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WINTER



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Editorial By Phillip Armstrong



The first half of the year has flown. The year started with flurry of membership applications and has not stopped. It is very encouraging for ACA that the memberships just keep on coming in at rate of over 50 per month. ACA has also experienced a change over of staff with Nicky

leaving us to go to greener pastures and Rachael has left on maternity leave and has had a little girl. Naima has taken over the Administrator and membership position and brings with her a very solid background in Business studies. Naima has taken to the job like a dog to a bone and keeping me in line and focussed. Carolyn has taken over the Admin Assist position and is doing a very good job. Her position can be overwhelming as nothing can prepare you for this type of work as it is so broad in its requirements. I can honestly say ACA is running more efficiently than ever.

The response by the members to the survey has been very good with a large response rate. The responses have been very interesting with some members being very explicit in regard their thoughts. It is very pleasing to see members have their own ideas and feel safe to vocalise them. Although the surveys are still coming in there are definite trends. It is obvious that there is a lot of support for the development of a bachelor degree course. However, there is concern about young people accessing these courses as there

is a belief young people are not equipped with life experience to be able to appropriately practice. Although this is a valid concern, realistically young people can access social work and psychology degrees now and on completion practice as counsellors. The real issue is that we should have our own degree if we want to continue to pressure the government for Medicare provider status and GST exemption. The main point is that members have been given a vehicle to have their say and once the information correlated it will give ACA a powerful medium with which to represent members with.

The response to the International Conference on Counselling has also been very strong with the conference close to being a sell out with several weeks to go. If you have not booked for the conference and wish to go I would suggest you book now as many of the workshops have already been filled. There is going to be a strong showing from overseas organisations and I am looking forward to contributing to the research seminar and meeting with the board of the IAC. ACA's profile internationally has definitely risen through our participation in the conference. ACA will be meeting with several executive members of some of the international organisations to discuss future joint projects.

ACA

The response to the International Conference on Counselling has been very strong with the conference close to being a sell out with several weeks to go.

Letter to the Editor

Dear Philip

Family Relationship Centres

I attended the Family Relationship Centre (FRC) workshop organised by the Attorney General's office on Monday, 15 May 2006. Due to the structure of the day, I am unsure if there were present other ACA members in the workshop.

An issue of great apprehension that I would like to raise with you and to other readers of the Journal is that the 1st FRC in Brisbane scheduled to be opened on 3 July 2006 in Strathpine is being managed by Relationships Australia (RA). I had voiced my concern about the transparency of this venture in terms of referral base at this Attorney General's Workshop. The way FRCs are going to be structured is that it would be a one-stop shop for referring clients to and providing information about other services.

I see a duplicity of roles here - in spite of all the paper based checks and balances that appear to be spoken of, what assurances do we have in private practice that clients that contact the FRC are not referred back to RA staff? (An RA staff member present at the workshop spoke about "Duty of Care" and that clients would be given a list of referrals).

I do a fair bit of early intervention work with clients (i.e. pre-marriage programs) and my selling point is

that the Pre-Marriage Education programs that I run is tailored for the individual needs of the couple and this is the main difference to the programs currently offered by other larger agencies that have a set program in place. The topics I cover are discussed with each couple individually through the use of a pre-training tool. This ensures that the program I conduct meets the specific and specialised requirements of each couple (e.g. in the event of cross-cultural partners, issues pertaining to this type of relationships are explored).

With the mega dollars behind FRC and the publicity been generated by the Attorney Generals Office, I wonder whether small private practices like myself would lose out on potential clientele due to the tender being won by RA. Is this possible for ACA to do some further lobbying (even at this late stage) to ensure that members who are in private practice are not disadvantaged by this venture?

I look forward to your comments and the views of other ACA members.

Kind Regards

Pamela Nair

Romantic Online Relationships: The laptop never says NO – By Angela Lewis



Abstract: This article reports on interviews with people who utilise the Internet to search for a partner and then use online resources to get to know a potential partner before meeting them. Most

of the men I interviewed identified online communication as providing an acceptable way for them to express their feelings, emotions or deeply personal thoughts.

The question I was originally seeking to explore was, 'what draws people to using the Internet when looking for with the intention of ing a relationship'? A relationship in this instance is defined as a romantic relationship, as opposed to a buddy or penpal. I began this research as when I observed was struck by the fact that I was continuing to see the same people on dating and chatting sites over a period of years. Surely they must end up meeting people in real life as a result of this practice and , if so, why were they continually online? During this research, I spoke with 11 people in total for this research, 5 women and 6 men. The respondents were in the age group 38 – 55 and they had all either been married or in serious long term relationships previously.

The respondents in this research offered positive supported for online partner searching, with positive responses such as:

When you meet a person online you can at least glean some information about her before you talk to her and decide whether this is someone you want to actually get to know some more.

I like that you don't have the distraction of the physical, but at the same time I have to know what they look like, I couldn't chat to an ugly man!

Online I can be myself. Women actually accept it if you have doubts and fears and I enjoy the freedom of being able to express myself to a potential partner honestly.

I don't like surprises, so it is a good way to see if they are your sort of person, rather than going out and wasting time meeting them.

Men tell you more online than they would ever tell you face to face, I don't know why that is, but it is an absolute bonus for us women.

Online you have the time to sort and screen for the requirements that you have for a partner without pressure.

Both men and women described the Internet as a convenient and safe environment that allowed for contact with a large range individuals and everyone all respondents believed that it increased their chances of finding a suitable partner. On the other hand, all of the singles in this research shared had one thing in common and this was a uniform unified complaint

about with how people visually presented themselves on the Internet. The women complained that the men were always older than their advertised age, and generally shorter, and on many occasions were virtually unrecognisable once a meeting took place. Two of the women I interviewed have had recently stopped searching for partners online, as they found this practice so disconcerting. One of the women periodically stops her online searching when this deceit becomes too annoying, but then generally returns to this practice once a few months have passed.

Three of the men take their online quest for a partner quite seriously, spending large amounts of time online every day of the week in chat rooms and dating sites. They continue this is behavior despite their also making comments about the discrepancy between the ways the women look in real life and how they present online, describing many women as being older and heavier in weight than the pictures they post on the Internet. However it isn't enough to stop them spending time online they continue on, because as Brandon remarked, "even when I am in a real-time relationship I tend to jump onto the chat sites and look around, occasionally chatting to women. It just seems to be a habit I can't get out of". David also commented that the online world allows men an acceptable venue to have simultaneous multiple relationships. Aside from the opportunity to date many women at once, David believes this suits some men because they are able get to know the women reasonably well during the course of the online relationship and then.... "choose the one or two to meet and then narrow the field again if things get serious".

I have chosen Gary's case-study to discuss in more detail. Gary is someone that I would describe as a heavy user of the Internet for partner searching, as he spends large amounts of every day in this pursuit. He stated that he couldn't see himself sitting in a bar and doing that whole tiresome [sic] "hi, how are you, buy you a drink thing" with a stranger and further remarked, "I don't think I could meet a girl any way but online now". Gary can have two dates most weekends with different women and maintains he is genuine in trying to find a true love relationship. The longest relationship he has had in the past 3 years that began online is 6 months. He finds that the longer the relationship stays online, the less successful it is for him when it finally becomes face to face. Despite being aware of this, he continues to let the relationships stay online for up to a couple of months at a time, though he will ensure he has a telephone conversation with the person within the first few weeks. He keeps things online partly because he enjoys the disclosure and sharing that happens in what he terms 'the intimate space' of the online environment.

Gary acknowledged that he has fallen in love with women without meeting them, and during the process of our sessions we have explored how he may be experiencing a state of limerence rather than love or attraction. Tennov's (1979) coinage of the term

When you meet a person online you can at least glean some information about her before you talk to her and decide whether this is someone you want to actually get to know some more.

Romantic Online Relationships: The laptop never says no (continued)

limerence refers to a state in which, at least in the beginning, the love object's attractive features are emphasised and unattractive characteristics are given little or no attention. It is my observation that the person who is in limerence is in some ways 'in love with feeling in love', (though Dr. Tennov has concerns that this description trivialises the feeling) and while Tennov wrote of limerence long before virtual relationships, I believe limerence has found its 'raison etre' on the Internet (Lewis 2004). Dr Tennov, in commenting on my current research also agreed that limerence does not appear to require face to face contact, remarking "...my belief is that limerence can break out among onliners. Maybe even more readily" (Tennov 2006). I believe an online relationship can unwittingly foster these types of behaviours, as both people are in the position to present the sides of themselves that are complimentary and mask any unattractive traits. This can then also lead to the development of unreal expectations from either party. Gary identified a problem earlier of the higher incidence of his relationships not lasting in real life when they had been going on for a long period online and this is possibly because (as he acknowledges), they never match up to the final expectations that he has built up for the woman. It must be said that Gary also has an exceedingly attractive photo of himself on his Internet profile and acknowledges that he may be sabotaging his own efforts by also misrepresenting himself a little. While he is now in his late 40's and leading a quiet, suburban life he still thinks in terms of being accustomed to "getting any woman I want, when I want, from the time when I used to be in a band". This is of course easier to do in an online environment.

Snarch (1997) in fact maintains that the anonymity of the Internet specifically leads people into emotional or sexual behaviours that they would not indulge in if it were an ordinary face to face relationship. This is partly because the online environment may encourage an emotional affair or relationship to occur because the people involved spend a lot of time online together, exchange stories, secrets and deep thoughts and often begin to project their needs and desires onto the other person. The men in particular described themselves as able to relax and enjoy the presence of the other person, while sharing intimate thoughts and conversations. The men in this albeit small population sample were also stronger proponents of keeping a relationship online for as long as possible, and like Gary it is probable they do this in part because they enjoy the opportunity to open up and share thoughts and feelings that are difficult to express in a real life situation. Suler (2002) describes this as a 'disinhibition effect', which is caused by or heightened by the following features of online communication:

Anonymity - no one knows who you are on the Internet if you choose to be anonymous, and so you are free to say whatever you want without anyone knowing it's you who said it, including acknowledging highly personal feelings or emotions.

Physical invisibility - you don't have to worry about how you physically look or sound to other people when you say something. You don't have to worry

about how others look or sound when you say something to them. "Seeing a frown, a shaking head, a sigh, a bored expression, and many other subtle and not so subtle signs of disapproval or indifference can slam the breaks on what people are willing to express." (Suler, 2002)

The absence of responsibility - with a lack of visual or auditory cues, a person may feel as though the interaction is occurring in his head. This may give some people the false sense that they can 'say' things online that they may feel shy or inhibited to say in a face to face situation. This can be coupled with a sense of 'immediate gratification', whereby a person can say anything they think or feel at any time, including in the middle of the night when a person may be the most tired or emotional.

Equalitarian status - in the case of online flirtation and emotional sharing, barriers of race, age, social status and gender are now removed.

While both the men and the women interviewed said they were happy to exchange some emails and get to know one another before embarking on a meeting, I observed that the women were far more focused on taking the next step of a phone call and a meeting, usually within the first few weeks. This is also the way that women have been found to shop online; they rarely browse for goods, instead locating what they want and ordering it (Pew Report, Fox et al 2005). Commenting on her need to move to phone calls or meetings fairly quickly, Gwen remarked, "the medium is great, as long as one doesn't take shelter behind the screen for too long!" Alarm bells go off for Gwen if things remain online for too long without progressing to in person, as she starts to wonder if the other person has something to hide.

Rita also preferred to meet sooner rather than later, as she finds the longer she leaves the relationship online, the greater her anxiety becomes that she will not live up to the other person's expectations:

While I don't lie about myself, like everybody else I exaggerate my good points, so I might describe myself as having slighter bigger boobs, blonder hair, greener eyes or as being more athletic than I really am - I mean I do go to the gym, but I don't run 6km everyday. The other person might then expect more of me when he meets me, so I think it is better to meet the man sooner rather than later, so he doesn't have (thanks to me!) an unreal expectation of what and who I am.

None of the women supported the idea of keeping a relationship online long-term, aside from Jacinta who is involved in a virtual relationship with a prison inmate. I observed a belief by some of the respondents that when a person is genuinely looking to make contact with another person, they will try to move things along in order to speak and meet with them. Jacinta, who continues to chat to men online even when in a relationship, observed that when people are involved in real time relationship with a partner, they will leave the virtual relationship online as long as possible.

The men on the other hand, described themselves as frequently content to let the relationship stay online

I believe an online relationship can unwittingly foster these types of behaviours, as both people are in the position to present the sides of themselves that are complimentary and mask any unattractive traits.

for periods of weeks, or even months and mostly described themselves as enjoying the opportunity to express their emotions freely in a text based environment. Most of them said that they regularly shared details about themselves and their emotions that would often be highly personal in nature, but doubted they would do so verbally in a face to face situation. Based on my small sample group, I hypothesise that for some men, prolonging a relationship online is a way to experience emotional expressiveness, share emotional intimacy and allow the physical to take second place without feeling 'unmanly'. Men are not generally given as much latitude as women to express feelings, with a prevailing western cultural stereotype supporting that 'she' is emotional, while 'he' is not. This is despite the fact that some current findings would suggest there are more similarities than disparity in men and women's emotional experience (Averill 1982; Fisher 2000). When verbalisation of feelings or discussions of emotion are still considered largely to be a feminine trait, it is possible that the anonymous environment that the mostly text based world of the Internet affords is actually giving men an uncensored 'place' to freely express their sentiments in a non stereotypical way.

Gary for example will write pages and pages of text to online girlfriends, describing and dissecting his intimate feelings in ways that he never would in a face to face relationship, especially in its infancy. Sam admits to writing love poems and describing online how he feels hurt and wounded when things go badly at work, but readily admits he could not do that unless he was in the 'safe zone' of his computer screen. Brandon isn't ashamed to discuss sexual problems and they make him feel, but only when he is typing about it to a woman. Whether men outside of my small population sample in fact experience a new found freedom to be emotionally expressive in a virtual environment is an area which could benefit from more research.

Despite supporting the idea of spending a lot of time online to get to know the women he is considering for a relationship, David's motivations in being online were slightly different. He believes the opportunity to regulate the pace is particularly important to men like him who are in their late 30's to 40's, because as he explained, "*the women in this age group tend to be focused on looking for a permanent relationship or marriage or children; hence men want to slow them down and staying online means this can be achieved*".

While concerns remain that online communication will encourage people to spend more time alone interacting with strangers and developing 'drive-by' relationships at the expense of forming quality real life relationships (Putnam 2000, p.179), research has shown that people can form strong social bonds virtually (romantic or platonically) that can carry over to the face to face world (Parks & Roberts 1998). Perhaps the time has come to consider an argument that the development and or continuation of relationships online - emotional or otherwise - are simply aspects of a changing society. And as I found with the men I interviewed, conducting a relationship online can provide some people with a positive outlet for the expression of their emotions that they may not otherwise have had.

Most people also do not confine themselves simply to one medium, generally moving between communication spheres such as the telephone, web camera, face to face or online with text. Perhaps as generations change, 'online' may eventually be accepted as just one more choice in how people communicate and foster their relationships. After all, people considered the telephone an exotic and suspect piece of technology a short 60 years ago and now it is deeply embedded in our social fabric as a way of maintaining, fostering and continuing relationships (Rackow 1992).

Summary of Online Behaviours (all names pseudonyms)

Gary & Brandon – continually online for 3 and 4 years respectively. Generally neither takes breaks while dating in real-life.

Sam – continually online for past 2 years, taking brief breaks while actually dating.

David – online in fits and starts over past 5 years.

Jenny & Maria – online for 6 months and 1 year respectively. Both have since given up as discrepancies between the online and offline people they were meeting became too great.

Jacinta – online dating for approximately 5 years, usually stopping when in a real life relationship. Has been continuously online with one person for 18 months.

Gwen – no longer online dating due to one of the relationships ending very badly, but has had 4 what she terms serious relationships beginning online, over the past couple of years.

Rita – online dating for last 12 months, but not continuously. Takes breaks when she has what she terms 'disappointing experiences'.

A special thanks to Dr Dorothy Tennov for providing comments and personal feedback on this article.

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Brandon isn't ashamed to discuss sexual problems and they make him feel, but only when he is typing about it to a woman.

Romantic Online Relationships: The laptop never says no (continued)

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Perhaps as generations change, 'online' may eventually be accepted as just one more choice in how people communicate and foster their relationships.

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Telephone Counselling – By Owen Kessels



Carl Rogers spoke of a case late in his career where a client broke down into sobs. Rogers said, “I had responded to his feelings and accepted them but it was when I came to him as a person and expressed my feelings for him, that it really got to him. That interested me, because I am inclined to think that in my writing perhaps I have stressed too much the three basic conditions (congruence, unconditional positive regard and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy - when my self is very clearly, obviously present” (Baldwin and Rogers, 1987, 45).

In telephone counselling, like in all counselling, we need to attend to callers by maintaining some closeness. There is also a need to balance some degree of distance, of separateness, to the caller; all the while establishing or maintaining a join. So at one level we provide support, encouragement and empathy, and at another we facilitate the caller’s responsibility for their own life. These balances differ between calls and throughout calls.

Introduction

Welfare, I think, is about ‘faring well’. And my hope is that I will stay true to the field and be somewhere as useful as Thomas the tank engine; “Thomas was a very *useful* engine” being the oft repeated refrain of that story.

It is pertinent to note that phone counselling:

- provides for, and connects with, a wide section of community
- trains volunteers, many of whom go on to further study in the field
- is staffed by a high proportion of volunteers
- and yet receives less air-time in the professional literature commensurate to its contribution to community, state, and our country’s welfare.

To put it more strongly, there is a dearth of literature on telephone counselling.

Thank you to agencies and workers who contribute to the ongoing benefit of our communities and the vulnerable for whom we are there. “I got back so much more than I put in. I never expected that,” is a pleasant surprise for many of us as workers giving of our time. We find more of our own selves there to be discovered and known – the *joie de vivre* of the heart. Welcome, then, to the magic of phone counselling.

Beginnings

The master therapist Carl Whitaker said about interventions, that the counsellor must be responsible for the:

- relevance
- timing
- and intensity of the intervention

(Reilly pers comm, 2006a). These same ideas apply to the story of telephone counselling’s emergence as a productive intervention; and in continuing as a therapy in its own right.

In its infancy, telephone counselling was an idea that took shape over time. Historically, generic telephone services emerged first followed later by a range of phone services specializing in serving a particular

audience. Lifeline, which pioneered phone counselling in Australia, began through the call of a suicidal man late at night to a church minister. The minister felt inadequate and, as it turned out, went on to found Lifeline.

It may seem obvious to us now, yet, there was a need that knew its hurt but did not know its name. As Whitaker reminds us, we have a responsibility to respond to that unknown, and learning how to go about it. It is finding a way to care for someone else in a way that is useful. Of course if all of this was known then we could just pick up a book and every call would go perfectly. The alternative, as we know, requires something more of us, something not yet known: as we and our callers live out the relevance, timing, and intensity of our interventions in our relationship together.

Trends

At the current time the approach commonly found in telephone counselling is a Person-Centred counselling (Sabel pers comm., 2006a) Peter Sabel goes on to say there would be virtually no telephone services that would profess to be Rogerian Client-Centred models these days, though they would of course still draw on many of those skills.

Person-Centred counselling he says is goal-oriented “What’s your immediate need now?” Peter would like to see more of exploring things from the past, dealing with feelings, and so forth. “This will depend on the organization, what context they are working in and what are their aims in relation to the caller – for example:

- counselling
- referral
- and support

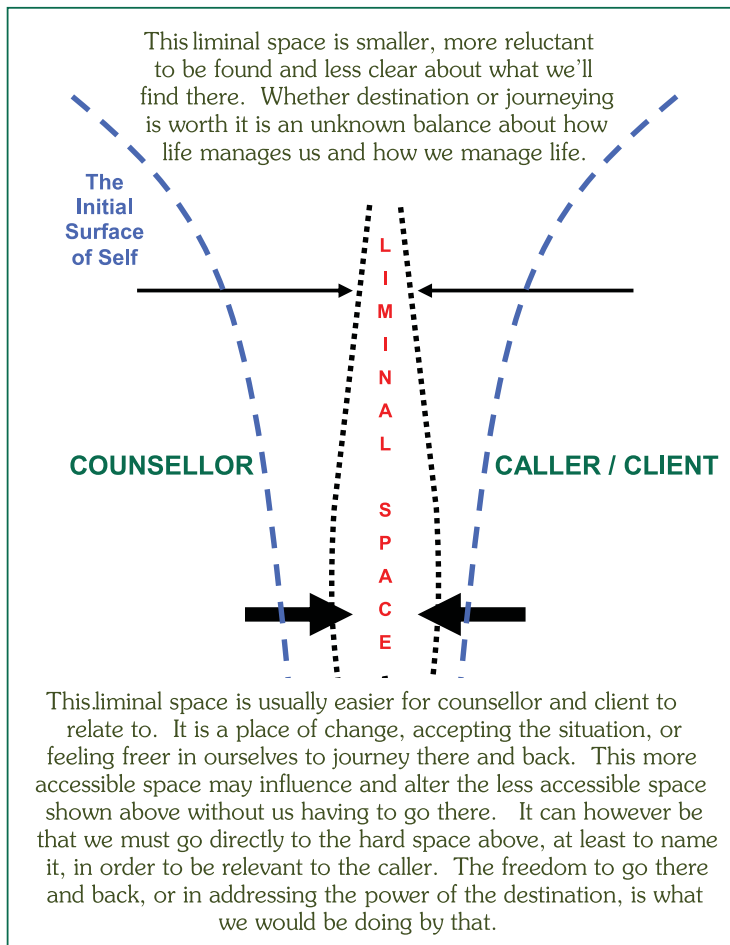
which will be partly determined by the staff base in terms of paid and volunteer workers (Sabel pers comm., 2006b).”

Let’s imagine for a moment that we take a goal oriented approach and leave the rest of therapy to some subliminal machinations within us. But to leave therapy to subliminal chance or the instructed method of someone else’s approach is to miss the liminal space where life is lived or lost and found. The *liminal* is that of being on the boundary or threshold; and this is where change can take place or reality be sat with. Of course goal-oriented approaches take up part of the liminal space, but not all of it, and in some cases, very little of it in engaging with callers usefully. The liminal space is represented diagrammatically in Figure 1.

Lin Reilly, Director, Lifeline-Ipswich and West Moreton, makes this observation of the broader field of therapy; “Over the last three decades, training has shifted away from spending a lot of time emphasizing and developing self-awareness of one’s own vulnerability and intuition in working with clients. Perhaps the earlier ways were seen as too psychoanalytic, too psychodynamic; and moved instead towards highly developed skills, like solution focused and task-centred therapy... While holding

Therapy is of the essence of life... It is only the sad inadequacy of man’s (sic) capacity for communication that makes it necessary to run the risk of trying to capture that living experience in words.

Telephone Counselling (Continued)



Counsellors tend to ask more questions, structure what they do, paraphrase, and clarify more than in face to face work.

Figure 1 Liminal Space is the threshold of life's processes and destinations

onto these developments, it seems the pendulum has stopped and may be looking back for something more (Reilly pers comm., 2006b)."

The reality is we become meaningful to callers only in so far as we can 'go with' callers; being able to navigate, 'sit with' or go through this liminal space; supported yet perhaps challenged at the same time, with clients knowing they have control over the process. I particularly keep in mind people at the sharp end of therapy; abuse, childhood abuse, trauma and mental health; for whom we need a sensitivity to this space. Such people need to feel they can be safe with us, contained, sensing that we might handle the 'them in them'. This unsettled internal world and uneasy connection with the world around them is what comes to us, and, deeper down, rightly wonders about us the same things they wonder about themselves.

Many of our calls are lighter and more routine. Yet elements of this discussion may still apply.

The liminal space may not be an easy place to be yet to be aware of the liminal, and be available to the liminal; helps push us towards clients who too need time to visit, enter and harness this necessary in-between aspect of life; of meaning, of feeling, of action and of sitting with not knowing; all in a

freedom that can self-regulate, that is, have measures of self-control by our clients and callers.

Carl Rogers in the preface to his best known work 'Client-Centered Therapy' said 'And if it (the book) suffers the final degradation of becoming 'classroom knowledge' – where the dead words of an author are dissected and poured into the minds of passive students, without even the awareness that they were once living – then better by far the book had never been written. Therapy is of the essence of life...It is only the sad inadequacy of man's (sic) capacity for communication that makes it necessary to run the risk of trying to capture that living experience in words (Rogers, 1951, x)

Part of the preparation for this 'living experience' may lie in our own journey and our way of navigating what lies within us. It is not a rocket science or mysticism beyond us, not some secret hidden in a textbook. Rather it is the question, "Why should callers come to us, unless they want a part of us and the ways we go about things?"

To me, there is a push in that question to expand our ways of thinking about how we are there for people. Read it again slowly.

Features of phone work

Telephone counselling can be a first introduction to counselling. At times it may lead into face to face counselling; or else augment existing face to face sessions.

Telephone counsellors may pay more attention to some non-verbals than in face to face counselling; for example, tone, manner and the way people speak. There are compensations made to allow for not having visual information. Counsellors tend to ask more questions, structure what they do, paraphrase, and clarify more than in face to face work.

Phone calls may have greater emotional intensity as people may call in the heat of the moment. Telephone counsellors need skills in dealing with people in this situation and self-care approaches in handling challenging and abusive calls. There may be greater self-regulation when in front of another person than when on the phone to a person you don't know.

The phone medium may offer, in some ways a different hue to face to face work:

- intimacy
- timeliness, immediacy
- anonymity
- the option for brevity
- caller control, and barriers of a different nature

Do callers let go, cry, wrestle with emotions more easily on the phone? I think they do at times. Perhaps it also works as a barrier to communication; a way of avoidance intended or otherwise. Yet

'avoidance' can be therapeutic, and it comes back to that 'liminal space' where the threshold of life is lived, and where we are in relation to progressing there.

The frequency of phone calls

How people deal with the number of calls is often an issue services face. There can be a large range of calls within a session, and not a lot of space between calls. It may vary from distressed to information, routine to abusive, or otherwise.

Telephone counsellors need skills to sift out crank callers from regular callers. Different agencies have different policies on this.

Given the range of callers and the immediacy of the medium, it is really important to identify your role and what the needs of the caller are. One regular caller may be given very restricted time whereas for another, we know they only call for two or three minutes and will benefit from some encouragement.

For services where people phoning back may get different counsellors each time, there can be pluses and minuses to this. Some callers say having to repeat your story is a negative, others find it cathartic, and still others appreciate getting another perspective.

Practical anecdotes, ideas, and responses

Use what works, ignore what doesn't. Have some fun with these thoughts!

1. In listening to our self better we may model ways callers then copy in connecting better within themselves and to others around them.
2. It can help to explain counselling briefly at the start. A stereotype of counselling is that you have to talk honestly about everything. It can be a relief for callers to know that they have control, and don't have to feel guilty if they withhold. Withholding is a useful life skill. "Counselling is about having a safe place and a safe space to talk. There may be things we talk about, or questions I ask, that you don't want to talk about and that's okay."
3. Often what is difficult for callers is their feelings about the feeling (Sabel pers comm., 2001). They feel worse about feeling worse. The primary feeling may be too touchy to go near at this stage, or an event non-reversible, and they know that. By separating out these feelings, it may reveal something that was always there, it's straightforward and true; they just hadn't seen it.
4. In hardship there may be no 'answers'. Therefore the risk is we may push the caller to being positive, or raise questions that are not relevant to the caller at that point.
5. One of the best salesman I ever saw never 'sold'. He'd wander around the store, brushing trousers, rearranging hangers, all the while talking in fits and starts about his elderly father, how they'd done the mowing, some other incidental thing, bending over or half looking my way, caring/not caring. I felt attended yet not imposed upon, it felt personal, I felt freedom, he drew me. It wasn't about the sale, it was about being with each other. Think about how you can fill the space, say descriptive, or tell a story.
6. Carl Jung would ask people what they'd been doing in the hour before they came. Usually this told him a lot.
7. Callers may be unsure where to start. I might talk about things we could do, expanding on some, glimpsing over others. "I don't know, what do you think?"
8. Angry people usually feel bad about 'losing it' and anxious people can feel leary of anxiety. The word *emote* means 'to move'. Feelings are signals, they are natural and have a purpose. For instance if one was confronted by a saber tooth tiger, then if feeling angry meant being sleepy, tired, and slow; then that would not be very useful. Emotions are signals, there is a place for anger and there is a place for anxiety. Read up on techniques for your callers like breath control, etc.
9. "Not many of us spend time reviewing our lives, so we are not great at it; it's not usually a habit."
10. So:
 - take a step at a time
 - set some time aside
 - may be you'll have to cut back on some things
 - try to avoid big decisions when you have experienced a significant loss
 - things may get worse before they get better
 - other people have had these feelings too
11. Phrases like "At this time", "At this moment", "At this stage of what is happening." "In some ways, I can imagine this is why you may have felt you have been struggling so much." I like reframes when they are honest rather than tricky.
12. Sensing clients unspoken or unconscious signals I may say "So you stuffed up. No-one in the whole world could possibly stuff up like you." They giggle and laugh, "Oh, it's not that bad". I knew it was within them, but it is a relief, and healing, to have named it. Another common one is "So you are the worst parent in the world. No-one could possibly be as bad as you." We are overly good at burdening ourselves.
13. Milton Erickson, the master hypnotherapist, would suggest that the unconscious screens out the word 'not'. So in expanding a point I may weave in "So you may hope to be relaxed, not that you've achieved it by any stretch of the imagination; you're not relaxed. You may want to be calmer at home and at work soon, but the reality is you're not relaxing." The words hope, achieve, imagine, relax, want, work, want and soon all come through plus it gives time to punctuate the space for the subconscious to take it in. The subconscious only does what it is willing to do. Yet it can need some reminding and relearning to help the person on their way.
14. I like to acknowledge the 'dark'. This respects reality, it is real. If you are going to lance a boil, you've got to know what it is, where it is, and be prepared to name things. "Losing another relationship has hit you hard." This can take time

I think we need to have a nice brush handy that feels really good to rub over our back, down our neck, and across our shoulders to brush it all off.

Telephone Counselling (Continued)

The search points toward the liminal; and I suspect, it's the journey rather than the destination, that surmounts the fear within us and our callers; untapped fractures, strengths and all.

for the caller, and for us it may need a certain directness, "Heh, you've got a boil there."

15. There is a difference between saying "I am anxious" to say "I feel anxious". With 'I am anxious' I become it, that this is all I am, whereas saying "I feel anxious" means it is a part of me, not all of me. I want calls to be defined more at the level of the caller, than the level of the condition.
16. Similarly, calls beginning with mental health struggle or distress... "How are you sleeping?" This question works at a number of levels. It leaves direction open yet is directive. I'll continue, "We know sleep is a key factor to mental health, or how we are feeling." Sleep may be explored providing a redirection in focus and a containment of hopelessness and distress. Callers feel we have knowledge as well as feeling acknowledged. Irrespective of where the call goes, it has been expanded; we have 'fronted up' the 'demon'; given ourselves room and our callers have this modelling to follow.
17. Check in with callers about how they are finding the call, "How are we going, are you finding this useful, not useful?" followed soon after by "How is it useful?" Feedback can help us to learn from the caller, change tack, or push further into an issue than we may have been willing to do. These ideas draw on the outcomes-based approach to therapy (Duncan, Miller and Sparks 2004) which has significantly raised the effectiveness of therapists.
18. As a telephone counsellor, offload to someone supportive. I think we need to have a nice brush handy that feels really good to rub over our back, down our neck, and across our shoulders to brush it all off, wouldn't that be nice; to own our weakness, then let it go. The person we have to live with at the end of the call is us. Caller can unwittingly put the blame and shortcoming they feel onto us. Supervision is useful in recognizing this, and in understanding underlying patterns of where callers are coming from.
19. "If you are going to keep speaking in that manner, then I will be terminating the call." Giving ourselves permission to respond rather than react to angry, upset, or unreasonable people; gives us the freedom to terminate a call.
20. I said earlier I prefer the call to be defined in terms of the caller, rather defined by the condition. Take "I feel depressed" for example:
 - "So when you say you feel depressed, what do you mean by that, what do you notice"



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- "How long have you felt that way, when did you first start feeling that way?"
 - "Out of ten, how depressed would you say you feel now?"
 - "And going back to before, how would you rate that out of ten?"
 - "Have you noticed any changes over that time? Would you say you are getting better, staying the same or not, at the moment?"
21. Client repetition may signal that the psyche is waiting for us to do something. Cutting across them may be the very thing they are waiting for. "Could I cut across you there? When you were talking, there were some thoughts or feelings that I had. Would it be useful if I put that out there?" Once they give the go ahead, we can save ourselves some wiggle room by, "Yes, there was a part of me that thought/felt..."
 22. "What do you think you might do about that?" keeps responsibility with the caller.
 23. Telephone callers often say it's been a relief to talk to someone, and somebody other than friends or family. They can want a sounding board which may involve our opinion.
 24. "It is often said that there will be a light at the end of the tunnel. But be aware of the tunnel!
It can be a juggle to get balance in life or medical treatment right. Persevere! Be flexible. There will be some friends you talk to who won't be helpful, that won't understand. They are part of the tunnel. Keep going. Find someone else. Speak to a doctor who helps or a professional that cares. If you don't like them it could mean they are just telling you what you don't want to hear.
 25. As telephone counsellors we often expect to be useful. If we are not, then we take it as a reflection of our ability. May I suggest letting go of that burden of expectation because it really may not help.
 26. Many people are damaged through abandonment and emotional neglect as a child. The isolation of Westernised living also parallels this in some ways. Just 'being there' for people can be healing. We can rush people when they just need time to sit with something. Often things dawn on

people because we have given them the miracle of time; stretching time without having to ask a question, pursue a direction, or fill the space.

Conclusion

The world is western, isolated, fractured and distanced. We bring hope and healing among hurt. When callers sense that we can 'go with' them, they open both to us and to themselves.

I name Presence in Practice as a meaning-centred approach; modelling life, hope and healing. It is a relevant addition to activity-based approaches which, while pushing into liminal space; still hunger and thirst for more. They will not find it.

The search points toward the liminal; and I suspect, it's the journey rather than the destination, that surmounts the fear within us and our callers; untapped fractures, strengths and all. Acceptance when we get there is not a matter then of change. It may be, but perhaps getting there knowing how to go there and go back, is not a goal, but a glimpse of who we are, and all that we can be.

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Short Biography

Owen Kessels is a Counsellor working in private practice. He maintains an interest in family therapy through the Queensland Association for Family Therapy, and is a member of the AASW. He is highly creative in therapy and works with sandplay and symbol work, as well as traditional verbal approaches. Owen worked in statutory child protection for one year followed by four years with Lifeline - Ipswich and West Moreton counselling abused children, perpetrators and wider generic counselling with people of all ages. He is 43, has 4 kids, 3 dogs, and too many chooks.

Lifeline, pioneered phone counselling in Australia, began through the call of a suicidal man late at night to a church minister.

ACA

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



AVOID THE PITFALLS OF PRIVATE PRACTICE

I was rather concerned at the results from the recent survey of ACA members published in Summer 2005's Counselling Australia. Although it was interesting to read that 52.3% of respondents worked in private practice, I was surprised that 29.8% earned less than \$10 000 per year, a further 12.4% earned \$10 000 to \$20 000, and only 2.5% earned over \$50 000 per year. Given the amount of training and expenses involved, it concerns me that so many private practitioners are earning so little. Now perhaps a large number of practitioners are content with running their practice on a part-time basis, earning a small income. But my experience is that many counsellors, psychologists, natural therapists and other practitioners struggle in knowing how to generate more business and would definitely prefer to be earning more.

So where are private practitioners going wrong? There are ten common pitfalls that cause many to stumble. The first, I believe, is operating your business like a charity. New practitioners often undercharge for their services out of a fear of not attracting clients. Unfortunately, this leads to the problem of not running your practice profitably. Of course, you can provide some services at low or no charge if you wish. I am of the belief that many practices do too much of this.

The second pitfall is doubting your expertise and ability to succeed. Just about all new practitioners struggle with their self-confidence and wonder if they are 'good enough' to work in private practice. Unfortunately, this lack of confidence not only affects what they charge for their services, it is also likely to interfere in doing what it takes to succeed. Even worse, they are likely to present themselves poorly to potential clients and referrers. Let me tell you that appearing desperate is not a look that will inspire confidence. The good news is that there are ways to build confidence or at least to appear confident when building a practice.

Being just like everyone else is the third mistake I see therapists make. In the same research, a majority of counsellors identified as generalist practitioners. By not giving your practice a point of difference to other practices you end up not standing out from the rest. Nor are you giving clients a reason to come to see you in particular. Effectively promoting your specialties is but one way of standing out from the rest.

Number four on my list is looking like an amateur. Home-made business cards, badly written practice brochures, and poor personal presentation are 3 examples. Unfortunately such practices do not inspire confidence in you from potential clients or referrers.

The fifth pitfall is winging it when networking. By this I mean not targeting effectively potential referrers of your ideal clients, not being prepared in what you will

say, and then not saying it easily or confidently. Clumsy networking can be a waste of your time and not produce the results you are wanting.

Advertising instead of relationship building is the sixth mistake I see private practitioners make. They target their marketing at people who do not know them at all rather than building on relationships with past clients and referrers as well as others who are known to them.

Pitfall number seven is letting clients slip through your fingers - not converting enquiries into people actually making an appointment, turning up and paying your fee. Connecting well with callers, being prepared, and as helpful as you can be is the start of increasing your conversion rate.

The eighth common mistake is keeping a low profile in your community. By effectively using the media, you can generate free advertising for your services and position yourself as an expert in your community.

Number nine is putting all of your eggs in one basket. By this I mean relying solely on income from the counselling you provide. The good news is that there can be different streams of income associated with your expertise. By generating income through workshops, therapeutic groups, or products you produce, for example, you not only increase the profitability of your practice, you also give yourself something to do during quiet periods.

The last common pitfall is loving, then leaving, your clients and referrers. Your past clients are much easier to re-engage for your services than people who have not been to see you. So, it is important that procedures are in place for staying in touch with clients and saying thank you to people who have sent people to see to you. A regular newsletter and hand-written thank you cards are two examples of staying in touch.

Here is a summary of the 10 pitfalls

1. Operating your business like a charity
2. Doubting your expertise and ability to succeed
3. Being just like everyone else
4. Looking like an amateur
5. Winging it when networking
6. Advertising instead of relationship building
7. Letting clients slip through your fingers
8. Keeping a low profile
9. Putting your eggs in one basket
10. Loving, then leaving, your clients and referrers

People are always asking me what do they need to do to attract more clients. So, I have just released a FREE e-book, entitled "The Pitfalls of Private Practice and How to Avoid Them". This is a great resource for those who wish to build a successful private practice. To gain your copy, simply send an email to privatepractice@kenwarren.com.au or visit my website www.kenwarren.com.au

There are ten common pitfalls that cause many to stumble.

Internet and Computer Resources Compiled by Angela Lewis



This issue I would like to focus on the Internet Browser. Please note this tutorial is applicable to Microsoft IE Browser, as this is the most commonly used one.

Apologies to those who are using a different version.

IT Tutorial Section with a Focus on the Internet Browser

Where did my Internet Address Bar go?

If you are running Internet Explorer (which is the most widely used), then you need the address bar so you can type in the Internet addresses you wish to access. However sometimes it may accidentally disappear. The Address Bar is like any other toolbar in the Microsoft programs and can be easily turned on or off. Open the Internet browser and then right click any blank space on the other toolbars across the top of the screen. This will bring up the viewable toolbars – just left click on 'Address Bar'; and it should be returned.

Internet Browser Keyboard Shortcuts

- Hold down ALT key and press the Home key
= Your Homepage
- Hold down ALT and press Left Cursor Arrow
= Back to the previous page
- Hold down ALT and press Right Cursor Arrow
= Forward to the next page
- Hold down ALT and press Up Cursor Arrow
= Scroll page up
- Hold down ALT and press Down Cursor Arrow
= Scroll page down

Moving Through Internet Pages

Ever wonder what happens when you hold down the Shift key on a Web page and spin the wheel on your mouse? Internet Explorer goes either backward or forward through the pages you've recently visited, depending on which direction you spin that mouse scroller wheel.

What is a...Buffer?

A buffer is basically an area of memory that a hardware device or software uses when it needs a constant, flow of information. If you ever listen to streaming audio, such as Internet radio, the program you use probably "buffers" the signal a little before the music starts to play. It works by your audio program collecting a few seconds of audio, then starting to play them. If there is a split second interruption, you don't generally notice it since the audio you're listening to is already a couple seconds old. Since you're not listening to the audio at the same instant it comes in, it gives the program a few seconds to compensate for any slight interruptions (and there are lots of those).

File Extensions that mean 'music'.

If you see a file with one of these extensions, then this means they belong to the category of a music file:

.wav, .mid, .mp3, .ra /.rm, .avi, .mwa, .wmv and .asf.

Websites

Computers and Seniors: The Melbourne Age (14/1/06) newspaper reported recently that a study

by BeyondBlue™ has found that computers can help people with depression. The study looked at older carers and how computers helped to link them to health and support services. The study reported that participants reported increased confidence from learning a new skill, as well as a sense of engagement with the world and other people. Thinking about that I took a look around at what was for seniors and I found 'greypath' at www.greypath.com, what appears to be an excellent source of information, training and contact for seniors. I actually got quite engrossed in reading the posts to their forum and found there to be a real sense of community between the members. They have a house sitting link, where senior who want to house sit and those that require a housesitter advertise. To be honest, I always thought housesitting was something confined to young folk, so you live and learn!

Internet Date a Prisoner: Also in my surfing around, I stumbled onto a website for getting into contact with inmates in American prisons, set up just like a singles dating site, with photos of the inmates. Each person has a profile and a description of what they are looking for in a partner or friend. Each profile also contains the details of the crime they have committed, when they were incarcerated and when they are getting out. While the rehabilitative aspect of criminals being able to make contact with people in the normal world is no doubt positive, I was personally troubled by how inviting some of the men may appear to certain women. Some of the men are physically very attractive and have written very interesting, thoughtful and enticing descriptions of themselves and how honoured or delighted they would be to have some email or letter contact with a woman. I was troubled at how easy it would be for a woman find herself in a relationship with a man who is potentially dangerous. No doubt the aspect of danger is what prompts some women to make contact. Take a look at these American sites (Australia does not currently have any email/online sites for prisoners), www.inmates.com, www.penspalsinprison.com or www.writeaprisoner.com

Photos: www.Freefotos.com provides an archive of good quality photos for free use.

<http://spaces.msn.com/> Here you can set up your own pictures provided you download msn's picture loading software. You can restrict permissions or leave your pictures accessible to anyone.

And finally, the link below has a story about a man who was internet dating his mother without realising.

<http://entertainment.tv.yahoo.com/entnews/wwn/20051209/113414040052.html>

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

Some of the men are physically very attractive and have written very interesting, thoughtful and enticing descriptions of themselves and how honoured or delighted they would be to have some email or letter contact with a woman.

HIV/AIDS and Confidentiality – By Damian Walsh

Abstract

This article addresses the important issue of confidentiality where a client or family member is infected and or affected by a crippling and highly emotive issue in their life; in this case HIV/AIDS. How can the counsellor maintain the trust necessary for an open, honest and therapeutic relationship without confidentiality?

Benevolence refers to acts involving the prevention of harm and the removal of harmful conditions.

Amongst the many challenges confronting those working with HIV/AIDS has been the conflict of the rights of the individual versus that of the wider community. In ethical terms the conflict confronting people infected and affected by this pandemic is between CONFIDENTIALITY and BENEVOLENCE. How can one maintain the trust necessary for an honest, open and therapeutic relationship without confidentiality? Do we not have an ethical obligation to do the best for our client? "Respect for an individual's autonomy and the right to privacy is an obligation owed by the health care worker." [Mitchell, et al, 1996] Confidentiality is crucial to protecting the private interests of those with HIV and AIDS as a way of encouraging individuals to come forward for counselling, testing and medical care.

The principles of non-maleficence (to do no harm) and benevolence (to do good) are difficult to separate as we

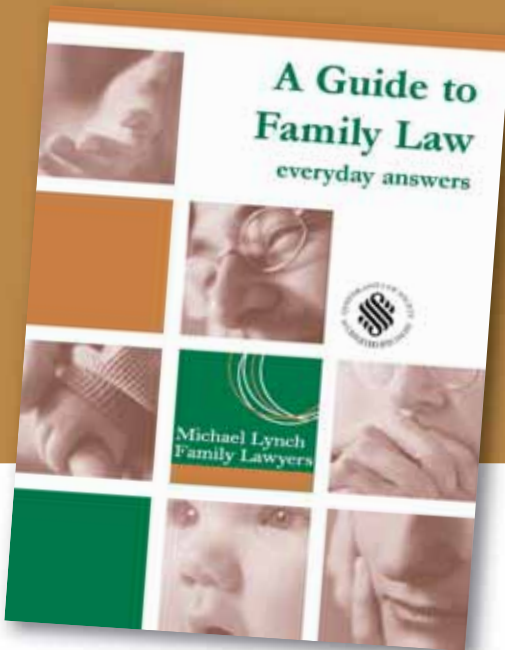
look at the moral requirement not only to respect the autonomy of the individual but also to safeguard the health of the whole community. "Tension exists on the confidentiality/benevolence issue as it touches the individual's autonomy, privacy and freedom. The question is how far individual rights go vis-à-vis the collective interest in health." [Overduin, 1989]

The principle of benevolence implies a social order in which individuals have obligations to one another as members of the community. Benevolence refers to acts involving the prevention of harm and the removal of harmful conditions. It implies positive benefiting, while the principle of non-maleficence is often restricted to the non-infliction of harm.

In confronting issues of public health it is argued that not only is harm protection an aim, but also to provide a positive service or support for the person living with HIV is important.

Confidentiality is one of the foundations of the doctor/patient, counsellor/client relationship and has been tested and examined and re-examined under the probing eye of HIV/AIDS. Many debates have centred on the efforts to limit the pandemic in the public health domain and the extent to which confidentiality might be breached. In other words individual privacy versus what is considered the rights of society in general.

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HIV/AIDS and Confidentiality (Continued)

People living with HIV/AIDS face a range of physical, emotional, psychological, social and spiritual issues. Health care professionals, counsellors, pastoral workers and clergy need to be aware of the conflict between the doing good of possibly protecting society and the individual rights of autonomy and confidentiality. Those with HIV have the same rights as other clients and patients. People living with HIV do have another obligation and that is to be responsible in the manner of their behaviours. However is it not true that we all have an obligation to be respectful of others and be aware of how our actions may impinge on the rights of others?

It is this change of attitude and behaviour that the doctor/worker/counsellor can endeavor the patient to act in a manner which causes the least harm to society as a whole. "HIV/AIDS policies should be designed for the general good, and the benefits weighed against the harms. There should be no infliction of harm on people, including those living with HIV/AIDS or those suspected of having it." [www.unaids.org/documents/human rights]

Intrusions into privacy, discrimination in relation to employment and housing have occurred and still occur within Australia. Various Acts of Parliament have been passed to protect the wider society and those living with HIV and AIDS [The AIDS Manual, 1994] The problem still arises however when an individuals actions, sexual activity and/or needle sharing places another in danger of infection. The pressure on the counsellor/medical practitioner is often compelling to disclose in such situations. The limits to confidentiality in a situation can only be broken when there is a clear and immediate danger to another. All efforts at counselling endeavoring the individual to take responsibility must be adhered. Extreme care must be taken before any disclosure is made.

Mental, emotional and spiritual support to the person living with HIV/AIDS provides greater scope to enable development of coping skills, improved self-esteem and a change of behaviour than disclosure of an individual's status.

Truth, charity and justice ought to be invoked when one considers behaviour change. "Public health authorities have to follow the line of persuasion and not coercion. The objective should be to convince people to avoid dangerous sexual and drug behaviour and to develop a personal sense of responsibility." [Vella, 1989]

Unwarranted disclosure of a person's HIV status can cause a great deal of social, emotional and economic harm. "Failure to respect confidentiality drives patients away from HIV testing, counselling, treatment and discourages patients from future confiding in a counsellor or physician." [Gostin, 1995]

The integrity of the professional and the individual patient/client is of paramount importance. Integrity is about what we will and will not do. "We all have something to fear: the loss of integrity. Integrity is very much the centre of who we are, and to lose it is to lose an essential part of our identity." [Hineman, 1999]

Damian Walsh, DTeach, BEd, C Addiction Counselling, C Family Therapy, M Soc Sc (Counselling), MACA

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ACA

Truth, charity and justice ought to be invoked when one considers behaviour change. "Public health authorities have to follow the line of persuasion and not coercion.

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.UWS), Grad Dip Couns.(Spo. Perf. Psych.ACAP), Dip T.A.(ATAA), Cert. IV Assess. Work. Train.(ISA), Cert. IV Ret. Man. (ISA)	\$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	Turrumurra	02 9449 7121	Expressive Therapies & Sandplay Therapy, Supervisor. Training., (ACCS)	\$120 / 2hr Session	Face to Face
Rod McLure	Bondi Junction	02 9387 7752	Supervisor Training (ACCS), Psychotherapist	\$110	Face to Face, Phone, Group
Jan Wernej	Caringbah	0411 083 694	M.A., Applied Science, Supervisor	\$100	Face to Face, Phone, Group
Lyndall Briggs	Kingsgrove	02 9554 3350	Dip. Couns., Dip. Clin. Hypno., Clin Supervisor	\$66	Face to Face, Phone, Group
Steve Gunther	Lismore	02 6621 3911	MA Mental Health, Grad Dip Social Comm, Cert Gestalt Therapy	\$90	Face to Face, Phone
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 Trng	\$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
Beverly Howarth	Mitchelton	07 3876 2100	Dip Prof. Healing Science, CIL Practitioner	\$120	Face to Face, Phone, Group
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Lorraine Hagaman	Bridgeman Downs	0413 800 090	M.A., Social Science, B. Bud Comm., Supervisor	\$85	Face to Face, Phone, Group
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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
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
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Gayle Higgins	Heidelberg	03 9499 9312	Dip Prof Couns., Cert. Dysfun Fam Couns., Prof Super Trg	\$70	Face to Face, Phone
Molly Carille	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
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Sharon Anderson	Nunawading	03 9877 3351	Registered Psychologist	\$90	Face to Face, Phone, Group
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Anne Hamilton	Gladstone	08 8662 2386	Grad Dip Mental Health, Supervisor ACCS	\$66	Face to Face, Phone, Group
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Carol Moore	Old Reynella	08 8232 7511	Dip. Prof. Couns. B. Bus HRD, Prof Supervisor	\$99 Ind, \$25 Grp	Face to Face, Phone, Group
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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
Eva Lenz	Fremantle	08 9336 3330	Adv. Dip. Edu. Couns., M.A., Religion, Dip Teach	\$75	Face to Face, Phone, Group
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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

Book Review

Ever wondered if your child will use drugs?

Ever wondered if your child will use drugs?
By Crystal Elliott, 2002

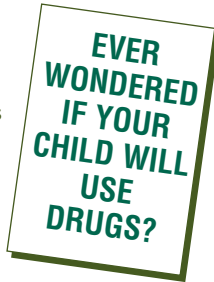
By Crystal Elliott, 2002

This book is great reading for counsellors and parents dealing with the challenges of teenagers growing up in a time where drugs are easily available.

The content includes statistics on teenage drug use, a detailed categorisation of drugs and the paraphernalia required for administration. The author also specifies 'equipment' parents should look out for (eg. spray cans, balloons etc) if they suspect their offspring to take drugs. Physical symptoms and behavioural changes such as sleep pattern interruptions are also listed.

Parents are reminded that adolescents experience reality in a different way and what they consider as minor stress might be perceived as devastating by an adolescent. Questions such as: "What does your child really feel and think"? really challenge the reader. As long-time former drug addict, the author gives a credible, authentic insight into how easy it is for young people to get involved in drugs. Emphasis is given to the fact, that drug users not only come from 'broken homes' but also from happy families and that the spectrum of users has increased with designer drugs.

One section of the book deals with how parents can prevent drug use in the first place. Parenting advice includes tips on how to communicate with your offspring, what not to say and do and the importance



of rules and boundaries. As a parent I found this section of great interest although it contained nothing new. However, in the context of drug use it was very useful to find the things we should be doing spelled out just to remind ourselves that parenting teenagers is challenging.

For readers who seek further information or help the book concludes with listings of websites such as the Australian Drug Foundation, Family Drug Help etc. as well as essential hotline numbers of services around Australia. Overall, a worthwhile book to read!

Reviewed by Ilonka Guse.

"Shattered Spirits"

DVD (88 mins duration) - starring Martin Sheen, Matthew Laborteaux, Melinda Dillon, Roxana Zal, and Lucas Haas. Executive Director Paul Pompian; Producer and Director Robert Greenwald; written by Gregory Goodell.

Set in the mid 1980's, "Shattered Spirits" is a dramatisation of a family affected by one members' addiction to alcohol. The screenplay shows the life events of this family pre-crisis (before an act of physical violence toward one of the child characters) and post-crisis (after intervention by authorities and court ordered treatment).

Pre-crisis the actors portray the common roles often observed in an addictive system. In this representation



"Shattered Spirits"
DVD (88 mins duration) - starring Martin Sheen, Matthew Laborteaux, Melinda Dillon, Roxana Zal, and Lucas Haas. Executive Director Paul Pompian; Producer and Director Robert Greenwald

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dad is the “alcoholic”, mum the “enabler”, eldest child “responsible”, middle child “rebellious”, and youngest child “adjusting”. The underlying rules of don’t talk, don’t trust, and don’t feel are present throughout this dramatisation.

Post-crisis the importance of external support and intervention is highlighted in the “recovery” phase. Where mum’s denial is challenged, family counselling is used to facilitate understanding and reconnection, and 12 step groups are seen to be the norm rather than the exception.

This DVD may serve useful to individuals wishing to learn more about addictive processes and the effect that addiction has on the individual concerned, their family, and their community. There may also be some benefit in viewing this DVD as a personal growth and/or professional development tool.

“Shattered Spirits” offers the opportunity for critique and discussion of the counselling process represented in the screenplay. From a systems perspective this DVD certainly represents the struggle to achieve homeostasis, particularly post-crisis, when dad is externalised from the family home and major role changes occur within the family unit. As such this resource may be of use as a teaching tool for counselling students.

In relation to suitability for use with clients, distribution would do well being based on individual assessment, with pre-viewing by the counsellor strongly recommended.

Reviewed by Debbie Garrett.

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CROSSROADS - YOUR JOURNEY WITHIN

By Dr David Kaye

The author draws on his experience as a Psychotherapist, to encourage emotional awareness, exploration and change in his readers.

Taking the form of a journey, Dr Kaye shares his knowledge of the human condition in a manner that is easily comprehended by therapists and laypersons. Analogies, metaphors and case studies reinforce this understanding.

The book is very reader friendly in its layout. Chapters are short and thought provoking. It provides the reader with an opportunity to question their reactions and behaviour, while exploring the possibility of the inner journey of change when they reach a crossroad.

The journey takes the reader through aspects of their lives where they may experience “crossroads” and the need to acknowledge and resolve issues that may arise at that time. These “roads” include depression, conflict, self destruction, emotional freedom, assertiveness, success, reality, irony and love.

The author introduces the reader to the dimensions of “tangible self”, “conditional self”, “unconditional self” and the ways in which people inadvertently empower



their “internal prosecutor”. Examples of self protective and self destructive behaviour abound throughout the book.

I believe that this book has a place in every counsellors’ practice. It is about awareness and empowerment. Not only can it be used for personal exploration, but also as a resource for clients to read in conjunction with their “journey” with the therapist. The book leaves the reader wanting more of Dr Kaye’s writing.

Reviewed by Annette Fuller.

Available through Melbourne Books
ISBN: 1 877096 06 7 melbournebooks@hotmail.com

The Presenting Past (3rd ed)

Michael Jacobs

I found his book to be approachable in that it was easy to read and take in the salient points. The principal changes to the 3rd edition of Jacobs’ readable overview of the principles underlying psychodynamic counselling can be summarized as introducing more attachment theory and dividing what were three chapters into nine thus allowing for a more thorough look at the three themes of the book: attachment, authority and cooperation.



It is sometimes thought that psychodynamic counselling is principally interested in the past and involved digging around a person’s history. This book clearly de-bunks this false belief and shows how awareness of the past and of perceptions arising from former experiences informs the present, and in some cases even governs present ways of being, acting and thinking.

The three planks of psychodynamic therapy/counselling namely, the understanding of the therapeutic relationship, theories of development and theories of personality structure, are clearly defined and explained using clear examples of case histories and counsellor/client dialogue.

I particularly liked how Jacobs explained the use of developmental theory and the use of attachment theory in working in a psychodynamic manner. Attachment and trust are looked at not only as issues for the client but as kernel of therapy within the therapeutic relationship. The aspect of this book that has a resonance within me is the importance of not seeing a client or the issues that the client brings as having to sit within a fixed stage. The themes of attachment, authority and cooperation as Jacob describes them run alongside each other, so that the emphasis given to a particular theme rather than another at any one time becomes the choice and a sign of the level of skill of the counsellor.

A criticism of psychodynamic therapy as it is often portrayed is that it focuses too much on the past. One of the interesting features of this book is that it clearly brings alive, with explicit examples, how a counsellor using this approach to his/her work can utilize the client’s history to allow the present thoughts, feelings and behaviours be involved in the therapy. The

CROSSROADS - YOUR JOURNEY WITHIN
By Dr David Kaye

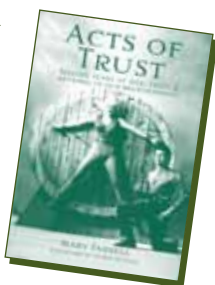
The Presenting Past (3rd ed)
By Michael Jacobs

therapeutic relationship becomes a medium through which the effects of the past can be reviewed and its effects be adapted to the present and into the future.

Review by Damian Walsh.

“Acts of Trust” By Mary Farrell

As the author states in the introduction, “My purpose in writing this book is to look at the ways in which trust is built between us, how trusts begins, how it develops and how, sometimes, it is destroyed”. In order to achieve this aim Farrell relies heavily upon the use of example. She draws from her experience as a trained psychotherapist to include studies of her own clients as well as drawing from psychological and fictional sources – using art as a more popular means of illustration. However, whilst it is always a good idea to provide examples upon which to hang the major points of any book, at the same time, it should be ensured that those very points are not lost beneath a lack of direction or ambiguity in the examples themselves.



“Acts of Trust” By Mary Farrell

Due to this ambiguity of the studies that Farrell provides, and the lack of concise reasoning, it is often difficult to pinpoint where the actual act of trust is supposed to be, and therefore, why the example used in the first place, despite the clarity of the readable language. As the focus seems to be more on filling the book with references (from Shakespeare to “The Sopranos” to “Kill Bill”), rather than the actual investigation of the concept of trust and its cultivation, Farrell’s original intention falls by the wayside, and whilst there is an attempt to relate a developmental perspective on the beginnings of trust and mistrust, this is only briefly grasped before moving onto further example.

Though it would perhaps be clinically helpful to use the stories as a discussion point between counsellor and client, as an informational, investigational book, I found it to be of little benefit.

Reviewed by Daniel O’Keefe.

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Cultural Infused Counselling

is written clearly, albeit rather protracted, in summarising author's points of view.

However, the primary benefit of this mosaic is the extent to which it highlights & reinforces the crucial need for acquiring a beneficial outcome within any therapeutic process is reliant & founded upon the solidarity of the Counsellor's authenticity, Self- knowledge, awareness and consequential ownership of their viewpoint.

Which also demonstrates Counsellor's need for honest self-appraisal in acknowledging their professional level of ability & skill in maintaining a therapeutic client focussed process rather than assuming an educative stance based theoretical knowledge and on ones biased perception.

Throughout this text a major focus appears to be placed on "differences" being the problem, assuming client requires a counsellor to perform from a perspective of an educative stance of a teacher rather than a mediator.

The teacher perspective highlights counsellor as being superior and all knowing, serving to direct client toward counsellors perception as to what would be most suitable for the client. The overall principle presented here has the potential for being a double edge sword with detrimental effects. Cultural > educational & Infusion > mixture = segregation = tends to highlight a discrepancy.

The content of the book identifies the pivotal



ingredient to eliciting a beneficial outcome or goal in counselling in general, that being the fundamental high level of both a self - aware person and an informed skilled professional.

However, the writers appear to demonstrate their own judgements or bias with relevance to the inferior ability of counsellors in general in applying functional cultural counselling.

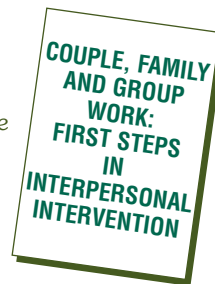
Undoubtedly, The mosaic of cultural infused counselling may be a valuable resource for the novice contemplating counselling as a profession, serving to highlight the communication breakdown that can occur within any counselling process in one lacks self awareness of biased opinions not realized.

Diane Kirk

Couple, Family and Group Work: First Steps in Interpersonal Intervention

By Hugh Crago

Couple, Family and Group Work covers the basic essentials of working therapeutically with couples, groups and families. One of the main aims of the book is to highlight the basic skills and principles common to the work of all three groups without labouring the theory. In this respect it is a refreshing contribution to the body of recent work in this field.



Cultural Infused Counselling

Couple, Family and Group Work: First Steps in Interpersonal Intervention
By Hugh Crago

The book flows very smoothly with the help of Crago's 'plain language' style, the painless way in which knowledge is built in layers and the choice of superscript rather than the Harvard-style bracketed references. Notes and references provided at the end of each chapter offer the reader a rich opportunity to more thoroughly investigate the theoretical underpinnings and/or the origins of the author's perspective.

As a reasonably experienced (10+ years) practitioner particularly in couples and group work I found this work stimulating and illuminating. It brought freshness to principles first appreciated some years ago while introducing some new ideas and reference material contributing a new richness to my work. I particularly appreciated the way in which Crago wove a blend of core psychodynamic and family systems principles through real examples of his own clinical practice. Crago's commitment to represent only clinical examples that were truly familiar to his own practice brought authenticity and depth to his discussion.

I have already recommended this book to group facilitators relatively new to the field because it is so readable and unique in its capacity to draw together the significant relationship between couple, family and group work. As a lecturer in University level counselling skills I know it would be an invaluable asset to trainee counsellors in



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providing a very common sense introduction to the relevance of the core theoretical approaches of psychodynamic and systems theory as well as assisting their consideration of future career directions.

Reviewed by Andrea Pelletier

Contact paul_yanon@mcgraw-hill.com
Phone (02) 9900 1836

GROWING UP AGAIN – 2ND EDITION

(Clarke & Dawson)

This is an outstanding book or should I say tool and resource. Firstly I loved the title. Wording on the front and back cover quickly wet my appetite.

Initially flicked through and noticed an interesting blend of texts, charts, pictures and stand out verses in boxes, symbols. So much more than simply story telling and would appeal to many learning types.

By now I was hooked and couldn't wait to look and delve more deeply.

For those lover of words and the power which they engender would be captivated by the opening



sentence which states “This is a book of Hope” and I believe it is. Crammed with workable and assessable tasks which provide tools, action and assessment, guidelines and flexibility throughout the stages of life. Nice terminology used in replacing the over-used and somewhat stigma attached word “dysfunctional” with uneven parenting.

A user friendly book that could be seen as a tool for counselors i.e., tables for assessing, reviewing and measuring and as an adjunct and tool to run alongside one-to-one and group counseling. Points of interest or concern could be easily identified, isolated and worked through point by point over a series of visits. Because of the set out and structure a lot of work is already been done in identifying and acknowledging therefore making the material very useable for either the counselor or by an interested individual.

I was impressed with the generous offer by the writers that users can copy tables and other various parts of the book.

The book is a work and reference tool that could be used over and over and very helpful resource for the transference of learning, engendering of hope and learning of new skills.

Reviewed by Carol Hardy.

**GROWING UP
AGAIN – 2ND
EDITION**
(Clarke & Dawson)



ACA Advertising Information and Booking Form

'Counselling Australia' journal is published quarterly in **March, June, September** and **December**. The journal is an electronic peer reviewed journal that is sent out to over 5000 email subscribers and posted on the ACA web site which receives on average 25,000 hits a month. The journal is the 6th most visited page on the journal. All advertising is to be submitted to ACA no later than 7th of the previous month (OTPM).

Display Rates and Sizes as of 18/4/06

Code	Ad Size	Dimensions	Cost
A8	One eighth Page Ad	92mm wide x 60mm high	\$40
A4V	Quarter Page Ad Vertical	92mm wide x 122mm high	\$80
A4H	Quarter Page Ad Horizontal	188mm wide x 60mm high	\$80
A2V	Half Page Ad Vertical	92mm wide x 248mm high	\$150
A2H	Half Page Ad Horizontal	188mm wide x 122mm high	\$150
AF	Full Page Ad	188mm wide x 248m high	\$280

Advert Format and Colours

Microsoft Word Files:

Text for ads and articles can be supplied in Microsoft Word Format. Artwork itself should not be supplied in Word due to pictures being generated as poor quality and any colours chosen do not use Pantone Specs as mentioned below. Pictures supplied in Word cannot be guaranteed to be of good quality.

EPS Files:

All text within files must be converted to outlines/paths or all fonts must be supplied to avoid conflicts. We support the use of Type 1 fonts ONLY. Similar fonts will be substituted from our library if none are supplied. This may alter the way those particular fonts appear.

PDF Files:

Supplied artwork must be created using the "print" setting in Acrobat Distiller. All other settings create low resolution PDFs, which are unsuitable.

Images Used:

All photo images need to be 300 dpi at the size they will be used in the journal. This may mean supplying an image at a larger size and high resolution so as to allow it to be resized without loss of quality to the resolution needed for the actual size used, otherwise quality cannot be guaranteed.

All Bit Map logos (Black and white with no greyscale tones) should be supplied at 800-1200 dpi at the size required in the magazine, otherwise quality cannot be guaranteed.

Colour:

As the journal is an electronic journal adverts are in full colour.

The **Email of the Month Newsletter (EOM)** is emailed to over 4,500 email addresses each month, both nationally and internationally. The EOM is sent out at the end of each month. Adverts for the EOM are to be received by ACA by 22nd of the month (no adverts after this date will be accepted). All adverts are to be emailed in **Word** format only with no graphics. The advert can be hyperlinked to your web site. Cost \$88 per advert.

Conditions:

- The **booking form** must be signed and returned to ACA with the **advert and payment** prior to 7th OTPM
- Once the advert is submitted, a cancellation fee of \$33 will apply for all cancellations.
- Artwork can be provided by the printer for a fee of \$88.
- Once advert is submitted any changes to original advert will incur a fee of \$33
- *All prices quoted include GST.*

Medicare Rebates for Counselling

The following response is from the Ministers office in regards to Medicare rebates for counsellor. ACA has received the same information.



Australian Government
Department of Health and Ageing

Mr Ian Brown
Progressive Counselling and Training Services
Email: ianbrown@progressivecounselling.com.au

Dear Mr Brown

Thank you for your letter of 12 May 2006 to the Minister for Health and Ageing, the Hon Tony Abbott MP, concerning the counselling profession. The Minister has asked me to reply on his behalf.

Health professionals who are eligible to deliver services for which Medicare Benefits Schedule rebates are payable, must be registered under state or territory law, and should have a professional association which provides suitable uniform national registration requirements. At present, counselling professionals do not meet these criteria.

Registration under the relevant state or territory law enables professional bodies to regulate the conduct of members, and membership of a professional association with uniform national registration requirements assists in the provision of consistent and appropriate services.

Allied health professionals who meet eligibility requirements through membership of a national professional association, are usually required to meet specific credentialing requirements developed in consultation with the profession. These eligibility requirements help ensure that Medicare allied health providers maintain a high standard of qualifications, skills and training.

I suggest that you contact both the Australian Counselling Association (ACA) and the Psychotherapists and Counsellors Federation of Australia (PACFA) to inquire about progress towards national registration.

I trust this information is of assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nathan Smyth', written over a horizontal line.

Nathan Smyth
Assistant Secretary
Mental Health and Suicide Prevention Branch
June 2006

GPO Box 9848 Canberra ACT 2601
Telephone: (02) 6289 7343 Fax: (02) 6289 8788

N.B. ACA met with PACFA in January this year to resolve these types of issues and suggested an external working party that equally represented each association be formed. ACA proposed the forming of an external working party to build bridges between the two associations to resolve these important matters. Mr Ron Perry (PACFA President) indicated at the meeting that he would support such a proposal to the PACFA board. In Mr Perry's 2006 Presidents report to the PACFA council Mr Perry acknowledged that "ACA wished to work with PACFA on advocacy questions" but stated that "the PACFA board had decided not to accept this offer". The ball is and remains with PACFA on the above issue if we ever wish to receive Medicare recognition. ed

ACA proposed the forming of an external working party to build a bridge between the two associations to resolve these important issues.



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