

Volume 6 Number 4 Summer 2006

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



SUMMER

*"... then the minister said
I could not give Medicare
provider numbers as presents"*



**Inside I am
Screaming: The
Internet and Eating
Disorders**

**Counsellor education
as practice: An
Australian narrative
reflection on teaching
and learning the
practice of
counselling in a
university setting**

**A Taste of Tango –
A Process Oriented,
Holistic Approach to
Counselling and
Psychotherapy**

**Internet and
Computer Resources**

**Call for members to
form Task Force:
Rebates for
Counsellors**



EzePOS – Eftpos made Easy has formulated an offer giving all members of the Australian Counselling Association (ACA) the opportunity to reduce their merchant fees for FREE!

For businesses without EFTPOS we can still give you the BEST deal!

No need to change your bank account!

- Application and Installation fees - WAIVED!
- Credit Card transactions from 0.70% - 0.85%
- Debit Card transactions from \$0.11 - \$0.25
- Fixed-line terminal rental \$5.50 p/w
- Mobile terminal rental \$7.25 p/w

Yes please! Tell me more about this offer!

Business Name:

Contact Person:

Contact Phone Number:

Email Address:

Existing Merchant Provider:

NATIONWIDE FREECALL:

1800 100 767

The logo for EzePOS, with 'eze' in a light blue, lowercase, rounded font and 'POS' in a bold, dark blue, lowercase font.

OR FAX TO:

WA, NT & SA: (08) 9270 0333

QLD: (07) 3020 3816

VIC: (03) 8610 1034

NSW: (02) 8569 1835



© Counselling Australia.
 No part of this publication may be reproduced without permission. Annual subscription is free to members of the Australian Counselling Association. Published every March, June, September and December. Opinions of contributors and advertisers are not necessarily those of the publisher. The publisher makes no representation or warranty that information contained in articles or advertisements is accurate, nor accepts liability or responsibility for any action arising out of information contained in this journal. Letters to the Editor should be clearly marked as such and be a maximum of 250 words.

Counselling Australia

Published by
 Australian Counselling
 Association Pty Ltd
 PO Box 88
 Grange QLD 4051
 Telephone: 1300 784 333
 Facsimile: 07 3356 4709
 Web: www.theaca.net.au
 Email: aca@theaca.net.au

Editor
 Philip Armstrong

I.T. Educator
 Dr. Angela Lewis

Editorial Advisory Group
 Dr Randolph Bowers
 Dr Ted Heaton
 Dr Travis Gee
 Ken Warren M.Soc Sci
 Alison Booth BA(Hons), Grad Dip.Psych
 Philip Armstrong B.Couns, Dip.Psych
 Adrian Hellwig
 M.Bus(com) B.Theol., Dip.Couns

Printed by
 Cross & Hamilton Printers

Front Cover by
 Philip Armstrong

ISSN 1445-5285

CONTENTS

Regular Articles

- 2** Editorial – Philip Armstrong
 Editor, Counselling Australia
- 19** Internet and Computer Resources – Compiled by Angela Lewis
- 20** Register of ACA Approved Supervisors
- 27** Private Practice with Ken Warren
- 22** Book Reviews
- 3** Inside I am Screaming: The Internet and Eating Disorder
 By Dr. Angela Lewis
- 8** Counsellor education as practice: An Australian narrative reflection
 on teaching and learning the practice of counselling in a university
 setting – By Dr Randolph Bowers
- 14** A Taste of Tango – A Process Oriented, Holistic Approach to
 Counselling and Psychotherapy – By Christina Nielsen
- 28** Call for members to form Task Force: Rebates for Counsellors

Editorial By Philip Armstrong



2006 has been a very busy year for ACA. The year started with discussions with the Department of Human Services (Victoria) and the issue of frame works for self-regulating counselling in Victoria. These discussions did not end with any resolutions to be adopted by

DHS however did help to clarify where the state government stood on this issue. These outcomes were discussed in the last journal, Spring edition of Counselling Australia and the November, email of the month newsletter.

This was quickly followed by ACA floating its first tender for brokers to offer ACA an insurance pack for its members who provide private services. This tender resulted in a lower premium with more coverage being offered to our members through OAMPS and underwritten by Vero. The success of this tender will see ACA floating another tender in 2007 to ensure our policies remain competitive.

July saw ACA in partnership with AGCA, QGCA and FPCQ holding the 2006 International Conference on Counselling in Brisbane. This conference brought together counsellors from Europe, Africa, Middle East, Asia, China, USA, Canada, South America and New Zealand. This was the first time an International Conference on Counselling had been held in Australia. The conference was a resounding success which was supported by comments made by the President of the International Association of Counselling, Dr Courtland Lee when he said it was the best conference in IAC's 40 year history. The 2007 conference will be held in Corke, Ireland.

The conference was soon followed by a visit to our sister organisation the British Association of Counselling and Psychotherapy in the UK. This visit was by invitation from the BACP who were very impressed with ACA's growth and our involvement in establishing credible standards and accountability for the profession in Australia. The visit culminated with several ideas for potential partnerships in 2007. These potential partnerships will help ACA to evolve with the help of arguably the second largest counselling body in the world (27000 members).

The latter half of the year was spent organising potential partnerships for the first ever Asian Counselling conference to be held in Hong Kong. I will be travelling to Hong Kong (courtesy of the HK government) in early 2007 to discuss with stake holders potential venues and dates. Partnerships such as these continue to reflect the creditability of ACA within and outside of Australia. ACA is also involved

in discussions to hold the first ever Indigenous Counselling Conference in 2007 with the potential venue being in Cairns. This conference will give Aboriginal and Torres Straight Islanders a platform from which to discuss issues in training and delivery of counselling courses for their respective communities. For further information on these conferences please contact me on philip@theaca.net.au.

The last few months of the year have been taken up with the issue of Medicare provider numbers and the lack of access to these by counsellors and psychotherapists. I have been very interested to note the lack of any passion or action by other counselling bodies in this regard. Much has been written and some reservations expressed but nothing outlining strategies and action plans. I must note that much of what I have seen written has been authored by those who now have access to the rebates, which might explain the lack of passion in some responses. ACA will be responding to this challenge by putting together a task force to deal with this issue. ACA will be giving this challenge top priority for 2007. This issue is being covered in greater detail further in this issue of Counselling Australia.

ACA has ended the year with 520 new members and that means more counsellors in Australia have chosen ACA to represent them as their peak professional body. This can only mean 2007 is going to be even busier for ACA as we grow and evolve as Australia's largest registration body for counsellors and the responsibilities this carries with it.

I would like to thank all our readers, members, member associations, affiliates and advertisers for their support through 2006. I wish you all a safe and enjoyable holiday season and for all those who celebrate it a Merry Christmas and a Great New Year.

Philip Armstrong
Editor

ACA



Philip Armstrong (CEO of ACA) presents Alan Jamieson (Vice CEO of BACP) a plaque to commemorate the first visit of ACA to the BACP on 10 Oct 2006.

The last few months of the year have been taken up with the issue of Medicare provider numbers and the lack of access to these by counsellors and psychotherapists.

Letter to the Editor

Hi Philip,

Just wanted to pass on to yourself and to the ACA members that I have recently taken up a prof. liability policy with OAMPS. Very impressed with the policy and service received. More importantly, I wanted to let you know that I also asked for a quote on my other business insurance (I lease a property for my practice – so need cover for contents, etc). All up, I am now

saving nearly \$600.00 on my insurance bill, and have increased cover than before – a saving of close to 50%. I would encourage other members to consider getting a quote from OAMPS. Well done team – and thanks for the efforts in setting up with OAMPS.

Regards Andrew Hacker
Counsellor/Consultant

Inside I am Screaming: The Internet and Eating Disorders

Dr. Angela Lewis (PhD, MA.Ed, MACA, MAIPC) (peer reviewed article)

Abstract: *This article investigates the use of online communities by eating disorder sufferers such as Anorexics and Bulimics and examines the arguments and issues surrounding the role of Pro-Ana (pro-anorexic) websites.*

Introduction

Teenagers and young people are avid and consistent users of the Internet. Young girls in particular use the Internet to connect with friends using email, chat and message services such as MSN, as well as writing homepages and blogs (Pew Internet & American Life 2002). However, an unexpected community group has formed in this demographic, which is loosely referred to as 'Pro-Ana'. Pro-Ana describes someone who is 'pro-anorexic' and for Bulimics the term used is Pro-Mia. In this definition, people who identify as 'Pro-Anorexic' or 'Pro-Bulimic' embrace their eating disorder (ED) and generally consider it a lifestyle choice and not an illness or disorder (Ana's Underground Grotto website).

On the Internet, the term is commonly used in relation to eating disorder websites, with 'Pro-Ana' or 'Pro-Mia' describing a web-based movement or community which views eating disorders such as Anorexia in a positive light (en.wikipedia.org/wiki/Pro-ana). Pro-Ana sites represent themselves as online communities for those who are *existing* Anorexics and as such are not intended (as is frequently assumed) to lure non-sufferers into the illness. To the people who join them, they can be 'a place' that accepts their status without moral censure or social stigma as well as a site of advice, tips and support from fellow anorexics to help them become 'better' anorexics. While some of the Pro-Ana sites will also provide links to recovery and health sites, being 'Pro-Ana' symbolises a choice *not* to go into recovery. To an Anorexic, if you identify as 'Pro-Ana', then by definition you have chosen to live as an Anorexic or Bulimic at this point in time. The term 'permarexic' can also be used to describe those people who choose to live with their ED for the foreseeable future.

Ninety percent of the eating disorders cases diagnosed are girls and women (APA DSM-IV-TR 2000), with most cases identified in late adolescence and early adulthood. Hsu (2001) has further identified it as a disorder prevalent in young, intelligent women of high social standing. As this demographic is a high user of the online environment, the proliferation of ED communities is of particular concern to eating disorders support groups (ANAD 2006). While women are considered to be more at risk from eating disorders, it is believed that between 5 to 10 percent of people suffering from Anorexia are male, and approximately 10 to 15 percent of people with Bulimia are male. Men who suffer from eating disorders are generally found to participate in jobs or sports that require physical perfection. It is thought these percentages may actually be higher, as some men may be reluctant to reveal they have what has come to be viewed as a 'female' problem (National Institute of Health 1993).

Eating Disorders Overview

Eating disorders (EDs) are characterised by a preoccupation with weight that results in severe disturbances in eating and subsequently other behaviours. Eating disorders embrace Anorexia, Bulimia and generic eating disorders such as purging, bingeing and night eating.

The two most high profile eating disorders are Anorexia Nervosa and Bulimia Nervosa. Anorexia can be defined as essentially self-starvation, as this disorder involves a refusal to maintain a minimally normal body weight, a distorted body image and a fear of obesity or weight-gain (CEED 2006). People who have Anorexia generally develop unusual eating habits such as avoiding food and meals, picking out a few foods and eating them in small amounts, weighing their food, and counting the calories of everything they eat. Its incidence is increasing in the Western world and it has been described as one of the most lethal psychiatric disorders (Eagle et al 1995; Lucas et al 1999 in Hsu 2001).

Sufferers of Bulimia are involved in repeated episodes of binge eating, followed by ways of trying to purge the food from the body to prevent expected weight gain by utilising methods such as self-induced vomiting, misuse of laxatives, enemas, or medications fasting, and/or excessive exercise to control weight (CEED 2006).

Medical practitioners attribute EDs to a wide range of factors including a preoccupation with perfectionism (Hewett, Fiett & Ediger 1995)¹, the cultural influences of dieting (Hsu 1997), a need to control their environment (Bulik & Kender 2000; Emmons 1994), which some theorists also link to family dysfunction (Dare et al 1994 and Le Grange et al 1992 in Hsu 2001), difficulty in managing the stress of growing up (Bruch 1978, Hsu 1983), and the influence of the media (Hesse-Biber 1996; Rich 1999; Shade 2003). It is interesting to note that a distinctive feature of eating disorders such as Anorexia is that they uniformly appear in societies where food is abundant (Polivy & Herman 2002 in Shade 2003).

The Pro Ana/Mia Web Site Debate

Quod Me Nutrit Me Destrui

The above is Latin for 'what nourishes me also destroys me' and is the favourite slogan of one of the Internet's largest eating disorder communities².

At the height of its popularity (2000-2001), the Pro-Ana/Mia community (now onwards referred to as simply Pro-Ana) could be found across hundreds of websites (Wikipedia 2006). However, in late 2001, the American National Association of Anorexia (ANAD) lobbied large web servers such as Yahoo.com and MSN.com to remove Pro-Ana websites in the interests of public safety. Media celebrity Oprah

On the Internet, the term is commonly used in relation to eating disorder websites, with 'Pro-Ana' or 'Pro-Mia' describing a web-based movement or community which views eating disorders such as Anorexia in a positive light.

¹ Many studies have also been carried out to research the relationship between eating disorders and OCD (e.g. Rosen & Leitenberg 1982; Rothenberg 1983); with Rothenberg finding that eating disorders are a modern form of obsessive-compulsive disorder that usually begins in adolescence.

² As well as evidently being tattooed on the actor Angelina Jolie's stomach.

Inside I am Screaming: The Internet and Eating Disorders (Continued)

Winfrey was a key player in supporting the removal of Pro-Ana sites and some detractors point to the anomaly of a woman who continues to diet and share her struggle with weight loss in the mass media, wanting to shut these sites down³. However, their removal from large web-servers has not obliterated them, resulting in these communities being pushed further underground, and some would say thus increasing their lure to the teenage users of the Internet.

In order to research this article, I had to spend some time following dead links and doing diligent searching until I came across some functioning sites that catered to the Pro-Ana community⁴. The nature of the public's attitude towards many of these sites is such that they must change addresses constantly to avoid censure, or close voluntarily as a result of harassment and flaming, or are being arbitrarily closed down by their ISPs. The Pro-Ana communities manage to stay alive by frequently changing site addresses and communicating new web addresses with their community group.

To their detractors, all Pro-Ana sites are automatically labelled as a type of recruitment tool for encouraging others into an eating disorder. However the 'pro' does not actually mean 'promotion'. It means pro or 'for' the Anorexic, as Pro-Ana sites claim to exist as a venue for existing sufferers to talk to someone, whether they intend to continue with their eating disorder or seek to give it up. All the sites that I visited carried a disclaimer along the lines of 'If you do not have an eating disorder then it is better for you if you do not develop one' and the 'Ana by Choice' website disclaimer reads in part:

This site does not encourage that you develop an eating disorder. This is a site for those that ALREADY (writer emphasis) have an eating disorder and do not wish to go into recovery. Warning! Some material here may be triggering.

Pro-Ana Websites and Support: I found there to be degrees of Pro-Ana websites. While some did not acknowledge the possibility of recovery, others recognised that some sufferers wish to recover from their illness and as such focussed on support and community rather than dieting tips. In this way they provide an important forum for what can be both a marginalised and misunderstood segment of society. For young girls that suffer social stigma and misunderstanding of their eating disorder illness, simply being able to communicate with others who share their problems can be a huge relief:

I am an active bulimic, and I know I would be in serious trouble right now if I wasn't in contact

³ While not every person who goes on a diet becomes an Anorexic, it has been argued that when young people diet during their early childhood years, they are more prone to becoming overweight teens and adults. Being overweight early in life increases the risk for maladaptive eating attitudes and elevated weight concerns, as well as negative self-evaluations and body dissatisfaction (Natenshon, 1999).

⁴ I have made a decision not to publish Pro-Ana website addresses in this article, for a number of reasons, including that they addresses change frequently; but will gladly provide these to any ACA member who emails me.

with other mias/anas through the sites I've been on. It's really necessary to get your thoughts and feelings out somehow, and the sites are a great way to do that... (Anon Bulimic)

When you suffer from an eating disorder, you can often feel like a complete freak in society. Why can't I have a normal relationship with food? You think you are crazy. You feel completely alone. You can't tell anybody — nobody understands. You live your life with these secret rituals and safe foods and wonder if you have gone completely off the deep end. Then, you find a pro-ana forum and suddenly realise that you are not completely and utterly crazy. You have a problem, and so do all of these other people, and they have such similar thoughts and habits and fears. These forums are not one-hundred percent about "let's rally and not ever eat!!" They are about finding support and understanding. You are finally able to release everything pent up inside of you, because here they know what it is like (Anon Anorexic)

I think that to take these sites away would be removing a valuable support network that we need to carry on, not with our disease, but with our lives. Most of these people cannot get support from family or friends, and these sites are where they go to talk about what they are going through freely, without being judged (Anon EdNOS Sufferer).

However it is precisely this aspect of community and belonging and how it interfaces with an eating disorder that worries some experts. Bulik and Kendler (2000) argue that when a patient has incorporated his or her eating disorder into his or her identity, then any attempts at recovery or therapy may be viewed as a threat. They believe that unlike patients suffering from other psychiatric disorders, patients with eating disorders are often reluctant to give up or alter their quest for thinness or weight loss. Instead, they embrace their identity as ED sufferers filling their lives with support groups or therapy sessions, and continuing to focus their attention on weight. Pro-Ana communities may in this instance be unintentionally encouraging the eating disorder as they provide an environment and opportunity to belong to the "eating disorder club". Other experts concur, arguing that these 'pro' eating disorder websites are potentially deadly, because they normalise and affirm the very behavior that defines the disease (Hayashi 2006, National Association of Anorexia Nervosa and Associated Disorders website, ANAD)

As a supporter of eating disorder sufferers, Karin Davis (National Eating Disorder Information Centre) points out, dealing with Pro-Ana communities should not be about demonizing Pro-Ana supporters. "The people creating these are not evil," she says. "They obviously find some sort of support and comfort from connecting to others who are struggling with the same thing. On the flip side, they feed off each other's problems. (www.Healthplace.com).

The dilemma of whether it is acceptable to allow Pro-Ana websites to exist has to sit along side questions

All Pro-Ana sites are automatically labelled as a type of recruitment tool for encouraging others into an eating disorder

such as whether regular headlines in the average 'women's' magazine, such as how a media star has 'dropped two dress sizes in a week', or 'how to do a quick detox before bikini time', may also be harmful to the eating disorder sufferer. Women in Western society are continually bombarded with the message that it is good to be thin and that thin equals beautiful. When a quick 'detox' diet before summer is seen as an acceptable practice for the average Australian woman, censoring Pro-Ana sites that may be able to provide support or valuable links to recovery for a teenager who followed the Atkins diet in her mother's fashion magazine then found she could not stop, could be considered by some as hypocritical. Perhaps now that Spain has banned underweight models in fashion shows (Ninemsn website 17/9/06) and an Australian fashion designer caused a public sensation by using normal size women in a recent fashion week show (Sunday Herald Sun 8/9/06), the time may be right to realistically examine the prevailing culture that creates conditions where ordinary girls and women feel 'too fat'.

Common Aspects of a Pro-Ana Website

Diaries: Many author's of these websites offer personal accounts of their battle with anorexia or bulimia and how they struggle with starvation, how they feel about their body image and how they wrestle with taking control of themselves and their self-image. While the intention of some may well be to inspire weight loss among the website readers, the constant struggle and self loathing and self-castigation of the writers does not make Anorexia or Bulimia appear at all attractive. The diaries are also places to keep logs of food intake as well as 'vent' about unwelcome attempts by family members or friends to make the blogger recover from the disease, or the struggles she has in hiding her lack of eating from the rest of the world.

Discussion Forums: so that members can discuss their eating, their weight and their feelings. The forums act as both a source of dietary information and dieting support as well as somewhere to share their feelings and disclose in a non-judgemental environment. I observed the members to be very supportive and protective of each other

Weight Loss Tools: such as BMI (Body mass index) calculators, homeopathic remedies and pharmaceutical pills. However, a search of Google on any given day will reveal similar information on many sites unrelated to Pro-Ana.

Food and Beverage Hints: glycemic counters, calorie counters, lists of foods that are of negative calorie value, recipes for drinks and foods. In fact, all the things you can buy in the average women's or girls' magazine at your local newsagent.

A Recovery Room: this is a discussion forum specifically for recovering eating disorder sufferers. I only located these on a handful of sites.

The more militant Pro-Ana websites would typically contain some of these additional attributes:

Tips and Tricks: mostly a list of methods, tricks and hints on how to make the process of starvation easier. It may give hints on hiding weight loss from relatives and how to pass weekly weigh-ins if parents make a

teenager go to a nutritionist or counsellor. These lists may also contain explicit details on how to vomit after meals with the least amount of discomfort or on what to take to make the vomiting occur more quickly, as well as listing which foods are easiest to purge. This section will also contain tips for ways of avoiding eating and not getting caught (e.g. get up early and rinse cereal and milk around in a bowl and leave in the sink so your parents think you ate before them).

Thinspiration: 'thinspiration' does exactly what the name implies, inspire readers to be thin, by displaying pictures of unhealthily skinny models and movie stars. Favourites are pictures of young celebrity role models, including teen stars Lindsay Lohan, Mischa Barton and Nicole Ritchie. Thinspiration also can include articles on being fat, famous people's height and weight, and triggering quotations such as 'Nothing tastes as good as thin feels', 'Thin has a taste all its own' or 'Food hinders progress'. Some Pro-Ana websites also encourage the use of a personal 'Thinspiration book' to always carry around as a means of remembrance when the person cannot be near a computer or they suggest the use of bracelets (see below).

The less militant sites do not contain 'Thinspiration' and may also forbid tips and caution users that they will be banned if they share tips on vomiting, hiding their food, etc. In addition, they may also provide more information available on related areas of danger such as dental problems, heart disease and diabetes as potentially dangerous to ED sufferers.

The ANA Creed (found on Pro-Ana Websites)

- 1) If you aren't thin, you aren't attractive!
- 2) Being Thin is more important than being healthy!
- 3) You must do anything to make yourself look thinner!
- 4) Thou shall not eat without feeling guilty!
- 5) Thou shall not eat fattening food without punishing oneself afterwards!
- 6) Thou shall count calories and restrict food intake
- 7) What the scale says is the most important thing!
- 8) Losing weight is good, Gaining weight is BAD!
- 9) You can never be too thin!
- 10) Being thin and not eating are signs of true will power and success!

Pro-Ana/Mia Jewellery

It is also possible to buy bracelets on online at eBay that are marketed specifically to ED sufferers. The bracelets signal the type of eating disorder or stage of the eating disorder a sufferer is currently experiencing. In the ED community a red bracelet signals Anorexia, purple is for Bulimia, green is for binge-eating, black is for self-harm, blue for depression, pink is for ED-NOS (eating disorder not otherwise specified) and orange is for recovering from an eating disorder. For the Anorexic, the bracelet also serves as a type of talisman they can touch or play with, to remind themselves to be strong and not to eat.

Thinspiration also can include articles on being fat, famous people's height and weight, and triggering quotations such as 'Nothing tastes as good as thin feels', 'Thin has a taste all its own' or 'Food hinders progress'.

Inside I am Screaming: The Internet and Eating Disorders (Continued)

Ana is my 'Friend'

The Pro-Anorexia websites are able to provide eating disorder experts unprecedented insights into the world of their patients, revealing an obsession with the disease that may surprise even the most veteran eating disorder observers. For example in some cases, the younger sufferers can be observed to personalise their illness and naming her "Ana" (or "Mia" for girls with symptoms of bulimia), and some girls even worship her as a type of 'deity':

I tried to recover once & I gained so much weight so my savior mia came back to rescue me just when I needed it most.

I broke friends with mia as I hate purging & the damage it did to my oesophagus so now ana has befriended me.

When I refer to Ana, I refer to a person who exists in my mind. Ana tells me not to eat etc. It's a part of my identity. I know Ana is not real, but still, she is very present in my life.

Conclusion

In a democratic society people use the Internet to form both healthy and questionable alliances, that is the nature of the medium. While some argue that Pro-Ana sites should be closed down, others question the ethics of censorship and argue simply banning them does not address the problem. To the people who are pro Anorexia or Bulimia, eating disorders are a lifestyle choice and the Pro-Ana websites are a support group to the people who use them. However many others, including family and friends of ED sufferers as well as medical and mental health professionals view the concept of a pro-eating disorder community as disturbing and dangerous; citing a 'community of practice' argument whereby they argue Pro-Ana websites serve the function of normalising what is an illness, and 'making it ok' to be Anorexic.

I believe this conjunction of the Internet and eating disorders is not well understood and is an area that requires further and ongoing research.

Eating Disorder Signs

PHYSICAL SIGNS	BEHAVIOURAL SIGNS	PSYCHOLOGICAL SIGNS
Anorexia Nervosa Severe weight loss Periods stopping (Amenorrhoea) Hormonal changes in men and boys Difficulty sleeping Dizziness Stomach pains Constipation Poor circulation & feeling cold	Anorexia Nervosa Wanting to be left alone Wearing big baggy clothes Excessive exercising Lying about eating meals Denying there is a problem Difficulty concentrating Wanting to have control	Anorexia Nervosa Intense fear of gaining weight Depressed Feeling emotional Obsession with dieting Mood swings Distorted perception of body weight and size
Bulimia Nervosa Sore throat / swollen glands Stomach pains Mouth infections Irregular periods Dry or poor skin Difficulty sleeping Sensitive or damaged teeth	Bulimia Nervosa Eating large quantities of food Being sick after eating Being secretive	Bulimia Nervosa Feeling ashamed, depressed and guilty Feeling out of control Mood Swings

Glossary of Terms

Ana – Anorexia Nervosa

Mia or Bella – Bulimia

Pro-Anas and Pro-Mias - Bulimics and Anorexics who embrace their illness as a lifestyle, refusing to admit they are thin, and continuing to strive for weight-loss.

Pemarexic – a person who has made the decision to live on only enough food as is necessary to maintain living and has adopted this as a life philosophy.

Rexie – a term used by Anorexics who believe they are living a controlled lifestyle choice as opposed to Anas, who Rexies believe are sick Thinspiration – quotes or pictures of very thin models or movie stars to act as inspiration to stay thin.

ED – eating disorder

ED-NOS – Eating Disorder Not Otherwise Specified (vomiting, purging, binge eating).

CW - current weight

GW - goal weight

Selected Bibliography

American Psychiatric Association: In: Diagnostic and Statistical Manual of Mental Disorders, (APA DSM-IV), (2000) Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association Press.

Anorexia Nervosa and Associated Eating Disorders. Inc Website <<http://www.anred.com/welcome.html>>

Bruch, H. (1978). *The Golden Cage: The Enigma of Anorexia Nervosa*. Harvard University Press, Cambridge.

Bulik, C.M. and Kendler, K.S. (2000). 'I Am What I (Don't) Eat: Establishing an Identity Independent of an Eating Disorder', *The American Journal of Psychiatry* <<http://ajp.psychiatryonline.org/cgi/content/full/157/11/1755>>.

Bray, A. (1996). *The Anorexic Body: Reading Disorders*. *Cultural Studies*, Vol. 10, No. 3, pp: 413-430.

Eating Disorders Association Website <<http://www.edauk.com/default.htm>>

Emmons, L. (1994). 'Predisposing Factors Differentiating Adolescent Dieters and Non- Dieters', *Journal of American Dieticians Association*, No. 94, pp: 725-731

Hewett, P.L., Fiett, G.L. and Ediger, E. (1995). 'Perfectionism traits and perfectionistic self-presentation in eating disorders attitudes, characteristics, and symptoms', *International Journal of Eating Disorders* Vol. 18, No.4, pp: 7-26.

Taken from Eating Disorders Association Website (<http://www.edauk.com/default.htm>)

While some argue that Pro-Ana sites should be closed down, others question the ethics of censorship and argue simply banning them does not address the problem.

Hart, K. Depowski, K. (2006) 'Pro-Ana' Web Sites Glorify Eating Disorders'. ABC News online
<<http://abcnews.go.com/Health/story?id=2068728&page=1>>

Hsu, L.L. (1983). 'Etiology of Anorexia Nervosa', Journal of Psychology Medicine, Vol 13, pp.231-238.

Hsu, L.K. (2001). 'Pathogenesis of Anorexia Nervosa', Hong Kong Journal of Psychiatry, Vol 11, No. 3, pp 7-12.

Malson, H. (1998). *The Thin Woman: Feminism, Poststructuralism and the Social Psychology of Anorexia Nervosa*. Routledge, London.

MEDLINEplus: Eating Disorders website of the National Institutes of Health National Library of Medicine
<<http://www.nlm.nih.gov/medlineplus/eatingdisorders.html>>

National Association of Anorexia Nervosa and Associated Disorders (ANAD) Website <www.anad.org>

National Eating Disorders Association Website
<www.nationaleatingdisorders.org>

Natenshon, A.H. (1999). *When Your Child Has An Eating Disorder: A Step-by-Step Workbook for Parents and Other Caregivers*. Jossey Bass Publishers, New York.

National Institute of Health Website: 'Eating Disorders',
<http://www.mentalhealth.com/book/p45-eat1.html>

Ninemsn News (2006) 'Spanish fashion show rejects ultra thin models' 17th Sept 12006
<http://news.ninemsn.com.au/article.aspx?id=144081>

Pew Internet and American Life Project (2001) 'Teenage Life Online: the rise of the Instant Message Generation and Internet's Impact on Friendships and Family Relationships'
<http://www.pewinternet.org/reports/toc.asp?Report=36>

Rich, E. (2003). 'Exploring Constructions of The Body, (Ill)health and Identity in Schools: The Case of Anorexia Nervosa'. Loughborough University

Presentation at the 2nd Global Conference - Making Sense of: Health, Illness and Disease Oxford, United Kingdom, 14th - 17th July 2003.

Rosen, J. and Leitenberg, H. (1982). 'Bulimia Nervosa: Treatment with Exposure and Response Prevention', *Behavior Therapy*, Vol.13, pp:117-124.

Rothenberg, A. (1986) 'Eating disorder as a modern obsessive-compulsive syndrome', *Psychiatry*, Vol 49, pp:45-53.

Shade, L.R. (2003). 'Weborexics: the Ethical Issues Surrounding Pro-Ana Sites'. Proceedings of the Fifth International Conference on Computer Ethics - Philosophical Enquiry. Boston College, Chestnut Hills, MA. Pp. 107-116.

Sunday Herald Sun (2006) 'Real women declare a triumph' (8/9/06)
<http://www.news.com.au/sundayheraldsun/story/0,,20372988-5008720,00.html>

The Centre for Excellence in Eating Disorders, Royal Children's Hospital Victoria (CEED) Website
<www.rch.org.au/ceed/disorders.cfm>

© Angela Lewis 2006

ACA

Younger sufferers can be observed to personalise their illness and naming her "Ana" (or "Mia" for girls with symptoms of bulimia), and some girls even worship her as a type of 'deity'



*Become a professional SleepTalk™ Coach.
Special Offer for the April 2007 Course*

This unique SleepTalk™ process works in conjunction with any therapy. For those wishing to extend or consolidate their knowledge to become a Certified SleepTalk™ for Children Coach, a 20% discount (\$200) is offered to all ACA members for the next course commencing in April 2007.

Counselors serious about using this magic tool prefer to learn from its master and creator. For this reason Joane has been coaxed to return to her love of SleepTalk™ coaching

You will receive an extensive course portfolio and all necessary resources, including supporting documentation. Upon the successful completion of the course, a Certificate as a SleepTalk™ Coach is awarded. Visit the website for further details. www.sleeptalkchildren.com or phone (03) 9802 6962

"It's not what we leave to our children that matters it's what we leave within their minds."

Counsellor education as practice: An Australian narrative reflection on teaching and learning the practice of counselling in a university setting

Dr Randolph Bowers (peer reviewed article)

Abstract:

This paper explores a lecturer's personal and professional reflections on teaching and learning in counselling. The paper utilises a narrative approach that allows the reader an autoethnographic 'peek' into the social and learning contexts of teaching counselling in a foundations counselling program during an intensive skills-based residential school held on campus. Students come from all over Australia to undertake these studies. The dynamic interpersonal experience of the residential teaching and interaction with students forms the basis for considering teacher or faculty transformative awareness, and how this awareness feeds back to students, and to the profession, by the demonstration of an adult educationist and mutual learning philosophy as essential to counsellor training.

Part One:

Introduction

This paper is from a personal voice, and is a reflection on my teaching experience at an Australian institution of higher education. The paper is intended to represent my current reflections, and is based in my own opinion. The statements here should not be considered in any way representative of the position of the university where I work, nor should anyone assume these opinions might represent other faculty at this institution. In fact, this paper was written privately and has yet to be read and evaluated by colleagues. As such, it is written in the spirit of collegial support through opening a dialogical space, which is a place unique to teaching and learning where we can share our ideas, gain feedback, and work towards improving our experiences in education and counselling practice. If there are errors or omissions in this paper, I apologise in advance and ask the reader to let me know how to improve the draft in future.

A description of teaching values and practices

Let me introduce you to a skills-based counsellor training residential school on campus at the University of New England, in Armidale, New South Wales, Australia. These types of learning intensives supplement distance-based counsellor education. In effect, students gain their award by study at home, where they can maintain work and family commitments, in locations across Australia. Our students in the Graduate Diploma in Counselling and in other postgraduate awards are typically mature aged people, who are at base required to have a prior degree and prior experience in fields related to counselling. In effect, to gain entry into these awards we hope students have a certain degree of life experience, prior learning, and a professional interest in building counselling skills in various fields of practice.

We do have other awards, such as a Bachelor of Health, Aging and Community Service, in which we

support a counselling stream. Students with a prior Diploma can gain entry, and in some cases are supported for fast-tracking their bachelor degree by gaining advanced standing. In some cases, students have a prior degree but no counselling experience. We suggest a Graduate Certificate in these cases, which can lead towards application to the Graduate Diploma. In all these awards we also support skills-based intensives.

Core skills units form the basis and model for most of our teaching in counselling at the University of New England (UNE). Other units tend to run in tandem or in a close proximity to the skills-based units, and these provide theoretical reflection, while other units provide specific knowledge domains necessary for practice. All of our units are supported by an overall collaborative team-based approach, which includes everything from consulting as a team on revisions of unit materials as well as in the practical aspects of teaching.

Certain units require students to attend on-campus residential schools of four days duration. Others may be three days. Each of these schools is designed to be appropriate for the level and place in which the students are at in their learning process. From a curriculum perspective, these residential schools build upon each other in a spiral-curriculum model that provides increasing depth of challenge, complexity, and expectations for demonstration of skills and conceptualisation. Likewise, teaching in a skills-based residential environment requires of the lecturer sensitivity to the level of each student's awareness, and to the overall learning goals that are appropriate to each residential school.

In some cases, the residential schools have comprised large cohorts of up to 80 students, co-taught by a team of lecturers to maintain low student-lecturer ratios. In most cases, for intensive skills-based residential schools, we endeavour to provide student-lecturer ratios around 12 students to one lecturer. Because our objective is intensive interpersonal skills training, the cohort of students for a residential school is broken up into small learning groups of approximately 12 students, and each group has their own lecturer/group facilitator who is a senior qualified counsellor. Time is generally divided between morning large group lectures, many of which are traditional lectures while others are interactive and utilise multi-media, and the rest of the time is spent in the small learning groups for the remainder of the day.

A group-based learning environment

Because the core part of the program encourages self-awareness and a balanced personal assessment of interpersonal skills, lecturers must create a friendly, safe, and supportive group setting. Group experience is considered to be part of counsellor accreditation standards, and is increasingly felt to be important in various associations worldwide (Anderson & Price 2001). A fair amount of time is therefore spent on creating effective group dynamics that vaguely parallel

The statements here should not be considered in any way representative of the position of the university where I work, nor should anyone assume these opinions might represent other faculty at this institution.

a therapeutic group setting. However, we are very clear that the purpose of the group is for learning and not for therapy per se, and that students need to take personal responsibility for maintaining appropriate boundaries in the learning context. Great care is taken to make the whole-group sessions a time of safe interactions, discussions, and activities. However, most in-depth skills practice is done in groups of two people (diads) or three people (triads), as this provides a greater level of safety, confidentiality, and sharing of rapport, intimacy, listening, and other therapeutic and learning dimensions.

The counsellor role in learning

To press the point, the counsellor education learning model employed here is based on the premise that counsellor training requires practitioners to practice in three basic roles. The first is the counsellor role. In this role the student gets to practice skills in real-time, either in a diad or a triad. When learning a new skill, it is often my practice to create discrete and shorter opportunities for students to try out using a new skill, understanding that learning a new behaviour can often feel a bit awkward, and can raise anxiety levels related to self-perceptions and insecurities related to experiencing peer's perceptions of student performance.

For this reason, I often take a moment to explain a new skill verbally, explore what the skill is about in cognitive and theoretical ways by brainstorming with the group and recording insights on the white board. I have found this to be effective in many ways because it highlights the student's knowledge, respects that

many are mature aged and some are already professionals, and draws on their readings in the areas concerned while allowing the discussion to challenge them to further integrate and develop their insights as applied to practice.

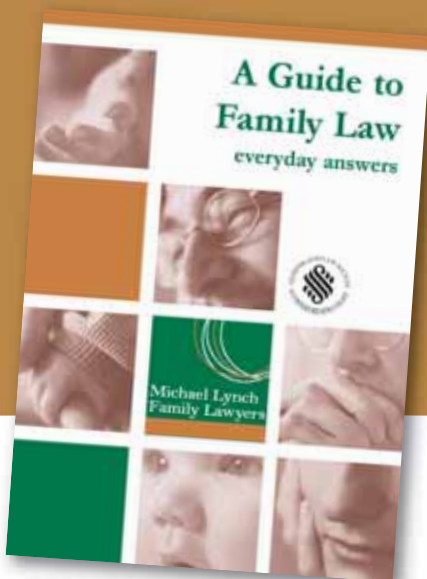
After the discussion of the new skill, I often demonstrate myself using the skill by asking a student to volunteer in a relatively short, safe and appropriate one-on-one practice session that the group can observe. By doing this, the lecturer who is also a counselling practitioner and group facilitator sets the tone for respectful, empathic, and safe practice sessions in both the group, and for when the students have greater independence to practice in their own diads and triads. Because all students share each of these roles in tandem, at one point or other in the learning process, personal anxiety levels are reduced overall because safe and appropriate levels of self-exposure are normalised while each student is encouraged to acknowledge how safe they feel, and to withdraw their participation in an honest and forthright manner whenever they feel unsafe. After a demonstration of a discrete skill, all the students get to practice the skill in diads.

The client role in learning

The second role necessary in our learning process is that of client. I have found that students gain most from this role by bringing safe and appropriate real personal issues into their discussions while playing the role of client. On the other hand, when students 'role play' and make up a client persona that is not authentic, the interaction tends to become more of a

When learning a new skill, it is often my practice to create discrete and shorter opportunities for students to try out using a new skill, understanding that learning a new behaviour can often feel a bit awkward, and can raise anxiety levels related to self-perceptions and insecurities related to experiencing peer's perceptions of student performance.

FAMILY LAW – FREE BOOK OFFER



A Guide to Family Law - everyday answers is an easy to read guide to the legal aspects of family separation.

The author, Michael Lynch, is one of Queensland's most experienced and respected Accredited Family Law Specialists.

"The Guide" is essential reading for any person recently separated or contemplating separation and its available, **FREE**.

Get your free copy by visiting www.michaelynychfamilylawyers.com.au or telephone (07) 3221 4300.



Counsellor education as practice: An Australian narrative reflection on teaching and learning the practice of counselling in a university setting (Continued)

social game, making it more difficult to undertake the learning objectives we hope to encourage.

When students bring their own self into the learning role as client, in an honest and open manner, while being aware of the constant need to self-monitor a sense of being appropriate (i.e. not going so deep into an issue or personal story that they feel unsafe and/or become distraught), they often gain significant insights at personal and professional levels. In this way, they feel what it is like to be a client. Many students report that this experience gives them a direct means of knowing what it may be like for clients who they work with. Through this experience they practice the need to negotiate skills of empathy, rapport, listening, giving appropriate feedback, honesty, transparency, and openness to being heard as well as to listening. They also undertake the challenge of personal change – often realising how slow and difficult change really is in people's lives, what makes therapeutic interventions effective, and these insights may deepen an acknowledgement and appreciation of the human condition for them as they become practitioners.

In general terms this process of learning therapy by being a client is the cornerstone of self-reflexive practice, and forms the basis of most counsellor education programs worldwide. However, not all programs utilise this process of being a client directly within the learning context itself. Many require students to privately undertake their personal therapy while in training, so the learning tends to be indirect, and may not become well integrated into their learning experience, so that their enculturation process into self-reflexive practices may not be properly addressed.

In this way, by inviting students to bring their real self into the client learning role, the UNE program we have developed is somewhat unique in providing students an opportunity to reflect proactively on their life and personal development in the social context of counsellor education. In this way, our conducting counselling residential schools has always been with a respect for student's personal and professional transformational space – that is, that the learning context we encourage provides a kind of integrative and holistic learning 'retreat environment' for students. In so doing, we provide students with a space that is in some sense away from everyday life. In this 'liminal' or retreat space of learning new skills, and of experiencing the challenges of being a client in the learning context, while also reflecting on personal experience and the meaning of their lives, students often feel renewed and encouraged greatly to go back into their daily lives to undertake the personal and professional development goals they generate while at residential schools.

Even though the residential schools require students to travel across the country to our campus, and therefore require significant investment of time and resources, students consistently report the residential schools provide them with a time away from the pressures of life and an opportunity to grow and reflect with others that is highly valued. Therefore, we facilitate

counsellor education through acknowledging that what we focus on, even in terms of basic skills training, demands personal changes in awareness and self-orientation to behaviours and attitudes. This process acknowledges that learning is a therapeutic event, or a moment in which critical consciousness for personal and social empowerment can be manifested, as students take on board the insights gained through theoretical and skills training.

The observer role in learning

The third role involved in this learning process is that of observer. The observer attends to the interaction between the counsellor and the client, who practice in the presence of the observer. The focus of the observation is on the counsellor's use of microskills and the dimensions of a therapeutic relationship or alliance. These include the aspects of physical posture and presence; and skills like active listening, feedback of meaning, feedback of feeling, demonstration of basic empathy, general empathic highlights, advanced empathy, use of open and closed questions, summarising, paraphrasing, immediacy, and appropriate use of confrontation.

In the observer role, students take notes on the interaction as it is happening, and then provide feedback to the counsellor (and when appropriate and not in terms of critique but generally in an affirming way, feedback may be offered to the client). The feedback is offered within several rules, mostly related to the need for critique to be based on behaviour-focused-feedback, specific, helpful, offering a balance of positive feedback and critique that informs further learning goals.

Observers have the particular challenge of correctly identifying the skills being used, intently listening to the interaction, and integrating what they observe with what they know of skills and theory. Over the course of the program, they are more able to identify skills and aspects of the process of counselling, and to offer more helpful feedback to the counsellor. Over time and initially very quickly students develop a collegial working relationship with each other because they realise that they will all be in these three different roles, and that they need one another for mutual support, encouragement, and helpful critique of each other's practice.

The lecturer role in learning

The role of the lecturer is multifaceted and multilayered. Our role normally begins with a new class of students all together, perhaps in the large lecture theatre depending on the number of students in any given unit. Here we introduce a cohort to our learning model and to the objectives of our program. During this time we also introduce a sense of our personal approach to life-long learning and professional development. However, in my experience most of our role as lecturers in the counselling awards plays out in small group intensive learning residential schools.

Our lecturer role at residential schools involves group facilitation, where an awareness of all members is

In the observer role, students take notes on the interaction as it is happening, and then provide feedback to the counsellor (and when appropriate and not in terms of critique but generally in an affirming way, feedback may be offered to the client)

crucial to the health, safety, and learning objectives of the residential school. Interestingly enough, our first task in setting up a room for counselling residential schools is rearranging furniture. We come into classes that are set up in traditional lines and rows of tables and chairs, usually based in the education faculty building. Many of us will move the tables aside, and create a circle of chairs.

This symbolic and practical shift of teaching styles deconstructs and critiques the lines and rows approach of traditional lecturing pedagogy. We aim to not only shift the furniture but also to shift the method of teaching and learning to facilitate the highest possible standards and objectives in student counsellor development. In overview, we endeavour to do this through a person-centred, collegial and professional enculturation approach to pedagogy that highlights personal awareness, empowerment, and change through facilitating learning as a transformative opportunity as well as a moment of gaining specific skills and insights into personal and professional roles. For this to occur, at best, we need an environment where students feel safe to have fun and enjoy the learning process. In my philosophy of teaching, I believe students need to be set at ease, and that the more relaxed a student is the better their learning experience will be, this being said particularly as university education can be intimidating at the best of times.

In this way, I tend to enter into the student group interaction acknowledging that we, as lecturers, have an important role in facilitating an adult educational process – but we are also inviting students to realise that we together are a group of practitioners who share aspects of a common journey of learning, self-development, and professional practice that is lifelong. In this way, I prefer to take on the role of a collegial senior practitioner who supports and supervises the student's progress in the development of interpersonal skills and theoretical conceptualisation. This stance acknowledges how we as lecturers may be set apart by role, status, and power over the learning and assessment process, but in the official context of the university setting I also acknowledge that we are fellow human beings in a mutually respectful, collegial, and on-going professional process. Often, in the field of counselling the only aspect that sets trainers and supervisors apart from learners is that they are one, two, or a few steps ahead in the learning process. In this way, we mirror in our educational practice the state of the art in the counselling and psychotherapeutic profession where practitioners are able to share their knowledge and experience in a mutually supportive manner.

It may seem obvious, but is worth noting anyhow that a lecturer needs to be highly skilled themselves in the areas under study. Normally, to teach our programs a counselling lecturer is a senior practitioner with at least a Masters qualification and at least several years of experience in counselling. They need to be able to demonstrate these skills in group discussions, and in discrete demonstrations. They also need to have astute observational skills, to enable them to draw out silent members of the group, while appropriately guiding the active members of the group to create space for everyone. Lecturers need to be able to

provide effective behaviour-based and immediate feedback to students in their various roles, as counsellors, clients, and observers. Their feedback needs to be positive, encouraging, welcoming, non-threatening, and still have an aspect of honesty in terms of critique and helping the student to realise and be aware of their next level of development.

Lecturer feedback to counselling students also needs to provide the student with practical insight on how to develop – so the lecturer needs to be able to make concrete examples of ways the student can progress, address their blocks, get through their challenge, or make new opportunities and space for developing new attitudes or skills. They must set the pace of the whole group learning, as well as diad and triad learning, be aware of each individual student's place in the learning cycle, and understandably demonstrate and model the type of self-awareness and graceful style implied by the phrase 'seasoned practitioner.' In this way, the lecturer needs to be able to appropriately self-disclose, be human, authentic, and be able to bridge theory and practice in practical and meaningful ways that are directly relevant to each learning moment – in this case, all learning moments are dynamic human interactions that require the lecturer to be very flexible, open, and able to respond with immediacy to the needs of students as learners and as people.

In the next issue, Part Two of this paper will explore an example of small group learning in counselling.

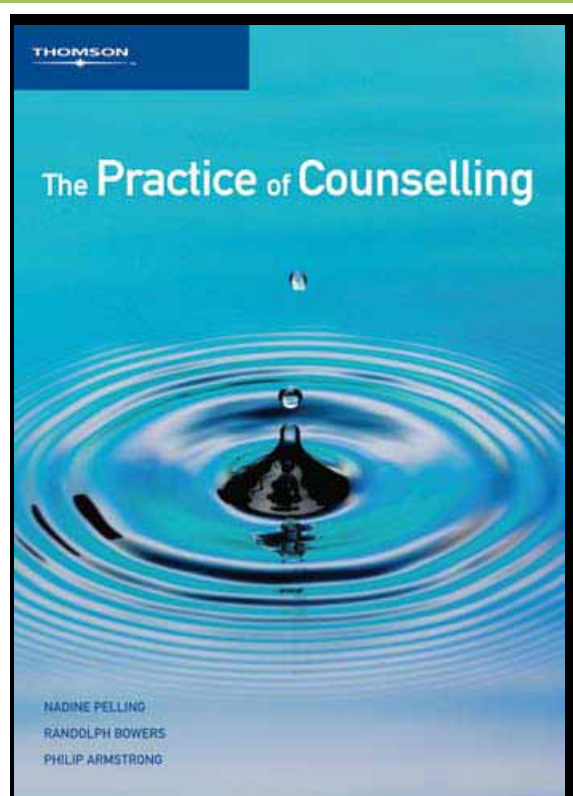
About the author:

Dr Randolph Bowers is a member of faculty at the University of New England, and he teaches in the Diploma in Aboriginal Family and Community Counselling; in the Bachelor of Health, Aging and Community Services which contains a counselling stream for people interested in gaining a foundational degree that supports a counselling focus; and in the Graduate Diploma, Masters, Masters Honours research, and PhD research programs. He is an Honorary Member of ACA, and is Founding Editor of www.cphjournal.com, an international research journal sponsored by ACA. He can be contacted at rbowers@une.edu.au.

I prefer to take on the role of a collegial senior practitioner who supports and supervises the student's progress in the development of interpersonal skills and theoretical conceptualisation.

ACA

NEW AUSTRALIAN TEXTS

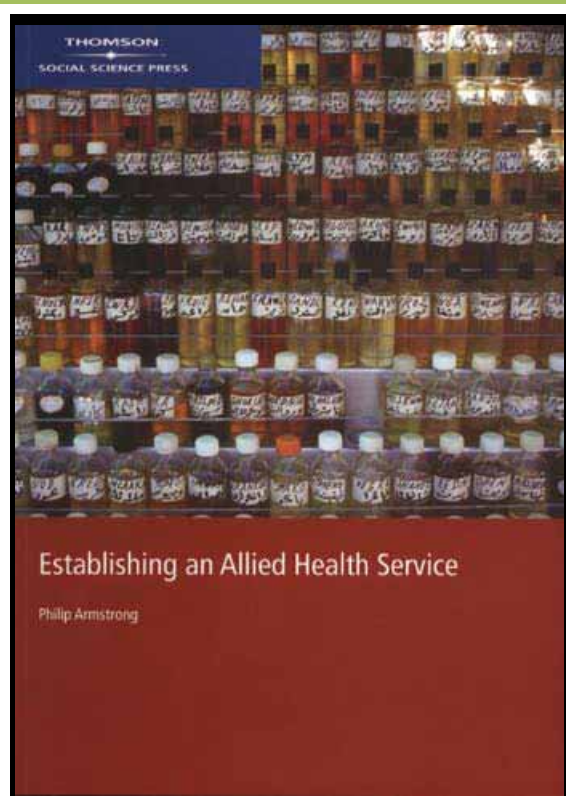


Pelling, Bowers and Armstrong
The Practice of Counselling

The Practice of Counselling is an outstanding Australian text that addresses a wide spectrum of contemporary issues faced by practising counsellors. It is designed to cover a comprehensive range of issues for the practising counsellor and for students of counselling, including integrative approaches to the field, social and political issues, cross-cultural counselling, cultural diversity, Indigenous issues; and counselling in various contexts including grief and loss, crisis work, and issues in supervision.

It is imperative professional counsellors and psychotherapists understand the social and cultural influences that impact clients. This understanding is equally essential for the teaching and learning process. This text explores best practices in the areas of counselling interventions to address some of the most challenging issues facing practitioners today. Offering solid, innovative, state-of-the-art guidance and models, this text helps students to learn and engage in critical thinking much more readily as the literature reflects their own environment and experiences.

An essential text that helps the counsellor understand the client's world-view while assisting the student to explore the transition from theory into practice.



Armstrong
Establishing an Allied Health Service

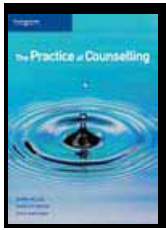
Establishing an Allied Health Service is designed for anyone planning to set up a professional services business. Whether the business is counselling, massage or physiotherapy, this practical book takes small-business owners through all the primary issues related to running a successful business.

Features include:

- How to put together a business plan
- How to market your business
- How to work through administration issues

Establishing an Allied Health Service is based on the author's thirteen years of experience as a small-business owner and feedback he has received from his nationally acclaimed workshop 'How to Build a Successful Practice'.

Table of contents



Pelling, Bowers and Armstrong
The Practice of Counselling

- Part 1. The Person as a Counsellor**
- 1 What is counselling?
 - 2 Counsellor competence
 - 3 Counselling skills
 - 4 Personal growth and development
- Part 2. Professional Frameworks**
- 5 Ethics
 - 6 Clinical supervision
 - 7 Diagnosis and treatment, some elementary considerations
- Part 3. Culture**
- 8 Culture and diversity in counselling
 - 9 Buddhist and Taoist influences
 - 10 Indigenous mental health and substance abuse
 - 11 Aboriginal and First Nations approaches to counselling
- Part 4. Special Issues in Counselling**
- 12 Crisis and trauma counselling
 - 13 Group Work
 - 14 Counselling in loss and grief
 - 15 One man's personal journey in addiction
 - 16 A sociological approach to aging, spirituality and counselling
- Part 5. Professional Issues and Research**
- 17 Setting the scene for effective counselling
 - 18 Private practice
 - 19 Professional counselling organisations
 - 20 Introduction to reading research



Armstrong
Establishing an Allied Health Service

- Part 1**
- Business plans
- Part 2**
- Business names
Business structures
Professional practice management
- Part 3**
- Marketing considerations
Marketing strategies
Advertising your professional service
- Part 4**
- Professional bodies
Insurance
Note taking
Referrals
- Part 5**
- Business tools
Policies and procedures
IT and communication systems
Other business considerations
Motivation
- Appendices
Index

ORDER FORM

Title	ISBN	Price AUD	Price NZD	QTY	TOTAL
The Practice of Counselling	0 17 012978 0	\$72.95 (GST incl.)	\$82.05 (GST incl.)		
Establishing an Allied Health Service	0 17 013295 1	\$29.95 (GST incl.)	\$33.70 (GST incl.)		

I would like to have a Thomson representative contact me.

Name

Delivery address*

Postcode Telephone Fax

Email Authorised signature

Enclosed is a cheque for \$ _____ (payable to Nelson Australia Pty Limited) or debit my

Bankcard Visa Mastercard Amex for \$ _____ My account no. is

Expiry date Signature

Please allow \$11.00 freight cost on Australian orders and \$15.00 for New Zealand orders. *We cannot deliver to PO Box addresses.



THOMSON LEARNING NEW ZEALAND

Toll-free Phone 0800 449 725
Toll-free Fax 0800 442 104

COL6644

THOMSON LEARNING AUSTRALIA

Level 7, 80 Dorcas Street
South Melbourne VIC 3205

Phone 1300 790 853 Fax 1300 790 852
www.thomsonlearning.com.au/higher

A Taste of Tango – A Process Oriented, Holistic Approach to Counselling and Psychotherapy

By Christina Nielsen, BSW, B Ac, M App Sci (peer reviewed article)

Abstract.

The Tango has rich metaphors for practitioners working in the Psychology of Counselling and Psychotherapy that point to ways of working that are Holistic and Process Oriented. In fact the principals of dance and in particular the Tango, are relevant to many aspects of a holistic approach and to my talk. The current overuse of the terms holistic and Process Oriented often devalues the real meaning and difference of this approach. To work holistically we need to see the human being through a lens different to that which we are usually educated to use. If Psychology is to be useful in these times, it too must find new forms, and not be dominated by the need for scientific research based on Newtonian science. We need a full blooded, wholehearted approach that leads with the heart and integrates our thoughts with our actions.

Tango is a creative dance. Two people meet to hold and be held, and to create something new out of their meeting. What exactly they create is unpredictable and unknown until it is created. There is music and there are steps, moves and forms that are typical of Tango, but the choice, sequence and expression of those moves, occurs in the moment; in the creative

space that arises between two dancers.

The question is “how do the dancers know what to do?”

One could say that they listen to each other with the hearts intelligence.

The focus in Tango is on the chest. The movement begins from the chest. The partner who takes the lead, lets say the man (but it need not be a man), leads from his chest. The other, lets say the woman, feels it and responds. The woman leans slightly into the mans space allowing her weight to create a resistance. He needs this resistance to be able to lead. (Does this sound like a bit like therapy?) The slightest twist of chest indicates the direction to go. A slight movement of the torso suggests a particular step; and simultaneously makes the step possible. This process requires a listening to the other that is cannot be governed by head intellect only. When there is only head thinking, without heart intelligence, movement does not flow smoothly to the legs, and the dancers tread on each other’s toes, creating a dance demonstrating the art of wholeness. But when there is a sensitive synergy, a listening, a leading and following in harmony, a beautiful dance is created.

The Tango has rich metaphors for us working in the Psychology of Counselling and Psychotherapy that

A slight movement of the torso suggests a particular step; and simultaneously makes the step possible.



Metavision Institute

Courses for 2007

• Diploma: Applied Holistic Counseling

Foundation course. Two years, This course is for those wishing to study Holistic Counselling who have no prior training in the human services field and who wish to study counseling for professional and personal reasons. Accredited course with the ACA.

• Diploma for graduates with RPL : Applied Holistic Counseling

This course is for those who have a suitable qualification in the helping professions (e.g. Psychology, Social Work etc) and who wish to gain a qualification in holistic counselling and deepen their personal development. Accredited course with the ACA . Attracts CPE points.

• Advanced Diploma: Holistic Psychotherapy

This course is for those who have completed the Diploma of Applied Holistic Counseling or have adequate RPL as approved by the Metavision Institute. The course extends and deepens the Counselling training and includes group psychotherapy and a research project. Two years, accredited with the ACA.

The programmes all run part-time, have three intensive blocks of face-to-face attendance per year at the Metavision Institute and are augmented with supported home study. Training at the Metavision Institute is professional, process oriented and humanistic and based on the principal that learning and personal development flourish in a supportive and soulful environment.

Enrollments are being accepted now for 2007. Numbers are limited so enroll now to ensure a place. Location Southern Highlands, NSW.

Phone 02 48622559 or email info@metavision.com.au

point to ways of working that are Holistic and Process Oriented. In fact the principals of dance and in particular the Tango are relevant to many aspects of a holistic approach and to my talk. The current overuse of the terms holistic and Process Oriented often devalues the real meaning and difference of this approach. To work holistically we need to see the human being through a lens different to that which we are usually educated to use. Our scientific approach based on Newtonian physics and a medical reductionist lens for understanding the human being, limits us to a more mechanistic and materially bound perception. While this has its valuable contribution it also has its limits.

I want to share with you a taste of what I understand Holistic and Process Oriented to mean. I also hope to give you a small experience that is not only verbal, but that uses movement. Movement is a channel of awareness that is often overlooked in Psychology and yet could be said, as Freud said of dreams, is a royal road to the unconscious conscious.

It seems to me that there are many signs in our society that indicate many people are looking for new ways forward that embrace different realities than those that have bound us for the past 100 or more years.

I note three areas of enormously growing interest in the culture in which I am embedded.

1. A renewed interest in *dancing*, evidenced by TV shows such as Strictly Dancing, films such as "The Tango Lesson", and "Take The Lead", and rapidly growing classes around town advertised on the Internet and papers.

Dance involves the whole body, head, heart and limbs reflecting the new zeitgeist.

2. A burgeoning interest in *spirituality* and a questioning of old religious forms. The latter is expressed in the surprisingly large response to Dan Brown's "The Da Vinci Code", Harry Potter and many other books coming on the market.

David Tacey, Associate Professor and reader in Arts at La Trobe University is referred to as one of Australia's leading thinkers in religion and spirituality. He has written a number of books one of which is titled "the Spirituality Revolution- the emergence of contemporary spirituality". He says "spirituality...grows out of the individual person from an inward source, is intensely intimate and transformative, and is not imposed upon the person from an outside authority or force" (p8) reflecting a new holistic spirituality similar to new dance forms reflecting the new zeitgeist. David Tacey observes an unprecedented hunger for meaning, a sense of belonging and search for spiritual depth among the students he encounters at his university. I find this in my own classes at the Metavision institute. Students come seeking a new way, a holistic approach that opens their hearts, gives meaning to their lives and tools to make a contribution to the times in which we live.

3. A rapidly growing interest in *Counselling and Psychotherapy*

The ACA has seen a growth in membership of 50 per month just this year* (ACA journal Counselling Australia Volume 6 No 2 Winter 2006.)

Hugh Mackay an Australian social Psychologist who occasionally writes for The Sydney Morning Herald newspaper wrote in 2002* "Counsellors are beginning to look like the unsung heroes of a society struggling to come to terms with "An Age of Discontinuity". He suggests alienation, isolation and loneliness, lack of support and loss of meaning are creating desperation in the lives of many of those we see in our counselling rooms. Hugh Mackay goes on to say, "Over one million people per year seek some sort of psychotherapy" This was in 2002 and referred to those who take action. Here in Australia we also have a culture of 'she'll be right mate, I don't need help" so perhaps one million is the tip of an iceberg.

We all are aware of these times of rapid and great change. We can see new possibility as well as how they are creating havoc in the lives of many. As Counsellors and therapists we encounter on a daily basis the depression, disillusionment and confusion of our clients, their families and friends. We need to dance the psyche back to health.

There have been numerous challenges to basic premises of our culture in the 20th Century that shakes the whole fabric of our society. I do not need to go into detail of the many changes, stresses and tensions in our times. I think we are all well aware of them, and interface with them on a daily basis in our work as counsellors.

We are all affected by these changes. Some of us clutch on and hold tight to old forms, trying to impose them on others, to shore up a fragile hold on security, and to stay blind to the gaping hole of fear that change can engender. Others look for new ways and new forms to lead us into a future with hope, creativity and connectedness.

Perhaps Tango can 'take the lead' or at least point to a way forward. The film mentioned earlier of the same name 'Take the Lead' depicts Tango as a vehicle to bring meaning, a sense of belonging and relationship into the lives of disenfranchised youth in the streets of New York.

If Psychology is to be useful in these times, it too must find new forms, and not be dominated by the need for scientific research based on Newtonian science. We need a full blooded, wholehearted approach that leads with the heart and integrates our thoughts with our actions.

We need the heart centred dance of Process Oriented Psychology, the tango of body, soul and spirit, the new spirituality and what the new counselling have in common the way of the hearts intelligence.

A Holistic approach is not about bringing in parts of many different models in a hope to create a whole, but about an integrated understanding of the body, soul and spirit, of thinking, feeling and willing that is constantly in dynamic relationship one part to the other, and with our environment and the universe.

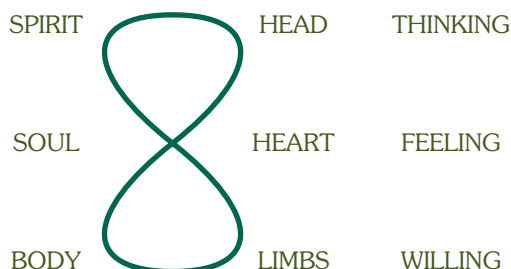
**We need to think holistically,
Feel what makes sense to us,
Do that to which we are committed.**

Some of us clutch on and hold tight to old forms, trying to impose them on others, to shore up a fragile hold on security, and to stay blind to the gaping hole of fear that change can engender.

A Taste of Tango- A Process Oriented, Holistic Approach to Counselling and Psychotherapy (Continued)

The symbol of a lemniscate is useful here as it brings the lemniscate of the dance.

A Lemniscate as a symbol of human wholeness



If we lead with our heart the other two poles fall into harmony.

Recent research at the HeartMath Institute in California throws new light on the heart and its role in our health and emotional wellbeing.

The HeartMath research centre says:

“Recent biomedical research has revealed that the heart is not just a simple pump, but a highly complex, self-organized information processing centre with its own functional “brain.” With each beat, the heart continuously communicates with the brain and body via the nervous system, hormonal system, bioelectromagnetic interactions, and other pathways. At the HeartMath Research Centre, we are demonstrating that the messages the heart sends the brain not only affect physiological regulation, but can also profoundly influence perception, emotions, behaviours, performance, and health.

* Taken from the web site for the Heart Math Institute: [www. Heartmath.org](http://www.Heartmath.org).

They speak about “the little brain in the heart” or refer to the heart as the fourth brain. Cells have been discovered in the heart itself that were originally thought to be merely glue cells and as such were called Glial cells. Now with more sensitive means of research it is found that these cells are actually neurons, like the cells in the brain.

The HeartMath research centre has discovered that the heart is not a pump that pumps the blood around our arterial and venous system but is part of the whole system and is itself dependant on the blood coming into the heart to make it pump.

Here we see a two-way inter-dependent system.

At the HeartMath institute research has found that to think a loving, uplifting thought of appreciation while being aware of your heart immediately changes your whole physiology and that these changes are readily measurable.

So if we can lead with our hearts intelligence and learn to trust it as is required in the Tango perhaps we can engage with our clients in a beautiful, creative dance at the edge of consciousness.

How do we do this?

We train our faculties to work with thresholds, to observe the signals at the edge, and to trust the

wisdom of the unfolding process of what it is to be human.

Alfred Adler, Carl Rogers, Carl Jung and many others, and more recently Arnold Mindell in his Process Oriented Psychology, all embrace the teleological understanding that each and every one of us is going somewhere with purpose, and that this somewhere has a rightness about it. If we really allow ourselves to work with this inner attitude or Metaskill much changes in our relationship to our client. We no longer need to fix, we do not need to be an expert, it is not up to us to get it right or wrong, we simply need to develop our skills to sensitively read the signs and signals that support or hinder the unfolding process. A vital part of this is being able to read the feedback to our actions.

If we apply that skill to the times in which we live we must conclude that there is a lot of negative feedback that we have been ignoring.

The contribution of Process Oriented Psychology can be enormously helpful to develop skills in reading subtle signs and signals and in teaching us to trust the unfolding process and our hearts intelligence.

Arnold Mindell, the founder of this approach, went to Zurich in the 1960’s to complete his PhD in Physics. As the mysterious influence of synchronistic events so often has in our lives, he perchance met a Jungian Analyst, and began exploring his dreams. He became an analyst himself and brought his understanding of Quantum Physics to his work, along with other influences of the exciting and exploratory times of the 70’s and 80’s. He explored Taoism, Shamanism, Alchemy and other psychotherapeutic models. Those of you who know these times know it was a ferment of possibility and cross-cultural influence. Out of these influences the approach keeps developing.

Arnold Mindell explored his dreams. He also noticed that he had some curious body symptoms and started exploring these in a similar manner. To his surprise he found they both, the dreams and the body symptoms, yielded the same information.

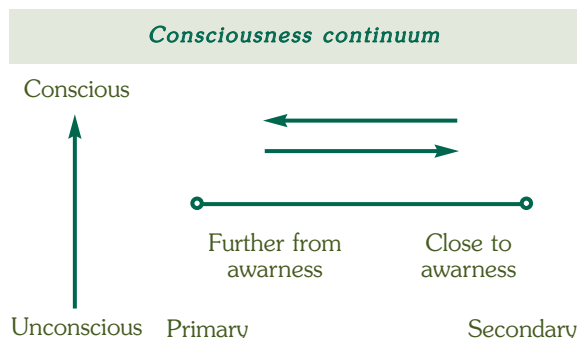
Out of this came his theory of the Dreambody, which he saw as an organizing principal connected to each one of us.

The Dreambody is like a field or organizing pattern, which is communicating all the time through channels of awareness. It is like the Tao the unnameable way, but can be observed through the messages it sends. He postulated that the Dreambody organizes our symptoms, dreams, relationship conflicts and other obstacles and events in life. It is sending messages all the time. We need to learn to read its signals. To do this we need to develop our “second attention” i.e. our attention to that which we do not usually observe. This is the same skill of following as required in the Tango if the ‘woman’ does not follow the ‘man’s’ lead a creative dance cannot ensue.

Arnold Mindell turned the previous understanding of the collective and personal unconscious and conscious that has been represented on a vertical axis, onto a

He became an analyst himself and brought his understanding of Quantum Physics to his work, along with other influences of the exciting and exploratory times of the 70’s and 80’s.

horizontal axis, and worked instead with a consciousness continuum.



This change enables us to observe the manifest phenomenon without judging it as being something of which we are unconscious, but simply as further from our conscious awareness.

The focus of a Process Oriented approach is to bring information to our awareness. If we can work to become more aware of what is trying to come forward we unfold the process that is trying to happen, and as a result, we become more fully ourselves.

This requires an enormous trust in the wisdom of the process and requires an inner attitude of a beginners or not knowing mind. There is no need to interpret but simply to unfold. As this occurs the client becomes aware of the process trying to happen and in so doing is offered an invitation to become more fully who they

are, an invitation which they may freely pick up or not.

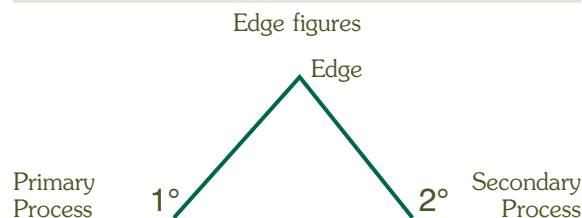
Julie Diamond describes this well in her book "A Path Made by Walking"

When she says (P39) "Following a process is an invitation to travel somewhere you have never been, to embrace possibility and have an experience that changes your life"

It sounds simple but it requires a lot of skill.

Mindell used the idea of a primary and a secondary process. The primary process is what we are aware of, while the secondary process is further from our awareness and is trying to come forward. As it comes forward it meets with our belief systems that want to prevent us from moving forward or changing. This creates discomfort at the edge.

Primary and secondary process



Edge behaviour ensues. On the edge we find our 'dream figures or beliefs about ourselves that limit us,

Hypnotherapy / Psychotherapy Training

With The Institute of Clinical Hypnotherapy & Psychotherapy (ICHP. Australia)

- Foundation Certificate in Hypnotherapy & Psychotherapy
- Diploma in Clinical Hypnotherapy & Psychotherapy
- Advanced Diploma in Clinical Hypnotherapy & Psychotherapy

The Institute of Clinical Hypnotherapy and Psychotherapy (ICHP. Australia) offers the most comprehensive Hypno-Psychotherapy training available.

We realise the importance of supervised practice as an integral part of any therapy training. All courses are very hands-on and also provide plenty of materials for the theory portion of the courses. The courses are structured to embrace and enhance counselling techniques.

The ICHP Principal, Dr. Joe Keaney, has sought and received appropriate accreditation from

- General Hypnotherapy Standards Council (UK) - representing more than 60 organisations throughout Europe
- National Guild of Hypnotherapists (USA)
- American Council of Hypnotist Examiners (USA)
- International Society for Professional Hypnosis (USA)
- American Institute of Hypnotherapy (USA)
- American Board of Hypnotherapy (USA)
- Irish Hypnotherapy Examiners Board (Ireland)
- Hypnotherapy-Psychotherapy Register (Ireland)

Book your place in the next practical training to be held Jan./Feb. 2007.

Where : Brisbane, Montserrat Day Hospital, Spring Hill.

Adelaide, Acorn Life Skills Centre

Contact : Peter McMahon (07) 3833 6735

Peter George (08) 8260 6907

Course Information : www.HypnotherapyQueensland.com

www.Hypnotherapy-Australia.com

A Taste of Tango- A Process Oriented, Holistic Approach to Counselling and Psychotherapy (Continued)

this has many forms of expression. Some are giggling, avoidance, embarrassment, silence, going inward, getting irritable or angry etc.

A dance, a veritable tango, occurs at the edge where we negotiate with our 'dream figures' or belief systems that work against the forward movement. The task of the therapist is to very gently hold the client at their edge. As this happens the dance ensues and the client either chooses to go over the edge and embrace some new territory within them or to retreat, as the time and place is not right for them. The choice is freely theirs. The Dreambody keeps sending its messages. If we continue to ignore them they generally get louder or more invasive. This pattern can be seen most easily in body symptoms.

I find in my own practice working with dreams and a body symptom is a powerful way to support the unfolding of a process.

Case study.

A student in one of my classes offered himself for a demonstration on working with a body symptom. When Ben came forward I expected the more usual ache or pain to be the symptom, but not with Ben. He said he had dry, flaky and itchy skin around his face and in his hairline. He said this was a problem at work but not at home. He worked as a theatre nurse and found the atmosphere restrained and sterile. There was one surgeon with whom he often works who he dislikes and often feels put down by. We worked with his symptom amplifying its signals and to both our surprise he found the message was to be more in other people's face, not to take on the reserved atmosphere of the operating theatre at work, but to be more engaged, and irritating himself. He found the idea of being more honest and intense in his relationship with his colleagues very appealing.

We explored how he might do this with the surgeon. He found that more difficult but was prepared to give it a go. This brought up other issues for him that took the process on. He now uses his irritating skin as a reminder for himself to change his own behaviour. He has observed as he does this his skin actually settled down.

To follow the process and to go into unknown places requires trust both in the unfolding of the process itself and in staying at the edge.

If at the edge we follow with our own heart the chances of negotiating the edge and moving forward are greater.

As a culture as a whole we are dancing at a pretty big edge. We can observe some strong edge behaviour as mentioned earlier in the discomfort experienced by so many. Will we go over the edge to find new ways or will we retreat? We have a choice.

I hope I have been able to give you a little taste of Tango and a taste of a holistic, process oriented approach to counselling that may whet your appetite for more.

Bibliography

1. Brown D 'The Da Vinci Code' Bantam Press Great Britain 2003
2. Tacey D 'The spirituality Revolution' Harper Collins Australia 2003
3. Mackay H The Sydney morning Herald June 2002
4. Diamond J 'A Path Made by Walking' Lao Tse Press Oregon USA 2004
5. Mindell A 'Working with the Dreaming Body' foundation series Lao Tse Press Oregon USA 2002
6. Steiner R "Start now!" a book of soul and spiritual exercises. Edited by Christopher Bamford. Steiner Books 2004

© Christina Nielsen, BSW, B Ac, M App Sci
Christina is the founder of the Metavision Institute where she provides training in holistic Counselling and Psychotherapy. She also has a private practice in Holistic therapy using Chinese Medicine, Counselling and Psychotherapy. She welcomes feedback and comments. Email Christina@metavision.com.au www.metavision.com.au

ACA

We worked with his symptom amplifying its signals and to both our surprise he found the message was to be more in other people's face, not to take on the reserved atmosphere of the operating theatre at work, but to be more engaged, and irritating himself.



Don't make a Freudian slip!

Enhance your career opportunities with a professional or research higher degree from the Faculty of Education at Monash University.

Psych yourself up for a great career. Choose from the following courses:

- Master in Counselling • Master of Psychology (Counselling)
- Master of Psychology (Educational and Developmental)
- Master in Mentoring and Coaching • Master in Organisational Leadership

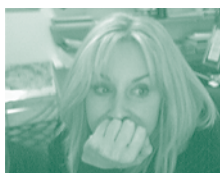
Combine an intellectually stimulating educational environment, practical based classes, qualitative research or student placements to give yourself a psychological advantage. Our psychology programs are accredited by the APS.

For a copy of the Postgraduate Courses 2007 brochure contact:
Tel: +61 3 9905 2819 Email: info@education.monash.edu.au
www.education.monash.edu.au

 **MONASH** University
Education

Internet and Computer Resources

Compiled by Dr. Angela Lewis



Welcome to my last column for the year. Have you ever been interrupted while in the middle of writing an e-mail? Say the phone rings or dinner is ready – but you haven't finished that writing your email. You may

even want to write it and think about it a little before sending it. In those situations you need to save your email as a draft. From within the email you are writing click on the **File Menu** and then choose **Save**. A window will appear to tell you that it has been saved to your **Drafts folder** (look on the left hand side of the screen, just above your Inbox). When you come back to your computer, open the Drafts folder by clicking on it and then double click your email so you can open it and continue where you stopped! When finished click Send as you normally would.

F4, So Useful

There are several uses for the F4 function key located on the top row of your keyboard. First of all you can use it to repeat a command in Microsoft Word, Excel or PowerPoint. For example you have just inserted a row in Excel, pressing F4 inserts another row, you have just bolded something in Word, going to another group of words and then then pressing F4 will continue bolding. You could also use it to close any open applications. Just make sure the program you want to close is selected, then hold down the Alt key and press F4 and that window will automatically close. If you have a single program running with many different documents open (e.g. Word), then holding down the Ctrl key and then pressing F4 means just that one document window will close instead of the whole program.

You can also use F4 to shut down your computer (this is handy if your keyboard has jammed). Make sure all of your programs are closed and then hold down the Alt and press F4. That will bring up the "Turn off computer" box and you can proceed with the normal shut down, as Pressing Alt + F4 is the same as Start, Turn off computer.

Websites

I have chosen to focus on Stockholm Syndrome this issue. The name is derived from a 1973 hostage incident in Stockholm, Sweden. At the end of six days of captivity in a bank, several kidnap victims resisted rescue attempts, and afterwards refused to testify against their captors. It is commonly used to describe the behavior of kidnap victims who usually over a prolonged period of time, become sympathetic to their captors. Captives begin to identify with their captors initially as a defensive mechanism, out of fear of violence and small acts of kindness by the captor are magnified, since finding perspective in a hostage situation is by definition impossible. For victims of sexual abuse, their families and therapists, the Stockholm Syndrome is useful in explaining the victim's experiences and the relationship between victim and abuser. A report by the Salvation Army on domestic violence discusses Stockholm Syndrome and how it links to domestic violence.

Read the full report at http://www.salvationarmy.org.au/reports/Women&Domestic_Violence_Counselling_Standards.pdf

Find more information on Stockholm Syndrome on these following web addresses:

<http://familyrightsassociation.com/info/stockholm/syndrome.html>

http://en.wikipedia.org/wiki/Stockholm_syndrome

<http://www.drjoecarver.com/stockholm.html>

Terminology

Cyberchondria is a colloquial term for people who take hypochondria out to the Internet, using it to research medical conditions or to self-diagnose. The problem with doing this is the sheer quantity of information and whether it is sound or reliable as individuals can often mis-diagnose symptoms or stumble across quack cures. The Australian government hosts a couple of reliable medical sites with Australian content at www.healthinsite.gov.au and www.betterhealth.com.au

Mashups: The term mashup is used to describe programs or websites that uses content from more than one source. An example might be online maps that then link to historical birthplaces, restaurants or crime hotspots, as they use databases of information, weblinks and digital mapping. If this interests you, a good article from IBM can be found at <http://www-128.ibm.com/developerworks/library/x-mashups.html>

Spyware: malicious software that monitors and can take partial control of your computer without your knowledge or permission.

Adware: software that monitors and profiles your Internet use and then sends pop up ads to your computer based on what it 'thinks' you like, from monitoring your online activity.

Trojans: software programs that arrive illegally through email or other viruses and then allow hackers access to your identity online.

Please note that all Internet addresses were correct at the time of submission to the ACA and that neither Angela Lewis nor the ACA gain any financial benefit from the publication of these site addresses. Readers are advised that websites addresses in this newsletter are provided for information and learning purposes, and to ensure our member base is kept aware of current issues related to technology.

Email me at AngelaLewis@optusnet.com.au

ACA

Make sure all of your programs are closed and then hold down the Alt and press F4. That will bring up the "Turn off computer" box and you can proceed with the normal shut down

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
Patricia 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
Brian Edwards	Gosford	0412 912 288	B.Couns UNE Dip Counselling	\$65	Face to Face, Phone, Group
Lidy Seysener	Mona Vale	02 9997 8518	Cert, in Couns & Psychotherapy, Prof. Sup (ACCS), Master Neuro-Ling Prg	\$150	Face to Face, Phone, Group
Erica Pitman	Bathurst	02 6332 9498	Adv Dip Applied Social Science, Supervisor Training	\$80	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
Maria Brennan	Everton Park	0431 792 300	B. Social Wk, Supervisor Trng	\$70	Face to Face, Phone
Judy Boyland	Springwood	0413 358 234	Dip Prof Couns., Supervisor Trg (ACCS) Cert. Reality Therapist, M.Ed	\$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
Cynthia Houston	Southport, Gold Coast	07 5591 7699	BA Psychology, Dip. CPL Work	\$66	Face to Face, Phone
Kaye Laemmle	Southport, Gold Coast	07 5591 1299	Dip Prof. Couns., SOA Supervision (Re. Aust)	\$80	Face to Face, Phone, Group
David Kliese	Sunshine Coast	07 5476 8122	Dip. Prof. Couns. Prof. Sup (AIPC), Dip Clin Hyp.	\$75	Face to Face, Phone
Frances Taylor	Tanah Merah	07 3388 1054	Dip Prof. Coun, Dip Clin Hypno, Dip Addict. Couns., Supervisor	\$68	Face to Face, Phone
Michelle Lightworker	Mt Coolum	07 5485 2921	Dip Prof Couns, Dip Holis Coun, AIPC Supervisor Trg	\$90	Face to Face, Phone, Group
Dr John Barletta	Grange	0413 831 946	QLD Psych Board Accreditation, Grad Dip Couns, PhD, Registered Psychologist	\$110	Face to Face
Stacey Lloyd	Brisbane South	07 3420 4127 or 0414 644 650	MA (Couns), BA (Psych), Dip.Bus (Mgmt), Cert IV Trng & Asst	\$90	Face to Face, Phone, Group

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
Lorraine Hagaman	Bridgeman Downs	0413 800 090	M.A., Social Science, B. Bud Comm., Supervisor	\$85	Face to Face, Phone, Group
Wendy Campbell	Eumundi	07 5456 7000 or 0437 559 500	Registered Psychologist	\$80	Face to Face
Carol Farnell	North MacLean	0410 410 456	B Psyche (H), B Beh Sc	\$100	Face to Face, Phone, Group
Bruce Lauder	Cannonvale	07 4946 2992 or 0437 077 950	Bachelor of Theology	\$75	Face to Face, Phone
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
Geoffrey Groube	Heathmont	03 8717 6953 or 0425 785 953	Dip. Prof. Couns., Prof. Supervisor Trg (AIPC)	\$75	Face to Face, Phone, Group
Gayle Higgins	Heidelberg	03 9499 9312	Dip Prof Couns., Cert. Dysfun Fam Couns., Prof Super Trg	\$70	Face to Face, Phone
Molly 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
Hans Schmid	Knoxfield	03 9763 8561	Dip. Prof. Couns. Prof. Supervisor Trg. (HDA)	\$70	Face to Face, Phone, Group
Stephen Brown	Melbourne	0419 588 466	Grad Dip. Educ., Psych, BA Psych, Sociology	\$70	Face to Face, Phone, Group
Donna Loiacono	South Yarra	0417 400 905	Registered Psychologist	\$80	Face to Face, Phone, Group
Sharon Anderson	Nunawading	03 9877 3351	Registered Psychologist	\$90	Face to Face, Phone, Group
Sandra Bowden	Rowville	0438 291 874	Dip. Prof. Couns., Prof. Supervisor Trg (ACCS)	\$60	Face to Face & Phone
Judith Ayre	St Kilda	03 9526 6958	Dr Coun. & Psych, Dip Clin Hyp., Gr. Dip Coun. Gr. Dip Conf. Res., B.A	\$70	Face to Face
Cate Clark	Wodonga	02 6041 1913 or 0428 411 906	Grad Dip. Mental Health, Supervisor	\$75	Face to Face, Phone, Group
Anita Bentata	Richmond & Montrose	03 9761 9325 or 0438 590 415	Cert, Prof,Sup (ACCS), Bach. Human Serv (Human Dehav), Psyctherapy & Couns.	\$90	Face to Face & Phone
Mary Hogan	Windsor	0407 332 226	Psycotherapy & Supervision	\$80	Face to Face, Phone, Group
Leanne Cleghorn	Bakerv Hill	03 5333 1405 or 0409 492 854	Professional Supervision	\$80	Face to Face, Phone
Deborah Cameron	St Kilda	03 9863 9422 or 0438 831 690	M.Counselling, M.Sp.Ed. SOA Supervisor Training	\$99 ind \$25 grp	Face to Face, Phone, Group
SOUTH AUSTRALIA					
Kerry Cavanagh	Adelaide	08 8221 6066	B.A. (Hons), M. App. Psych.	\$120	Face to Face, Phone
Yvonne Parry	Bridgewater	0418 893 530	RN, BA Psychology, Supervisor Training	\$80	Face to Face, Phone, Group
Adrienne Jeffries	Erindale	0414 390 163	BA Social Work, Dip Psychosynthesis	\$85	Face to Face, Phone, Group
Moira Joyce	Frewville	1300 556 892	B. App Sc (Soc Wrk), Cert Mediation, Cert Fam Ther. Cert Couple Ther, Supervisor Trng	\$100	Face to Face, Phone, Group
Anne Hamilton	Gladstone	08 8662 2386	Grad Dip Mental Health, Supervisor ACCS	\$66	Face to Face, Phone, Group
Dr Barry Lloyd	Magill	08 8332 7118	D.Ed.Couns. Dip. Prof.Couns., Supervisor Trg (AIPC)	\$66 Ind, \$35 Grp	Face to Face, Phone, Group
Carol Moore	Old Reynella	08 8232 7511	Dip. Prof. Couns. B. Bus HRD, Prof Supervisor	\$99 Ind, \$25 Grp	Face to Face, Phone, Group
Yvonne Howlett	Sellicks Beach	0414 432 078	Reg Nurse, Dip Prof. Couns., Supervisor Trng (AIPC)	\$100	Face to Face, Phone
Dr Nadine Pelling	Adelaide	0402 598 580	M.A. Ph.D Psychologist & Counsellor	\$100	Face to Face, Phone, Group
WESTERN AUSTRALIA					
Christine Ockenfels	Lemming	0438 312 173	MA. Couns., Grad Dip Couns. Dip. C. Couns. Sup Trng (Wasley)	\$66	Face to Face, Phone
Dr Kevin Franklin	Mt Lawley	08 9328 6684	PhD (Clin Psych), Trainer, Educator, Practitioner	\$100	Face to Face
Carolyn Midwood	Sorrento/Victoria Park	08 9448 3210	MA. Couns. NLP, Sup Trg, Dip Prof. Couns. Cert IV Sm Bus Mgt	\$99	Face to Face, Phone, Group
Eva Lenz	Fremantle	08 9336 3330	Adv. Dip. Edu. Couns., M.A., Religion, Dip Teach	\$75	Face to Face, Phone, Group
Beverley Able	Scarborough	08 9341 7981 0402 902 264	Registered Psychologist	\$121	Face to Face
TASMANIA					
David Hayden	Howrah	0417 581 699	Dip. Prof. Couns. Prof. Sup (AIPC)	\$80	Face to Face, Phone, Group
NORTHERN TERRITORY					
Rian Rombouts	Parap	08 8981 8030	Dip Mental Health, Dip Clin Hypno, Supervisor Trg	\$88	Face to Face, Phone
SINGAPORE					
Hoong Wee Min	Singapore	65 9624 5885	MA Social Science, Supervisor Trng	\$100	Face to Face & Group

Book Reviews

Essentials of Skilled Helping

ISBN 0-495-00487-1

By Gerard Egan

I was curious to see how Gerard Egan's 'Essentials of Skilled Helping' could possibly improve on The Skilled Helper, his earlier, much reprinted, volume.

Anyone buying this volume as an update to an earlier edition might be disappointed. Despite an eight year time span between my own 1998 version, and this new volume (8 chapters and 50 pages lighter) the improvements in the new edition are more in layout and style than content. Egan himself says that the new edition is 'more streamlined and more compact', and I can only concur. The largely unchanged content remains excellent however - comprehensive yet clear. Obviously the original text was difficult to improve upon!

In step by step format, Egan explains those values and skills required of a competent helper. An eminently practical book, it explains the problem-management/opportunity development model of helping and the methods, processes and skills involved. Refreshingly, the book remains balanced regarding the 'shadow side' - good and bad helpers, good and bad clients and good and bad models. Evaluation questions and exercises at the end of each chapter, more specific in this edition, are challenging and useful for self assessment.

The new edition is 'cleaner' to read - not so extravagantly peppered with multiple references, dates and page numbers. The subject matter is less fractured, the layout style modern, and the language updated. I have my misgivings about two things, however - the rather awkward size of the book, and the soft cover. For a book that is going to be found on many shelves, when not being 'thumbed' mercilessly, it could have been more 'shelf friendly' in size and robust in its binding. Given these observations, I still consider Gerard Egan's writing as one of the best purchases a student of counselling could make. A first time buyer will not be disappointed - just make it a hard back copy.

Reviewed by Barbara Abbott
Dip Couns., MANZASW., ACA., FPCQ (non-practising)
Publisher: Thomson Price: Aus\$86.95

Love First A New Approach to Intervention for Alcoholism & Drug Addiction

ISBN 1-56838-521-8

By Jeff Jay and Debra Jay

This book dispels the myths that families must wait until the addict hits rock bottom and that intervention must be confrontational. This book is very easy to follow and provides a step by step guide for families to organise and undertake their



own intervention for a loved one with alcoholism or an addiction. The author Jeff Jay understands what families and addicts experience as he has his own recovery story from drug and alcohol addiction to draw on.

The basis of this intervention is love and honesty not anger and blame. The intervention is about the power of the group and is seen as a process not an event. The family must reflect on and review their own behaviour to see how they 'enable' the addict to maintain their habit. Hence the recovery is thought of in terms of 'we'. Extensive planning and attention to detail is required for the intervention to be successful and it appears every detail of this intervention is identified and discussed in the book. The authors say when this intervention is well planned, about 85% of people asked to accept help do.

Families can carry out the intervention on their own but if they don't feel comfortable with this, then assistance from an interventionist should be sought. I believe few families would have all the skills required to maintain the equilibrium of the intervention and keep the family meeting from becoming a forum for hostility. It would be more beneficial for families to be assisted by a professional with knowledge and experience.

This is a comprehensive and thorough resource for families and any practitioner working with families. The techniques can also be applied to other problems such as compulsive behavioural disorders eg gambling or to an elderly family member who refuses care.

Reviewed by Jayne Williams
Dip. Teaching, Dip Professional Counselling,
Certificate IV Workplace Assessor and Trainer, Master Practitioner NLP, QMACA
Publisher: Hazelden Price: US\$14.95

The Parent's Book About Bullying

ISBN 1-56838-517-X

By William Voors

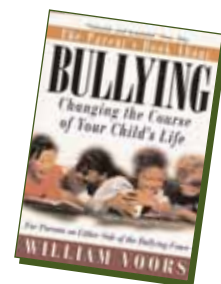
I found this small book (150 pages) insightful, informative & most importantly, extremely practical.

There are twelve chapters broken into three main sections & these sections include (1) the problem of bullying, (2) what to do if your child is a target of bullying & (3) what to do if your child bullies.

All sections clearly explain the damage bullying does to all persons involved & how to safely choose more helpful ways of thinking, feeling, talking & behaving when faced with this problem.

Those affected may include the person bullied, those who witness the bullying behaviour, the bully themselves & the affect on all families & others involved.

Societal attitudes are scrutinised & challenged & facts & figures regarding bullying are discussed & Voors



Essentials of Skilled Helping
By Gerard Egan

Love First A New Approach to Intervention for Alcoholism & Drug Addiction
By Jeff Jay and Debra Jay

The Parent's Book About Bullying
By William Voors

*** Christmas Offer**
trauma & cbt texts
for clinicians
by Dr Leah Giarratano



* ** This Christmas Special Offer only applies to credit card purchases made with this FAX ORDER FORM. These discounts will NOT apply unless this form is used. Please complete this form and fax to (02) 8786 1361. Note: this offer and order form expire at 4pm on 31 January 2007.

1. *Special Offer:*

- * ** Any 2 books below for \$125 delivered!
- * ** Any 3 books below for \$175 delivered!
- * ** Any 4 books below for \$210 delivered!

Please visit www.talominbooks.com for further information about these books and 2007 training programs

2. *Title details:*

Please tick your choices below

Clinical Skills for Managing PTSD: Proven Practical Techniques for Treating Posttraumatic Stress Disorder (normal price \$93.50)	
Clinical Skills for Managing Acute Psychological Trauma: Effective Early Interventions for Treating Acute Stress Disorder (normal price \$84.15)	
Clinical Skills for Treating Traumatized Adolescents: Evidence Based Treatment for PTSD (normal price \$84.15)	
Managing Psychological Trauma: Clinician and Client Resources for the Clinical Skills Series (normal price \$65.45)	
CBT for use in General Practice: Effective Psychological Strategies for Medical Practitioners (normal price \$93.50)	
CBT for GPs: GP and Patient Resources (normal price \$65.45)	
Total number of books	

3. *Orderer details and delivery address:*

Name: _____

Delivery address: _____

Phone: _____

Email: _____

Payment method (circle one)

<input type="checkbox"/> Visa card	<input type="checkbox"/> Mastercard
------------------------------------	-------------------------------------

Name on card: _____

Card No.: _____

Expiry Date: _____

Signature: _____

Orders are despatched daily on weekdays. You will receive a tax invoice and confirmation of your order via e-mail. If you do not have e-mail, a tax invoice will accompany your books. If you have any enquiries, please call (02) 9823 3374.

2007 Training dates

5 July 2007: Darwin CBD.....	Treating acute psychological trauma
6 July 2007: Darwin CBD.....	Treating traumatic memories
26-27 July 2007: Brisbane CBD.....	Treating PTSD: Two-day workshop
23-24 August 2007: Adelaide CBD.....	Treating PTSD: Two-day workshop
20-21 September 2007: Perth CBD.....	Treating PTSD: Two-day workshop
11-12 October 2007: Sydney CBD.....	Treating PTSD: Two-day workshop
25-26 October 2007: Melbourne CBD.....	Treating PTSD: Two-day workshop
8 November 2007: Auckland CBD.....	Treating traumatised adolescents
9 November 2007: Auckland CBD.....	Treating traumatic memories

states that “the long-term impact of chronic peer abuse on career & economic success are alarming & that we must recognize that when we minimise bullying behaviour in childhood, we normalise violent behaviour”.

This book clearly states the negative impact of bullying & some of the short & long-term affects that include withdrawal, anger, fear, self-loathing, anxiety, depression, low self-esteem, suicide, dropping out of school & other activities etc.

Recognising the signs your child is displaying & how to respond practically & helpfully to the broad range of bullying behaviours is clearly identified & explained.

What I found particularly helpful to those involved in this damaging cycle were the many empowering options offered by giving example scenarios & showing the possible benefits of choosing alternative ways of responding to the bullying behaviours.

I believe this book would be an invaluable resource for all parents, teachers & carers & its strengths lie in its ability to practically provide positive & empowering outcomes for all parties involved in bullying behaviours.

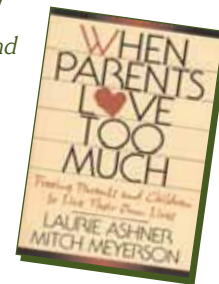
Reviewed by James Benzie
 Counsellor & Clinical Hypnotherapist
 Publisher: Hazelden Price: US\$12.95

When Parents Love Too Much - freeing Parents and Children to live their own lives
 By Laurie Ashner and Mitch Myerson

When Parents Love Too Much - freeing Parents and Children to live their own lives

ISBN 1-56838-186-7

By Laurie Ashner and Mitch Myerson



As a Counsellor working in the community sector where many of the issues facing children stem from abuse and neglect, it is rare that we come across parent's who 'love too much'. Many parents struggle with the notion of just being good enough parents, let alone loving their children too much! This book however, illustrates the very fine line between 'giving' and 'controlling' and the impact that a relationship based on dependency has on the adult child and parent alike. Further this book really sends a strong message to parents that simply being 'good enough' is in fact a job well done, it is when we begin to want to be the perfect parent, the solver of all

Book Reviews (Continued)

problems and the provider of any and all needs that the problems begin.

'When Parents Love Too Much' has been written for adult children and parents who have loved and been loved too much. It is therefore both easy to read and very engaging, as the theoretical discussion is always illustrated by case examples. The book is divided into two parts; the first part goes through different examples of how children can be loved 'too much'. The authors site fourteen characteristics which indicate that a child has been loved too much, these include, problems with intimacy and relationships, seeking approval, guilt even when you're not responsible, feeling life is unfair, difficulties in trusting people, needing to feel in control, difficulty following things through, the tendency to be self-critical, feelings of entitlement, difficulty appreciating the moment, trouble making decisions, fear of success, susceptibility to eating disorders and finally, loving your parents too much. On reading through this list and discussing it with friends and colleagues I was hard pressed to find anyone who could not read themselves into one or more of these characteristics. Despite the book stating in the preface that it is not intended to blame parents, the entire first part of the book focuses on the mistakes parents make in loving their children too much. I felt a tremendous sense of pressure (and I'm not yet a parent!) to find the balance of just enough love, as many of the problems said to be caused by overparenting can also be found in people who have experienced abuse or lack of love and secure attachment.

The second section of the book focuses on the stories of parents who have loved too much. Co-dependency and the implications of this on the family relationship are discussed. Further part two is largely focused on providing ideas and strategies for parents and children to assist the creation of a healthy and independent parent, adult child relationship.

This book was an engaging read and did provide me with some new food for thought. Some of the strategies included in the second part could be easily utilised by the counsellor, without the client needing to read the book. That said, it could also be quite a therapeutic read for the parent or adult child who has already done significant work on their experience of their parent child relationship, and are aware of a co-dependent pattern of relating.

Reviewed by Belinda Henry
BA(Hons), MA Counselling, PMACA
Publisher: Hazelden Price: Aus\$35.00

High-risk pregnancy and foetal diagnosis: your journey

ISBN 185343988-6

By Stephanie Azri, 2006,
Free Association Books,
London.

The title says it all! Well I am not sure it does...This book does not just tell one journey



but in fact allows many different people from a variety of countries to tell share their difficult journeys where there was a probability that the pregnancies would not reach full term and or where babies were diagnosed antenatally with abnormalities.

My initial impressions of this book were not favourable. The cover is a washed out apricot color and did not inspire me to want to pick it up; even the title is unappealing with its use of medical jargon such as "foetal diagnosis" and "high-risk pregnancy" tending to make a person with a medical background such as my own, want to run a mile. Pregnancy creates such a momentous change in a woman's body and psyche that using medical language such as this tends to diminish the integral connection the pregnancy has to a woman's sense of identity; she is the pregnancy and the baby is part of her. It is for this reason that many women are weighed down with a burden of guilt when something goes wrong and this is not adequately addressed or normalised in this book. It is as if the "diagnosis" and the "pregnancy" are separate to the person.

This book appears to be an introduction to these complex situations and encourages the reader to go to websites, chat rooms and different support groups in a range of countries where these more difficult discussions can take place.

This book is clearly set out and dot points are used to good effect; the very pertinent parents' comments are unmistakably identifiable in bold bordered boxes. Each chapter covers relevant issues and defines complex conditions simply; for example, "The bombshell and grieving" or "Impact on your partner and the relationship" and "When your child dies" to name a few. This book has needed to be written and it is a practical book with many useful tips and straightforward suggestions that will allow the parents in this situation to get an idea of the different journeys that they may encounter without being prescriptive.

The frustration for me as a counsellor supporting women and or their partners in these situations is that there is so much more that could have been said. These parents are crying out for a simple book that will help them navigate this minefield of emotions and yet the chapter covering the impact on relationships is only two pages long!

Review by Jill Humann
Registered Midwife, Graduate Diploma in Childbirth Education, Masters of Counselling (Tas Uni)
Publisher: Free Assoc Books Price: Aus\$44.95

High risk pregnancy and foetal diagnosis: your journey

ISBN 185343988-6

Stephanie Azri 2006

The content of the book, 'high-risk pregnancy and foetal diagnosis: your journey', offers an uncomplicated approach to difficult pregnancy issues. The book has a great deal of relevant information delivered in



a simple style, which may support women with a similar diagnosis, but I believe has some potential to create anxiety because many of the stated conditions for high risk pregnancies can be managed safely with expert care, culminating in the birth of a healthy infant, rather than an infant that does not survive because of abnormality.

The layout of the book is straightforward, with much of the information presented in anecdotal form which can be beneficial to bereaved parents. However, both the information for self care and the dietary advice, although appropriate seem superfluous for this book. The author has sourced many excellent parent support services world wide.

The author has had the opportunity to talk about her own loss which is important in the grieving process, but many of the references surrounding grief and loss are old, although the chapter discussing medical research provided more recent references. Unfortunately, the author uses a psychiatric evaluation for complicated grief (DSM IV) whereas the majority of the population, including those who experience pregnancy loss experience normal, resolving grief.

As an accredited grief and loss counselor and midwife providing bereavement care for women who experience pregnancy loss for any reason, I may recommend this book to parents in a similar position. However, I find these parents have searched the internet and have the most recent professional information at hand. I feel the book may be useful for other family members who may struggle with knowing how to assist parents faced with this dilemma.

I would not necessarily recommend this book to my fellow professionals (midwives and counselors), who have access to current literature via professional journals.

Reviewed by Moira Kean
Rn.Rm.BHA., GradDipGrief&LossCounselling,
MACounselling, Nalag Accredited Grief&Loss
Counselor
Publisher: Free Assoc Books Price: Aus\$44.95

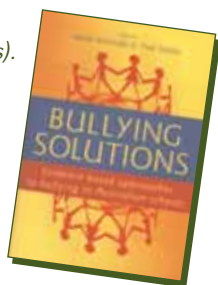
Bullying Solutions – Evidence-based approaches to bullying in Australian Schools

ISBN 0-7339-7146-4.

By McGrath, H & Noble, T. (eds).

There is no doubt that bullying is a real problem in Australian schools and not just the latest media hype. Unfortunately, as often happens when the media gets hold of issues, the attention this topic has received has meant that a lot of popularist and unsubstantiated material is given undue credence and circulation. For this reason if no other I was extremely glad to see this book appear on the shelves.

In *Bullying Solutions* we find a text that, in one handy book, has provided a compilation of the work of many of Australia's leading experts in the field of education and bullying. Authors such as Rigby, McGrath, Fuller,



Thorsborne and Slee, to name but a few, have here set forth not a collection of anecdotal material or folk wisdom but, as the title indicates, solid, *evidence* based, best practice and solutions to this endemic problem.

The book consists of four sections: 'An Overview of bullying & possible solutions', 'An overview of preventative solutions for bullying', 'An overview of management solutions for bullying', and finally a section on developing school policies and procedures. While it is obviously aimed at those clinicians working in schools and school leadership teams struggling with the issue and how to deal with it, I think this collection will also help those clinicians who work with children and need a better understanding of how schools work and how the problems that occur within that environment can find viable solutions.

As one who has worked in the school environment for over a decade I found this a work that reinforces with hard evidence what I have found to be the case in practice – namely that for any solution to be truly effective it must involve **ALL** the stakeholders, students, staff and parents and **ALL** must take responsibility for its implantation and, ultimately, its success.

Reviewed by Adrian Hellwig, (Permanent Chair ACA
Compliant Tribunal, President CCA)
Publisher: Pearson Longman Price: Aus\$49.95

Get me out of here, my recovery from Borderline Personality Disorder

By R. Reiland

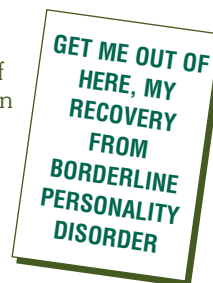
"Get me out of here" is a first person autobiographic account of a young woman who breaks down and finds herself admitted into a psychiatric ward. As she reads the letters "BPD" on her chart, she finds herself fighting the reality of her diagnosis.

First as an involuntary patient and later, as a willing client, she undertakes a recovery journey with her Psychiatrist, which will take her four years to complete.

One may wonder of what benefit is this book to therapists? I have found it so enlightening, and valuable both as a counsellor and as a woman with her own demons. Whilst it is not aimed as a medical guide or as a counselling tool, it provides a huge insight as to what it is like to have BPD, and what it is like to work with BPD patients.

The author lists a helpful range of support groups both for patients and therapists. This book is very easy to read, written in plain English and is free of technical jargon. I found it extremely powerful in its brutal honesty. Some parts brought me to tears whilst I found others hilarious. I don't think anyone can read about her Christmas day and not recognise in her disturbed relatives a member of our own families.

Her account is a message of hope. A mental illness is NOT a death sentence. Not only is it possible to



Bullying Solutions – Evidence-based approaches to bullying in Australian Schools
By McGrath, H & Noble, T.

Get me out of here, my recovery from Borderline Personality Disorder
By R. Reiland

Book Reviews (Continued)

**Skilled Helping
Around the World:
Addressing
Diversity and
Multiculturalism
By Gerard Egan**

become symptom free, but as Reiland explains, it is also possible to live a life full of love, joy and filled with normal social interactions. This book is about forgiving, recovering and moving on; forgiving our parents' mistakes, forgiving our own mistakes, forgiving even God and moving forward.

There is however one word of caution I feel needs to be brought up. Readers who have experienced abuse or suffer from any mental health issues will very likely find some parts disturbing. As with any good therapy, and as one's awareness increases, forgotten or buried traumas will re-surface. It took me a few debriefing sessions after reading this book to re-put some issues into their boxes, and I really wasn't prepared for this.

I would truly recommend this book to all.

Review By Stephanie Azri (MACA)
Master of Health studies, Bach of Human Services,
Dip Ed.
Publisher: Hazelden Price: Aus\$28.00

**Skilled Helping Around the World:
Addressing Diversity and Multiculturalism**
ISBN 0-495-09229-0

By Gerard Egan
Publisher Thomson

This small booklet can be read very easily and quickly. The language is simple and logical. The booklet is a short and condense account of all issues and problems and the skills needed to council multicultural diversity.



The precise and careful collection of hints and guidelines provokes with his density to examine the client, the problem and the counsellor in the light of the books thematic. Often the booklet only scratches the surface objectively and logical; but then selects issues and elaborates more closely in a subjective and personal view. And gives samples of how to deal with these issue.

Throughout the booklet I feel woven the truth that no client can grow beyond the level of understanding and development, inner and personal, of the counsellor.

So the booklet ends with challenging the counsellor with exercises and summaries communication skills to deal with cultural diversity. It interested and helped me in a way with my multicultural cliental.

Reviewed by Uma Rita Bone
Publisher: Thomson

Private Practice with Ken Warren

Ken Warren runs a busy counselling practice on the Sunshine Coast (Qld). He specialises in mentoring counsellors to succeed in private practice. Gain a copy of his free e-book on private practice by emailing privatepractice@kenwarren.com.au or visit his website on www.kenwarren.com.au



Advertising: Do I really have to tell everyone?

I know a number of private practitioners are worrying about how their practice will be affected by the recent Medicare funding of Mental Health Case Plans with psychologists. I suggest to that behind every obstacle, there is an opportunity. The challenge will be

how to reposition your practice, if required, to take advantage of the opportunities that are still there. These range from increasing people's perception of value on what you do so clients are happy to pay your fee OR to focus your practice on problems that are not addressed by the above program. Examples of concerns not addressed by the above program include: behaviour problems, parenting challenges, anger management, life balance, relationship difficulties, group programs and seminars, to name a few.

Now back to today's topic. Like it or not, advertising is one of those things you will probably have to do sometime in your professional life. Whether you want to promote your private practice or publicise a community event, it can be tricky. And to be cost effective, it must be targeted, noticed and acted upon.

So I asked freelance writer, Janet McCorkill, of *In Other Words*, for a few tips and put the question, "Just how do we amateurs go about creating an effective ad?"

Janet laughed, and agreed to help out. "First you must grab people's attention. That's Rule No 1. Use a snappy headline – this is the ad for the ad! It's fairly easy to do when framed as a question. After all, who can resist a question? It's why quiz shows are so popular! The old standbys of: 'Do you want to ... be happy / like your kids / live without fear?' do work. Just try to avoid clichés – it'll be more effective.

"Now because the headline is SO important, I think I should talk about it a bit more. I always like to visit old friends when in need, and the really good old friends you need now are: who, what, where, when, why, how and which. Use these, and you can get a completely different take on the question we posed before. If you try an alternative on that first example and ask: 'Why would you want to be happy ... when everything is against you?' It becomes pretty provocative and could apply equally to suicide prevention or a life coach! 'How can you be happy ... when your kids are so hurtful?' might apply to a counsellor who deals with teenagers. Do you get the idea?"

"Oh, and while on that topic, don't put your own business name at the top of an advertisement. It's a really common mistake. After all, do the reading public care who you are? No - unless your name is Richard Branson! They'll just skip over to the next item and all your hard work is for nothing.

"Now that your quirky, attention-grabbing headline has caught your reader's eye, follow it up with Rule No 2. Create interest. Using our previous sample

–'Do you want to be happy?' as your heading, you could then say something like – 'Good communication skills, a contented family life and a healthy lifestyle, are the first steps towards a happier life'.

'Brilliant!', thinks the reader, 'I want to be happy, and I sure don't have all that' and reads on.

"Move on to Rule No 3. Create a desire for your service or product. You could continue along these lines: 'But you needn't settle for just happy - your life can be richer, dreams sweeter, brain sharper, home life more harmonious etc. etc.'

"By now, your reader is fully engaged (after all who doesn't want these things?) and it's time to communicate the details. Just what do you offer – classes, coaching, counselling – remembering to match your words to the target market – so watch the jargon!

"At this point we introduce the WIIFM (What's In It For Me) principle. And this is Rule No 4. For everything you offer, spell out what the benefit is to the reader. Don't make them work hard. For example, if you run night courses in anger management, the benefits are: '.... so it's convenient to come after work and parking is easily available' ... plus no-one sees you come and go – sorry, my little joke!

"Think offer and effect when working out benefit statements. Use translator words between the two, such as: 'so that', 'which means', so you'll find', you'll discover', 'you'll be able to' ... and there are plenty more! Here are some examples in use: 'By talking together, we'll help you discover new meaning in life'; 'Our years of experience in counselling teenagers means your kids will treat you like a human again'; 'Enrol today so that you can save money with our special' and so on.

"Finally, Rule No 5 - Action stations and follow through! Now you've raised their interest make them act. Something like 'Why wait for happiness to arrive? You've waited all your life, and it hasn't arrived yet! Act today and call us for a chat.' At last, now is the time to include your contact details."

So there you have it. For myself, I know this sort of writing isn't always easy, taking time and practice. Which is why, I guess, we engage copywriters in the first place. Janet has plenty more tips to help you out, so if you want a free copy of her "*Ideas to Get You Out of a Writing Jam*" email her at inootherwords@bigpond.com or call her on 0409 345 374. Finally, if you're still not confident you really ought to just leave the job to the experts. Whether you engage a writing service that's local, or Janet herself, it's better to take action than do nothing.

I always like to visit old friends when in need, and the really good old friends you need now are: who, what, where, when, why, how and which.

ACA

Call for members to form Task Force: Rebates for Counsellors

Counselling is now at an important cross road. We are a profession in our own right however we do not have access to rebates as many other similar allied health service providers. Counselling bodies are not recognised by state and federal governments and therefore attract GST, unlike other allied health professionals. Counsellors do not have a pay structure and remain one of the lowest paid professions in Australia, many of our jobs are expected to be filled by volunteers. Counselling does not have any direct entry points via under graduate degrees. These issues need to be addressed immediately. ACA is now forming a task force to address these issues in 2007, please consider how you can help.

For the purpose of this article the word counsellor includes psychotherapists but does not refer to psychologists, social workers or psych nurses who also offer counselling services. This article refers to counsellors as those who meet ACA membership criteria for full registration regardless of whether being members or not.

ACA will be making it a priority to address the imbalance in regard to access to Medicare rebates for counsellors. The new rebate scheme refers primarily to psychologists who offer counselling services, although counsellor training is not specified. Other allied health disciplines may have access to this rebate under certain conditions.

The following are issues that need to be considered by a task force. This discussion is followed by the task force agenda, requirements and member criteria.

ACA believes that rebates should be made available to the public to use counselling services for emotional issues (as opposed to psychological or mental health) as these are far more common than actual mental health issues. Many emotional issues if left unchecked will develop into mental health issues. Actual mental health issues such as schizophrenia and bi-polar are far less common and do require specialised psychological interventions. Issues such as depression, in the early stages, can be treated successfully by most counsellors. However, the public do not have access to Medicare rebateable counselling services. Counselling could be said to be more of a preventative service in relation to mental health. The large proportion of those seeking counselling services suffer more from emotional issues rather than mental health issues. Psychological services on the other hand are reactive by nature, whereby in many cases an issue has developed into a diagnosed psychological disorder before intervention is sought. Whereas counselling as an early intervention strategy can prevent many emotional issues developing into psychological disorders.

ACA is not suggesting that psychological services should not be made available to the public on Medicare, on the contrary ACA applauds the government's and APS initiative in this issue. However, ACA is concerned that access to psychological services on Medicare is open to abuse

by members of the medical profession and public as being akin to free counselling services. There is a possibility that some GPs will refer patients to psychologists under the new scheme to simply access free counselling services, particularly low income patients, with non psychological issues. The notion may be perceived as honourable but realistically it would be irresponsible once the full repercussions are understood. My understanding of the criteria for eligibility under the new scheme is a patient must be diagnosed as having a psychological disorder as per the DSM IV (RV) and this on its own has significant repercussions for the consumer.

There is even an issue as to whether GPs are adequately trained to be diagnosing psychological issues. This issue is one that psychologists must address. There is also another issue that must be addressed and that is one of GPs with minimal training offering counselling services to patients. A GP with minimal training in CBT can offer counselling services and claim them on the new Medicare rebate. It would be highly unlikely that GPs would meet counsellor registration requirements, however they can offer counselling services without accountability to any counsellor registration bodies. Yet, ironically, a professionally trained counsellor cannot offer rebates against the same provider numbers. It would be a mistake to assume a short course in CBT would make a GP any more effective as a professional therapeutic counsellor than an advanced first aid course would make a counsellor a GP.

Most GPs may accept that it is a conflict of interest to refer patients to themselves however some may be tempted to subsidise their income through offering counselling services. GPs in multiple practices may also be tempted to ensure referrals are kept in house, which brings into play other ethical issues. ACA is not insinuating that the majority of GPs would consider the aforementioned, however ACA has already received reports from members that this is happening. There is also an issue in regard to the public being fully informed of the possible repercussions of being diagnosed as having a psychological issue.

GPs and the public need to be aware that any psychological diagnosis carries with it repercussions outside of the counselling process. In Queensland anyone diagnosed with a mental illness is required to notify the Board of Transport of the illness and submit a letter from the GP or treating psychologist outlining how the illness may or may not affect their ability to drive. There are also other repercussions such as declaring mental illness on visa applications, as some countries have restrictions on entry in this regard. Mental illness also needs to be reported on insurance applications and can impact on premiums and cover. Those who are self employed will find salary protection and disability insurance far more difficult with a mental health condition, regardless of treatment. Employment opportunities can be significantly restricted also; access to professions such as the military, police service, ambulance service and many other professions may be restricted.

Counsellors do not have a pay structure and remain one of the lowest paid professions in Australia, many of our jobs are expected to be filled by volunteers.

Occupations that require the handling of heavy industrial equipment or the carrying of weapons, such as security, may also be restricted. These possible repercussions should not be treated lightly and would be an unnecessary price to pay simply for access to free counselling services for issues such as relationship counselling. GPs and other referral bases are not doing their patients or clients any favours by giving a diagnosis simply to access seemingly free services. The belief that rebates will lead to free mental health services is also highly unlikely. Many service providers already are charging a gap payment which will negate many perceived benefits of equity and access. All this would indicate that counselling services are needed and are required to be accessible against Medicare for the public.

Members of the public are entitled to have a choice as to whether they use psychological or counselling services. There will be many instances where members of the public will not require psychological services however would benefit from counselling services. Members of the public also have a right to be aware of the full implications of being labelled with a mental health disorder. The Australian public also have the right to seek out counselling services for emotional health issues before they develop into mental health issues. Counselling services are more in tune with indigenous and multi-cultural issues. In many circumstances indigenous and other cultures do not relate to mental health as a disorder but more of an emotional issue. A mental health diagnosis in these instances is more likely to exacerbate the issue than offer a viable intervention. Rebates for counselling services would in the long term save the health system and community millions of dollars as a preventative service. Counselling for issues such as relationships is as important as any mental health issue. The breakdown of families and relationships creates a burden on the welfare and health system as well having a negative impact economically in regard to lost production and employment issues.

AGENDA OF THE TASK FORCE

Task Force name: Rebates for Counsellors

AGENDA:

1. Produce a written document to be presented to the Federal Government and Health Department outlining why counselling provided by registered counsellors should be allocated a provider number and be made accessible by the public on the Medicare system.
2. Research current literature in regard to evidence based outcomes of counselling to support the document.
3. Produce an educational document to be disseminated to the public on the repercussions of being diagnosed with a mental health illness.
4. Produce educational material to support the efficacy of counselling.
5. Develop a frame work for an award wage for counsellors.

6. Identify any ethical and/or practice issues that will need addressing.
7. Identify stake holders and supporters.
8. Produce a written strategy to be disseminated to ACA members on how to:
 - a. Lobby local, state and federal members.
 - b. Produce petitions to be presented to the appropriate politicians.
 - c. Support the task force.

Make up of the Task Force:

Professional positions:

Chairperson – CEO of ACA

Secretary – ACA Administrator

Voluntary (non-paid) positions:

Vice – TBA

- 1 x representative of each ACA member association (x 5)
- 1 x representative of each non ACA counselling body
- 4 x ACA members
- 1 x non counselling member

Criteria for sitting on the Task Force: Each member will be required to meet the following criteria.

1. ACA members and member association representatives must all be full financial members of ACA.
2. Each member must have previous experience in lobbying and/or producing political documents or be able to connect other members of the task force to an already established political network.
3. Be available for teleconferences and where possible video conferences.
4. Must be able to meet deadlines.
5. Be able to put aside a certain amount of hours per week to research and correlate identified issues.
6. Adhere to the ACA code of conduct.
7. Maintain confidentiality.
8. Non ACA members will be required to sign a confidentiality agreement and conflict of interest declaration.
9. Each member barring the public representative must be a registered (practising or non-practising) counsellor.
10. Psychologists are not eligible to sit on the task force, however may act as advisers to the Task Force.

For further information on volunteering to join the Task Force please email philip@theaca.net.au or phone 1800 784 333 after the 8 January 07. These positions will close on the 20 January 07.

ACA

A mental health diagnosis in these instances is more likely to exacerbate the issue than offer a viable intervention

For on line membership information and
details about . . .

the **Association for Counsellors in
Australia**

please visit the
ACA Website

at

<http://www.theaca.net.au>



Australian Counselling Association Pty Ltd · ACN: 085 535 628

PO BOX 88
Grange QLD 4051
Thomas Street
Grange Qld 4051

telephone: 1300 784 333
facsimile: 07 3356 4709
email: aca@theaca.net.au
web: www.theaca.net.au