's best performing investment class (shares, cash, property, bonds) may not be the best performer this year.

In any case, professional advice is a must.

WHY should Superannuation Choice concern me?

For employers, the penalties for not complying with the legislation can be harsh. Fines can be up to 25% of the amount paid. Worse still, employers will be unable to claim a tax deduction on superannuation payments made outside of the guidelines.

For many Australians, superannuation forms the cornerstone of their long-term wealth. How you exercise your options can make a real difference in meeting your retirement goals.

For employers, the penalties for not complying with the legislation can be harsh. Fines can be up to 25% of the amount paid. Worse still, employers will be unable to claim a tax deduction on superannuation payments made outside of the guidelines.

Disclaimer: This article has been prepared without reference to an individual's or organisations particular circumstances. It is of general nature only and should not be relied on for the purpose of making any superannuation related decision. While every effort has been made to ensure its accuracy, no warranty is provided as to the reliability of the information contained.

Prepared by Glynn Gough Authorised Representative of Charter Financial Planning. Charter Financial planning holds an Australian Financial Services Licence. For more information contact Glynn Gough on 07 32213066 or glynn@tupicoff.com.au

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Register of ACA Approved Supervisors

Name	Contact Number	Qualifications	Cost hr	Medium
Philip Armstrong	Qld 07 3356 4937	B. Couns, Dip Psych SOA Supervision (Relat Aust)	$88 ind $25 pp grp	Phone, Group & Face to Face
Nora Huppert	NSW 02 9181 3918	Family Therapy	$120	Face to Face
Dawn Spinks	Qld 0417 633 977	BA (Hons) Education and Psychology, M. Pub. Health	$100	Phone & Face to Face
Martin Hunter-Jones	NSW 02 9973 4997	MA Ad. Ed BA Psych. Philos	$100	Phone & Group, Face to Face
Kaye Laemmle	Qld 07 5591 1299	Dip Prof Couns SOA Supervision (Relat Aust)	$80	Phone, Group & Face to Face
Miguel Barreiro	Vic 03 9723 1441	B.B.Sc (Hons)	$80	Group, Phone & Face to Face
Kerry Cavanagh	SA 08 8221 6066	BA (Hons) M.App.Psych	$100	Phone, Face to Face, Small Group
Patriciah Catley	NSW 02 9606 4390	RMASCH, MACA CPC, Dip. Counsel, Dip. C. Hyp, Prof. Supervisor, Mentor, E.N.	$90	Face to Face
Beverley Howarth	Qld 07 3876 2100	Dip of Prof Healing Science CIL Practitioner	$120	Phone, Face to Face or Group
Mary Hogan RSM	Vic 0407 332 226	Psychotherapy SOA Supervision	$80	Face to Face
Gerard Koe	VIC 03 9495 6144	BA Psychology MA Pastoral Counselling	$70	Face to Face, Phone
Kevin Franklin	WA 08 9328 6684	PhD Clinical Psychology	$100	Face to Face, Group
Gary Green	NSW 02 9597 7779	MA Couns. (Psych), Grad Dip. Couns (Spo. Perf. Psy.), Dip. T.A., Cert. Clin. Hyp.	$250	Group & Phone by Negotiation
Gayle Higgins	VIC 03 9499 9312	Dip Prof Counselling, SOA Supervisor Trg (AIPC)	$66	Phone, Group, Face to Face
Yvonne Howlett	SA 0414 432 078	RN. Dip Prof Counselling, Supervisor Trg (AIPC)	$100	Phone, Group, Face to Face
John Murray	NSW 02 9363 0720	MA Pastoral Ministry, Master Practitioner NLP	$85	Face to Face, Phone
Jacqueline Segal	NSW 02 4566 4614	MA Applied Science Supervisor Trg (AIPC)	$80	Phone, Group Face to Face
David Hayden	TAS 0417 581 699	Dip Prof Counselling, Supervisor Trg (AIPC)	$66	Phone, Group Face to Face
Christine Ockenfels	WA 0438 312 173	MA Arts HS (Counselling) Grad Dip Counselling Supervisor Trg (Wasley Inst.)	$66	Phone, Group Face to Face
Lyndall Briggs	NSW 02 9554 3350	Mast. Prac NLP, Dip Clinical Hypnotherapy, Clinical Sup.	$66	Phone, Group Face to Face
Grahame Smith	NSW 0428 218 808	Dip Prof Counselling, Supervisor Trg (AIPC)	$66	Phone and Face to Face
Carol Moore	SA 0419 859 844	Dip Prof Counselling, BA Business & HRD Adult Educ. Supervisor Trg (AIPC)	$99	Phone, Group & Face to Face
Kathryn Kemp	WA 0400 440 113	Post Grad Diploma Counselling, Supervisor Trainer	$80	Face to Face, Phone, Trainer
Sandra Brown	VIC 0413 332 675	B. Ed.Stud, Cert.Ed.(UK), Dip Prof Couns, Dip Clin Hyp, Registered Supervisor	$66	Pref. Face to Face, Group & Phone by Negtn
Eva Lenz	WA 08 9438 3330	Dip. Counselling, MA of Religion, Dip. Education	$66	Face to Face, Phone & Group
Donna Loiacono	VIC 0417 400 905	Reg. Psychologist	$80	Face to Face, Phone & Group
Claire Sargent	VIC 0409 438 514	BA Hons Psychologist	$110	Face to Face, Phone & Group
Michael Cohn	NSW 02 9130 6661	B. Com LL.B; Grad Dip Couns; M. Couns.	$66	Face to Face, Phone & Group
Judy Boyland	QLD 0413 358 234	Dip. Prof Couns. Prof Supervisor Trng (ACCS) Certified Reality Therapist	$75	Face to Face, Phone
Carolyn Midwood	WA 08 9448 3210	Dip Prof. Couns. NLP Supervisor Trg	$88	Face to Face, Phone & Group
Brigitte Madeiski	NSW 02 4727 7499	Dip Prof. Couns. Dip Women's Dev, Dip Stress Mngmt, Facilitator, Supervisor Trg (AIPC)	$68	Face to Face, Phone & Group
Hans Schmid	VIC 03 9763 8561	Dip Prof Couns. Prof Supervisor Trg (HAD)	$60	Face to Face, Small Group, Phone by Neg.
Donald Marmara	NSW 0412 178 234	Somatic Psychotherapist Registered Supervisor	$110	Face to Face, Phone & Group
June Wayne	NSW 0419 420 630	Clinical Psychologist BA, MA, MAPS, MASCH	$66	Face to Face, Group
Elizabeth Lodge	NSW 0419 742 958	Diploma of Psychology, Dip Couns & Psychotherapy, Dip Clin Hypnosis	$66	Face to Face, Group & Phone
David Kliese	QLD 07 5476 8122	Dip of Prof. Couns. Prof. Supervisor Trg (ACCS)	$75	Face to Face, Phone
Malcolm Lindridge	QLD 0427 482 041	Dip Christian Counselling, Dip Couns & Family Therapy, Supervisor Trg (ACCS)	$66-$80	Face to Face, Group & Phone
Dr Randolph Bowers	NSW 02 6771 2152	PhD, MEd Couns, CPNLP, GCHE, BA, CPC, CMACA, RSACA	$80	Face to Face, Phone & Email
Dr Eunice Ranger	QLD 0404 066 341	Dip Supervision, Dip Couns, Th.D MA, BA (Hons)	$100	Phone, Group & Face to Face
Adrienne Jeffries	QLD 0414 390 169	BA Social Work, Dip Psychosynthesis	$85	Phone, Group & Face to Face
Moira Joyce	SA 0402 612 271	BA Applied Science, Supervisor	$80	Face to Face
Irene Colville	NSW 0439 905 499	BA, Psychology, Hypnotherapist, Supervisor	$90 ind $35 pp grp	Phone, Group & Face to Face
Geoffrey Groube	VIC 0425 786 953	Dip Prof Couns. Supervisor Training Course AIPC	$66	Face to Face & Group
Hoong Wee Min	Singapore 9624 5885	MA Social Science, Supervisor Training	$100	Face to Face & Group (evenings)
Yvonne Parry	SA 08 8339 2840	RN, BA Psychology, Supervisor Trainer	$80	Face to Face or Phone
Heidi McConkey	NSW 02 9386 5656	Dip Prof Coun. Sexual Therapist, Supervisor Trng	$99	Face to Face, Phone & Group

Register of ACA Approved Supervisors (Continued)

Name	Contact Number	Qualifications	Cost hr	Medium
Jan Wernej	NSW 0411 083 694	MA Applied Science, Supervisor	$100	Phone, Group, Face to Face
Sharon Anderson	VIC 0413 427 924	BA Soc. Science, Registered Psychologist	$80	Face to Face, Phone & Group
Christine Perry	QLD 0412 604 701	Dip. T. B. Ed. M Couns.	$66	Face to Face
Cynthia Houston	QLD 07 5591 7699	BA Psychology, Dip Couple Work	$66	Face to Face & Phone
Veronika Basa	VIC 03 9772 1940	BA, Dip Ed, MA Prelim (Ling), Dip Prof, Couns., Supervisor Trg	$80	Face to Face, Phone & Group
Thomas Kempley	NSW 0402 265 535	MA Counselling, Supervisor Training	$90	Face to Face, Phone & Group
Samantha Jones	NSW 02 99877 1178	Clinical Hypnotherapist, Prof. Supervisor Trg	$90-$100	Face to Face
Boyo Barter	Qld 0421 575 446	MA Mental Health, Post Grad Soc Wk, BA Soc Wk, Counsellor & Gestalt Therapy	$80	Face to Face, Phone & Group
Joanne Symes	NAW 0402 752 364	BA Social Work, Supervisor Training Ceertificate	$90	Face to Face, Phone & Group
Michelle Earley	Qld 1300 360 177	Dip Prof. Couns. Dip Holistic Couns. Ad Dip Holistic Couns., AIPC Supervisor Trg	$90	Face to Face, Phone & Group
Riam Rombouts	NT 0439 768 648	Regd Nurse, Clinical Hypnotherapist	$66 - $80	Face to Face, Phone
Yidiz Sethi	NSW 02 9416 6440	B.Ed.Dip.Counselling. NLP Practitioner. Educator. Superviser	Indiv $80 Grp pp $40	Face to Face Phone & Group
Dr Barry Lloyd	SA 08 8332 7118	PhD, AIPC Supervisor Trg	$66	Face to Face & Group
Francis Taylor	NSW 02 9686 3160	Dip Prof. Couns, Dip Multi Addictions, NLP, Dip clinical Hypnosis	$66	Face to Face, Phone & Group
Maria Brennan	Brisbane, Qld 07 3355 5859	B. Social Work, Supervisor Trg (Uni of QLD), 13 yrs exp Supervisor/Counsellor	First 1/2hr free $70	Face to Face Phone, Group by neg.
Barbara Matheson	Vic 03 9703 2920	Dip. Prof. Couns., supervisor Training (ACCS)	$66	Face to Face, Phone
Anne Hamilton	SA 0416 060 835	Grad dip. Mental Health, supervisor Trng (ACCS)	$66	Face to Face, Phone & Group
Lorraine Hagman	Qld 0413 800 090	M.A. Social Science, B. Bus Comm, Supervisor	$85	Face to Face, Phone & Group
Molly Carlile	Vic 0419 579 960	RN, BEdStud, DipProfCouns, GradCert/s PallCare / Grief&Bereav/Management/Supervision, AICD Diploma	$100	Prefer Phone

Currently in Australia there is no specific website information directory that provides access to a full range of services for parties going through a divorce. The latest ABS statistics show that there are approximately over 100,000 marriages and over 50,000 divorces currently in Australia; 49.7 % of these divorces involve dependant children. At the same time 8.3 million Australians in 2004 accessed the Internet every month for an average of 13 hours, representing an increase of 800% in just five years. From this information i-dont.com.au recognized that there was a large market of Internet enabled divorcing participants that need a One Stop Shop to save time searching for relevant service providers.

They found that searching over nine million web pages resulting from a key word search for "divorce" would be a daunting task for anyone, let alone someone at the early stages of going through a divorce.

i-dont.com.au is a straightforward directory where divorcing participants can effortlessly select from a range of service providers across many different categories in one centralised location. i-dont.com.au will save users time and money, not to mention rebuild confidence in their ability to make a well-informed choice in selecting their service providers. It puts them back in control.

i-dont.com.au is also a free service to all visitors. With a catchy brand and an easily identifiable logo, i-dont.com.au opens up extensive business opportunities for subscribers who service the divorce market.

People going through divorce often require professional counselling services to assist with the emotional issues during and after the event. Divorce can affect not only the two participants directly involved but also family and friends and of course in many cases, children.

There are a number of categories for the initial launch including; Counselling, family and custodial lawyers, mediators, health and fitness, accountants, financial advisors, private investigation, matchmaking services and valuers to name a few. Divorcing participants that may be searching for a family lawyer will also see a category called Counselling. This is great market leverage as it can be often difficult to target this divorce market independently over the Internet.

Each subscriber has the choice of three web splash pages (online marketing page) so you can further promote your services relative to divorce services. These splash pages are really like a mini website. They are easy to develop and i-dont.com.au offers two hours of web development support to each subscriber. It is also planned for this site to have a discussion board for registered participants as well as articles of interest relating to divorce and links to relevant community sites. As a subscriber to i-dont.com.au you will also be able to submit articles focused on Counselling for divorcing participants in the articles section and such articles will link to providers special splash page.

Pre-launch subscribers will obtain a substantial discount to join before 31st March 2005. An annual subscription is normally $660. If you subscribe before 31st March 2005 you will get your first years subscription from day of launch for $330. The importance of subscribing early is that the ranking in the Counselling category is on a 'first in top of list' basis.

i-dont originated from noticing that most people nowadays have in some way been touched by divorce or know someone directly who has. The same stories are repeated about how scary it is when you realised a marriage is over and then the questions are asked, " What happens now? What should I do first? Who can help me through this?

Melinda Poole, one of the founders and spokesperson for i-dont.com.au says that between her and David and James Craig (Web Developers) they researched all available Internet based resources and found there was a vacancy for a truly independent directory service. They found that searching over nine million web pages resulting from a key word search for "divorce" would be a daunting task for anyone, let alone someone at the early stages of going through a divorce.

So i-dont.com.au was born. Many months have been spent researching the Australian market and developing a robust, polished, easy to use website and professional commercial image.

To view the i-dont.com.au offer to suppliers of professional services visit www.i-dont.com.au.

Place your email address in the area provided and use the Client Access Code 'ACA' to gain entry to the pre launch site. Subscribe early to secure your ranking in this directory.

If you have any specific questions use the contact us page within the website.

We believe this website gives our business subscribers a very targeted and effective way to promote themselves to the divorce sector and recommend you take the time to review the offer.

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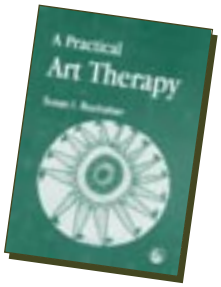
Book Reviews

'A Practical Art Therapy'

By Susan I. Buchalter

Jessica Kingsley Publishers 2004



'A Practical Art Therapy' is an activity resource for art therapists. While the activities illustrated are from many sources and the sixteen chapters cover a wide range of techniques for both short and long term projects, Buchalter states that this is not meant to be 'a cookbook of therapy techniques but a collection of specific approaches that can provide a framework for countless therapeutic interventions'.

Created in response to her student's requests for project ideas, the author believes it will encourage spontaneity and therapeutic follow-through during sessions, while also helping new therapists feel confident with the material they are using. The introduction includes some specifics of use and is followed by a Chapter of Warm-up Activities to assist therapists help new clients become familiar with art therapy and the group experience.

The actual project ideas are organised according to technique or media, and Chapter headings include: Murals; Mandalas; Advertising; Clay; Sculpture; Puppets; Group Work; and Stress Reduction. Each activity has a list of materials, as well as information about the procedure of the activity and its intended goals. There are discussion points to assist the therapist in understanding: 1) what the client may produce – i.e. the image; 2) what the activity has offered to previous clients; and 3) the client group that this project has worked with; as well as suggestions to help the therapist follow through therapeutically.

As a resource book, 'A Practical Art Therapy' is easy to read, and provides clear information about the 'how to' of the projects and their goals. All of the activities have proved successful with a wide range of groups and individuals, including clients who are 'depressed', 'borderline', 'bipolar', 'schizophrenic', and 'addictive', which should help to develop confidence in both the new therapist, and the therapist who wants to try projects that are new to them. Whether or not these specific approaches will provide a 'framework for countless therapeutic interventions' however, is dependent upon the skill of the therapist and their capacity for lateral thinking.

Footprints Books (02) 9997 3973 $43.95
ISBN 1843 107 694

Contributions to Client-Centred Therapy

I found reviewing "Contributions to Client-Centred Therapy and the Person-Centred Approach" by Nathaniel J. Raskin extremely rewarding and fulfilling. The work is comprised of sixteen chapters of relevant papers published over the sixty-year history of the therapy, as a result discussions swing back and forth from the present to the past backed up by strong historical evidence. The work is edited by Tony Merry a Person-Centred Therapist himself and it's style is easy to follow and at times confronting. Raskin gave a lot of himself in this work by expressing his own fears, anxieties and thoughts in a truly refreshing and heart-warming manner in his account of his journey in becoming a hugely successful psychotherapist. He emphasised the necessity for counsellors using this approach to actively participate in the therapy by using self-disclosure of their own deep-seated emotions and anxieties. His high regard for the founder of this therapy, Carl Rogers as a teacher, colleague and friend was apparent throughout.

'A Practical Art Therapy'
By Susan I. Buchalter
Jessica Kingsley Publishers 2004

Raskin's explanation of key concepts and principles such as concept of self, unconditional positive regard, actualising tendency and internal frame of reference, are clear and concise, backed up by examples and verbatim accounts. The verbatim accounts usually involved Rogers and were instrumental in allowing the reader to experience a sense of actually observing the therapy in progress, and the opportunity to formulate their own interpretations. Case studies directly tabled from transcripts with Rogers clearly indicate the importance of empathy and acceptance of the client's frame of reference in addition to recognising that the client is the central figure in the process.

Raskin's reference to using the therapy in group psychotherapy sessions by relying on experiential and intuitive rather than cognitive processes was fascinating. Readers who are familiar with mathematical measurement and of statistical data will benefit from the chapter on analysis of parallel studies using in the therapeutic process. The thorough analysis of the scientific data strongly supports the existence and relevance of Client-Centred Therapy as a legitimate alternative to directive therapies. The comparisons used with other forms of therapies were approached in a professional, non-critical manner.

Contributions to Client-Centred Therapy

This work is a must-read for any counsellor practicing Client-Centred Therapy or intending to incorporate it's principals in their eclectic approach.

PCCS Books ISBN 1898 059 578
contact@pccs-books.co.uk

Diane Lorimer Dip. Prof. Couns. (A.I.P.C), M.A.C.A.
'Between Us Counselling Service'

The Healing Art of Clay Therapy

By Patricia Sherwood is a practical handbook with step by step guidelines for therapeutic work with clay.

Clay therapy transforms the intangible and unknown into something that can be seen, touched, experienced and therefore explored and understood. The medium of clay enables feelings to be imprinted upon it and communicated in a way that goes beyond the limits of language-based psychotherapy. Sherwood's use of the body-based approach gives a voice to the emotionally inarticulate, disconnected or scientifically-minded, for whom the intangible can be difficult to access. Focusing on the body allows clients to start with the physical realm in order to uncover emotions,

The Healing Art of Clay Therapy
By Patricia Sherwood

Book Review (Continued)

while using clay produces concrete evidence of the emotional life within. Truth is revealed in a powerful and immediate way as the client's own insight develops with the emerging clay representation of his/her experience. Capturing the client's inner processes in this visible form further enhances the progress made. It serves as a concrete reminder of the knowledge and resources within, giving the client a sense of empowerment.

Based on the author's work as a clay therapist, the book provides precise therapeutic steps alongside actual client examples and photographs. Clay therapy can powerfully transform lack of emotional insight, anger, grief and loss, fear, family of origin issues, couple communication, blocked expression, while providing healing for the wounded psyche and self-parenting through building archetypes. The author cautions against the use of clay therapy for some individuals.

The Book of Success
By Ben Collins
Geoff Slattery Publishing

Patricia Sherwood draws upon a rich base of theories to support her work. This makes it accessible and compatible for counsellors of many backgrounds, allowing them to integrate this profound healing modality into their own practices.

Ann Maree Billings is a clinical member of ACA, currently counselling in her private practice at Belgrave.
ACER 1800 338 402 ISBN 0864 316 917 $29.95

The Book of Success

By Ben Collins
Geoff Slattery Publishing

In this publication thirty-five public and not so public identities describe success in their own stories on their own terms. The backgrounds of these contributors makes for a diverse and entertaining read. The book does not concentrate on just business but covers the fields of art, science, sport and others. It is refreshingly free from politics and in a sense, concentrates on the ordinary. Although some of the contributors have credentialed backgrounds, many fall into the "self made" genre. This gives a plain speak out-look free from pretensions and false modesty.

All the narratives are in the first person which could have had the effect of the reader being bombarded with I statements leading to boredom. As it is, the layout makes for a style of reading that allows the reader to easily put down and take up the book again, randomly dip into its contents or to be read in larger portions without necessarily becoming overwhelmed.

In the main, most stories cover more than just the nature of the individual successes. The narrators do take time to flesh out their contributions with anecdotal information. This allows the reader more of a personal insight than may be generally expected. This sets this book apart from the feel good, you can do it types, that have a significant portion of the motivation market.

The book does not seek to promote the individual other than to recount the stories as a demonstration that people from all walk of life, both sexes and various backgrounds and, in some cases, what may be seem as handicaps, have the potential and did achieve.

Superficially, The Book of Success may appear to be a coffee table top publication. It would certainly not go amiss in a counsellor's waiting room. More importantly is the message that it sends by its understated effect, that is to reinforce that whatever we do has the potential for success and, although society may acknowledge it, irrespectively we can define that success in our own terms.

John Dunn

CMACA/FVC, BA (Psych & Phil). Dip App Sci, Counselling. Colac Counselling Service.

RRP $34.95 Bookstores ISBN 0975 225 561

Building a Successful Practice
by Philip Armstrong

Building a Successful Practice

by Philip Armstrong

I wish this book had been available when I was building my private practice! Philip Armstrong guides you step-by-step through challenges including the legal structure of your business, how to market your practice, gain referrals, minimise risk of litigation, take case notes, develop your business plan, plus much more.

I particularly liked his fourteen steps on securing referrals as many people often struggle in knowing how to present themselves to other professionals. His advice on note taking will save you some stress when dealing with court subpoenas by knowing you have recorded counselling sessions well. Philip also writes about the pros and cons of websites in developing your practice. There are a number of references to Australian legislation, GST requirements, and useful business resources. You will appreciate the appendix which includes proformas including a supervision contract, client consent form, and business plan.

Whilst of particular help to those starting out, there is also something for those wishing to further develop their practice. The small cost of this book will be more than off-set through the avoidance of costly mistakes as well as the income generated through smart business practices. Congratulations, Philip!

Ken Warren Clinical Counsellor

RRP $30 (includes postage) ACCS (07) 3356 4937

ACA

AUSTRALIAN COUNSELLING ASSOCIATION

South Australia Branch

STATE CONFERENCE 2005

5TH JUNE 2005

Hotel Adelaide International

Keynote Speakers

Dr Rhys Henning — **Pain Management**

Dr Henning has many qualifications and distinctions a few of which are as follows:
Director of 4 Medical Centres, Private Methadone & Buprenorphine Prescriber, Consultant (Pain, Dependence Medical Hypnosis), Clinical Lecturer (General Practice) Adelaide Uni, also Drug & Alcohol Services, Supervisor & Clinical Lecturer – General Practice Training, Examiner – Aust. Medical Council, et al.

Dr. Rasa Samvat — **Sleep Disorders**

Bio TBA.

Dr.Nadine Pelling — **Addictions**

Dr. Pelling (PhD) is a Senior Lecturer in Psychology and Counselling at the University of South Australia. Nadine is both a counsellor and psychologist and has specialist training and experience in addictions. Nadine earned her BA Hon Psych from the University of Western Ontario and her MA, PhD and Alcohol & Drug Training from Western Michigan University

FEES:

ACA Student Member	**$100**
ACA Member	**$110**
Non ACA Member	**$125**

Tea/coffee on arrival, morning and afternoon tea, lunch (vegetarians catered for) all inclusive.

REGISTRATION AND PAYMENT CLOSURE DATE 30TH MAY 2005

Itinerary

8.30	Registration	**8.45**	Opening – Chairperson Yvonne Howlett
8.50	Dr Rhys Henning	**10.40**	**Break – Morning Tea**
11.00	Dr Resa Samvat	**1.00**	**Lunch**
2.00	Dr Nadine Pelling	**3.15**	**Break – Afternoon Tea**
3.35	Dr Nadine Pelling	**4.45**	Close – Philip Armstrong (ACA National Manager)
5.00	Farewell		

We are making provision for display tables and encourage delegates to bring along brochures, business card, flyers etc that relate to Counselling, Personal and Professional Development. This space will be made available FREE of charge subject to your own monitoring . In addition we will have a range of books from C.O.P.E. that will compliment the topics of the day as well as general counselling. Cash or cheque will be the only method of payment, if necessary there is an ATM in the Hotel foyer.

HOTEL ADELAIDE INTERNATIONAL is providing delegate rooms at a discounted rate of $99 - for doubles and triples (normally $149), when booking in relation to this Conference. Phone 82673444 for bookings.

For on line membership information and details about . . .

the Association for Counsellors in Australia

please visit the

ACA Website

at

http://www.theaca.net.au

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