Special Issue

AUTUMN

Counsellor Competence

cphJournal
.com

CALL FOR MANUSCRIPTS

on **Indigenous Counselling, Psychotherapy and Health** for a Special Issue of the International Peer Reviewed Internet Journal *Counselling, Psychotherapy and Health* <www.cphjournal.com>.

Manuscripts can cover a wide range of areas relating to Indigenous counselling, psychotherapy and health. For instance, Indigenous can involve Australian Indigenous, North American Indigenous, and New Zealand Indigenous people etc.

Moreover, 'counselling, psychotherapy and health' represent a wide spectrum of concerns, such as mental health, psychological wellbeing, career or general development, housing, education, and biological health areas, etc., depending on one's research activities and scholarly interests. Submissions are invited from as wide a range of writing as possible, and can include:

(1) Indigenous related applied research,
(2) literature review on an Indigenous topic with analysis and discussion,
(3) Indigenous case analysis in discussion with relevant literature review, and
(4) narratives based on personal and professional experience in working within Indigenous counselling, psychotherapy, and health contexts.

Interested individuals can see <www.cphjournal.com> for journal submission guidelines as to manuscript format (Harvard Style required) and manuscripts are to be submitted to Dr Nadine Pelling (Nadine.pelling@unisa.edu.au) Special Guest Editor. Interested individuals are requested to send an abstract of their proposed submission if possible by the start of April 2006 and their final manuscript by the start of July 2006. Publication is aimed for mid 2006.

Prospective contributors to the journal *Counselling, Psychotherapy and Health* on areas not applicable to the **Indigenous Counselling, Psychotherapy and Health** Special Issue are asked to make submissions to the regular editor, Dr Randolph Bowers as indicated on the journal website.

CONTENTS

Regular Articles

Features

Editorial By Philip Armstrong

I hope all our readers are recharged and ready for all the challenges of 2006. The year has started off well for ACA with 70 new members in January and 67 in February. This is a new record for January and February and is hopefully a reflection that counsellors in 2006 will continue to support ACA and our endeavours. One important issue that will be carried over from last year is ACA working on the fractionalisation of the profession.

Representatives of the ACA Committee and the PACFA Board met In January. In response to the joint report of the meeting the PACFA Board has agreed that the good of the profession is primary and it could be harmed by public perception of conflicts between ACA and PACFA. To that end ongoing discussions are suggested to clarifying any common aims and major differences in perspective. Both parties agreed to resolve any complaints respectfully and avoid making disparaging comments about each other. It was agreed that the two bodies will work toward effective communication to deal with practitioner de-registration and results of substantiated complaints.

This edition of the journal is a special edition where the majority of the journal is dedicated to the results of research conducted by Dr Nadine Pelling and the University of South Australia on behalf of ACA. The subject of the survey was counsellor competence. The results of the survey are very interesting and represent the first research of its kind in Australia. ACA has now been involved in several research programs and hopes to involve itself in more this year. Research in Australia on counselling issues is very short on the ground and ACA hope to rectify this by supporting and initiating as much research as practicable. Nadine is a Fellow of ACA and a member of SCAPE. Nadine is also a recipient of the Person and APS annual award, congratulations Nadine.

ACA is gearing up for what should be a very special conference this year with ACA joining in partnership with FPCQ, AGCA and QGCA for the International Conference. The conference will see quite a few overseas visitors coming to our shores. It is very important that these guests are exposed to what is best in counselling and psychotherapy in Australia as many of these guests will be first time visitors to Australia. This conference will ensure that counsellors and psychotherapists from USA, UK, Asia, New Zealand, Africa and other countries will experience first hand the professionalism of our industry as opposed to simply dialogue and correspondence.

CA Journal to become an electronic copy

In comparison to other similar bodies and umbrella organisations membership costs to ACA are the lowest in the field. Not only is membership the lowest ACA offers more services and benefits for membership than any other comparable organisation in the counselling and psychotherapy field. ACA has been able to maintain high standards in membership requirements as well as maintaining a policy of being inclusive for potential members. In January this year ACA experienced another record with over 300,000 hits in that month on our website. The data program ACA uses records all hits and pages that are entered

once a user goes to the ACA site. The statistics program indicates that over 75% of hits to the web page actually spend time on our site accessing multiple pages. This means the hits are not simply people moving through the site but people are accessing information which is good news for ACA. The biggest surprise we encountered was that the journal was in the top six of pages and downloads of sites on the ACA web page. This indicates a lot of interest in the journal.

ACA have now decided to conduct a twelve month trial and make the journal an electronic journal as opposed to hard copy. This means all members will receive their copy via an email link, similar to the Email of the Month. The layout of the journal and quality of articles will remain the same. The advantages to making the journal an electronic one are many:

- The introduction of a full colour journal
- Readership base will increase by over 2000 at no extra cost to ACA
- Members will be able to keep a copy of the journal on their computer
- Advertisers will get a wider distribution base with more readers
- No more lost copies in the mail

The biggest win for ACA members is that there will be no increase in membership fees this year. The cost savings in postage and printing will be absorbed into areas where we have experienced significant increases in costs such as rent, postage, electricity, maintaining a 1300 phone number for interstate members et.

This journal will be the last hard copy that you will receive. The next journal will be available in the first half of June and members will be emailed the link.

Editor

ACA

> This edition of the journal is a special edition where the majority of the journal is dedicated to the results of research conducted by Dr Nadine Pelling and the University of South Australia on behalf of ACA.

COUNSELLOR COMPETENCE
A Survey of Australian Counsellor Self Perceived Competence By Nadine Pelling, PhD

Abstract

The topic of counselling competence has increased in importance in recent years along with a growing demand for quality counselling, an increase in credentialing efforts, and a focus on the professionalisation of counselling. There are many ways of defining and assessing counsellor competence. This survey research in a field setting first describes some of the main issues relating to the definition and assessment of counsellor competence and second describes the self perceived competence of Australian counsellors in six specific counselling areas. Namely, counsellors were asked to assess their self perceived competence in working with the issues of depression, anxiety, and substance use. Similarly, counsellors were asked to indicate their competence in working with those from Non English Speaking Backgrounds and Indigenous and Torres Strait Islander individuals, and those who are same sex attracted (gay, lesbian, and bisexual individuals). Additionally, counsellors were asked to rate their competence in working with clients using electronic mail and instant messaging. Data was collected using a multiple mailing survey method. The self perceived competence of Australian counsellors in six specific counselling practice areas and suggestions for future training and development are provided.

Key words:

counselling - counselling – competence – counsellor – Australia – Indigenous – same sex attraction – email - culture.

The Importance And Complexity Of Counsellor Competence

The topic of counsellor competence became very important in the 1990s in the United States of America (USA) (McLeod, 1992). In fact, a plethora of professional ethical codes regarding counsellor competence; a synopsis of which can be found in Corey, Corey, and Callanan (1992); developed. Anderson (1992, p. 22) says that this was due to five discernible forces influencing the counselling profession in the USA. Namely, "(a) a growing demand for quality mental health counseling; (b) an increasing public awareness of specific issues in mental health care and general health care consumerism; (c) increasing demands for quality assurance, accountability, and containment of mental health care cost; (d) a progressive state-by-state wave of credentialism and licensure; and (e) increasing national emphasis on counselor professionalism."

As a result, counsellor licensure and certification have long been viewed as a validation of qualifications needed for effective and competent counselling in the USA (McLeod, 1992). Counsellor licensure and certification have become expected in the USA. The goal of counsellor licensure and certification is to increase counsellor professionalism and protect consumers from incompetent practitioners.

A similar focus on counselling competency is currently developing in Australia. This is evident in the two main generalist counselling associations' recent focus on educational standards and credentialing efforts. These two associations are often seen as competitors due to their overlapping and similar functions as well as, at times, different philosophies regarding the credentialing of counselling. It is sufficient to say that different counselling associations in Australia are defining competence or readiness for counselling differently. This is not surprising given that counsellor competence is so difficult to define and measure. Add this to indecisiveness regarding who will measure counsellor competence and the complexity of assessing competent counselling services in Australia becomes clear (Armstrong, in press; Pelling, 2003a; Pelling, in press; Pelling & Sullivan, in press; Pelling & Whetham, in press; Pelling, Brear, & Lau, in press; Schofield, Grant, Holmes, & Barletta, in press; Sullivan, 2003).

Defining Competence

How does one define counsellor competence? The literature on counsellor competence centres on the idea of skill (Egan, 1990; Ivey & Authier, 1978). Thus, a competent counsellor would be one who has mastered a set of counselling skills. The National Counsellor Examination's testing of professional knowledge on basic counselling information and skills in eight basic areas of counselling practice seems to subscribe to this view of competence as skill (Corey, Corey, & Callanan, 1992).

However, there are those who believe that competence cannot be reduced to the level of skill. These people argue that counselling is not simply the accumulation of a set of skills. As stated by McLeod (1992, p. 360) "the person of the counselor, including her values and philosophy, is a key factor in the counseling relationship, and that this factor is not readily observable within discrete, 'micro' interactions."

Thus, although the literature on competence focuses on the idea of skill it also seems agreed upon that

This survey research in a field setting first describes some of the main issues relating to the definition and assessment of counsellor competence and second describes the self perceived competence of Australian counsellors in six specific counselling areas.

COUNSELLOR COMPETENCE: A Survey of Australian Counsellor Self Perceived Competence (Continued)

competence subsumes skill and refers (McLeod, 1992, p. 360) "to any qualities or abilities of the person which contribute to effective performance of a role or task." As stated by McLeod (1992, p. 359) "Counseling is an activity in which, almost uniquely, the quality of work and the outcome of effort is largely hidden form external scrutiny and affirmation." This sentiment is echoed by Gross and Robinson (1987, p. 7) who view counsellor competence as containing five basic aspects, the fourth issue being most closely associated with competence as skill, which are an "(1) accurate representation of professional qualifications; (2) professional growth through involvement in continuing education; (3) provision of only those services for which one is qualified; (4) maintenance of accurate knowledge and expertise in specialized areas; and (5) assistance in solving personal issues which impede effectiveness."

As stated by McLeod (1992, P. 367) "Within the thousands of counseling and psychotherapy trainers, tutors and supervisors there certainly must exist a deep well of experience and knowledge about how best to assess the competence of counselors. Very little of this knowledge is written down, however, and even less of it has been subject to systematic research." Thus, obviously, defining counsellor competence is difficult and one's definition clearly depends on many factors, including the purpose of one's definition. Capturing the essence of and what is meant by competence is elusive (Goh, 2005). Nevertheless, this difficulty has not prevented many efforts at measuring counsellor competence.

The Assessment Of Competence

The measurement of counsellor competence is complicated by its very nature. First, there is no precise definition of competence. Second, the purpose of competence measurement will affect the definition of competence and thus the assessment technique used. Third, the measurement of competence will also be influenced by who is measuring competence.

Purpose Of Assessment

The measurement of counsellor competence takes two forms, formative and summative, depending on what function the assessment is to serve. Summative assessment's purpose is to evaluate the competence of a person and formative assessment's purpose is to generate information concerning the developmental needs of the counsellor. Summative assessment would therefore most likely be used in evaluating a counsellor's competence to perform a particular job or whether the person should receive a professional certification or license. In contrast, formative assessments are designed to generate information about the developmental needs of the counsellor that could be used to define learning objectives in work settings or in continuing education programs (McLeod, 1992).

Who Will Assess Competence?

Counsellor competence can be assessed by counsellor trainers, managers, supervisors, external judges, themselves, peers, and clients. These different assessors usually differ in their purpose, their

corresponding definition of competence, and their measurement techniques. Some general statement concerning the advantages and disadvantages of each of the before mentioned competence evaluators are as follows (McLeod, 1992).

Trainer/Supervisor Assessment. Competence assessment is a necessity when one is in a training program. Unfortunately, the validity and reliability of assessment by a trainer or supervisor may be negatively impacted by many factors. For example, trainers may not have equal exposure to all their trainees and the contact they do have may be coloured by 'impression management' on the trainees part who want to be evaluated favourably. Moreover, supervision is said to involve aspects of assessment, training, support and personal therapy which can complicate the assessment process (McLeod, 1992; Corey, Corey, & Callanan, 1992).

Manager Assessment. Some managers are not members of the counselling profession and thus their assessment of counsellor competence might be resisted due to the belief that only counsellors should judge counsellor competence. Such managers might consider a counsellor effective if they work well with other staff members, engage in professional development, and if clients return to see the counsellor in question.

External Judge Assessment. Judgments made by an external judge are less likely to be biased. However, the counselling work they are exposed to is likely to be limited and thus may not be representative of the counsellor's overall competence.

Self Assessment. The main argument against counsellor self-assessment of competence is that incompetent counsellors are not likely to know how to make accurate judgment of their own competence (McLeod, 1992). In contrast, Gross and Robinson (1987) purport that an internal frame of reference is best used to ensure competence, although the necessity for some level of external enforcement is conceded. Gross and Robinson (1987) believes that each counsellor should take full responsibility for their own conduct and their adherence to the rules and regulations of their profession. Self assessment, of course, depends on the honesty of the assessor or counsellor. In Australia counsellors themselves are likely the most common assessors of competence as counselling is an unregulated activity. Thus, in Australia competence assessments are not specifically required for counselling practice.

Peer Assessment. This type of assessment is less impacted by the 'impression management', which can impact supervisory assessment. However, if peer assessment is to be utilised an appropriate culture regarding the giving and receiving must be created and maintained.

Client Assessment. As stated by McLeod (1992, p. 363) "The ultimate criterion of counselor competence must be that of client benefit." In other words, did the client benefit from his or her counselling experience? Unfortunately, research in this area is limited and can be very expensive.

Trainers may not have equal exposure to all their trainees and the contact they do have may be coloured by 'impression management' on the trainees part who want to be evaluated favourably.

How Do We Measure Competence?

The measurement of competence is very complicated, depends on the definition of competence utilized, and can be accomplished in a number of ways. Moreover, the multifarious measurement of competence is even further complicated by the general exclusion of validity and reliability data on counsellor competence measurements (McLeod, 1992). In general, the measurement of counsellor competence is best assessed in a safe and open environment, when assessment techniques are based in research, target competencies are specific, and multitudes of measurement techniques are used, such as with 'Centre Data' in Bray's (1982) study. The main techniques used for the measurement of counsellor competence are as follows: questionnaires and rating scales, video/audio tapes, role-play exercises/simulations, journals, and exams (McLeod, 1992).

Questionnaires/Rating Scales. There are two types of questionnaires/rating scales; those with an evaluative component and those designed to estimate how often a counsellor does something (i.e., reflect the client's feelings), whose results would then be interpreted in relation to the theory the counsellor is using. Both Carkhuff (1969) as well as Ivey and Authier (1978) have developed rating scales that assess various counselling skills. Similarly, specific scales have been devised and used to measure different types of counselling competence, such as

multicultural competence (Holcomb-McCoy, 2005). In contrast, Sachs (1983) has developed a rating scale designed to measure the absence of competence via its focus on therapist errors. It seems that those using questionnaires and rating scales are supervising counsellors set cut-off levels between acceptable and unacceptable levels of competence. The counselling behaviour assessed can be 'live', on video/audiotape, or role-play/simulation situations.

Journals. Learning journals and diaries containing the participant's subjective record of their development and learning can also be used to assess counsellor competence. Competence is assessed by examining the amount of insight the counsellor has into his or her actions and interventions.

Exams. Formal examinations are widely accepted as able to assess dimensions of cognitive skill and knowledge rather than interpersonal skill that is required for working with clients. This technique assumes that counsellor competence is largely due to one's ability to learn difficult theoretical material. However, empirical testing of this assumption has not been flattering and many sources believe that (McLeod, 1992, p. 366; Chevron & Rounsaville, 1983) "too high an emphasis on theoretical knowledge may distract the counselor from her primary task, that of establishing a therapeutic relationship with her client." In fact, Chevron and Rounsaville (1983) found, in their study of psychotherapy evaluating techniques, that only

> Competence is assessed by examining the amount of insight the counsellor has into his or her actions and interventions.
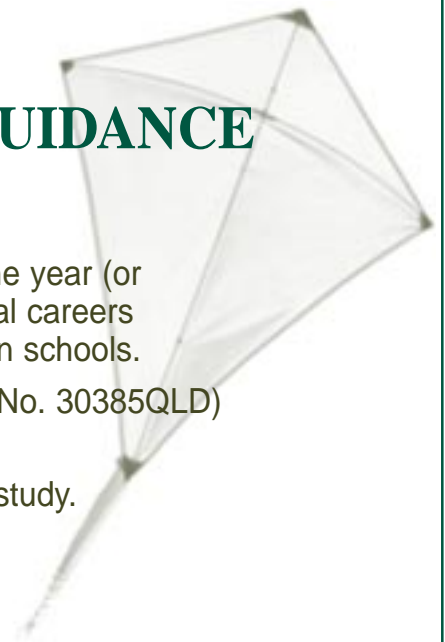
COUNSELLOR COMPETENCE: A Survey of Australian Counsellor Self Perceived Competence (Continued)

supervisor's ratings were correlated with patient outcome.

Identifying A Minimum Level Of Counsellor Competence

To summarize, there is a lack of information regarding the reliability and validity of assessments of counsellor competence. The research findings of Chevron and Rounsaville (1983), suggests that competence assessments and client outcome lack a relationship. Thus, developing counsellor competence and designating a minimum level of counsellor competence to be measured does not at this time seem realistic. It seems more logical to focus on the gradations of competence rather than on identifying various absolute levels of competence when skill and direct work with clients is concerned. It is easier to judge whether a counsellor is grossly incompetent versus designating competence. This is the reasoning behind Sachs' (1983) study of negative factors in psychotherapy. Nevertheless, there are authors that have proposed minimum standards of competence for counsellors, one example is Anderson (1992) who has proposed eight minimum standards.

Enforcing Minimum Levels of Counsellor Competence

How does one ensure counsellor competence given the lack of consensus regarding a definition of competence and the multitude of assessors as well as assessment techniques? It seems that the most efficient and common method of ensuring counsellor competence is the counsellors' self and peer assessment; if an open, safe, and honest environment can be maintained. This is important to ensure that a 'police state' does not result in the counselling profession. Yes, we want to ensure that only competent counsellors are practicing counselling but a professional emphasis in assessment must be on formative versus summative assessment aimed at continuously increasing counsellor competence if the counselling profession is to be an inclusive occupation and not exclusive in Australia. This is the approach taken by Nagy (1989) who has proposed nine guidelines for counsellors to avoid practicing beyond their limits of competence, including skills areas and personal problem management.

Can/Does Licensure And Certification Ensure Counsellor Competence?

Unfortunately, legal regulation and certification cannot ensure counsellor competence. They may serve to create very general minimum standards of competence but they certainly cannot (Corey, Corey, & Callanan, 1992) confer overall competence. As pointed out by Nagy (1989) counsellor competence can be exceeded both on purpose as well as accidentally and steps must be taken by the counsellor him/herself to ensure that one does not work outside their boundaries of competence. Evidently we must patrol ourselves to ensure that our peers and we learn how to stay within our boundaries of competence when working with clients. We must understand and believe that this is in our and our clients' best interests. This is why I support a self assessment model of counselling competence in Australia as counselling remains unregulated in either a legal or widely accepted voluntary manner.

> Given all this subjectivity it seems impossible to decisively measure competence with purely objective measures and thus designate a minimum level of competence as well as objective gradations of competence.

Within the profession 'incompetence' is generally recognisable by both the counsellor him/herself and also his/her peers. Differing levels of competence are less definable due to the: subjective nature of defining competence, differing reasons for competence measurement, and the plethora of people who may be in charge of competence assessment. Given all this subjectivity it seems impossible to decisively measure competence with purely objective measures and thus designate a minimum level of competence as well as objective gradations of competence. Counsellors subjectively know what competence and incompetence are and how to evaluate them . . . an objective measurement and testing of this is less likely and some would argue not desired.

The Present Study

Counselling is a developing profession without statutory regulation or widely accepted voluntary regulation in Australia. Thus, anyone can engage in counselling practice and refer to himself or herself as a counsellor. Very few studies examining counselling within the Australian context have been published. Even fewer descriptions of Australian counsellors are available. As a result, little is known about Australian counsellors and their basic competence levels. When one goes to counselling they trust that their counsellor will be able to assist them with their counselling goals. They assume competence. How competent do Australian counsellors perceive themselves to be? This is the question the present study aimed to answer regarding six main counselling areas. The six main counselling areas of interest are outlined as follows.

Six Important Specific Counselling Areas

Counsellors in Australia work with clients who present with a number of issues. Generally this involves problems of everyday living versus psychological conditions, which are addressed by the legally regulated profession of psychology (Whetham & Pelling, 2003). Nevertheless, there are some common problem areas that encourage clients to seek out applied service. Namely, depression, anxiety, and substance use issues are common client difficulty areas (Court, Ireland, Proeve, Pelling, & Cescato, 2003; Pelling, 2003b) and thus it is important that counsellors be competent to address these three common issues. As depression, anxiety, and substance use issues are common areas of concern that clients bring into counselling and psychological service it is reasonable to assume that counsellors will view themselves as having a sufficient level of competence in working with these issues.

Further to being competent to address the three issues discussed above, it is important for Australian counsellors to be competent in addressing the unique needs of various significant multicultural groups. Namely, those from Non English Speaking Backgrounds (NESB), Indigenous and Torres Strait Islander (TSI) individuals, and those who are same sex attracted (gay, Lesbian, and bisexual individuals) will often present with unique needs that will need recognition in counselling.

Australia is a multicultural society with many people from NESB. Clients with limited fluency in English and come from NESB may have special needs that require addressing in counselling situations and counsellors are

International Association for Counselling

Connecting Creating Celebrating

International Conference on Counselling
2006

Rydges South Bank Hotel
Brisbane, Queensland, Australia

Wednesday 5 July – Saturday 8 July 2006

**This conference is approved for Ongoing Professional Development for members of
Australian Counselling Association • Federation of Psychotherapists and Counsellors of Queensland Inc
Clinical Counselling Association**

**This conference is approved for Continuing Education Units for members of
American Counseling Association**

Members of the public are welcome to attend the conference.

For further information:
web: http://www.theaca.net.au/conferences/
email: aca@theaca.net.au or **Phone 1300 784 333**

COUNSELLOR COMPETENCE: A Survey of Australian Counsellor Self Perceived Competence (Continued)

not likely to routinely receive training in multicultural counselling. Specific multicultural needs may include the emotional distancing effect of communicating in a second language and the adherence to cultural norms different from those subscribed to by the majority of Australians (Pelling, 2004c). Thus, although ability to engage in competent service with NESB clients is important, Australian counsellors are not likely to specifically receive training regarding same.

Australia also has a meaningful proportion of Indigenous and TSI individuals that are likely to bring special issues and difficulties into counselling. For example, substance use and stolen generation effects, and others, could be presented (Armstrong, 2002, October; Arnold, 2002, June; Brady, 1991; d'Abbs, Hunter, Reser, & Martin, 1994; Dunne, Yeo, Keane, & Elkins, 2000; Forero, Bauman, Chen, & Flaherty, 1999; Gray & Chikritzhs, 2000; Jones, Masters, Griffiths, & Moulday, 2002; Pelling, 2002; Pelling, 2004b; Petchkovsky & San Roque, 2002; Reser, 1991; Sandover, Houghton, & O'Donoghue, 1997; Spencer, 2000; Tan, 1998; Wilson, 2001). Additionally, as previously stated, as counselling is a developing profession in Australia training in many existing programs focus on general counselling issues and not specific populations. Once again, while the ability to engage in competent service with Indigenous clients is important, Australian counsellors are not likely to specifically receive training regarding Indigenous populations.

Training in addressing gay, lesbian, and bisexual issues in counselling is similarly limited in most counsellor and psychology university training programs. Nevertheless, there are specific areas of knowledge, awareness, and skill required to work competently with same sex attracted individuals. Such areas include basic terminology, area resources, common myths, identity development models, and related family, substance use, and health dangers including suicide risk. Specific training regarding heterosexism and homophobia are likely needed as such attitudinal difficulties are likely difficult to overcome without assistance (Kocarek & Pelling, 2003; Pelling, 2004a; Rudolph, 1988). As a result, it would be expected that many counsellors are likely to have limited competence in working with same sex attracted individuals.

Finally, Australia is a geographically large country. As a result, an interest in counselling via electronic mail (email) and instant messaging (IM) is evident as a way of providing service to isolated individuals and those reticent to receiving services (Pelling, 2003, November; Pelling, 2004, April; Pelling, 2004d). Despite the known difficulties associated with providing counselling service via email and other electronic means, some counsellors are providing such service (Goss, Robson, Pelling, & Renard, 1999; Goss, Robson, Pelling, & Renard, 2001; Pelling & Renard, 2000). There are few official training programs in the provision of counselling via email and IM and thus competence in this area is likely limited.

Questions were designed to assess counsellor demographics and competence level regarding counselling six specific counselling areas.

METHOD

Sample

Individuals who advertise themselves as counsellors in the Australian Yellow Pages were chosen for study. This group was chosen for study as they represent a group of counsellors likely to be contacted by clients who independently search for counselling service. Specifically, in February 2004 the Australian Yellow Pages were accessed via the World Wide Web (Australian Yellow Pages, 2004). The accessed pages were searched for listings using the key word counselling throughout Australia. Results were limited to marriage, family, and personal counselling. A total of 4538 counsellor listings were found. A selection of 587 of these listings was chosen for study. Explicitly, every seventh entry that had a listed mailing address, and was not a self-help 12 step support program, was chosen for study.

Procedure

During the period from March to April 2004 the sample selected for study was sent (a) a postcard indicating they were about to receive a survey and it would be appreciated if they would take time to complete said survey, (b) a week later an initial survey package, (c) four weeks after the initial mailing a postcard reminding those who had yet to return a completed survey to please complete and return said survey, and (d) six weeks after the initial mailing a final survey package. Such multiple mailing survey methods have been said to increase response rates to surveys (Ary, Jacobs, & Razavieh, 1990; Asch, Jedrziewski, & Christakis, 1997).

Survey package mailings included a questionnaire, a self addressed stamped return envelope, information card on Australian counselling organisations, and an introductory letter containing ethics approval, purpose of study, and researcher contact information. Return envelopes were coded so as to enable removal of the names of participants from the master mailing list. Surveys were immediately separated from envelopes to safeguard anonymity of responses. Participants were not compensated for their participation. However, those who returned surveys were entered in a draw, via their coded envelopes, to win their choice of (1) three counselling books or (2) two free days of attendance at the Australian Counselling Association national conference (conference fees only). Survey procedures conformed to standard research protocols and were approved by the University of South Australia ethics committee.

Measure

A questionnaire was created specifically for this research project. Questions were designed to assess counsellor demographics and competence level regarding counselling six specific counselling areas. Namely, counsellors were asked to assess their self perceived competence in working with the issues of depression, anxiety, and substance use. In the same way, counsellors were asked to indicate their competence in working with those from NESB and Indigenous and TSI individuals, and those who are same sex attracted (gay, lesbian, and bisexual individuals). Similarly, counsellors were asked to rate

their competence in using email or IM to provide counselling services. Counselling competence relating to the topics presented was assessed on a likert scale containing five points with 1 being uncomfortable, 3 being neutral, and 5 indicating comfort regarding counselling regarding the topic presented. Thus, self perceived competence was defined as counsellor self identified comfort when working with the stated issue or population.

RESULTS

Response Rate

Seventy-seven of the chosen sample's mailing addresses were not deliverable, the counsellor had moved and no forwarding address was provided. Out of the 510 deliverable survey packages a total of 317 questionnaires were returned completed. One hundred and eighty-two questionnaires were returned after the first survey package mailing (35.7%). Seventy-seven questionnaires were returned after the follow-up postcard was sent (15.1%). Fifty-eight questionnaires were returned after the final posting (11.4%). Thus, a total return rate of 62.2% was obtained.

Demographic Characteristics

The majority of the sample was female (70.3%) and a minority male (29%). The average age of the group was 49.9 years with a standard deviation of 10.1. The majority of the sample was partnered or married (75.7%). The majority indicated being heterosexual in sexual orientation (90.5%). Homosexual and bisexual orientations were also indicated, 4.7% and 2.8%

respectively. The majority of the sample was Caucasian (86.1%). However, counsellors from a NESB (1.9%), Asian (1.6%), and an Indigenous or TSI background (0.3%) were present. Christian beliefs were held by a majority of the sample (55.8%). Buddhist (5.4%), Jewish (2.8%) and other beliefs indicated (29.3%) included Atheist, Agnostic, and none.

In the sample under investigation baccalaureate, master's, doctorate, diploma, and certificate level training was reported in 36.9%, 31.2%, 8.8%, 7.9%, and 2.8% of the sample respectively. Seventy-seven percent of the sample reported receiving their counselling training from university and a minority via a private provider (15.5%).

Counsellors indicated providing counselling services for an average of 14.8 years with a standard deviation of 8.9. The sample was evenly split regarding the provision of counselling services on a full time or part time basis, 50.8% and 44.5% respectively. The majority of the sample indicated being generalist in their work (51.1%) with 35.6% indicating specialising in their work. Various specialty areas were reported. These included couple and family therapy, domestic abuse, psychoanalysis and sexual abuse issues. Fifty-eight percent of the counsellors surveyed indicated working in a solo practice, with 32.5% working in a group practice. The most common work setting of those surveyed was private practice (72.6%). Proportions of the sample also indicated working in a community group (7.9%) or government agency (6.3%).

Seventy-seven percent of the sample reported receiving their counselling training from university and a minority via a private provider

COUNSELLOR COMPETENCE: A Survey of Australian Counsellor Self Perceived Competence (Continued)

Competence Level And Specific Counselling Areas

Counsellors indicated being uncomfortable (mean 1.9 and standard deviation 1.2) with providing counselling via email or IM. Counsellors indicated moderate comfort with counselling and NESB and Indigenous and TSI individuals (mean 3.6 and standard deviation 1.2) and counselling regarding substance use issues (mean 3.7 and standard deviation 1.3). A higher level of comfort was reported regarding counselling regarding sexual orientation issues (mean 4.1 and standard deviation 1.1). Similarly, counsellors indicated comfort with counselling involving depression (mean 4.7 and standard deviation 0.7) and anxiety issues (mean 4.7 and standard deviation 0.7).

Counsellor age, experience level, and level of education were not related to the self reported competence levels assessed.

Relationships Between Variables

A moderate positive Pearson 2-tailed correlation, 0.471 (p<0.01), was found between the number of years counsellors indicated providing counselling services and counsellors' reported age. Spearman rho correlations indicated that counsellors who rated their competence high when dealing with depression issues were highly and significantly likely, 0.772 (p<0.01), to also rate their ability to work with anxiety difficulties high; counsellors who indicated having high competence in working with substance use issues were moderately and significantly likely to report high competence in working with NESB and TSI individuals and with clients on sexual orientation issues, 0.327 and 0.376 (p<0.01) respectively; and those counsellors who indicated having high competence in working with NESB and TSI individuals moderately and significantly were likely to report high competence in working with clients on sexual orientation issues, 0.330 (p<0.01). Significant (p<0.01) low correlations were found between the competence levels indicated by counsellors regarding working with anxiety difficulties and substance use (0.243) and sexual orientation issues (0.146), depression and substance use issues (0.204), and depression and sexual orientation issues (0.175).

DISCUSSION

Discussion of Specific Results

Response Rate. A moderately high response rate was achieved with the multiple mailing survey method utilized. As a result, the data collected is likely to be an accurate reflection of those who refer to themselves as counsellors in the Australian Yellow Pages.

Competence Level And Specific Counselling Areas.

As expected, counsellors indicate being uncomfortable with providing counselling via email or IM. Given the age and gender of the sample, mature aged women, this may be more of an artefact of technophobia than an awareness of the special issues involved with email or IM counselling. This may be the case as traditionally women and older individuals tend to be more reticent to use technology in the provision

> According to the counsellors' self reports, additional training is needed regarding the use of technology in counselling services, such as email and IM.

of counselling services. Those who are more familiar with the use of technology may be more likely to engage in service provision using said technology. Additional research is needed to determine what positively impacts one's self perceived competence in the use of technology within counselling.

Counsellors indicated being somewhat comfortable with counselling NESB and Indigenous and TSI individuals. Similarly comfort was reported regarding counselling individuals regarding substance abuse issues. A slightly higher level of comfort was indicated regarding counselling people with sexual orientation issues. Those who indicated competence in substance abuse counselling also tended to rate themselves as competence in working with NESB and TSI populations. This possibly indicates a general ability to work with perceived speciality areas. Those who indicated comfort in working with NESB and TSI individuals tended to report comfort in working with sexual orientation issues, possibly indicating a more global belief in one's ability to work with minority populations. Given that counsellors are not likely to have received training regarding such minority populations and their unique needs, the comfort level indicted may reflect a lack of awareness regarding the distinct needs presented by various multicultural groups. Conversely, counsellors reported a fairly high level of experience and thus may involve judging their comfort level in light of their experience. Further study is required to determine counsellors' knowledge, awareness, and skill base for working with specific multicultural groups.

As expected, counsellors indicated comfort regarding counselling involving depression and anxiety. Given that difficulties related to these areas are the mainstay of many counselling and psychological practices and training, it is not surprising that comfort in addressing such issues is reported. It is not unexpected then that counsellors who tended to rate their competence high when working with depression issues also rate themselves high when working with anxiety issues, as these are two main general areas of counselling practice.

Limitations of Study

In the present study the self perceived competence level of Australian advertised counsellors was assessed regarding six different areas.   As discussed earlier in this paper, self perceived competence might not reflect competence as measured by others but is likely to be the most common method of competence assessment in Australia where counselling is an unregulated activity.

Suggestions for Future Research

Examination of counsellor competence levels defined in multiple ways and assessed by various stakeholders when working with specific counselling areas and multicultural populations, as well as the use of

technology in counselling, is suggested. The impact of continuing education programs on various measures of competence could also be explored. Such studies can help identify how Australian counsellors can best be supported and encouraged to develop their competence in various areas.

CONCLUSION

Advertised Australian counsellors present as having self perceived strengths and areas of weakness regarding their counselling competence. This indicates that they are aware of their varying ability to work with various issues and populations. Thus, Australian counsellors may be able to self regulate their counselling activities, as is currently required in Australia with the absence of legal and widely accepted voluntary counselling regulation.
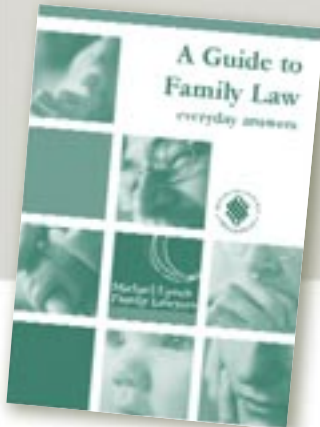
According to the counsellors' self reports, additional training is needed regarding the use of technology in counselling services, such as email and IM. Australian counsellors could also benefit form additional training in relations to counselling NESB and TSI individuals and substance abuse issues.

References

Anderson, D. (1992). A Case for Standards of Counselling Practice. Journal of Counselling & Development, 71. pp. 22-26.

Armstrong, P. (in press). The Australian Counselling Association: Meeting the needs of Australian counsellors. International Journal of Psychology.

Armstrong, T. (2002, October). Counselling interventions and Indigenous mental health. *Medicine Australia* [Online]. Available: http://www.medicineau.net.au/clinical/abhealth/abhealt1345.html (Accessed 28/10/2002).

Arnold, J. (2002, June). Grog in Indigenous communities: Fodder for the quietly. *Drugs in Society*, pp. 4-5.

Ary, D., Jacobs, L. C., & Razavieh, A. (1990). *Introduction to research in education*. Fort Worth, TX: Harcourt Brace Jovanovich College Publishers.

Asch, D. A., Jedrziewski, M. K., & Christakis, N. A. (1997). Response rates to mail surveys published in medical journals. *Journal of Clinical Epidemiology*, 50(10), 1129–1136.

Brady, M. (1991). Drug and alcohol use among Aboriginal people. In J. Reid & P. Tromph (Eds.), *The health of Aboriginal Australia* (pp. 173-217). Australia: Harcourt Brace.

Bray, D. (1982). The Assessment Centre and the Study of Lives. American Psychologist, 37, pp. 178-202.

Carkhuff, R. (1969). Helping and Human Relations (2nd ed.). New York, Holdt.

Chevron, E. & Rounsaville, B. (1983). Evaluating the Clinical Skills of Psychotherapists. Archives of General Psychiatry, 40, pp. 1129-1132.

Corey, G., Corey, M., & Callanan, P. (1992). Issues and Ethics in the Helping Professions (4th ed.). California, Brooks/Cole.

Court, J., Ireland, G., Proeve, M., Pelling, N., & Cescato, M. (2003). Healthy Minds: Experiences, events and interventions. In P. Whetham & A. Day (Eds.), *Psychology – Key Ideas*, (pp.322-333). Adelaide, Adelaide Tuition Centre.

d'Abbs, P., Hunter, E., Reser, J., & Martin, D. (1994). *Alcohol-related Violence in Aboriginal and Torres Strait Islander Communities: A Literature Review*. Australia: Commonwealth of Australia.

Dunne, M. P., Yeo, M. A., Keane, J., & Elkins, D. B. (2000). Substance use by Indigenous and non-Indigenous primary school students. *Australian and New Zealand Journal Of Public Health*, 24(5), 546-549.

Egan, G. (1990). The Skilled Helper (4th ed.). San Francisco, Brooks/Cole.

Forero, R., Bauman, A., Chen, J. X. C., & Flaherty, B. (1999). Substance use and socio-demographic factors among Aboriginal and Torres Strait Islander school students in New South Wales. *Australian and New Zealand Journal of Public Health*, 23(3), 295-300.

Goss, S., Robson, D., Pelling, N., & Renard, D. (1999). The challenge of the Internet. *Counselling: Journal of the British Association for Counselling*, 10(1), 37-43.

Goh, M. (2005). Cultural competence and master therapists: An inextricable relationship. Journal of Mental Health Counseling, 27(1), p. 71-82.

Goss, S., Robson, D., Pelling, N., & Renard, D. (2001). The challenge of the Internet. In P. Milner & S. Palmer (Eds.), *Counselling: The BACP Counselling Reader* (pp. 625-636). London: Sage Publications.

Gray, D., & Chikritzhs, T. (2000). Regional variation in alcohol consumption in the Northern Territory. *Australian and New Zealand Journal of Public Health*, 24(1), 35-38.

Gross, D., & Robinson, S. (1987). Ethics in Counselling: A Multiple Role Perspective. Texas Association for Counselling and Development, 15(1), pp. 5-15.

Holcomb-McCoy, C. (2005). Investigating school counselors' perceived multicultural competence. Professional School Counseling, 8(5), p. 414-424.

Ivey, A. & Authier, A. (1978). Microcounselling: Innovations in Interviewing, Counselling, Psychotherapy and Psychoeducation (2nd ed.). Illinois, Thomas.

Jones, R., Masters, M., Griffiths, A., & Moulday, N. (2002). Culturally relevant assessment of Indigenous Offenders: A literature review. *Australian Psychologist*, 37(3), 187-197.

Kocarek, C. E. & Pelling, N. J. (2003). Beyond knowledge and awareness: Enhancing counsellor skills for work with gay, lesbian, and bisexual

self perceived competence might not reflect competence as measured by others but is likely to be the most common method of competence assessment in Australia where counselling is an unregulated activity.

COUNSELLOR COMPETENCE:
A Survey of Australian Counsellor Self Perceived Competence (Continued)

Out of the 510 deliverable survey packages a total of 317 questionnaires were returned completed.

clients. *Journal of Multicultural Counselling and Development*, 31(2), 99-112.

McLeod, J. (1992). What do we know about how best to assess counsellor competence? Counselling Psychology Quarterly, Vol. 5 (4), pp. 359-372.

Nagy, T. (1989). Boundaries of Competence: Training and Therapist Impairment. Annual Meeting of the California Sate Psychological Association, San Francisco, February 25-28.

Pelling, N. & Renard, D. (2000). Counselling via the Internet: Can it be done well? *The Psychotherapy Review*, 2(2), 68-72.

Pelling, N. (2002). A new approach to non-traditional student recruitment and retention. *Australian Universities Review, 44*(1&2), 18-20.

Pelling, N. (2003, November). *Internet use in counselling: What counsellors need to know*. Paper presented at the annual meeting of the Australian Counselling Association, Sydney, NSW, Australia.

Pelling, N. (2003a). Counselling in Australia Comment. *Counselling Today*, 45(7), 4 & 30.

Pelling, N. (2003b). Why school counsellors and psychologists should treat addiction problems. *Australian Journal of Guidance and Counselling*, 13(1), 77-86.

Pelling, N. (2004, April). *Counselling via email: Problems and possibilities*. Paper presented at the Internet Media and Mental Health Conference, Brisbane, Queensland, Australia.

Pelling, N. (2004a). How school counsellors and psychologists can support gay, lesbian, bisexual, and questioning adolescents. *Australian Journal of Guidance and Counselling*, 14(1), 78-95.

Pelling, N. (2004b). *Indigenous mental health and substance use problems: An introduction to culturally appropriate interventions*. Manuscript submitted for publication.

Pelling, N. (2004c). *Interpreter use in psychological assessment interviews*. Manuscript submitted for publication.

Pelling, N. (2004d). *The use of email and the internet in counselling and psychological service: What practitioners need to know*. Manuscript submitted for publication.

Pelling, N. (in press). Introduction to the special issue on counselling in Australia. International Journal of Psychology.

Pelling, N., & Sullivan, B. (in press). The credentialing of counselling in Australia. International Journal of Psychology.

Pelling, N., & Whetham, P. (in press). The professional preparation of Australian counsellors. International Journal of Psychology.

Pelling, N., Brear, P., & Lau, M. (in press). A survey of advertised Australian counsellors. *International Journal of Psychology.*

Petchkovsky, L., & San Roque, C. (2002). Tjunguwiyanytja, Attacks on linking: Forced separation and its psychiatric sequelae in Australia's 'Stolen Generations.' *Transcultural Psychiatry, 39*(3), 345-366.

AUSTRALIAN COUNSELLING ASSOCIATION

Introduces: Jerry Moe

National Director of Children's Programs at the Betty Ford Center

Melbourne 26 & 27th June Venue TBA
Sydney 29th June, South Pacific Private Hospital, Curl Curl
Brisbane 30th June 1 & 3rd July Brisbane, The Fox Hotel, South Brisbane

Jerry Moe, MA, is National Director of Children's Programs at the Betty Ford Center in Rancho Mirage, California, Dallas/Ft. Worth, Texas, and Denver, Colorado. An Advisory Board Member of the National Association for Children of Alcoholics, he is internationally known as an author, lecturer, and trainer on issues for young children from addicted families. Jerry received the 2005 America Honors Recovery Award from the Johnson Institute, the 2000 Ackerman/Black Award from NACoA for his outstanding work on behalf of children of alcoholics, and in 1993 he was awarded the Marty Mann Award for outstanding communication in the alcoholism and addiction field. He is featured in the documentary *Lost Childhood: Growing Up in an Alcoholic Family*, now showing on PBS stations across the USA. Jerry's books include: *Kids' Power: Healing Games for Children of Alcoholics*; *Conducting Support Groups for Elementary Children*; *Discovery… Finding the Buried Treasure*; *Kids' Power Too: Words to Grow By*; *The Children's Place… At the Heart of Recovery*, and the *Beamer* Series for Kids.

Kids' Power: Healing for Children from Addicted Families

I. **Welcome and Introductions**
II. **Children from Addicted Families: An Overview**
   A. Scope of the Problem
   B. The Multi-Generational Cycle
III. **High Risk Youth**
   A. Addiction
   B. Maltreatment
   C. Physical, Mental, Emotional Problems
IV. **Resilience**
   A. Definition
   B. The Research
   C. Core Characteristics
   D. Protective Factors
V. **Healing Resources**
   A. Therapeutic Model
   B. Experiential Learning
   C. Tools and Techniques
      1. Addiction
      2. Feelings
      3. Problem Solving and Self-Care
      4. Self-Worth
VI. **Close**
   A. Q & A's
   B. Planting Seeds

To register your interest
email **philip@theaca.net.au** *or* **phone 1300 784 333.**
Seats definitely limited, first comes basis.

COUNSELLOR COMPETENCE:
A Survey of Australian Counsellor Self Perceived Competence (Continued)

> It is not unexpected then that counsellors who tended to rate their competence high when working with depression issues also rate themselves high when working with anxiety issues, as these are two main general areas of counselling practice.

Reser, J. P. (1991). Aboriginal mental health: Conflicting cultural perspectives. In J. Reid & P. Tromph (Eds.), *The health of Aboriginal Australia* (pp. 218-291). Australia: Harcourt Brace.

Rudolph, S. (1988). Counsellors' attitudes toward homosexuality: A selective review of the literature. *Journal of Counselling and Development*, 67, 165-168.

Sachs, J. (1983). Negative Factors in Brief Psychotherapy: An Empirical Assessment. Journal of Consulting and Clinical Psychology, 51, pp. 557-564.

Sandover, R., Houghton, S., & O'Donoghue, T. (1997). Harm minimisation strategies utilised by incarcerated Aboriginal volatile substance users. *Addiction Research, 5*(2), 113-136.

Schofield, M., Grant, J., Holmes, S., & Barletta, J. (in press). The Psychotherapy and Counselling Federation of Australia: How the federation model contributes to the field. International Journal of Psychology.

Spencer, D. J. (2000). Anomie and demoralization in transitional cultures: The Australian Aboriginal model. *Transcultural Psychiatry*, 37(1), 5-10.

Sullivan, B. (2003). Counselling in Australia Comment. *Counselling Today*, 45(7), 30.

Tan, L. G. (1998). *Indigenous Health: A Needs Assessment Study of the Outer Eastern Metropolitan Region of Melbourne*. Australia: Yarra Ranges Health Service.

Whetham, P., & Pelling, N. (2003). Healthy Minds: Methods Social issues and personal growth. In P. Whetham & A. Day (Eds.), *Psychology – Key Ideas*, (pp.322-333). Adelaide, Adelaide Tuition Centre.

Wilson, S. (2001). Comorbidity and Indigenous Australians. In M. Teesson & L. Burns (Eds.), *National Comorbidity Project* (p. 71). Australia: Commonwealth of Australia.

Dr. Nadine Pelling is a Senior Lecturer in Psychology and Counselling at the University of South Australia in Adelaide, Australia. She earned her BA Hon Psychology from the University of Western Ontario, Canada, and her MA and PhD from Western Michigan University, USA.

ACA

THE PEARSON EDUCATION AND
AUSTRALIAN PSYCHOLOGICAL SOCIETY

PSYCHOLOGY EARLY CAREER TEACHING AWARD

Quality, inspiration and innovation in t

WINNER

22 December 2005

Dr Nadine Pelling
School of Psychology
University of South Australia
GPO Box 2471
ADELAIDE SA 5001

Dear Dr Pelling,

On behalf of Pearson Education Australia and the Australian Psychological Society we would like to congratulate you on winning the *Pearson and APS Early Career Teaching Award* for 2005. The judges were very impressed with your entry and unanimous in selecting you as the winner.

As the successful nominee for the Award, I would like to invite you to present a paper at the 2006 Joint Conference of the APS and NZPsS to be held in Auckland, New Zealand, from 26 to 30 September 2006. Your prize includes travel up to value of $1000 to the conference and $2000 funding to further develop your psychology teaching. If you do accept, please complete the online abstract submission at http://www.apsconference.com.au/ by the deadline of **Monday 13 February 2006**.

I would also like to invite you to submit an article (maximum 250 words) for the April 2006 edition of *InPsych,* including a passport type photograph of you, a brief description of your background, including brief career details and an overview of your work. Please forward this to Ms Jo Howard (j.howard@psychology.org.au) at your earliest convenience, and no later than **Monday 30 January 2006**.

We look forward to honouring you at the Joint Conference, and to present you with the prize of $3000 and a plaque.

If you have any queries please do not hesitate to contact us.

Yours sincerely,

Ms Cheanne Yu   Dr Mary Katsikitis

Executive Marketing Manager   APS Manager
Pearson Education Australia   Science and Education
cheanne.yu@pearsoned.com.au   m.katsikitis@psychology.org.au
02 9454 2288   03 8662 3300

Congratulations to Dr Pelling who is a fellow of ACA

Blogs: Unique Archives of Human Thought

By Angela Lewis

Practice Blog for ACA Members
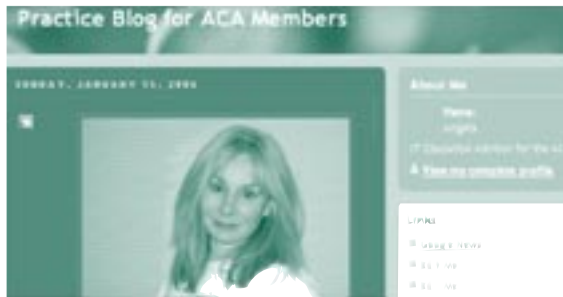
1 The process of writing in the blog.
2 The person who writes the blog.

Weblogs are a popular form of Web publishing most commonly called 'blogs'. They are often referred to as online personal journals or diaries, though some are much more sophisticated than that. The personal journal is a well known method for individuals to engage in reflective thought, but blogging presents a way of taking it to another level. Blogging[1] is a way for individuals with an Internet connection to publish material for free on the Internet for anybody to read. When we talk about weblogs, we're talking about a way of organizing information, as what the blogger[2] writes about doesn't make him or her a blogger; it is that the person writes about a topic frequently and ad nauseam, while including lots of links, pictures or graphics. With a few exceptions, blogs are mostly personal diaries and as such are fascinating archives of human thought. They can provide useful insights to aid in dealing with humanity's psychological problems such as depression or addiction as well as providing a window into what the average person is thinking about.

Some of the reasons that people blog are for self development, to improve their writing skills, as a way of collecting information or developing an expertise on specific subjects, for making and extending relationships or for building a community with people who share similar interests. For others the blog serves a social need to share - information, advice or experience in the name of social responsibility or caring. The mothers who blog (see below), were a group that I found were particularly community minded in how they shared resources and information.

It is also possible that the blogging process may serve as a form of *ego* gratification for some people. As strangers respond and post to their blog this can give some bloggers a feeling of importance, as they feel that in some way they are the centre of other people's attention. Some bloggers actually appear to believe that the Internet population relies on their blogs posts and that readers may be disappointed if they do not post regularly. I read a number of apologies on blogs from writers because they had not posted for a few days or had skipped writing one day. The process of publishing their views and thoughts may also help to validate some people and help them feel good about themselves and their subject positions; particularly those who are feeling oppressed by economic, political or social circumstances.

> Blogging is a way for individuals with an Internet connection to publish material for free on the Internet for anybody to read.

The format of blogs allows for instant communication and dialog between writer and audience and for some people who feel lonely or disconnected this may provide an opportunity to feel part of the larger world and connected to others. The blog can also serve as a safety valve for the frustration of day to day living, as a lot of bloggers readily take the opportunity to vent and complain to the world about what is going on in their lives. For others the blog is a way of keeping in contact with family and friends, as their blogs are locked for viewing from the general public. A blog can also be a showcase and type of 'advertising space' for a person or a business in a less formal way than a web site.

I have just spent many days reading people's blogs and I am amazed by the amount of time and effort bloggers invest and how much 'self' people are willing to place in a public arena. While many of the blogs are to all intents and purposes 'anonymous' in that people do not give their real names or addresses, they post their photos and such a wealth of information that I would question the anonymity aspect in some cases. I noticed that many bloggers are involved in what they call an 'online game', where they request each other to truthfully list '5 weird habits'. If you only read blogs for these lists, there is much to learn. A random one I read catalogues: *I obsessively touch dog and cat noses, I'm obsessed with bleach and must bleach my kitchen every day, I cannot sleep with any doors open in the house, and I must get ready every day in exactly the same order.*

Blogs provide an unprecedented opportunity for anyone interested in studying the human condition to learn more about the lives of others. What makes it even more interesting is the depth and reflexity employed by some bloggers in creating and maintaining their blogs. By this process they willingly provide a wealth of personal information to the world at large, information the average person up to now would never have the resources to access. In this regard I believe the blogging community are able to give mental health professionals a unique opportunity to learn more about how people think, live and feel.

Here is a sample of some of the blogs I visited:

http://notsoordinarymom.blogspot.com/ Reflections of a not so ordinary mom: *I am a master Transformer fixer, professional finger painter, outdoor park connoisseur, a wife with pizzazz, spunky momma of a three-year-old boy, and aspiring writer. Oh yeah, I've got skills.*

http://grumpymommy.blogspot.com/ Confessions of a GrumpyMommy. *Another day, another dollar. Oh wait, I'm a sahm(stay at home mom). I don't get paid. I forgot. Boy would I have looked foolish showing up at a job I don't have to receive an invisible check that I can't cash. Grumpy Mommy has an amazing amount of links to other blogs as well as being a prolific and regular writer about the fine details of her life.*

http://recoveringstraightgirl.blogspot.com/ Written by a lesbian who was previously a wife and mother. She

has written a very thoughtful '12 Steps to Becoming a Lesbian'.

http://internetloves.blogspot.com/. This blog is run by a single mother in New Zealand and is a beautifully written chronicle of day to day life, with a focus on her Internet relationships. with a Canadian man, who she has since met on several occasions. I have bookmarked this one, as I got quite involved in her story.

http://www.mloap.blogspot.com/ 'my life on a plate ' is run by a Canadian artist who has also filmed himself working on a mural and made it available on his blog. He has a number of video links of his life that just require a click to view. He is also well versed in politics and many of postings take a political slant.

http://daridonovan.net/blog/ Darina is an American woman who hates President Bush and has a son in the American military. Some things we learn about her when we go to her self-run blog include:

1 I saw the dentist on Wednesday, all is well within the mouth, lol.
2 I have 2 sisters and there is 4.5 yrs between us all, I am the middle child.
3 I try my damndest to learn one new thing each and every day.
4 I have more degrees then I care to think about.
5 I am a breast cancer survivor going on 13 years now. Hooray!
6 I once filmed my own documentary on a true crime case.
7 My Mother and I are finally resolving our lifetime differences and it feels great!
8 My husband's snoring drives me up the wall at night, its why I am up now.
9 I was once Miss Kawasaki (motorcycle princess) years ago.
10 I have lived all over the US, Greece, and Spain.

http://www.whitepage.com.au/libertas/

A prolific writer who bills himself as 'looking at Australian politics from a libertarian/conservative perspective'.

http://saudijeans.blogspot.com/ Ahmed, a 21 year old student in Saudi Arabia, writes about his daily life in Riyadh, from the hassles of being pulled over by the local military to how his studies in pharmacy are progessing.

And one you just have to take a peek at, http://twochineseboys.blogspot.com/. Their motto is 'life is short, make fools of yourselves while you can". They make extensive use of video, with a multitude of links to them miming songs – I loved it!

To see how easy it was I set up my own blog at www.blogger.com , one of the best known sites hosting web logs at no charge. I got to decide what to name my blog, then I was able to add as much or as little as I wanted about myself, with fields for favourite movies, books, etc and the opportunity to add a picture. Each time I want to say something – this might be commenting on political news, the weather or what I feel like eating for dinner, I do what is known as 'making a post.' This is done by clicking the 'Blogthis' button on the website which brings up an area to type in, somewhat like an email. Anybody reading my blog is free to also comment on anything I have said - anonymously if they prefer. I will leave my blog active for awhile, so that if any ACA members would like to try posting a comment, they are more than welcome to test the process using mine at http://aca-practice.blogspot.com/ .

Anyone can easily set up a blog on: www.blogger.com, www.blgosome.com, or at an Australian site, www.whitepage.com.au . The msn website also offers Australian blogging facilities in an area called 'my space', however it appears that Australia's teenagers are the heaviest users of it here - see http://spaces.msn.com/ if you want to explore further. The difference between a blog and an Internet forum or newsgroup is that only the blog author can create new subjects for discussion on a blog. People that visit the blog are able to post or comment, but only the blog owner or editor will initiate and frame discussion. In a forum anyone that participates can initiate or change the discussions.

If you are interested in reading more blogs from around the world, Google now has a blog search located at http://blogsearch.google.com/ .

Angela Lewis © January 2006

ACA

I am amazed by the amount of time and effort bloggers invest and how much 'self' people are willing to place in a public arena.

Pervasive Labelling Disorder: a Proposed Category for the DSM

> David Levy reports on one of the most ubiquitous, yet least recognised, of all mental disorders.

The purpose of this article is to propose a new diagnostic category for inclusion in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, better known as the DSM.

As noted in its current edition (American Psychiatric Association, 1987), the DSM should be viewed as 'only one still frame in the ongoing process of attempting to better understand mental disorders'. The category proposed here represents a significant contribution to the composition of the next still frame by focusing on one of the most ubiquitous, yet least recognised, of all mental disorders.

409.00 PERVASIVE LABELLING DISORDER

Essential features. The essential features of this mental disorder are (1) an uncontrollable impulse, drive or temptation to invent labels and apply them to other people: (2) a repetitive pattern of trying to fit people into preconceived categories; (3) an increasing sense of fear or inadequacy before committing the act; (4) an experience of overwhelming triumph and relief at the time of committing the act.

Manifestations of the disorder appear in many situations but are especially likely to occur when the person with Pervasive Labelling Disorder (PLD) feels uncomfortable about other people. He person then spontaneously assigns a label to others, thus viewing them as 'types' rather than as human beings. Because the disorder serves to control other people and to keep them at a distance, it provides the person with a temporary illusion of both superiority and safety.

Associated features. People with PLD frequently display marked signs of arrogance, smugness, grandiosity, and a sense of personal entitlement. They exhibit an especially condescending attitude towards others who do not share this mental disorder.

These persons derive immense pride from seemingly incisive and articulate (yet ambiguous and indecipherable) pseudoscientific neologisms. When called upon to explain the precise meaning of these newly created labels, however, they typically display peculiar speech patterns, including catatonic silence, stammering and cluttering; verbal preservation on the label, coupled with poverty of content of speech; psychomotor agitation, such as engaging in beard stroking, head shaking or eye-rolling behaviours.

Persons with PLD operate under the delusional belief that, by having named something, they have therefore explained it (i.e. Delusional Disorder, Nominal Type). Research indicates that many persons with PLD are exceptionally adept at seeing in other people the flaws they cannot see in themselves.

Prevalence. PLD is widespread throughout all sectors of society, but many people have found a means to obtain reinforcements for this disorder in socially acceptable ways by becoming psychiatrists, psychologists, psychoanalysts, astrologists, Scientologists, evangelists, cult leaders, authors of self help books, politicians and even interview guests on television and radio shows.

Age at onset. Despite its prevalence, the disorder is usually not recognised until the person has attained position of social power.

Course. Recovery from PLD rarely occurs once the person's annual income exceeds six figures.

Complications Because persons with chronic and severe cases of PLD are incapable of achieving and maintaining any type of human bonding, they rarely have any real friends.

Predisposing Factors. Vulnerability to this disorder is directly correlated to the extent to which one has a fear of one's own feelings. When PLD is found in psychotherapists, it typically serves to mask their deeply hidden and nagging fears that they haven't the faintest idea how to help their patients.

Differential Diagnosis. Obsessive/Compulsive Personality Disorder, Social Phobia and Delusional Disorder (Grandiose Type) are related to, and therefore sometimes difficult to distinguish from PLD. To ensure diagnostic validity, flipping a coin, tossing the I Ching, or utilising the eenie-meenie-meinie- moe method is recommended.

TYPES OF PERVASIVE LABELING DISORDER

409.01 **Pervasive Labelling Disorder with Narcissistic Personality Features.** This category should be used for the person with PLD whom you think has too much self-esteem.

409.02 **Pervasive Labelling Disorder with Co-Dependent Personality Features.** This category should be used for the person with PLD whom you think has too much empathy.

409.03 **Pervasive Labelling Disorder with Histrionic Personality Features.** This category should be used for the person with PLD whom you think is not emotional enough.

409.04 **Pervasive Labelling Disorder with Neurotic Personalty Features.** This category should be used for the person with PLD whom you think feels too much guilt.

409.05 **Pervasive Labelling Disorder with Antisocial Personalty Features.** This category should be used for the person with PLD whom you think doesn't feel enough.

409.06 **Pervasive Labelling Disorder with Borderline Personality Features.** This category should be used when the person with PLD is disliked intensely by others, especially unsuccessful psychotherapists.

409.07 **Pervasive Labelling Disorder with Adult-Child-of-Alcoholic Personality**

> Manifestations of the disorder appear in many situations but are especially likely to occur when the person with Pervasive Labelling Disorder (PLD) feels uncomfortable about other people.

Mindfulness and Acceptance

Therapist Training Workshops with
Dr Russell Harris
Adelaide, Brisbane, Hobart, Melbourne, Mackay, Sydney
March, April, May 2006

Discover **Acceptance and Commitment Therapy** (ACT), a powerful, mindfulness-based therapy that alters the very ground rules of most Western Psychotherapy.

ACT (said as the word "act") uses metaphor, paradox, mindfulness, acceptance skills, and a wide variety of experiential exercises to undermine the power of destructive cognitive, emotive and behavioural processes.

ACT helps clients to live in the present; to create a rich, full and meaningful life; to take action guided by their deepest values; to access a transcendent sense of self; and to free themselves from the grip of painful thoughts and feelings, and destructive urges.

ACT is very efficient. One published study reduced hospital re-admission rates for psychotic patients by 50% with **just a 4 hour intervention**. It has proven highly effective for a wide range of conditions, including depression, anxiety, PTSD, chronic pain, and substance abuse, and in an increasing number of randomised control trials, ACT has shown equal or superior results to CBT.

The Presenter: Dr Russell Harris, M.B.B.S. M.A.C.Psych.Med.

Both a medical practitioner and psychotherapist, Russ has been actively involved in teaching, training, and running workshops for many years. Comments on the evaluation forms from his workshop at the 2005 ACA conference include: *'Fascinating – new pathways in therapy' , 'Outstanding', 'Wonderful', 'Amazing – all helping professionals should learn this, or do the workshop.'*

These 2-day workshops will give you a solid foundation in ACT, and a variety of powerful and effective new tools for therapy. These same tools will help you reduce stress and "burn-out", increase job satisfaction, and enhance your own confidence.

The fee is $330 ($285 for students).

For details, e-mail: **russharris@actmindfully.com.au**
Or visit **www.actmindfully.com.au** (This site hosts extensive material about ACT)
Or **phone 0425 782 055**

Numbers are limited. ACT workshops held in 2005 filled quickly

Pervasive Labelling Disorder: a Proposed Category for the DSM (Continued)

Features. This category should be used when the person with PLD came from parents who in any way whatsoever, did not satisfy all of his or her needs as a child.

Differential Diagnosis. Obsessive/Compulsive Personality Disorder, Social Phobia and Delusional Disorder (Grandiose Type) are related to, and therefore sometimes difficult to distinguish from PLD.

409.08 **Pervasive Labelling Disorder with Resistant Personality Features.** This category should be used when the person with PLD doesn't do what you want him or her to do.

409.09 **Pervasive Labelling Disorder with Transference Features.** This category should be used for psychotherapy patients with PLD who have any feelings whatsoever about their therapists.

409.10 **Pervasive Labelling Disorder with Countertransference Features.** This category should be used for psychotherapy patients with PLD who have any feelings whatsoever about their patients.

References

American Psychiatric Association. (1987) Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev.) Washington DC.

Dr David Levy is Professor of Psychology at Pepperdine University, where he specialises in teaching psychopathology, psychotherapy and clinical practicum. He also works in private practice as psychologist and family therapist.

This article was printed in the journal Psychotherapy in Australia Volume 6. Number 4. August 2000. This article was reprinted with the permission of Liz Green, editor of Psychotherapy in Australia.

12th Annual BACP Research Conference 'The consumer and counselling research'

19-20 May 2006
Marriott Hotel, Glasgow
Conference Co-host: University of Strathclyde

The conference will also examine how the 'informed consumer' is important for counselling and psychotherapy and as researchers how we need to include clients as part of the research process.

This year's conference will focus on how research can inform different audiences and why it is important to do so. The conference will also examine how the 'informed consumer' is important for counselling and psychotherapy and as researchers how we need to include clients as part of the research process.

Throughout the two days there will be a varied programme of papers, workshops, work in progress symposiums and posters as well as ample opportunities for browsing the exhibition, networking, meeting old friends and making new ones.

KEYNOTE SPEAKERS

Professor Paul Salkovskis

Professor of Clinical Psychology & Applied Science at the Institute of Psychiatry, King's College and Clinical Director at the Centre for Anxiety Disorders and Trauma, South London and Maudsley NHS Trust.

Professor Liz Bondi

Co-director of Counselling Studies & Professor of Social Geography at the University of Edinburgh.

PACKAGES

Day delegate packages from £95*
24 hour packages from £215
36 hour packages from £285
48 hour packages from £345

* A special discounted rate for day delegate packages of £50 per day will be available for BACP student members or members with reduced fee category status.

Presenters receive a discount on the above rates

FURTHER INFORMATION

To register your interest as a delegate and to request a conference brochure please contact Sally, Senior Events Organiser on 0870 443 5229 or email sally.wigston@bacp.co.uk and title your email 'Research Conference 2006'. Please include either your BACP membership number or your full address.

For more information about the conference or to download a brochure, please visit www.bacp.co.uk/research/conference2006. On-line booking also available. Please follow the links from the events pages at www.bacp.co.uk/events

ACA

2006 trauma training
with
Dr Leah Giarratano

For further details about these workshops please visit www.talominbooks.com

	Early Bird Fee*	Normal Fee
Treating PTSD: 2-day workshop 24-25 **May** 2006, **Newcastle,** NSW	$550	$600
Treating acute psychological trauma 26 **May** 2006, **Newcastle,** NSW	$300	$350
Treating acute psychological trauma 23 **June** 2006, **Melbourne**, VIC	$300	$350
Treating PTSD: 2-day workshop 27-28 **July** 2006, **Cairns**, Far North QLD	$550	$600
Treating traumatic memories: Targeting the re-experiencing symptoms of PTSD 11 **August** 2006, **Hobart**, TAS	$300	$350
Treating traumatised adolescents 25 **August** 2006, **Adelaide**, SA	$300	$350
Treating traumatised adolescents 14 **September** 2006, **Perth**, WA	$300	$350
Treating traumatic memories: Targeting the re-experiencing symptoms of PTSD 15 **September** 2006, **Perth**, WA	$300	$350
Treating PTSD: 2-day workshop 26-27 **October** 2006, **Sydney**, NSW	$550	$600
Treating acute psychological trauma 16 **November** 2006, **Christchurch**, New Zealand	$300	$350
Treating traumatised adolescents 17 **November** 2006, **Christchurch**, New Zealand	$300	$350

Registration Form: Please circle or mark the relevant program(s)

Name:

Profession:

Address:

Phone:

Email* (essential):

Dietary requirements:

Payment method (circle one)   Bankcard   Visacard   Mastercard

Name on card:

Card No.:

Expiry Date:

Signature:

*The Early Bird Fee will apply if payment is received prior to the Early Bird cut off date (one month prior to each program)

Cheques are to be made out to talominbooks Pty Ltd and mailed to PO Box 877 Mascot NSW 1460 AUSTRALIA

If payment is made with a credit card, simply complete the above registration form and fax to (61 2) 8786 1361. Your receipt will be emailed to you upon processing.

Full terms and conditions (e.g., cancellation policy) are available on www.talominbooks.com

Register of ACA Approved Supervisors

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
NEW SOUTH WALES					
Cate Clark	Albury	02 6041 1913 or 0428 411 906	Grad Dip. Mental Health, Supervisor	$75	Face to Face, Phone, Group
Martin Hunter-Jones	Avalon Beach	02 9973 4997	MA, A d. Ed Ba Psych, Philos	$100	Face to Face, Phone, Group
Jennifer Cieslak	Bathurst	02 6332 4767	Mast. Couns., Grad Dip Couns, Supervisor Trng	$77	Face to Face, Phone, Group
Stephen King	Baulkam Hills	0429 639 106 or 02 9639 1069	MA Behavioural Health Science, Supervisor Trg (ACCS)	$110	Face to Face & Phone
Carol Stuart	Bondi Junction	02 9387 7355	Dip. Prof. Counselling, Supervisor Trng, Workplace Trainer	$88, $70 (conc.)	Face to Face, Phone
Heidi McConkey	Bondi Junction	02 9386 5656	Dip Prof. Couns. Prof. Sup (ACCS)	$99 Ind, $33 Grp	Face to Face, Phone, Group
Gary Green	Brighton Le-Sands	02 9597 7779	MA Couns. (Psych), Grad Dip Couns. Dip T.A. Cert. Clin Hyp	$150	Group and Phone by Negotiation
Thomas Kempley	Green Point	0402 265 535	MA Counselling, Supervisor Training	$55	Face to Face, Phone, Group
June Wayne	Haberfield	02 9797 6415	MA. Psych, Clinical APS, MASCH	$70	Face to Face, Phone, Group
Patriciah Catley	Leppington	02 9606 4390	Dip Couns., Dip. Cl. Hypno, Supervisor, Mentor, EN NLP	$90	Face to Face
Joanne Symes	Liberty Gove	0402 752 364	BA Social Work, Supervisor Training	$90	Face to Face, Phone, Group
Samantha Jones	Lindfield	02 9416 6277	Clinical Hypnotherapist, Supervisor Trng	$90 Ind, $40 Grp	Face to Face, Group (2 hrs)
Gordon Young	Manley, NSW	02 9977 0779	BA (Hons), BA (Dip Ed), Dip. C. H.	$77	Face to Face, Phone, Group
Michael Cohn	North Bondi	02 9130 5611 or 0413 947 582	B. Com. LL.B (Rand), Grad Dip Couns (ACAP)	$100	Face to Face, Phone, Group
Irene Colville	North Manly	0439 905 499	BA, Psychology, Hypnotherapy, Supervisor	$90 Ind, $35 Grp	Face to Face, Phone, Group
Brigitte Madeiski	Penrith	02 4727 7499	Dip Prof. Couns. Dip Womens Dev, Dip PSC, Superv. Trg (AIPC)	Neg.	Face to Face, Phone, Group
Sue Edwards	Alexandria	0413 668 759	Dip Prof Couns, Supervisor Trg (ACCS), CMCCA, CPC, Dip Bus Admin, Cert Train & Asses.	$88	Face to Face, Phone, Group
Yildiz Sethi	Roseville	02 9416 6440	B.Ed. Grad Dip Couns, NLP Pract. Prof. Sup. (ACCS)	$80 Ind, $40 Grp	Face to Face, Phone, Group
Elizabeth Lodge	Silverdale	02 4774 2958	Dip. Coun, Dip. Psych, Dip. Hyp	$70	Face to Face, Phone, Group
Grahame Smith	Singleton Heights	0428 218 808	Dip Prof Couns, Supervisor Trg (AIPC)	$66	Face to Face, Phone, Group
Donald Marmara	Sydney	02 9413 9794	Somatic Psych. Cert. Dev. Psych	$120	Face to Face, Phone, Group
John Barter	Sydney	02 9328 1973 or 02 9460 4131	Registered Psychologist	$120	Face to Face, Phone, Group
Nora Huppert	Sydney	02 9181 3918	Family Therapist	Neg.	Face to Face, Phone, Group
Dr Randolph Bowers	West Armidale	02 6771 2152	PhD., Med Couns. CPNLP,GCHE, BA,CPC, CMACA, RSACA	$80	Face to Face, Phone, Group
Jacqueline Segal	Wisemans Ferry	02 4566 4614	MA Applied Science, Supervisor Trg (AIPC)	$80	Face to Face, Phone, Group
Michelle Dickson	Crows Nest	02 9850 8093 or 0408 230 557	BA.(Hons), PDDip.Ed.(Adult), PGDip.(Child Dev.), Clin.Sup.	$100 Ind $80 Grp Stu. Dis	Face to Face, Phone, Group & Email
Karen Daniel	Turramurra	02 9449 7121	Expressive Therapies & Sandplay Therapy, Supervisor. Traing., (ACCS)	$120 / 2hr Session	Face to Face
QUEENSLAND					
Christine Perry	Albany Hills & Beerwah	0412 604 701	Dip. T., B. Ed. MA Couns, Cert IV Ass & Work Trng	$66	Face to Face
Malcolm Lindridge	Beenleigh	07 3200 5611	Dip. Ministries, Dip Couns. & Fam Ther., Mss Soc Sci (Coun)	$60 to $80	Face to Face, Phone, Group
Dawn Spinks	Birkdale & Sth Brisbane	0417 633 977	BA Hons (Psych & Education), MPH	$110	Face to Face, Phone
Dr Eunice Ranger	Caboolture	07 5428 6341	Th.o MABA (Hons), Dip Prof Couns, Dip Prof Sup, Govt Trainer, Evaluator, Facilitator	$100	Face to Face, Phone, Group
Myra Cummings	Durack/Inala	0412 537 647	Dip Prof. Couns. Prof. Supervisor Training (AIPC)	$66	Face to Face, Phone
Cameron Covey	Eumundi	07 5442 7107 or 0418 749 849	Grad Dip. (Couns.), BA (Beh.Sci), Prof. Sup (AIPC)	$88 Org $66 Ind	Face to Face, Phone, Group
Michelle Fraser	Eumundi	1300 360 177	Dip Prof Couns. Dip Holis Coun, AIPC Supervisor Trg	$90	Face to Face, Phone, Group
Maria Brennan	Everton Park	0431 792 300	B. Social Wk, Supervisor Tng	$70	Face to Face, Phone
Judy Boyland	Forest Lake	0413 358 234	Dip Prof Couns., Supervisor Trg (ACCS) Cert. Reality Therapist	$75	Face to Face, Phone
Philip Armstrong	Grange	07 3356 4937	B. Couns., Dip Psych, SOA Supervision (Rel Aust)	$88 Ind $25 Grp	Face to Face, Phone, Group
Bob Pedersen	Hervey Bay	0409 940 764	Dip. Pro.Couns., Dip. Chr. Couns.	Neg.	Face to Face, Phone, Group
Gwenda Logan	Kallangur	0438 448 949	MA Couns., B. Soc Sc., IV Cert Workpl Ass & Trng, JP (C/Dec)	$100	Face to Face, Phone, Group
Boyo Barter	Wynnum & Coorparoo	0421 575 446	MA Mental Health, Post Grad Soc Wk, BA Wk, Gestalt	$80	Face to Face, Phone, Group
Beverely Howarth	Mitchelton	07 3876 2100	Dip Prof. Healing Science, CIL Practitioner	$120	Face to Face, Phone, Group
Grahame Smith	Singleton	0428 218 808	Dip Prof. Couns. Prof. Supervisor Training (AIPC)	$66	Face to Face, Phone, Group
Cynthia Houston	Southport, Gold Coast	07 5591 7699	BA Psychology, Dip. CPL Work	$66	Face to Face, Phone
Kaye Laemmle	Southport, Gold Coast	07 5591 1299	Dip Prof. Couns., SOA Supervision (Re. Aust)	$80	Face to Face, Phone, Group
David Kliese	Sunshine Coast	07 5476 8122	Dip. Prof. Couns. Prof. Sup (AIPC), Dip Clin Hyp.	$75	Face to Face, Phone
Frances Taylor	Tanah Merah	07 3388 1054	Dip Prof. Coun, Dip Clin Hypno, Dip Addict. Couns., Supervisor	$68	Face to Face, Phone
Michelle Lightworker	Mt Coolum	07 5485 2921	Dip Prof Couns, Dip Holis Coun, AIPC Supervisor Trg	$90	Face to Face, Phone, Group
Dr John Barletta	Grange	0413 831 946	QLD Psych Board Accreditation, Grad Dip Couns.	$100	Face to Face, Phone, Group
Stacey Lloyd	Brisbane South	07 3420 4127 or 0414 644 650	MA (Couns), BA (Psych), Dip.Bus (Mgnt), Cert IV Trng & Asst	$90	Face to Face, Phone, Group
VICTORIA					
Russell Harris	Alphington	0425 782 055	Dip Solution Oriented Couns. Q. Hypno, Ad Dip S.O. Psycho	$70	Face to Face & Group
Claire Sargent	Canterbury	0409 438 514	BA Hons Psychologist	$110	Face to Face, Phone, Group
Veronika Basa	Chelsea	03 9772 1940	BA Dip Ed., MA Prel Ling., Dip Prof Coun., Supervisor Trng	$80 Ind, $25 Grp	Face to Face, Phone, Group
Miguel Barreiro	Croydon	03 9723 1441	BBSc (Hon) Psychologist	$90	Face to Face, Phone, Group
Sandra Brown	Frankston	03 9783 3222 or 0413 332 675	B. Ed Stud (Mon), Dip Prof. Couns., Dip Clin. Hyp, Prof. Sup (NALAG & ACCS)	$77	Face to Face, Phone, Group

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
Rosemary Santos	Geelong	03 5255 2127	Dip Prof. Couns., Cert. IV Health Clinical Hypnosis	$66 Ind, $35 Grp	Face to Face, Phone, Group
Barbara Matheson	Hallam	03 9703 2920	Dip. Appl Sc (Couns.) AAI, Prof. Sup ACCS	$66 Ind, $25 Grp	Face to Face, Phone, Group
Elena Zolkover	Hampton	03 9502 0608	Bach.Soc.Work (Monash)	$80 Ind, $20 Grp	Face to Face, Phone, Group
Geoffrey Groube	Heathmont	03 8717 6953	Dip. Prof. Couns., Prof. Supervisor Trg (AIPC)	$75	Face to Face, Phone, Group
Gayle Higgins	Heidelberg	03 9499 9312	Dip Prof Couns., Cert. Dysfun Fam Couns., Prof Super Trg	$70	Face to Face, Phone
Molly Carlile	Inverloch	0419 579 960	RN, B.Ed. Stud., Dip Prof Couns, Supervisor AICD Dip	$100	Phone
Gerard Koe	Keysborough	0403 214 465	Teach Cert., BA Psych, MA Past Couns.	$70	Face to Face
Hans Schmid	Knoxfield	03 9763 8561	Dip. Appl Sc (Couns.) AAI, Prof. Sup HAD	$70	Face to Face, Phone, Group
Stephen Brown	Melbourne	0419 588 466	Grad Dip. Educ., Psych, BA Psych, Sociology	$70	Face to Face, Phone, Group
Donna Loiacono	South Yarra	0417 400 905	Registered Psychologist	$80	Face to Face, Phone, Group
Sharon Anderson	Nunawading	03 9877 3351	Registered Psychologist	$90	Face to Face, Phone, Group
Sandra Bowden	Rowville	0438 291 874	Dip. Prof. Couns., Prof. Supervisor Trg (ACCS)	$60	Face to Face & Phone
Judith Ayre	St Kilda	03 9526 6958	Dr Coun. & Psych, Dip Clin Hyp., Gr. Dip Coun. Gr. Dip Conf. Res,, B.A	$70	Face to Face
Cate Clark	Wodonga	02 6041 1913 or 0428 411 906	Grad Dip. Mental Health, Supervisor	$75	Face to Face, Phone, Group
Anita Bentata	Richmond & Montrose,	03 9761 9325 or 0438 590 415	Cert, Prof,Sup (ACCS), Bach. Human Serv (Human Dehav), Psychtherapy & Couns.	$90	Face to Face & Phone
Barbara Matheson	Hallam	03 9703 2920	Dip. Appl Sc (Couns.) AAI, Prof. Sup (ACCS)	$66 Ind, $25 Grp	Face to Face, Phone, Group
SOUTH AUSTRALIA					
Kerry Cavanagh	Adelaide	08 8221 6066	B.A. (Hons), M. App. Psych.	$120	Face to Face, Phone
Yvonne Parry	Bridgewater	0418 893 530	RN, BA Psychology, Supervisor Training	$80	Face to Face, Phone, Group
Adrienne Jeffries	Erindale	0414 390 163	BA Social Work, Dip Psychosynthesis	$85	Face to Face, Phone, Group
Moira Joyce	Frewville	1300 556 892	B. App Sc (Soc Wrk), Cert Mediation, Cert Fam Ther, Cert Couple Ther, Supervisor Trng	$100	Face to Face, Phone, Group
Anne Hamilton	Gladstone	08 8662 2386	Grad Dip Mental Health, Supervisor ACCS	$66	Face to Face, Phone, Group
Dr Barry Lloyd	Magill	08 8332 7118	D.Ed.Couns. Dip. Prof.Couns., Supervisor Trg (AIPC)	$66 Ind, $35 Grp	Face to Face, Phone, Group
Carol Moore	Old Reynella	08 8232 7511	Dip. Prof. Couns. B. Bus HRD, Prof Supervisor	$99 Ind, $25 Grp	Face to Face, Phone, Group
Yvonne Howlett	Sellicks Beach	0414 432 078	Reg Nurse, Dip Prof. Couns., Supervisor Trng (AIPC)	$100	Face to Face, Phone
Dr Nadine Pelling	Adelaide	0402 598 580	M.A. Ph.D Psychologist & Counsellor	$100	Face to Face, Phone, Group
WESTERN AUSTRALIA					
Christine Ockenfels	Lemming	0438 312 173	MA. Couns., Grad Dip Couns. Dip. C. Couns. Sup Trng (Wasley)	$66	Face to Face, Phone
Dr Kevin Franklin	Mt Lawley	08 9328 6684	PhD (Clin Psych), Trainer, Educator, Practitioner	$100	Face to Face
Carolyn Midwood	Sorrento / Victoria Park	08 9448 3210	MA. Couns. NLP, Sup Trg, Dip Prof. Couns. Cert IV Sm Bus Mgt	$99	Face to Face, Phone, Group
Carol Moore	Old Reynella	08 8232 7511	Dip. Prof. Couns. B. Bus HRD, Prof Supervisor	$99 Ind, $25 Grp	Face to Face, Phone, Group
TASMANIA					
David Hayden	Howrah	0417 581 699	Dip. Prof. Couns. Prof. Sup (AIPC)	$80	Face to Face, Phone, Group
NORTHERN TERRITORY					
Rian Rombouts	Parap	08 8981 8030	Dip Mental Health, Dip Clin Hypno, Supervisor Trg	$88	Face to Face, Phone
SINGAPORE					
Hoong Wee Min	Singapore	65 9624 5885	MA Social Science, Supervisor Trng	$100	Face to Face & Group

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

TOP TIPS FOR BETTER BUSINESS CARDS

Business cards are an essential part of running a good counselling practice. You will hand them out to clients, referrers, friends and colleagues. So, it is important your business card looks successful, stands out in some way, and inspires confidence in you. Yet, it surprises me how often therapists put together their own, amateurish, often scrappy, business cards and then expect clients to feel confident enough in coming to see them or for professionals to feel good in sending referrals. Even if your cards are well-presented, opportunities are often missed to promote your services in a more effective way. So here are my top tips for better business cards.

Firstly, organise for a professional photo to be taken of you and to be used on your card. People often feel more comfortable in going to counselling if they can see that the therapist looks friendly and doesn't have two heads! A poor photo of yourself will not reflect well on your business, so get over any self-consciousness you may be feeling. Good or bad, we tend to make decisions based on how people look. Your picture is the beginning of building a relationship with clients and can help people recognise you when they first meet you. You can also place such a business card in a transparent plastic cover and use it as a name tag. If you are unwilling to use a photo, consider some other way of making your business card stand out. It could be through an unusual shape or an interesting logo. My personal favourite idea - a hologram that shows a couple before and after counselling.

Include all of the standard things, of course - your name, qualifications, title, phone numbers, fax, email and website. Your details need to be prominently placed and in a font that can be easily read.

Some people mention their area of specialty as part of their title such as "Relationships Specialist". Mentioning your specialties does not mean you will not get other types of referrals, but it does help differentiate yourself from other therapists and increases the likelihood of getting more of your ideal clients. Consider using on the front of your card a tag line of seven words or less that captures the essence of the work you do. Mine is "Smart thinking, better choices" but you could also have tag lines specific to your specialty like, "Helping couples build better relationships". Through the use of a tag line or appropriate title, you can make it easily understood what business you are in as well as highlight the benefits of working with you.

But there is something crucial which many people forget - to use the back of their business card! This space can be used in a number of ways. You could use it to list your specialties or interest areas. For example, you might say you specialise in relationship difficulties, child behaviour problems, and addictions. Alternatively, you could use the back to highlight the benefits for people who come to see you - such as helping people to improve their relationships, apply effective parenting, and break problem patterns of behaviour.

Some people use the back of their business card to give their top five tips in their area of expertise, such as for better communication. This not only gives people something interesting and helpful to read, it also inspires confidence that you know something about the topic. If your tips are useful, you will find your cards are more likely to be kept and more easily displayed or given out by referrers. You might also consider a call to action that inspires people to contact you. Mine says, "Free web-based newsletter and articles". Other people include offers like, "Call for a free, no-obligation consultation". You could also use the back to list some brief testimonial phrases from satisfied clients. Personal recommendations can go a long way.

Many therapists use the back of their card to write client appointment times. On mine, I also include a reminder to "Please give 24 hours notice if changing appointments". I find this helps reduce the number of last minute cancellations. If you are going to use your cards in this way, then avoid using a dark background or a plastic card on which it is difficult to write.

You do need to have your business card professionally designed by a graphic artist. Do NOT design your business cards yourself. As good as what some computer programs and printers are, you can still tell when they are produced at home. Your time is better spent in developing your business in other ways. Leave the design and layout to the professionals. Whatever is produced needs to be consistent with the image you are wanting to portray. So, share your ideas with the graphic designer you use. When they produce a draft design, I suggest you market test it with others, including people representative of your client groups and referrers, who can give you some honest feedback as well as some good suggestions. Of course, the fatal flaws in your business card are spelling errors. It is often hard to spot such errors yourself. These tend to be noticed as your materials are proof-read by others.

Please do not try and save a few cents by choosing cheap low quality paper. Choose a good quality card with a nice feel. Remember, you are trying to create an impression that communicates success and inspires confidence. Lastly, organise full-colour printing of the front of your card - you can leave the rear of the card in black print only if you like. If you shop around, you should be able to locate businesses which will do all of the design and printing inexpensively - so there are no excuses. I often hear people starting out say they are trying to minimise their expenses until their business builds. You can cut corners if you like, but to do so with your business card will hold back the development of your practice.

> Good or bad, we tend to make decisions based on how people look. Your picture is the beginning of building a relationship with clients and can help people recognise you when they first meet you.

Carry supplies of your business cards wherever you go - in your wallet, car, computer carry bag or briefcase. Invest in a good business card holder so that you can always carry your cards with you to give out as appropriate.

In summary

1. Use a professional photo or a design that makes your card stand out

2. List all of your contact details in a font that is easy to read

3. Make it clear what business you are in

4. Consider a tag line that highlights the benefits for people in seeing you

5. List your specialties or helpful tips on the back

6. Allow space for appointment times and your need for 24 hours notice if changing appointments

7. Have it professionally designed

8. Organise market testing and proof-reading of your draft design

9. Print the front in full colour on a quality card

10. Always carry supplies of your business card with you

If you would like some free feedback on any promotional materials you are developing, please feel welcome to contact me through www.kenwarren.com.au

ACA

Internet and Computer Resources Compiled by Angela Lewis

Welcome to another new year – remember, if any one wants me to cover anything specific this year, you just have to send me an email and I will be happy to look into it.

IT Tutorial Section:

Undo an Action. If you need to undo an action or undo a wrongly typed keystroke, or are not even sure what you did and don't know where to locate the undo button on the toolbar, then in most programs, Control + Z is the Undo command. You hold down the CTRL key (left side under the shift and also right side under the shift, so use whichever one you want) and while holding the CTRL press the Z key on the keyboard.

Automatic hyperlinks on web and email addresses: If you do not want your Microsoft programs (Excel, Word or PowerPoint) to change web or email addresses into hyperlinks automatically, (e.g. when I type www.angelalewis.com.au it is automatically turned into a link to my website), then you need to do this:

Type your web or email address then go back and right click your mouse button on the address and choose 'remove link'. Using this example, my web address now appears as www.angelalewis.com.au .

The difference between Save and Save As

When you use the 'Save' command, you save your work under it's current file name and if this is the first time you have saved it, you get the chance to name it. When you use 'Save As' on the other hand, you get a chance to save what you're working on as a new file, so this could be the second or alternate version of your work. Let's say you are creating your resume. You save it and call it 'Career Resume'. You then make some changes to it, but can't decide if you like the first version which you saved, or the one on your screen with changes. If you were to choose 'Save' again at this point you would override the first version with what is on your screen so it would be better for you to do a 'Save As' on the version on your screen and give it a different name, e.g. 'Career Resume V2' and this way you have both versions of your work.

What is a….

Wav File? Wave files (they have a .WAV extension) are sound files. They can be anything from a little beep to a full song and they are also the default type of sound file for Windows.

TitleBar? The horizontal strip at the top of a window that displays the name of the program and document you are using. If the window is active, the title bar is highlighted. Below is the Skype program window.

Macro? If you perform a task repeatedly in Microsoft Word, Excel or PowerPoint, you can automate it by creating a macro. A macro is a series of commands and instructions that you group together as a single command to accomplish a task automatically. It works by the user recording the steps and then giving them a macro name. It is considered an advanced use for all these programs.

Websites:

Domestic Violence

Women's Health Victoria provides an annotated bibliography of selected quality resources about domestic violence against women at http://www.whv.org.au/packages/domestic_violence.htm

CASA –The Centre Against Sexual Assault is a unit run by the Royal Women's' Hospital in Victoria. Their website provides a comprehensive source of information; including statistics, definitions and availability of education and training. http://www.rwh.org.au/casa/

Goal Setting:

The University of New South Wales has an introduction to goal setting and links to a goal setting tutorial available at: http://www.careers.unsw.edu.au/careerEd/planning/act/goalSetting.aspx

Latrobe University in Victoria also has a comprehensive section on goal setting advice in their counselling section at: http://www.latrobe.edu.au/counselling/goalsetting.htm

St Mary's International College in Ipswich, Queensland offer a free and comprehensive page on goal setting techniques. http://www.stmarys.qld.edu.au/goals.htm

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. Email me at AngelaLewis@optusnet.com.au

ACA

If you perform a task repeatedly in Microsoft Word, Excel or PowerPoint, you can automate it by creating a macro.

www.theaca.net.au

The 2006 International Conference on Counselling's Australian and New Zealand Counselling Student Essay Contest

INFORMATION SHEET

Timed to Coincide with the International Association for Counselling Conference to be held in Brisbane 2006

The International Association for Counselling Conference www.iac-irtac.org is supported by the Australian Guidance and Counselling Association www.agca.com.au , Australian Counselling Association www.theaca.net.au , Federation of Psychotherapists & Counsellors of Queensland Inc www.fpcq.net , and the Queensland Guidance and Counsellors Association Inc www.qgca.asn.au .

FIRST PRIZE

- Winning manuscript published in *Counselling, Psychotherapy and Health* - a web based international peer review journal (www.cphjournal.com) and manuscript abstract published in *Counselling Australia*
- Winning manuscript presented at the International Conference on Counselling in Brisbane in 2006 (www.theaca.net.au) by the winning author
- Free air transport (economy) to and from Brisbane from anywhere in Australia/New Zealand, one night's accommodation, and one day's conference fees to attend the International Association for Counselling Conference in Brisbane 2006 for the winning author
- A certificate indicating winning status

ADDITIONAL PRIZES

- Runner up manuscript(s) to be published in *Counselling, Psychotherapy and Health* at the discretion of the editor and/or have their abstracts/manuscripts published in *Counselling Australia* at the discretion of the editor
- A certificate indicating runner up status

ELIGIBILITY

- Australian and New Zealand citizens or permanent residents who are current or have been students (at any recognised postsecondary level) in 2005 in an area directly related to counselling (counselling, education, psychology, social work etc.)
- *Counselling, Psychotherapy and Health* journal board members, *Counselling Australia* editorial board members and Australian Counselling Association staff are not eligible to enter the competition

For further information and application form go to:
web http://www.theaca.net.au, email aca@theaca.net.au or phone 1300784 333

Book Review

Self-Esteem A Family Affair

By Jean Illsley Clarke

ISBN: 1 56838 2811

"Self-Esteem A Family Affair" was written as a response to requests made by groups of people with whom the author was meeting - for the purpose of finding better ways of building self-esteem in their families. Requests were made for information on emotional developmental tasks, ideas and theories about what people need, optional ways of saying and doing things and opportunities to practice. The book is a collection of ideas and methods gained from mothers, fathers, grandparents, foster and adoptive parents, part-time parents, sitters, nursery-school teachers, people who care for children in their homes, nurses, ministers, social workers and other people who care about children's and their own self-esteem.

Each chapter begins with real life scenarios or stories, relating to the child's stage of life, which explicitly present and discuss the thinking that is occurring "behind the scene". Parenting tips for the particular age group and the 'Four Ways of Parenting' are provided at the end of each chapter with the worksheets and exercises. The 'task of the child' and the 'task of the adults' are also provided in this section. Clarke introduces the techniques and then demonstrates their use at each of the stages of a child's life.

It is written so that the layperson would have no difficulty understanding it. As it is repetitious there is a great deal of opportunity to reinforce information and techniques. It has been written in a manner allowing for the reader to simply go to the relevant chapter for their situation without needing to read through the book as a whole. A page separating the worksheets and exercises from the end of the chapter may be useful and some of the graphics could be more vivid.

"Self-Esteem A Family Affair" provides readers with relevant insights and strategies for dealing with the typical issues families manage. All families who choose to read this book will benefit from being able to identify with some of the stories provided. They will also gain and develop new skills if they implement the various described techniques.

Sarah Dumuid
BA DipEd Masters SocSci (Counselling)
Qualified Member ACA

Betty: A glad awakening

This is an audio book *written by Betty Ford in collaboration with Chris Chase and read by Angie Westengard.*

This book conveys stories from all the Ford family and how alcohol and drugs affected their lives and how they were all sick, not just the addict. It focuses on members taking their own personal journey of self-discovery and not try to 'fix' the drug/alcohol dependant person. Treatment in the 'Betty Ford Clinic' takes 46 weeks and family members are asked to attend the clinic for meetings and lectures for 5 days to work on their own issues.

For the practising counsellor this book provides a good insight into an addict's thinking process, and how their behaviour affects everyone close to them. It highlights the theory that women need different treatment than men and therefore are kept separate while at the clinic. Some reasons for this are:

- Women participate better in groups with other women.
- They have greater anger then men, low self-esteem and most have dual dependency.
- Women drinkers are seen differently by society so most drink at home and return to that environment after treatment and risk drinking again.
- Women absorb alcohol more quickly then men and therefore can have more health problems as a result.

This book offers help in conducting an 'intervention' with family and friends each writing down things the addict has said or done that hurt them, then sharing it with the person. Betty Ford is very honest in her portrayal of her life as an alcoholic and how social drinking and lifestyle lead to the abuse. The book includes detailed tips and other useful tactics for day-to-day and long-term management of the disease. It is more a personal journey then a textbook on how to deal with alcohol/drug abuse. It was the honesty, strength, courage and sense of humour of Betty Ford throughout the book that appealed to me.

Reviewed by Lyn Elliott, Dip. Prof. Coun., a Qualified Member of the ACA and private practitioner.

"Connections" The Threads That Strengthen Families

This book *by Jean Illsley Clarke* is very relevant as a guide to comprehend and resolve the complex demands and present-day dilemmas of families relations. The content and layout and style can be widely used by Professional Counsellors in many forms to help strengthen families, and especially with parent/child connections.

"CONNECTIONS' is a word that I believe society in all forms is going to here a lot more of. Life is about relationships, and to have a fulfilling, fruitful and lasting meaningful relationship we need to be connected. Jean explains in her book the need for connection, as one of the most important human experiences. She explains how connectiveness is our birthright.

Connection the result of time spent with others in a way that builds strong, supportive positive relationships. Co-operation comes from connection.
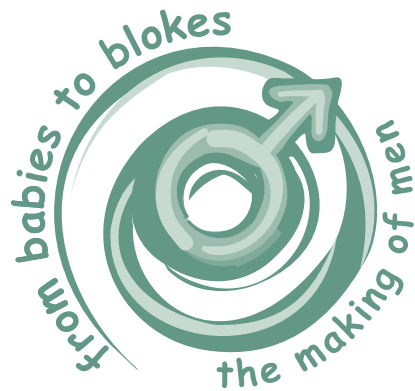

Sidebar captions:

Self-Esteem A Family Affair By Jean Illsley Clarke

Betty: A Glad Awakening

"Connections" The Threads That Strengthen Families By Jean Illsley Clarke

To beable to relate to others in a way that creates happiness requires skills in relating and communicating. Jeans book provides a vast understanding of family relationships using current pschological theories and thinking.

This book has much to gleam from, for Relationship and Conflict Resolution Counselling and also Grief and Loss Counselling, having an excellent source of information on grief for both children and adults.

Jean explains the Threads That Strengthen Families in

such a practical way, in such a vibrant and healthy way, that the Professional Counsellor could use and recommend her valuable ideas when working with clients.

Jean explains how the single most important factor in successful disopline is the bond, the relationships, the connectedness between parent and child. She explains how to disopline is to teach, and not just to respond to misbehavior. She teaches the many pieces to the puzzle that are gudelines for making amends.

I recommend this book for all Professional Counsellors, to have a copy in their libruaries.

Robyn Johnston
"Happy Relationships Global"
Professional Counsellor, Dip Pro. Counselling, Adv dip "Relationships Counselling and Conflict Resolution. Adv dip "Grief and Loss"

BULLYING SOLUTIONS (Evidence-based approaches to bullying in Australian Schools)

By: Helen McGrath & Toni Noble

ISBN: 07 339 7164

This is the first book I have read which does not immediately give strategies to help stop bullying! It begins with a definition of bullying and some possible solutions. The authors then look at the legal aspects of bullying and how the law needs to be changed acting on proper consideration and research. There is an overview of preventive solutions outlining the various research studies undertaken, and giving statistics to back up these studies. In one section there are examples of non punitive approaches and these approaches seemed to be working and in some cases better. The book also highlights that bullying needs to

BULLYING SOLUTIONS (Evidence-based approaches to bullying in Australian Schools) By Helen McGrath & Toni Noble

BULLYING SOLUTIONS

Book Review (Continued)

addressed as early as primary school and all schools need to take an holistic approach where there is a team effort between parents/schools/students/ and communities. There is a good guideline for an anti-bullying template for schools.

It is a very readable book, backed with many references, research studies and statistics. The format is clear and readable. I would certainly recommend this book to anyone dealing with such people. I have already bought one for my bookshelf..

Sandra C Brown
B.Ed. St; Dip.Prof. Couns, Dip.Clin.Hyp.
MACA, MCCA, MFVC, MASH

Growing Up Again

Growing Up Again
By Jean Clarke and
Connie Dawson

The book "Growing Up Again" *by Jean Clarke and Connie Dawson* is a stimulating and thought provoking self help book aimed at the general public.

GROWING UP AGAIN

Written in a straightforward uncomplicated manner that is easy to read and digest.

It includes some simple solutions with useful diagrams and work sheets to assist in parenting our children and re-parenting ourselves through the ages and stages of life from the prenatal experience to the end of life.

The authors suggest that you can approach this book in a number of ways. "Use it to

Improve the way you interact with your children no matter what their ages, improve your skills for taking care of yourself, evaluate the way you where

parented, and discover ways to heal from the uneven parenting in your family of origin."

For a counselor it could be used as an easy reference book on parenting with some interesting ideas especially the new research information on 'Overindulgence' giving to much and how it effects our children and the long term effects it has on them as adults.

According to Clarke and Dawson parents are the main overindulges and the major area of over indulgence was not requiring the child to be a contributing member: being done for, not having to learn life skills and follow rules, having too much freedom and too many privileges.

The result of overindulgence often shows up in "Not knowing what is enough. Knowing what is enough and being able to delay gratification are not only important life skills, they are also potent factors in the prevention of the abuse of drugs, food, sports, sex and work."

A recommended reading for anyone who has ever been a parent or been parented.

Elizabeth Weepers
M.T.P. M.A.C.A. NS & NLP Trainer & Meta Coach
Liazon Consultancy, Transitional Change Management

Clinical Counselling Centre

Workshops for May/June 2006
Professional Supervision 4 day workshop
$550 per person, group discounts apply.

The workshop covers the following subjects:

- WHAT IS PROFESSIONAL/CLINICAL SUPERVISION?
- ETHICS AND CONDUCT
- LEGAL ISSUES
- SUPERVISION CONTRACTS
- IT AND SUPERVISION
- SUPERVISION IN ALLIED HEALTH PROFESSIONS
- CASE STUDIES
- APPLIED PRACTICE

This workshop is approved by the ACA for 5 hours of supervision and 30 OPD points. Successful completion of the assessment phase of this workshop meets ACA registration criteria.

Sydney: Kirribilli Neighbourhood Centre, 16-18 Fitzroy St Kirribilli
Facilitator: Donald Marmara Thurs 18th to Sun 21st of May 2006

Melbourne: Carers Victoria Level 1, 37 Abbot St. Footscray 3001, 26th to 29th June 2006
Facilitator: Philip Armstrong

Brisbane: CCC, Thomas St Grange
Facilitator: Philip Armstrong 30th May to 2st June 2006

Build a Successful Practice 1 Day Workshop $140 per person

From the author of the best selling book of the same name.

Workshop deals with everything involved in setting up a private practice in the Allied Health Industry.

Facilitator: Philip Armstrong
Melbourne: Carers Victoria Level 1, 37 Abbot St. Footscray 3001, Friday 30th June 2006
Brisbane: CCC, Thomas St Grange, Mon 29 of May 2006
This workshop is approved by ACA for 10 points of OPD.

For more details on the contents of these workshop go to
Web: www.counsellingcentre.com.au
Email: admin@counsellingcentre.com.au
Phone: (07) 3356 4937

IT WITH ANGELA

The F4 Key: A little known fact is that the F4 key can be used to repeat the last action that you took in either Microsoft Word, PowerPoint, Excel or Outlook. For example you have just inserted a row in Excel and you need more rows, press F4. You have just bolded something and you need more bold, go to the spot where you need it and press F4. If you keep pressing F4 it continues to repeat whatever your last action was (e.g. bolding) until you go and doing something else and then F4 remembers the next action you perform.

Kilobytes, Megabytes and all that Stuff

With paper files you just need to glance at a manila folder or a report to get an idea of how large something is. However with computer files you get that sort of information by measuring in BYTES (pronounced like the dog bite).

- A byte is a character or a letter. For example Hooley-Dooley has 13 bytes, because the hyphen counts as a character.

- 1,000 bytes, is then referred to as one kilobyte, often abbreviated as 1K.

- One thousand kilobytes is a Megabyte or 1 MB.

- One thousand megabytes is a Gigabyte or 1 GB.

- Most hard drives today contain upwards of 500MB with hard drive capacity in Gigabytes being fairly common.

Term	Known As	Size
Byte	1 character	1 Byte
Kilobyte	K or KB	1,000 Bytes
Megabyte	M or MB	1,000,000 bytes
Gigabyte	G or GB	1,000,000,000 bytes

- A page of single spaced text is about 4kb

- A 3 1/2" diskette holds 1.44 Megabytes (1,474 KB).

- A CD ROM holds 650-700 Megabytes (though most programs you get don't utilize the whole amount). This would be around 450 of 3.5 3 1/2" diskettes.

- A 20 Gig hard drive will hold the same amount of as 31 CD ROMs or 14,222 diskettes..

Search engines:

Most of us have fallen into the habit of going to Google as our first port of call when doing an Internet search; however there are other search engines out there that you may wish to try. I recently came across one called 'clusty', at www.clusty.com, a search engine that deals with the results of your search in clusters of thematic groups. So for example I searched for 'recipe, Rocky-road' and it presented the results in groups of 'candy', 'Christmas recipes', 'ice-cream' etc with the number of links showing for each category. Clusty also accommodates news and image searching, thought it must be said there is quite an American slant to the results.

'Ask Jeeves' at www.askjeeves.com is also another simple search engine to use. It has a clear and easy to read screen and it provides a pane at the right side of the screen which I found useful, as once you have done your search it gives you suggestions to help either narrow down your search or expand it.

Websites:

Young Adults: The Inspire Foundation www.inspire.com.au is a nationally accredited not for profit organisation delivering three national programs to a target audience of 16-25 year olds. Their Reach Out! program located at www.reachout.com.au is intended to provide online information and referrals to help prevent youth suicide and provide support to young people to get through tough times.

Grief: The Australian Centre for Grief and Bereavement is an independent, not for profit organisation funded through DHS and bills itself as the largest provider of grief and bereavement education in Australia. Their website, www.grief.org.au has details of a free bereavement counselling service, links to many other grief related web sites, and details on projects conducted by the Centre.

Time Management: An excellent site full of time management skills techniques, free templates and tools, tips and training is located at www.businessballs.com.

An interview with a time management expert, plus many related links can be found at http://stress.about.com/cs/workplacestress/a/aa031202.htm

AngelaLewis@optusnet.com.au

(Note the change in my email address, my previous email address has fallen victim to some type of virus situation!)

ACA

> The Australian Centre for Grief and Bereavement is an independent, not for profit organisation funded through DHS and bills itself as the largest provider of grief and bereavement education in Australia.

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

SPRING

SUMMER

"Now they want to regulate Christmas"

AUTUMN

WINTER

ACA AUSTRALIAN COUNSELLING ASSOCIATION

Australian Counselling Association Pty Ltd - ACN: 085 535 628

PO BOX 33
Kedron QLD 4031
Suite 4/638 Lutwyche Road
Lutwyche Qld 4030

telephone: 1300 784 333
facsimile: 07 3857 1777
email: aca@theaca.net.au
web: www.theaca.net.au