

Volume 7 Number 1 **Autumn 2007**

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



The Social Construction of Mental Illness, and It's Implications for the Recovery Model

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

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Internet and Computer Resources

Private Practice with Ken Warren

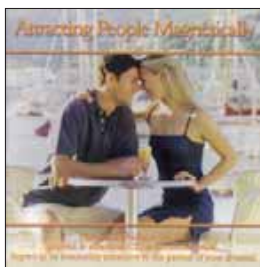
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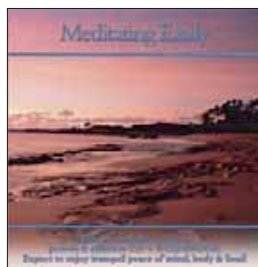
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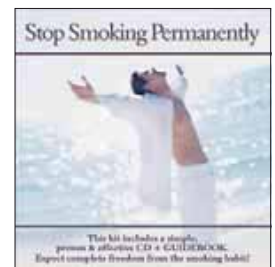
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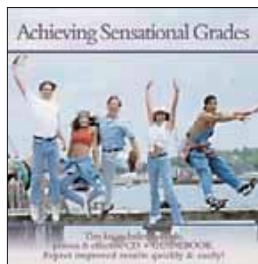
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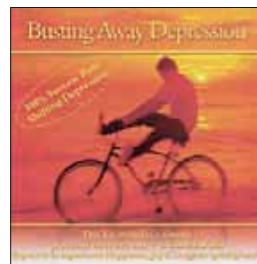
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Counselling Australia

Published by
 Australian Counselling
 Association Pty Ltd
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 Grange QLD 4051
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Printed by
 Cross & Hamilton Printers

Front Cover by
 Bodal Graphic Design Pty. Ltd.

ISSN 1445-5285

CONTENTS

Regular Articles

- 2** Editorial – Philip Armstrong
 Editor, Counselling Australia
 - 12** Register of ACA Approved Supervisors
 - 14** Private Practice with Ken Warren
 - 20** Internet and Computer Resources – Compiled by Angela Lewis
 - 27** Book Reviews
- ### Features
- 3** Counsellor education as practice: An Australian narrative reflection on teaching and learning the practice of counselling in a university setting – By Dr Randolph Bowers
 - 8** Important Membership Changes
 - 11** The Social Construction of Mental Illness, and it's Implications for the Recovery Model
 - 16** Online counselling: with particular focus on young people and support – By Nicol Moulding
 - 21** Internet Resources for Counsellors – By Dr Angela Lewis

Editorial By Philip Armstrong



Another exciting start to the year as our membership continues to grow with the best ever February we have had with over 60 new members in just that one month. I would like to welcome all our new members and readers. ACA values its relationship with its members and subscribers of the journal. Kung Hei Fat Choy, Happy New Year of the Golden Pig. Did you know this only comes around every 60 years? What is this leading to? Well it is leading to my recent trip to Hong Kong.

I spent a week in Hong Kong meeting with several professional bodies and training providers. I visited several universities and was impressed with the development of Counselling in Hong Kong and China. They have Diploma, undergraduate and graduate training courses available from state run institutions to private providers. Minimum standards for membership in Hong Kong are parallel to ACA's in that the minimum requirement is the completion of a Diploma in Counselling. Professional Supervision and/or Clinical Supervision is not very well developed but there is a very definite move to address this issue. Whilst in Hong Kong I spent a significant amount of time with Alan Jamieson the Vice CEO of BACP. We spent many an hour comparing notes and discussing mutual issues. ACA and BACP are certainly developing a close relationship and hopefully this will eventuate in some partnerships that are still in draft form.

From my experience I can definitely say ACA is held in high esteem internationally and we will continue to develop our relationships in the Asia and European spheres. I was also approached by a representative from an International Family Therapy organisation based in the US who also wished to develop a relationship with ACA. ACA have also been approached by several US and Canadian registered Universities to recognise their graduate training courses. I believe these approaches reflect ACA is now taken seriously as a peak national body within and outside of Australia.

Many of you would now be familiar with the new changes to categories for membership to ACA. The over all response from members has been very positive. As was pointed out to me, most members already meet these new standards and so all ACA has done is reflect this through the changes. Increasing supervision to 10 hours has simply bought us in line with most other similar associations. Members are encouraged to use member association and Chapter meetings to help meet supervision requirements. This will help to keep costs down and meet your requirement without it becoming a financial burden. I would also encourage Supervisors to consider holding more group sessions so as counsellors can have more choices to meet their annual requirements in a cost effective manner

Philip Armstrong
Editor

This conference will also be unique for ACA as we will be including a strand of workshops for parents and carers who have been challenged with this issue.

Counsellor education as practice: An Australian narrative reflection on teaching and learning the practice of counselling in a university setting (published in four editions) Dr Randolph Bowers

PART THREE:

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.

Introduction

This paper continues 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. 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.

Recollections of a counselling training intensive: Day two

Before starting a residential school training intensive sometimes I come in early, sit down, and reflect. This time often brings me back to early career inspirations from existential theory and humanistic impulses. These and other inspirations lead me to ask how can I best reflect on my teaching practice in counsellor education? From the existential space that counsellor training encourages, we are part of a larger social, cultural, historical and ecological form of recollection and contemplation – almost a sense of spiritual attentiveness comes to me as expressing the complex nature of human interactions. We are part of a greater circle of life unfolding. Knowing the complexities can assist us in appreciating analysis of social interactions like counselling. By focusing on only one component of this interaction a sort of minimisation occurs where teaching can be codified but not fully appreciated. This approach to teaching and learning is made somewhat challenging in a climate that wants to reduce teaching and learning to only observable

criteria. Quality assurance ought to encourage philosophical reflections that acknowledge the numinous qualities of human consciousness, learning, and transformation. In this space, I share the following reflection:

Halls of Learning

*Empty rooms
Twelve chairs
One under me
Tables pushed aside
A broken circle
A-waiting students
White board is empty
Power points vacant
Doors and windows
Pushed open
Camera and overhead
Turned off, unplugged
The morning is fresh
Bottlebrush blooming
Is late autumn
Air is crisp upon skin
Smell of tea is poignant,
Organic
With one hour to go
Until they arrive.*

Ongoing experiential learning and lively group discussion

On day two our group might have a 'think tank' where the students enter into triads and practice putting together several skills into the one practice session. Through the day we spend time refining and focusing on learning goals. Later on we might highlight the energy experienced in people's stories and how to tell the signs of stages of the counselling session and our learning model. The day could be ended by practice again in triads. On one of these days of hard work with students learning counselling microskills, I wrote the following reflection:

That it is

*Is it that which is opened
A space of inquiry
A toe in the water
A laughter in fellowship
A question, or dot
Or is it that which is closed
What once held sway
A thought or feeling
A way of behaving
A form, or style,
Or empty place
Or none of the above
For teaching is about
Relationships of trust,
Empathy, dialogue,
Mutual discovery and
Challenge*

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.

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

*Perhaps it is all these
Tightly held together
Into a silken
Threaded
Ball.*

If our teaching and learning is reduced to what we can only observe and measure, we may indeed become less than what we could become. We subject ourselves to being less than all these. We may be missing something vital – something closer to that back-yard questioning that Socrates encouraged and that Plato described as the human quest for divine insight. Many Aboriginal Elders have this quality in today's world. We can easily forget the primal space that exists just beyond the firelights of modern civilisation, where time expands to the break of day, and human spiritual dimensions sneak up from our unconscious self to remind us that we are, after all, not quite alone in this universe. In this, I acknowledge that there are not answers per se, so much as there are many deeper questions to explore in understanding teaching, learning, and counsellor education. Rather than reduce the experience, I choose to ritually honour the experience of how each student was allowed by Great Spirit, Creator, into my life-space and given a place of sharing their stories in relative safety. But like in therapy, teaching and learning is purposeful and may sometimes bring us into a social and cultural learning space or context that may push us to the liminal edge . . . where (in spite of ourselves) we are apt to grow in self-awareness of skill, knowledge, life and counselling experience.

At the end of day two I might take some time to quietly write in a journal and reflect on the dimensions of teaching and learning, so enriched and challenged by the liminal edges where counselling practice brings us – to a place where we need to acknowledge our humanity, vulnerability, and to affirm our underlying strengths. What other field of practice in mainstream society encourages people to engage in this transformative way and with profound honesty on humanistic and existential issues that arise from the human spirit? In this respecting space, the following reflection emerges:

What is teaching?

*Even the position of chairs
Do change, holds significance.
I moved them all to begin.
Pushed the tables aside.*

*Believing in direct dialogue
In a circle of learning
When they first arrive, you see
Their faces, hesitation.*

*They push their chair back
To break the power of circles.
They find their own resistance,
Then they give that too.*

*Fronting up without even
Realising what they do.
Then what was, becomes
More relaxed as they get to know
My style, their style, how it fits.*

*The chairs form a natural circle then,
Unbound by convention, expectation.
A mess of life unfolding
That is just OK.*

*Sometimes, if the tenor is right,
A spontaneous life of body
Renders chairs irrelevant, and a new
Spirit of the Circle is born.*

*Hands may even join in a wave,
A rush, a great 'woosh!'
As the energy is released
Into the cosmos – a group transformation.*

*Then alone, one chair comes forward
The room is empty, speaks in trust,
To the one called teacher, assistant,
Facilitator, colleague*

*A story is shared, points of view
Exchanged, then the chair sits
Empty again, now in the centre of
The phantom circle released.*

*This to me is teaching, and learning
It is a sacred art and discipline
A co-responsible work with adults
And it is, after all, mostly about
Circles. Movement. Space.*

In the next issue, the recollection of a counsellor training intensive will be completed and further reflections on teaching and learning in counsellor education are summarised.

PART FOUR:

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.

Introduction

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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.

Recollections of a counselling training intensive: Day three

On day three of some programs students might undertake a test of their knowledge of vocabulary and skills acquisition. Afterwards in our small group students are relieved to have the exam done and we might discuss the answers by students marking each other's test and then having a fun activity and lively discussion. Afterwards, we might explore deeper concepts and skills like explanation of blind spots, use of silence, and the idea of working with leverage. Thus integrative sessions might follow where they practice using all the skills in a flowing way that are required in their assessment. Sometimes an exercise on increasing comfort with silence helped many students to understand some of the energy of their own personality that they bring to therapy. We may do another exercise on enhancing listening and intuitive abilities. These kinds of teaching strategies are utilised to enable deeper integrative understanding of the underlying facilitative dimensions of counselling. Once we know the skills we need to 'let go' and trust our intuitive inner voice. Bringing students to this place of recognising their inner voice is a great privilege. At the end of the day we will usually debrief as a group and touch base with the group's goals again, see how things have shifted, and frame-up where we might go with our last day ahead.

My sense of many group's progress through this teaching approach suggests that student's learning accelerates enormously once they become comfortable with my style and with each other's supportive presence. Groups will often share their struggles and insights openly, also suggesting that individuals are comfortable bringing up whatever they need to in the group learning context. As I tend to touch base with groups at the beginning and end of most sessions, there is always time and space for people to vent, or to share, or to express where they are up to. These practices form a good basis for group maintenance, ensuring that individuals and the group are satisfied with the process of learning. In the evening as tired as one might be after intensive training sessions, writing a couple pages for students about something the majority have questions about is sometimes necessary. Often during residential schools we will be called on to go above and beyond the call of duty it is rewarding nonetheless to give students insights that may assist in their development. When they come asking for help out of this genuine desire to learn, it is difficult to refuse.

Day four: A spontaneous lecture and discussion

On day four in our small group we touch base again with group goals. Sometimes members might ask me to offer a small lecture on a topic of interest. We then may engage in a discussion of literature and relate this to their current learning in counselling and to their texts under study. I often find that these types of

spontaneous lectures offer students really valuable insights, mostly because when they ask for such 'lectures' they are most open to learning whatever insights come forward. By working within their learning process and by accenting their interests, student's progress is empowered in their taking up research and study skills in spontaneous ways. Some of my best and most creative insights have occurred while teaching in this manner. The remainder of our time might be spent in firming up expectations for their assessment task. Then like most residential schools the group enters into their evaluation and filling in forms. Afterwards we will usually gather one last time to close the group.

Group closure

At this time students often thank me for my contribution. Depending on what each group has needed this contribution can be quite different. Sometimes I played the part of 'the silent member' of the group. By this students pick up that my modelling of interpersonal communication in the group itself parallels a therapeutic style in counselling that tends to be Rogerian, person-centred and less directive while offering clear guidance and boundaries in relation to group tasks.

Students may comment that they appreciate how I had handled the tensions and anxieties of the first day, and often speak about how a gentle approach to learning helped them to be comfortable. Sometimes people may speak to tensions and anxieties that I may have 'overlooked' but that I was addressing unconsciously in a manner of responding to certain member's challenges and questions. In a way for me all groups come together in mainstream society and in minority cultures with various levels of baggage, anxiety and tensions will invariably arise if people feel it is OK to be honest and open. Allowing students to express their own points of view, to feel discomfort when they do, and to come to peace in themselves by becoming aware of their own learning process seems to be one of my sacred mantras in teaching. Our stories are our medicine, and this Indigenous wisdom holds particular relevance in counsellor education.

A summary of insights

Reflecting on teaching practice can be a valuable experience not only for teaching and learning, but also for work in counselling and psychotherapy. Teaching is best related as a parallel process to counselling, in that the basis of both interactions is the relationship between people and the process of learning through sharing stories. Teaching generally proposes a learning focus, and counselling a therapy focus but these often overlap and compliment each other. In my view education is a form of 'therapy' in as much as new knowledge and insight change people's perspectives in helpful and healing ways. Counselling itself is a form of education when we offer clients knowledge and promote insights from their existing conscious and unconscious parts of shared awareness. Through our interactions we change each other. We are a circle, after all, and each of us forms a human ecology that influences our environment and the people we meet even as we ourselves are changed in ways we may not normally consciously acknowledge. This wholistic and Indigenous approach

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

to both teaching and to counselling tends to be qualitative and creative. Useful tools in therapeutic encounters (in both teaching and in counselling) may include story, poetry, art, music, written words, discussion, debate, role play, coaching and many other methods.

What we do in counsellor education is fairly complex and has not been adequately documented in Australia. It is likely that what we do needs to be subject to peer review. Sharing this story of my teaching and learning experience in counselling is a first step towards this process of dialogue within the profession. I encourage students and teachers to engage in the ideas in this article to look at their own teaching and learning encounters, and to ask ourselves what do we wish to highlight as valuable to counsellor education in Australia?

Some of the dimensions the counselling educator might like to consider having are to:

- come prepared with various exercises and practical approaches to learning counselling skills
- come with an in-depth knowledge of literature and approaches in the field
- bring forward abilities to explain, demonstrate, instruct, guide, and facilitate the learning of clinical skills
- have a willingness to take educated risks, put oneself out there, be human and self-disclose when appropriate, and to take critical feedback as it arises
- have a good sense of humour, be able to put one's ego aside, and focus on the immediacy of the learning moment
- know yourself well – so as to model a reflective and reflexive approach to counselling
- respect where each student is coming from as a person in this moment, and so generally assist in their human path as distinct and as complementing their learning journey in any given program

Certain tasks that have been identified as valuable to counsellor education are to:

- fit the learning experience into a wider curriculum
- draw out that curriculum in helpful and timely ways through experiential learning approaches
- facilitate group learning and group interaction
- attend to student's individual learning needs
- ensure group and student safety, comfort, and enjoyment
- help reduce anxieties related to teaching and learning contexts
- attend to university or institutional guidelines
- be open to feedback, and to changing one's style to suit student needs
- attend to personal reactions and issues that may arise when working with counselling content or processes without impacting on students in unhelpful ways

- reflect critically on teaching and learning practice while engaging in the teaching process
- make constant bridges between theory, practice, and clinical integration of new skills, awareness, and knowledge

By taking all these factors and many others into consideration, counsellor education may come to be seen as constituting a sound approach to teaching and learning that integrates many levels of awareness, pedagogy, and instructor skills through a wholistic methodology. In this sense, counsellor education is a highly demanding exercise for both teachers and students. In these ways, we can reflect directly within Australia on teaching practices and as we engage in creative and thoughtful analysis of the issues that arise, we may come to recognise and to constitute the domains of best practice in counsellor education in future.

Conclusion

This paper has appeared published in four parts. The first part introduced a reflection on teaching and learning in counsellor education. The second and third parts explored reflections coming from teaching in many intensive residential school programs. The last part summarised the discussion. The intention was to offer a short snap-shot of some of the activities and approaches to teaching and learning that are employed in counsellor education and to raise questions of meaning in how we co-construct our views of what constitutes counsellor education at this time.

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The intention was to offer a short snap-shot of some of the activities and approaches to teaching and learning that are employed in counsellor education and to raise questions of meaning in how we co-construct our views of what constitutes counsellor education at this time.

Important Membership Policy Changes



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CATEGORIES OF MEMBERSHIP – ACA EFFECTIVE 15TH MARCH 2007

The term 'counsellor' in this policy also refers to and is interchangeable with psychotherapist.

For the purpose of this policy document ACA defines a 'counsellor' as a professional having completed at least one year of formal training in counselling at an ACA recognised educational institute and has a qualification of a Diploma, Degree, Graduate Diploma, Masters, Doctorate or a PhD in counselling.

Given that ACA is a peak professional body that represents counsellors this definition focuses on *counsellors* rather than on the provision of counselling services, this definition of counsellor **excludes** psychologists, psychiatrists, social workers, occupational therapists, psychiatric nurses and all others who might provide counselling services but are not formally trained as counsellors as per the definition above.

ACA acknowledges Dr J. Hinkle from Petru University (Romania) and the Counsellors Resources in the World Country Questionnaire in regards the formulation of this definition.

ACA has implemented new changes for eligibility criteria to join ACA effective as of 15th of March 2007. These changes are not retrospective and all current financial members will remain within the same category as they are in as of 15th March 2007. What will impact on current members is moving from one category to the next. To move from one category to another, current members will be required to meet the new requirements.

The Grandparent clause will remain for applicants who wish to apply on the basis of their past history and practice as a counsellor however do not meet the eligibility criteria as currently laid out. Applicants who apply for membership under the Grandparent clause will be assessed on an individual basis.

What are the changes?

The following are the changes that have been made to membership eligibility requirements and change of category for membership to ACA.

Mandatory annual renewal requirements for all registered practicing members:

minimum 10 hours of Professional Supervision and, minimum of 25 points of Ongoing Professional Development (OPD).

Qualified category remains as it is.

Professional category now requires a minimum of 3 years post training experience, 50 hours of documented professional supervision as well as meeting ACA training requirements.

Clinical category requires a minimum of 6 years post training experience, 100 hours of documented professional supervision as well as meeting ACA training requirements.

Professional supervision yearly requirement is now 10 hours per year (membership year). 1 hour of professional supervision will relate to a **minimum** of 10 hours of professional practice. Current members will not be required to meet this new criterion in their 2007/08 membership period but will be required to show it in renewals as of 2008/09 membership year.

Two new categories for Registered non-Practicing have been raised: These categories do not have an annual professional supervision or OPD requirement. These categories are:

Proficient; is a non-practicing, counsellor who meets ACA training standards and chooses to not practice, and

Academic; is a non-practicing counsellor who holds a Masters degree, PhD or Doctorate in Counselling and is currently employed as an academic or researcher.

Non practicing Professional and Clinical have been dropped and replaced with the above (see 4).

Certified as been discontinued as a sub Category.

Volunteer and **Phone Counsellor** categories have been discontinued.

Why the addition of years of practice to Categories?

There are several reasons ACA has undertaken this change primarily for the following reasons:

There is a loop hole in current policy that allows inexperienced members the capability to jump through the categories quickly without actually gaining a great deal of experience. This loop hole also may allow insufficiently experienced applicants to apply for membership to categories that again do not accurately reflect the applicant's experience. This has the potential to impact on ACA's creditability when approaching government and non-government organisations when representing our members. This possible perception needs to be clarified before ACA can continue lobbying for access to Medicare and private health funds for rebates. Each category needs to reflect its membership accurately. This loop hole has not been abused by the vast majority of members but simply through its existence can be exploited by other associations to suggest that ACA members do not reflect their membership category. Two examples of how the current loop hole could be misused:

For example: A Graduate Counsellor could join ACA as a Qualified member in June 06, receive 25 hours of supervision within 6 months through workplace supervision and then Graduate to Professional membership. They then accumulate another 25 hours of supervision in the next 6 months which with the previous 25 hours now equates to 50 hrs. This counsellor could now apply to be re-categorised to Clinical as technically they meet the criteria. However Clinical membership would not be a true reflection of the member's experience, only they had completed 50 hours of supervision within 12 months. Clinical category reflects significant experience gained over

To move from one category to another, current members will be required to meet the new requirements.

significant period of time that has led the practitioner to be practicing within a Clinical environment that includes supervision. It does not reflect a counsellor who has possibly less than 12 months experience but significant supervision.

Or

A newly qualified Graduate is employed within an agency that supplies in house supervision. The Graduate then attends 2 hours of supervision per week, within 25 weeks they have now met the supervision requirement to apply for Clinical membership to ACA.

These examples demonstrate how an applicant can **legitimately and ethically** meet ACA membership requirements. This does not accurately reflect the standing of Clinical or Professional membership or the original intention of raising these categories.

The vast majority of ACA members do accurately reflect their category.

However, as long as this loop hole exists there is also a possibility it can be unethically exploited by individuals or by other organisations to create a false perception of low standards.

This new policy rectifies the potential for any of the above to exist.

Answers to common questions we have come across?

Why be Registered?

Members of the Australian public are familiar with the term Registered. Psychologists, doctors, psychiatrists and nurses are all registered professionals. When members of the public use any of these professions there is an inherent understanding that the services they are offered are by registered professionals. Certification is more an American term as is licensing when used to clarify whether professionals meet regulatory and/or industry requirements. Therefore ACA is no longer going to use the term Certified in membership categories as this simply confuses the public.

For a counsellor to practice as a registered counsellor the public needs to know the counsellor not only meets membership criteria but also meets other criteria to meet quality control, risk management issues and accountability. How does being registered meet these issues?

Mandatory requirements of Professional Supervision and Ongoing Professional Development (OPD) address quality control issues. Quality control also includes mandatory requirements to have Professional and Public Liability Insurance as well as mandatory registration for an Australian Business Number (ABN) for individual practitioners. All this is incorporated with a complaints commission to address accountability issues. Risk management is addressed through training offered by ACA and through columns in its professional journal *Counselling Australia* and the Email Of the Month.

Each member of ACA must provide documentary evidence annually to meet these standards. ACA is able to assure the public that every counsellor who is registered with ACA has an individual personal file kept at ACA's National Office that can show through

documentary evidence that this member does meet all necessary requirements. Each file is audited annually to ensure the registered counsellor maintains all mandatory requirements. This cannot be said of any other similar national registers. ACA does not rely on other organisations to "let us know" if our members meet registration requirements. This would be unethical and irresponsible and could be seen as stacking for the sake of numbers. Only those who maintain the high standards required of ACA will be able to be registered and be eligible for entry on the national register.

ACA will continue to use the term 'Registered' in relation to membership categories. The term 'Registration' will reflect to the public, government and other professional bodies that all members meet the high standards required to join ACA as well as the mandatory renewal requirements to maintain registration. ACA's renewal requirements are the most stringent in the counselling profession and one of the most stringent in the Allied Health profession. Registered members of ACA can take pride that they meet ongoing standards far more stringent than other counselling association or umbrella body including other similar professions such as psychology and social work.

What do you mean by 1 hour of Professional Supervision relating to 10 hours of Professional practice?

Each practicing registered member will be required to show a minimum of 10 hours of professional supervision per annual renewal period which will relate to a minimum of 10 hours of professional practice. What this means is every registered practicing member will need to undergo at least 10 hours of supervision per membership year. Each hour of Professional Supervision will equate to at least 10 hours of professional practice. Professional Practice is not only client contact time, it also includes ethical, legal, administrative, business building and other similar day to day tasks that counsellors undertake as professionals. 1 to 10 ratios is a minimum requirement. Therefore you may choose to undertake supervision for every 20 hours of Professional practice not every 10, as long as the minimum annual requirement of 10 hours is met. Members who have difficulty meeting the annual requirement can discuss this issue with ACA prior to their renewal date. Each of these cases will be assessed on an individual basis.

Why have a Registered Non Practicing Category?

ACA believes membership to peak bodies should be inclusive of all those who work within the field not just a select group. There are many counsellors who do not practice counselling but identify as counsellors. These counsellors may be involved in teaching, lecturing, research or be on a sabbatical. It would be unfair to exclude these counsellors from being recognised as registered members. However it would be inappropriate for counsellors who do not practice counselling to maintain annual Professional Supervision or OPD. To enable ACA to recognise these professionals without them incurring an unnecessary burden of supervision and OPD, ACA have raised a **non-practicing category**.

The term 'Registration' will reflect to the public, government and other professional bodies that all members meet the high standards required to join ACA as well as the mandatory renewal requirements to maintain registration.

Important Membership Policy Changes (Continued)

Counsellors who do not practice counselling in any form can now apply for full membership and registration under this category. As long as counsellors under this category do not practice counselling in any form they are eligible if they meet the educational requirements for membership. The two options to counsellors who meet this criterion are **Proficient** and **Academic**. Requirements for Proficient membership are to meet the minimum educational requirements and not practice. Requirements for Academic membership are to have completed a Masters degree or higher in counselling and be employed as an academic or researcher.

Why have Volunteer and Phone Counsellor Categories been discontinued?

These categories were developed so as counsellors who worked for organisations such as Lifeline could be given an opportunity to be a part of the counselling fraternity within ACA. However, these categories have not attracted members and therefore ACA can only draw the conclusion the need does not exist or these categories are not supported by the organisations that use volunteer and phone counsellors. The 14 current members within these categories will be able to maintain their membership within this category for as long as they wish.

What happens when you change from practicing to non practicing and then change back again?

To answer this question we will use an example” Counsellor A is a registered Clinical member. Counsellor A decides to take a trip overseas for 12 months and therefore will not accumulate OPD or supervision over this time. To maintain their

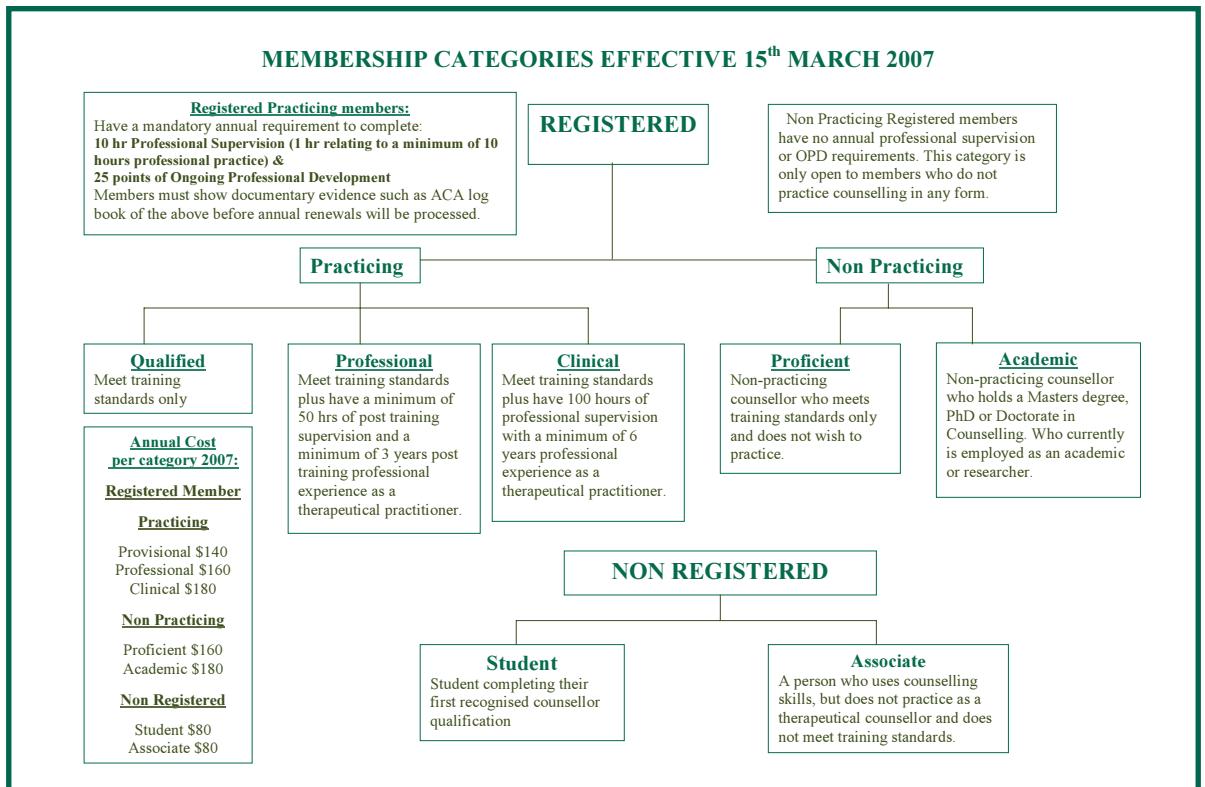
membership to ACA they contact the head office and change their category from practicing Clinical to non-practicing Proficient. On their return from overseas counsellor A wishes to start practicing again and therefore contacts the head office and reverts back to their original category of Clinical. Now they are able to practice again they will need to meet their annual OPD and supervision requirements when their renewal is due.

What about Honorary and Fellow members?

There are no changes to these categories. Members need to be nominated on a separate form by a registered member of ACA outlining why this member should be given Honorary or Fellow membership. The nomination needs to include documentation addressing the eligibility criteria. Once the nomination form is completed and submitted a panel will either approve or otherwise the nomination.

For further information on these changes please contact Philip Armstrong on philip@theaca.net.au or phone 1300 784 333 or post PO Box 88 Grange Qld 4051.

ACA



The Social Construction of Mental Illness, and It's Implications for the Recovery Model (Walker 2006)

This paper supports the recovery model as a great advance in the movement towards client self-determination, empowerment, and independence. It argues this model is inhibited by the use of medical and psychological language models.

Key Points

- Hope, an integral component of recovery, is constantly being weighed down by the language of diagnoses, "treatment", neurochemical correlation to "disease", psychiatric history taking, and predictions of life long "illness" and on and on.
- Is there any proof that a client will resolve the current difficulties? Of course not. But if you speak as if they will, they become empowered – **and empowerment is the point.**
- The power of definition is in the hands of the clinician. Once labeled "abnormal" (aka "mentally ill") you've been pushed to the edges of society – where your views and concerns are considered not important.
- Though recovery-oriented programs are more client centered, the double bind communications of days of old are still alive and well. The content of our conversations with our clients can be about their goals, their quality of life, accountability, community integration, high expectations, self determination, independence, self reliance etc; **but the context of our communication is "you have a pathology that makes you different from the rest of society" and "we have the expertise to help you overcome this pathology in order to live meaningfully like normal people do".**
- The "command" or role relationship aspect of the communication, brought forth in the vocabulary, creates and privileges clinician knowledge and marginalises the client's knowledge and skills. This will be the case no matter how much the client accomplishes. This true no matter how many wonderful recovery-based systems you have in place as long as the medical and psychological vocabularies are still being used. The result: many so-called "mentally ill" people have skills and resourcefulness that go unnoticed and therefore uncapitalised on.
- "The dominant voice, the culturally designated professional voice, usually speaks and decides for marginal populations – gender, economic, ethnic, religious, political, and racial minorities – whether therapy is indicated and, if so, which therapy and toward what purpose. Sometimes unwittingly, sometimes knowingly, therapists subjugate or sacrifice a client to the influences of this broader context, which is primarily patriarchal, authoritarian, and hierarchical.
- We have to view chemicals as "crutches" in order to reduce the all-to-prevalent dependency and to position clients as responsible for taking many other actions that support their personal and spiritual growth. The chemicals sometimes are a helpful and temporary "tool" – it is the "story" that goes along with them that carries with it the iatrogenic problems (problems caused by the attempted solution).
- When we speak as if someone has a diagnosis or has a "mental illness" we are unwittingly creating a reality – a reality in which human beings are transformed into the "mentally ill".
- Because these are the behaviours noticed and responded to, the client experiences herself defined as such, and, by way of self-fulfilling prophecy, feels a strong "relational pull" to behave accordingly.
- Without a recovery focus pathologising runs rampant: A client can't be angry without being accused of "not taking their medications". A client can't be persistent in getting his needs met without being written off as being "manipulative". A productive day becomes hypomania. A tired day means signs of depression. A client asserting themselves with their clinician is defensive or resistant. And of course, the "spin" put on client's behaviour confirms the clinician's expectations.
- **"Recovery in mental health has most often been defined as a process by which people labeled with mental illness regain a sense of hope and move towards a life of their own choosing (President's Freedom Commission report, 2003).**
- There are many effective tools currently employed by recovery programs, such as wellness centers, peer advocacy, community integration and employment programs. The culture of recovery programs is undeniably client-centered, collaborative (and in many cases, collegial) relationships replace the old paternalism. So why keep the invisible chains of the most powerful factor of all – language?
- The recovery model as it currently exists is an incomplete transformation of the mental health profession. We are finally helping clients get what they want, taking them seriously, having high expectations of them, and eliminating barriers to employment, housing, financial stability, and relationship. The basis of our helping interactions has to be freed from the vocabularies of medicine and psychology.
- Free from the chains of medical and psychological vocabularies, many people would immediately fit into society with a little extra help.

References:

Walker, Michael T. 2006, *The Social Construction of Mental Illness, and It's Implications for the Recovery Model*; the International Journal of Psychosocial Rehabilitation, Sourced on the Web <http://www.psychosocial.com/> 2006 and summarized by Gary Kelly, 28/12/06

ACA

The content of our conversations with our clients can be about their goals, their quality of life, accountability, community integration, high expectations, self determination, independence, self reliance etc;

Register of ACA Approved Supervisors

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
NEW SOUTH WALES					
Cate Clark	Albury	02 6041 1913 or 0428 411 906	Grad Dip. Mental Health, Supervisor	\$75	Face to Face, Phone, Group
Martin Hunter-Jones	Avalon Beach	02 9973 4997	MA, A d. Ed Ba Psych, Philos	\$100	Face to Face, Phone, Group
Jennifer Cieslak	Bathurst	02 6332 4767	Mast. Couns., Grad Dip Couns, Supervisor Trng	\$77	Face to Face, Phone, Group
Stephen King	Baulkam Hills	0429 639 106 or 02 9639 1069	MA Behavioural Health Science, Supervisor Trg (ACCS)	\$110	Face to Face & Phone
Carol Stuart	Bondi Junction	02 9387 7355	Dip. Prof. Counselling, Supervisor Trng, Workplace Trainer	\$88, \$70 (conc.)	Face to Face, Phone
Heidi McConkey	Bondi Junction	02 9386 5656	Dip Prof. Couns. Prof. Sup (ACCS)	\$99 Ind, \$33 Grp	Face to Face, Phone, Group
Gary Green	Brighton Le-Sands	02 9597 7779	MA Couns.(Psych.UWS), Grad Dip Couns.(Spo. Perf. Psych.ACAP), Dip T.A.(ATAA), Cert. IV Assess. Work. Train.(ISA), Cert. IV Ret. Man. (ISA)	\$150	Group and Phone by Negotiation
Thomas Kempley	Green Point	0402 265 535	MA Counselling, Supervisor Training	\$55	Face to Face, Phone, Group
June Wayne	Haberfield	02 9797 6415	MA. Psych, Clinical APS, MASCH	\$70	Face to Face, Phone, Group
Patriciah Catley	Leppington	02 9606 4390	Dip Couns., Dip. Cl. Hypno, Supervisor, Mentor, EN NLP	\$90	Face to Face
Patricia Newton	Dee Why	02 9982 9988 or 0411 659 982	Supervisor Training Centacare	\$100	Face to Face, Phone
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) M.Couns (UWS)	\$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/Central Coast	0413 668 759	Dip Prof Couns, Supervisor Trg (ACCS), CMCCA, CPC, Dip Bus Admin, Cert Train & Asses. Grad dip Soc Sc.	\$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
Sarah McMahon	Castle Hill	0414 768 575	BA (Psych), PG Dip (Psych), COA of Supervision (CCC)	\$100	Face to Face, Phone, Group, Email
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
Robert Scherf	Tamworth	02 6762 1783 or 0403 602 094	Registered Psychologist	\$120	Face to Face, Group
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
Judy Boyland	Springwood	0413 358 234	Dip Prof Couns., Supervisor Trg (ACCS) Cert. Reality Therapist, M.Ed	\$75	Face to Face, Phone
Phillip 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
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					
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), Psychotherapy & Couns.	\$90	Face to Face & Phone
Mary Hogan	Windsor	0407 332 226	Psychotherapy & Supervision	\$80	Face to Face, Phone, Group
Leanne Cleghorn	Bakery 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
Dr Alex Ask	Adelaide C.B.D.	08 8215 0303	PhD Psychology	\$100-\$150 sliding scale	Face to Face, Phone, Group
Adrienne Jeffries	Erindale	0414 390 163	BA Social Work, Dip Psychosynthesis	\$85	Face to Face, Phone, Group
Moiria 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
John Dallimore	Fremantle	0437 087 119	COA of Supervision (CCC)	\$90 Group by Neg.	Face to Face, Phone, Group
Deidree Nye	Gosnells	08 9490 2278	Supervisor Training	\$80	Face to Face, Phone, Group
TASMANIA					
David Hayden	Howrah	0417 581 699	Dip. Prof. Couns. Prof. Sup (AIPC)	\$80	Face to Face, Phone, Group
NORTHERN TERRITORY					
Margaret Lambert	Brinkin	08 8945 9588 or 0414 459 585	Grad Dip. Psych B.Beh Sc (Hons)	\$80 Ind. \$120 Group	Face to Face, Phone, Group
Rian Rombouts	Parap	08 8981 8030	Dip Mental Health, Dip Clin Hypno, Supervisor Trg	\$88	Face to Face, Phone
SINGAPORE					
Hoong Wee Min	Singapore	65 9624 5885	MA Social Science, Supervisor Trng	\$100	Face to Face & Group

Private Practice with Ken Warren

Ken Warren 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 through his website www.kenwarren.com.au



HAVE YOU GOT WHAT IT TAKES?

Have you ever wondered if you have what it takes to succeed in private practice? Here are my observations on the qualities I have seen in practitioners who do well. Fortunately, most of these qualities, if you were not born with them, can at least be nurtured over

time. I can vouch, from experience, that it helps if you're somewhat obsessive and a bit of a media tart, but what do you really need to succeed?

Goal setting abilities. The clearer you are about your vision for your business and the monthly, weekly and daily goals you need to achieve, the more likely you are to build the practice you want. Such goals might include: identifying your specialties, designing your business cards, developing a marketing plan, and networking with representatives or referrers of your ideal clients. The ability to set achievable goals will not only help you to build your practice, they also give you a sense of achievement, building your confidence, during what is usually a period of self-doubt.

Role models and support people. I often think of the advantages I gained from both my natural and adopted fathers being self-employed and successful in their own business. Without their examples as well as good advice from my adopted father over the years, I think the journey would have been much harder. The experience of good role models can put challenges into context and help you to be more clear about the steps you need to take. My wife tells the story of when having swimming lessons as a child, she was reluctant to float on her back, thinking she was not capable of doing so. She agreed to try when her coach offered to help her to float by supporting her with his hands under her back. To her surprise, she found she could do so, even after her coach had removed his hands. I often think that people supporting us in our practice are like invisible hands holding us up, helping us to achieve, even when we think we are not capable. Whether you choose a practice mentor, family members or personal friends, the more support you have, the better.

Entrepreneurial skills. Entrepreneurial skills are an ability to see potential for profit arising from our abilities being applied to the opportunities that surround us. Running your own practice well requires marketing your services. Although a new and often uncomfortable thought for new practitioners, marketing is an essential part of building a successful business. Let me say this in a slightly different way - marketing is not a bad thing! Many practitioners make the mistakes of stepping away from the need to market, doing so generally and haphazardly, or limiting their marketing to only one or two passive strategies when a greater number of different types is called for. Fortunately, there are ways of marketing that are consistent with our strengths, abilities and preferences.

A business mindset. By this I mean a way of thinking that values your services so you can set reasonable fees so you can provide a good standard of living for yourself and your family. A business mindset will also help you to develop a plan of what you will do to grow your business. This is what is called strategic thinking - where you are working on the business rather than simply working in it.

Tolerance of uncertainty. Almost all new practitioners struggle with their confidence and wonder if they will 'make it'. But even when established, there are still the quiet periods - school holidays, the Christmas and New Year break, as well as other fluctuations - with the economy and perhaps the weather - that affect all businesses. Even though you are likely to stress or self-doubt during such periods, you will need to find ways to tolerate such times. Of course, keeping an eye on the bigger picture and having financial reserves of some sort will also help. You need to avoid the fatal mistake of projecting a look of desperation.

Determination. Successful practitioners push through feelings of uncertainty by being determined. Rather than dwell on such feelings for long periods, they think instead of what they need to do to move their business forward. The cure for uncertainty is determined, focused activity. It takes anywhere from one to three years to build a solid, well-performing practice. The results will be determined largely by the demand for your particular specialties, the effectiveness of your marketing, the relationships you build with clients and referrers, the quality of your work, and how much time and effort you spend in developing your business. Many practitioners stress about the extent of competition and the fact that some therapists appear to have an unfair advantages through tax exemptions or health fund rebates. I say, there are so many ordinary practitioners around it doesn't take much to stand out from the crowd. Furthermore, if you live in a large-enough community, there is enough work around for everyone. Focus instead on being excellent at what you do and the steps required to build your practice.

Resilience. This is the ability to pick yourself up when there has been a setback of some sort. I remember one natural therapist who was told by a GP to take their "hocus pocus" elsewhere. Ouch! Are you going to gain some adversity of some sort? This I can guarantee - it might be criticism from others, trouble with a landlord, self-doubt or financial challenges. But it is the way we respond to such challenges that makes the difference. Is resilience something you are born with, what you learn through life experience, or arises from the choices we make in responding? I believe it arises from all three. In any case, life will give you setbacks from which you can either give up or learn from and grow. The choice is up to you.

Excellence in your work and personal life. It doesn't matter how flashy your business cards are or how much work you put into good marketing, if you stink at what you do, your practice is bound to suffer. So do less worrying about the competition and instead work more on being great at what you do. By doing

Many practitioners stress about the extent of competition and the fact that some therapists appear to have an unfair advantages through tax exemptions or health fund rebates.

so, you will reap the rewards of the best marketing of all - word-of-mouth referrals. Of course, you also have to be living your personal life well. The more you are living your life well, the more energy you will have to do what is required, not to mention the better signals you will give out to potential clients and referrers. For clients, there is nothing worse than seeing a therapist who looks more stressed than they are.

Ample time and effort. Put simply, I mean hard work and the time to do it. You will need to be disciplined to ensure you allocate sufficient time and apply yourself consistently. It often helps simply to set aside a certain amount of time each week to work strategically on your practice, resisting the temptations to become side-tracked. Wouldn't it be great if someone could invent a way to achieve with minimal effort? Sadly, this is not true. All successful business owners have achieved through some smart thinking, allocated time, and hard work. I think building a business is often like riding a bicycle up a hill - hard work at first, but when you have reached the top, you reap the rewards of your efforts, maintaining your momentum with some occasional pedalling.

Motivation to succeed. You will need motivation whether it comes from a desire to achieve or a real concern at the consequences should you not make any progress. Some of us are motivated into private practice by discomfort with the status quo or dissatisfaction with our old employment. Whatever thoughts are motivating you to take action, I suggest that you turn the volume up. Perhaps the voices of motivation are coming from those around you who believe in you. Or perhaps it is more a thought

warning you of the consequences should you fail to take action. Pay attention to those voices and thoughts that are motivating and limit your focus on those which are not.

Strengths which you can apply to your practice.

When considering my own strengths, I quickly identified a few. I was organised. I got things done. I liked to write and I didn't mind being the centre of attention. Hence, my practice has developed through the writing of various columns and through my public speaking. Perhaps your strengths are more in making good connections when meeting people or you running therapeutic groups, for example. Consider your own strengths and how you can use them to good effect.

In summary, I believe the following are what it takes to succeed in private practice:

Goal setting abilities
Role models and support people
Entrepreneurial skills
A business mindset
Tolerance of uncertainty
Determination
Resilience
Excellence in your work and personal life
Ample time and effort
Motivation to succeed
Strengths which you can apply to your practice

The observant among you will notice that these strengths and abilities create a certain acronym - GREAT DREAMS. By harnessing these strengths and abilities, you can make your dreams become a reality.

Wouldn't it be great if someone could invent a way to achieve with minimal effort? Sadly, this is not true. All successful business owners have achieved through some smart thinking, allocated time, and hard work.

Online counselling: with particular focus on young people and support

By Nicol Moulding BA, PGDIP (SpEd), MA(Social Science), Doctoral Candidate in Counselling (University of South Australia)

This article has been accepted for publication for the Journal of Counselling, Psychotherapy and Health, October/November Edition.

Abstract

The terms 'cyber counselling', 'online counselling', 'web based counselling' and 'online support', are used more frequently than ever before with far less reason for concern. Health support agencies are slowly resigning to the fact that technology is a part of more peoples' lives and that with or without agencies on board, people are turning to technology for many reasons which include: meeting new people, entering into intimate relationships, learning new skills, accessing support, accessing finance and shopping to name only a few uses of the household computer. Support is available in many forms, and the more choice people have, the greater the capacity health professionals have to meet the needs of a community from a population health approach.

Introduction

Online access to services to gain health information, as well synchronous (chat) and asynchronous (email) support of referral and counselling has been available for many years. The reputation of such modalities has been questionable as the western world has at times struggled to find a niche for therapeutic online support. From conception, the online world has lacked regulation and process, highlighting risks to the consumer and causing realistic concerns for researchers and professionals in the field. Government authorities, ethical bodies and key researchers have been leaders in ethical debates because of the lack of structure and governance protecting the consumer from the risks associated with online supports. Those leading the way are the ACA (American Counseling Association), BCA (British Counselling Association) and the NABCC (National Board of Certified Counselors) in the USA (United States of America). These bodies have created guidelines for providers of online support and have identified varying state legislations in the USA.

Literally hundreds of questions have required answering, some of which include: Is the counsellor credentialled to be providing support? How does the service user know if the counsellor is credentialled? What are the training requirements to offer an online support service? Is the information safe from predators? Is the site secure? What quality of service provision can be offered via a keyboard and screen? Who is officially watching the process unfold? How can issues and concerns including ethical concerns be monitored? Although many questions still exist today, they are being addressed or have been addressed effectively. I am a small sample of researchers and writers who have explored in detail the advantages and disadvantages associated with online counselling. One point that I would like to make is that online support is not going to suit everyone. As a counsellor in a government youth service, I noticed an increase in the number of young people as new clients failing

to show to appointments. The counsellors were very well experienced and the service a professional and youth friendly government agency highly regarded by young people and the community. This led me to question whether the type of modality was meeting the needs and choices of young people, or could we as a community be delivering services more effectively, reported that even psychiatrists agree that patients will determine the future and they will include online therapeutic supports as a part of that future. My current research is a quantitative study exploring whether young people would access an online counselling service if this were readily available to them and at not cost for the young person. The research is exploring values and choices of young people in both metropolitan and country South Australia. The research is currently in the data collection phase with a sample size of five hundred.

Regulation of online counselling

For many professionals and clients, the benefits of online counselling will outweigh the risks. There are definitely risks associated with online counselling that need to be carefully considered by any organisation and individual considering the use of the modality. Such risks have been explored by a number of authors who have advocated for online counselling to be regulated as a profession. The establishment of online counselling for me, is about increasing choice and service provision to the greater community to meet the changing needs of that community. I am an advocate for government services to be the leaders in the community, to become the role models for service reform and to establish policy and processes that reduce or eliminate risks associated with the service for the client. An example of risk is the problem of security of information. Secure and encrypted sites can be established to reduce the risk of hackers accessing private and confidential conversations between client and counsellor, explores the mis-use of computer applications as well as the principal of fidelity, where the client trusts the counsellor and the information they have provided. I believe it is a community responsibility to provide educative information in schools and via government health web sites on the risks associated with online supports. Also, to provide sound advice on how to determine whether the counsellor is a part of an ethical body and has acceptable training credentials which meet state standards similar to the guidelines of the NABCC.

Visual cues or lack of?

Communicating online is clearly not the same as having a verbal conversation and in person. The most obvious disadvantage is the inability to watch and read from body language. Young western people today (reference is made to young western people because research on numbers of household computers and frequency of use has occurred in western countries and homes) learn how to multi-task on the computer. Results from a study by, revealed that more young people today find it difficult to remain single-task

I am an advocate for government services to be the leaders in the community, to become the role models for service reform and to establish policy and processes that reduce or eliminate risks associated with the service for the client.

focused and prefer to multi-task. It is not unusual for a young person to be writing an email while engaging on a chat site and working on their homework simultaneously. How effective they are at maintaining a consistent standard with their homework is questionable and would make an interesting research topic!

Debates related to the loss of visual cues in textual communication have occurred frequently over the last two decades. Without visual cues both client and counsellor need to be proficient in expressing themselves textually as well as utilising colloquial language and descriptive immediacy. Both authors, revealed that warmth and compassion can be expressed over the internet, and that over time, trust and receptivity can also be developed. Young people use a specific online language which can be accessed from www.netlingo.com. A community of young people decide how much of the language they will use. Generally, new language is introduced as it is needed to form an expression. The 'community' for young people may be a school or a neighbourhood group of friends for example. The KHL (Kids Help Line) in Queensland recently introduced online counselling to the service for young people (<http://www.kidshelp.com.au>), surveyed young people and their experience with email therapy and online counselling. The response from young people also suggested they use a specific language for online communications.

Choice of Modalities: Is there competition?

It is naive to assume that everyone benefits the greatest by speaking in person to person mode or from assuming that everyone is prepared to access person to person supports. It is unlikely there will be competition amongst modalities for clientele because people will be attracted to specific modalities for reasons that go beyond consumer availability and competition. Where consumer choice is limited, i.e. rural and remote locations; the modality is providing an additional option for accessing support. The choice still lies with the client. The client may decide to travel to a city and have a series of person to person sessions in a shorter period of time. The important question is whether or not people are making informed choices. We need to support health services to include information on their government websites, to include the risks associated with internet counselling as well as advocate the benefits of utilising technological supports. People can experience difficulty in determining credible vs questionable information on the internet. Saliency and credibility of information can be an issue due to the large volume of internet sites. The source of the information is not always provided on the site, which is another reason why I advocate for government regulated sites and ethical bodies to lead the way in Australia to ensure that evidence based practice occurs.

Certainly, a benefit of online counselling using text is the ability for the client to review the session at a later date. This can be extremely empowering. As computer systems and packages become more compatible, there will be the added advantage of speaking using a microphone and both counsellor and client being able to see one another via webcam, giving the client the option to vary the manner in

which they use online technology. Such technology may be useful for people with disabilities who lack the dexterity, or for those who reside in a remote location and choose not to use text. The speed of correspondence can be much faster with online counselling and the client may have more flexibility in the planning of their sessions. An example of this is where the client has identified some strategies they want to initiate as a part of their change process. As a part of the client and counsellor plan, the counsellor can invite the client to send an email if they are experiencing a difficulty with the implementation of their strategies. The counsellor could say agree to respond to the client within twenty four or forty eight hours depending upon the counsellors other work commitments. A person to person counselling relationship can also have a place for the use of online technology in between sessions. There could be advantages within mental health organisations where client relapse is extremely high. Online counselling in isolation from other modalities is not recommended for crisis work. However, online counselling can be the initial contact between counsellor and client and act as a point of referral.

A short history

Let's begin with Eliza, a household name amongst cyber supporters. Eliza was launched in 1966 and developed by Joseph Weizenbaum to study 'natural language' communication between a computer and a human and was based on Rogerian therapy (<http://en.wikipedia.org/wiki/ELIZA>). Eliza was not developed to be utilised in the role of a counsellor, however she was readily available to anyone who wanted to have dialogue with her. Eliza is concerned with: identifying key words; the discovery of minimal context; the choice of appropriate transformations and the generation of responses in the absence of keywords. The program was designed to time share and could handle a large number of users interacting simultaneously.

Centra is an online learning program, enabling users to access a virtual classroom from a computer. The program is moderated by a facilitator. One use of the Centra program could be to facilitate an online group counselling workshop. The added advantage of having a moderator ensures choice participation and regulates dialogue, allows for corrective behaviour input and group dominance can be regulated (<http://www.saba.com/centra-saba/>).

Health agencies began offering material via the World Wide Web (WWW) and people became more resourceful in the way in which they accessed health information. Young people at school learnt how to search the WWW for health information and the computer gradually became a more common household item. Programs such as 'Mood Gym' have become readily available and are recommended to be used in conjunction with a therapist (<http://moodgym.anu.edu.au/>). Mood Gym was developed by The National Australian University in Canberra and provides information, mood exercises and work books as online exercise all free of charge to the client.

Video conferencing is available in major health services in Australia and in the Department of Education and Children's Services in South Australia.

A person to person counselling relationship can also have a place for the use of online technology in between sessions.

Online counselling: with particular focus on young people and support (Continued)

Video conferencing can be helpful in maintaining client contact when the client resides in a rural and remote location. Hospitals in Australia generally use an IDSN2 connection and have access to an IDSN6 connection. Transmission speed of an IDSN6 far exceeds that of an IDSN2, and so does the cost. It is anticipated that broadband connection will supersede IDSN6 and is much more cost effective once installed. When trialling the technology for the purpose of this study, I was acutely aware of the distance between myself and the screen at the onset of the session. Eventually I lost the awareness of the technology and sensitivity toward the modality. The sessions became a rich blend of two worlds where the client readily divulged concerns and as the counsellor, I prompted for further exploration.

Where is online counselling in Australia today?

A small number of government agencies in Australia have started to utilise online counselling. Drug and Alcohol counselling online can be obtained via a Victorian based service called 'Turning Point' (<https://www.counsellingonline.org.au>). The service is offered free of charge to the client. The KHL which is based in Queensland offer both synchronous and asynchronous online counselling to young people aged up to eighteen years. One again, the service is free of charge for the young person.

Ethical bodies in USA have addressed ethical issues and developed 'codes of practice' for online practitioners (<http://www.counseling.org/>). In Australia, codes of practice seem to be developed by agencies as the services are developed. We are in the embryonic stages of embracing online counselling with a series of hesitations, however, Australia is slowly progressing. The benefits are obvious for people residing in rural and remote locations. Dr. John Court, the Coordinator of the Doctoral Program in Counselling based at The University of South Australia, has been instrumental in the development of a subject called 'cyber counselling.' The subject content in cyber counselling has been developed to further enhance the understanding of online counselling and technologies used to support such a modality in counsellors.

The potential exists for online support to be readily available to young people in schools across the country. We as a community are constantly looking for ways of improving health services for young people from a 'primary health care' approach and 'population model of health care'. Young people experience shyness and often paranoia at the thought of meeting a stranger in the role of 'therapist' for the first time. They can feel embarrassed and humiliated, as well as having to tackle the logistics of actually attending an appointment. Young people may have to travel to an appointment, negotiate time out from school resulting in the disclosure of their issue to an adult or parent. Their issue becomes more public than they may have wanted hence adding to their feelings of humiliation. I completely understand why young people may skip school to access support, especially if this is the only way they can engage and maintain confidentiality from others. If we expand the range of support options that our young population have, then

we automatically improve our health system from a population/preventative perspective. The ability to access support prior to issues escalating for a young person, in a convenient manner where person to person contact is not a necessity, could be an attractive alternative for many. My current research in South Australia will hopefully identify the degree that young people between the ages of 16-18, would utilise such a service if it were readily available at no cost to the young person.

Rural and Remote

The issue of support for young people in rural and remote regions is not a new debate. Government agencies are too often required to demonstrate a commitment to country regions without a budget to match population needs. One of the benefits with online counselling is the ability for the modality to reach larger populations while using fewer resources. With the gradual enhancement in technology and compatibility, it will become more realistic for clients to choose whether they want to see the therapist via video conference using webcams and linking in with programs such as Centra. People who do not like to type or find this a distraction from the session, can use a microphone and talk instead.

Online counselling in Singapore

A very successful service in Singapore called 'metoyou' provides online counselling support to young people in schools as a part of Marine Parade Family Services (www.metoyou.org.sg). Metoyou were launched in 2000, and operate by charging the school for membership to the service. The students in the school receive a password and can access the service from 2.30pm-5.30pm Monday to Friday. If a student has a critical issue, they can send an email to the service outside of these times and someone will respond. This may however be in the form of a referral to another service that can support the person immediately if a crisis response is required in a person to person modality. Once a student has 'logged on' to the service site, they enter their nickname or username and their school password. This gives them entry to the 'waiting room' and here they select the cyber counsellor they wish to speak with. If their chosen counsellor is busy, they can select another counsellor. A 'cyber waiting room' could easily have access to games and health material while the client waits in the queue. Metoyou work with a volunteer model, where the counsellors receive 144 hours of training. An experienced counsellor is always present to oversee the service. The service offers a secure site and has clear record keeping management guidelines to adhere to. The model of service delivery seems to be a success and could be diversified for young people in Australia in a range of settings.

Conclusion

Research has been implemented in response to community concerns relating to online counselling expanding over two decades. Evidence from such research, suggests there is a niche for online counselling in our community. Emphasis needs to be placed on the regulation of online counselling with the introduction of clear policy and process as well as the introduction of state standards similar to the guidelines

If a student has a critical issue, they can send an email to the service outside of these times and someone will respond.

of the NABCC. Government agencies and ethical bodies in Australia have the opportunity to become the leaders in the development of this modality. Agencies as Turning Point in Victoria and KHL in Queensland have already incorporated online supports in to their services. Added benefits for young people include greater choice, increased anonymity and therefore the possibility of less shame and easier access. For young people residing in the country, their only other option may be phone counselling, or the need to travel great distances to see a service provider which may not be a possibility for them.

Acknowledgment:

My research in progress, would not have evolved without Dr. John Court's preliminary research into cyber counselling, as well as his practical subject where he injected a wealth of knowledge and enthusiasm to his students. My research is in debt to his commitment to the advancement of cyber counselling and his dedication to his students.

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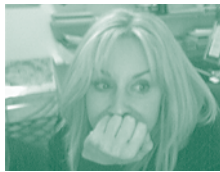
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Internet and Computer Resources

Compiled by Dr. Angela Lewis



Checking on Diskspace

Have you ever wanted to check the amount of space you have available on one of your diskettes? If so, it's very simple to do and you follow the same directions as you do when

you're checking the available space on any other drive on your computer.

First, make sure you have the floppy disk you want to check in your floppy drive. From there, double click on the **My Computer** icon on your desktop and then click on the A: drive, which is the 3 1/2 Floppy Drive. Right click that drive and choose **Properties**. A window will then appear on your screen that shows you all the information about your **A:** drive. It will tell you the used space, the open space, the total capacity of the disk and so on.

It even gives you the information in a pie chart form if that's easier for you to read (very handy!) and you never need wonder if you have enough room on your diskettes again ☺. You can also apply the same method to checking the space on your datastick but you need to work out what drive letter your computer gives to the datastick (hint, it is usually E or F for most people, but you need to check for yourself).

Turning Animation On or Off on Websites

Sometimes it might be annoying to look at flashing image or something scrolling across your screen when you are trying concentrate on reading something on a webpage. You are in charge of your Internet experience, so if it is annoying you, turn off moving images (animations) on the webpages you are visiting by following these steps. Note, these instructions are for Internet Explorer.



1. Go to the **Tools** menu and then choose , **Internet Options**.
 2. When the Internet Options dialogue box opens, click on the **Advanced** Tab.
 3. Click the tick next to 'play animations in web pages' to disable it. Then click OK.
- To turn it all back on repeat the steps.

WEBSITES

Anxiety and Panic

Both of these Australian websites focus on articles and links for a panic attacks and anxiety.

www.panicattacks.com.au is run by Bronwyn Fox who was the previous chair of the Anxiety Disorders Foundation of Australia and <http://www.panicanxietydisorder.org.au/> is the website of the Panic Anxiety and Disorder Association (SA), a consumer organisation representing people who have an anxiety disorder. Both sites provide a lot of free information to readers.

Goal Setting

As it's the beginning of another new year, I would like to begin with some more goal setting websites. 'Goal School' is located at www.goal-setting-guide.com. It has a step by step goal writing tutorial and some inspiring motivational quotes.

Another site focused on helping you set personal goals is located at www.mindtools.com/page6.htm and 'The Goals Guy' at www.goalsguy.com provides a huge amount of free information, while also offering the opportunity to purchase his books and guides.

The Weather

With all the crazy weather and worry about rain, a good website to know about is the Bureau of Meteorology located at www.bom.gov.au. It is a brilliant resource for weather warnings and forecasts for all over Australia.

Just a small note to let everyone know that while I will continue to contribute this column to every ACA journal, as from this year I will only be contributing to every second ACA ezine.

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

With all the crazy weather and worry about rain, a good website to know about is the Bureau of Meteorology located at www.bom.gov.au.

Internet Resources for Counsellors By Dr. Angela Lewis

This document contains selected websites that have featured in my Internet Resources columns published in the ACA Journal over the past few years as well as site addresses published in past issues of the ACA e-zine newsletter. While these Internet addresses were correct at the time of printing, readers are advised website addresses could change at any time and neither Angela Lewis nor ACA take any responsibility for these addresses remaining correct or in working order in the future.

This document will be updated and re-issued by the ACA every January. If members wish to suggest inclusions to this document, please email either Philip Armstrong or myself with any websites you would like to share with fellow members.

Addiction

<http://www.aa.org.au/>. Alcoholics Anonymous site with links to groups Australia wide.

www.gamblersanonymous.org.au. Offivers help for compulsive gamblers and their families/friends. Includes programs, testimonials and other links. The Addiction Recovery Guide
<http://www.addictionrecoveryguide.org/>

http://www.naoz.org.au. Website of Narcotics Anonymous, providing information about events and meetings in Australia.

<http://www.adca.org.au/>. The Alcohol and other Drugs Council of Australia (ADCA) is a national, non-government organisation representing the interests of the Australian alcohol and other drugs sector, providing a national voice for people working to reduce the harm caused by alcohol and other drugs.

<http://www.addictionrecoveryguide.org/>. The Addiction Recovery Guide.

<http://ndarc.med.unsw.edu.au/ndarcweb.nsf/page/home>. Website of The National Drug and Alcohol Research Centre (NDARC) of the University of New South Wales. Has links to publications and resources surrounding drug abuse.

Alcohol

<http://www.aa.org.au/>. Alcoholics Anonymous site with links to groups Australia wide.

<http://youth.wyndham.vic.gov.au/support/alcohol>. Wyndam is a Victorian government service which offers withdrawal, rehabilitation supported accommodation and community programs for young people 12-21 experiencing drug and/or alcohol problems.

Alzheimer's Disease

www.alzheimers.org.au. Website of the peak Australian body providing support and advocacy for the Australians living with dementia.

www.alzheimersonline.org. Queensland based not-for-profit community

organisation whose is to help maintain the quality of life of people diagnosed with dementia and their caregivers. primary

Anxiety

www.anxietyaustralia.com.au. Provides links and resources to a variety of anxiety disorders.

www.panicattacks.com.au. Focuses on articles and links for a panic attacks and anxiety.

www.panicanxietydisorder.org.au. Panic anxiety Disorder Association

Asperger's Syndrome

The National Institute of Strokes and Neurological Disorders probably has the most comprehensive information I was able to find.

<http://www.ninds.nih.gov/disorders/asperger/asperger.htm>

<http://home.vicnet.net.au/~asperger>. The home page for families with a member suffering from Asperger's Syndrome in Australia .

<http://www.udel.edu/bkirby/asperger/aswhatisit.html>.

An organisation called 'oasis' functions as an information and support portal for sufferers and their families.

<http://artzoo.com/health/autism.htm>. An easy to read overview

<http://www.aspergerssyndrome.net/>. Links to the first 6 chapters of a book related to ADHD clinical psychologist.

Brain

www.brainfoundation.org.au . An Australian site with details and information on headaches and Acquired Brain Injury. It is very comprehensive, with carer education and support plus referral and information services.

www.heachaches.org. An American site that seeks to address headache suffers with causes, treatments and self-management techniques.

Cancer

<http://www.nbcf.org.au>. Website of the National Breast Cancer Foundation.

www.cancer.org.au. National non-government cancer control organisation with the aim of facilitating prevention, research, support, and care.

Caregivers and Caring

www.carers-sa.asn.au. Website of the Carers Association of South Australia.

www.facsia.gov.au/internet/facsinternet.nsf/disabilities/carers-nav.htm. Details Commonwealth Government programs and initiatives to support carers and provides links to other areas of Government involved in carer assistance.

<http://www.rdns.asn.au/>. Website of the Royal District Nursing Service, provides information about their services, questions & answers about home care, current relevant news articles and links to other services.

<http://users.sa.chariot.net.au/%7Eozcarers/welcome.htm>. OzCarers is a privately run support group for Australian caregivers.

Church Services Online

www.i-church.org. Website for those that are unable to attend a church service or prefer an alternative form of worship. People from all denominations are welcome and there are daily web-cast services.

Diabetes

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

<http://www.dav.org.au/content.asp?rid=530>.

Website of Diabetes Australia, community network of people with diabetes.

While these Internet addresses were correct at the time of printing, readers are advised website addresses could change at any time.

Internet Resources for Counsellors (Continued)

Dating/personal relationships

www.awareconnections.com. Relationships website dealing with 'holistic' dating.

www.rsvp.com.au. Dating for Australians.

www.thirdage.com. Website for dating and relationships for older Australians.

Depression

www.blackdoginstitute.org.au. The Black Dog Institute is an Australian educational, research and clinical facility offering specialist expertise in mood disorders including depression and Bipolar Disorder.

www.depressionNet.com.au. Site run by non-health care professionals, who describe their web site as for 'people like us' - people from a variety of backgrounds who live with depression.

http://www.healthinsite.gov.au/topics/Postnatal_Depression. An Australian Government initiative by the Department of Health and Ageing. This specific link will take you to a range of articles on postnatal depression. Note the further links on the right of the page to depression and the mental health of women.

Divorce

www.aifs.gov.au/institute/links.html. Australian Institute of Family Studies website. Has links to publications and related sites on, building relationships, step-families, coping with change, coping with divorce, parenting and getting married.

www.health.nsw.gov.au/mhcs/publication_pdfs/5360/BHC-5360-ENG.pdf. NSW Health Department publication on how separation or divorce affects men's health.

Domestic Violence

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

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

www.aic.gov.au/publications/proceedings/27/dear.pdf. Australian Institute of Criminology report on domestic violence and co-dependency.

DNA Testing

<http://www.dnanow.com/ausmain.htm> This Australian site offers DNA testing kits.

Eating Disorders

www.eatingdisorders.org.au. Website devoted to supporting people whose lives are affected by eating disorders, as well as working to inform the community about these disorders, run by a not for profit foundation.

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

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

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

http://www.psychology.org.au/publications/tip_sheets/12.5_2.asp. Australian Psychological Society (APS) Website.. Tipsheet on understanding and managing eating disorders.

Families

www.facs.gov.au. Website of The Department of Families, Community Services and Indigenous Affairs (FaCSIA).

<http://www.anu.edu.au/cmhr/changingfamilies.php>. Australian National University's Mental Health Research website focuses on family and community health information.

Gambling

www.gamblersanonymous.org.au. Offivers help for compulsive gamblers and their families/friends. Includes programs, testimonials and other links.

Grief

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

www.nalagvic.org.au. National Association for Loss and Grief (vic). NALAG is a not-for-profit association of individuals and organisations working in partnership with Government and other organisations.

Healthcare, Online

www.mydr.com.au is a multi-linked site of relevant and interesting health information for Australians, including a comprehensive medical dictionary.

<http://www.drs.org.au/> is the website for the Doctors Reform Society of Australia.

<http://www.abc.net.au/health/library/default.htm>. A searchable health database maintained by the ABC.

Incest

www.siawso.org. The Survivors of Incest Anonymous (SIA) website publishes and sells incest survivor related literature and publishes a quarterly bulletin.

<http://www.cmc.qld.gov.au/asp/index.asp?pgid=10739>. Link on the website of the Crime and Misconduct Commission of Queensland leading to information for victims of child abuse.

Indigenous Portal

www.indigenous.gov.au. The Australian government portal for resources, contacts, information, and government programs and services for Aboriginal people and Torres Strait Islanders.

Mental Health, General

<http://www.connects.org.uk/> This site is a worldwide, forum for the sharing of information by people whose lives are touched by mental health problems and/or learning disabilities.

<http://www.mentalhealth.asn.au/resources/web.htm>. Mental Health Association of NSW. Also has links for all other Australian states.

Medical Dictionary

www.online-medical-dictionary.org. An online medical dictionary containing definitions of equipment drugs and pharmaceutical drugs.

Their website has details of a free bereavement counselling service, links to many other grief related web sites, and details on projects conducted by the Centre.

Meditation

www.buddhanet.net/meditation.htm contains a listing of meditation centres around Australia, complete with times and descriptions of activities.

www.meditationcenter.com. Online meditation centre offering site by step instructions on meditation and relaxation techniques.

Reiki: articles is located at www.reiki.net.au

Music therapy

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

www.mh.org.au/sitesandservices/musictherapy/default.htm The Royal Melbourne Hospital in Victoria, considered a leading teaching hospital, is now running a music therapy program. The program is active in oncology, palliative care, bone marrow transplant and the eating disorder unit

Near Death Experiences (NDE).

www.nderf.org is probably one of the largest and most comprehensive. NDERF describes itself as "a non-profit group devoted to the study and sharing of the Near Death Experience and related phenomena.

<http://www.iands.org/> is the website of the The International Association for Near Death Studies

OCD

<http://ada.mentalhealth.asn.au/ocd.html>. The Anxiety Disorders Alliance has some helpful reading for patients and family of OCD sufferers.

<http://psych.curtin.edu.au/clinics/ocd.htm>. Curtin University of Technology's OCD Treatment program.

www.ocfoundation.org. Website of the Obsessive-Compulsive Foundation.

Parenting

<http://www.childandfamily.com.au/>. The Centre for Child and Family Development promotes awareness and understanding of the emotional life of children and adolescents, and how this affects their behaviour and future development. The Centre runs training programs on child and family development for all professionals who work with children, adolescents, parents and families.

www.parenting-ed.org. The Centre for Effective Parenting is a collaborative project run by the University of Arkansas and the Arkansas Children's Hospital. Their searchable website has a large database of information on parenting, including downloadable PowerPoint presentations in 10 one-hour modules for parents on topics relevant to children's education.

http://www.facs.gov.au/family/early_childhood_pip/volume1/sec7.htm. Link to The Federal Australian Government's Department of Family and Community Services latest report on parenting entitled 'Parenting Information Volume 1.

www.earlychildhoodaustralia.org.au. Website of Early Childhood Australia, with links to journal articles and abstracts.

<http://www.edfac.unimelb.edu.au/ceiec/>. **The Centre for Equity and Innovation in Early Childhood (CEIEC)** was established in 2001 as a specialised early childhood research and teaching centre within the Department of Learning and

Educational Development at the University of Melbourne.

Pharmaceutical benefits

<http://www1.health.gov.au/pbs/>. Provides information on the prescribing of pharmaceutical benefits by medical practitioners and the supply of pharmaceutical benefits by approved pharmacists, approved medical practitioners and approved hospital authorities

Pituitary

www.pituitary.org. Website of Pituitary Network Association (PNA), an international non-profit organization for patients and families of those with pituitary tumors and disorders.

<http://www.pituitary.org.uk/index.htm>. The Pituitary Foundation provides information and support to those living with pituitary disorders, including patients, their relatives, friends and carers.

Rape

<http://www.brissc.com.au/>. Website of BRISSCm The Brisbane Rape and Incest Survivors Support Centre for women.

www.secasa.com.au/infosheet/infosheet_5007.pdf. Links to an information sheet on working with recent rape survivors created by the South Eastern Centre Against Sexual Assault (Victoria).

Relationships, General

www.relate.gov.au. An Australian commonwealth government initiative, this website bills itself as being for information on 'relationships family, and life'.

Self-help mental health therapy programs

Australia National University's 'Moodgym' program aimed at 'delivering cognitive behaviour therapy for preventing depression' (Moodgym 2005) is located at <http://moodgym.anu.edu.au/>

<http://www.med.monash.edu.au/mentalhealth/paniconline/>. Monash University's 'online resource and treatment program for people with panic disorders'.

Both of these Australian initiatives are currently free for use. The Beyond Blue organisation, (<http://www.beyondblue.org.au/>) is also planning a free service to be called 'e-couch' to be available sometime before the end of this year.

Seniors

www.seniors.gov.au. Government website which lists services, programs and initiatives currently available to Australian senior citizens.

www.aboutseniors.com.au. Deals exclusively with senior's issues.

Stockholm Syndrome

http://www.salvationarmy.org.au/reports/Women&Domestic_Violence_Counselling_Standards.pdf. A report by the Salvation Army on domestic violence discusses Stockholm Syndrome and how it links to domestic violence.

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

http://en.wikipedia.org/wiki/Stockholm_syndrome. Wikipedia has many links and a good background on this syndrome.

The program is active in oncology, palliative care, bone marrow transplant and the eating disorder unit.

Internet Resources for Counsellors (Continued)

<http://www.drjoeocarver.com/stockholm.html>. Links to an online article by an American clinical psychologist on loving an abuser.

Substance Abuse

See also 'Addiction'

www.buoyancy.org.au. The Buoyancy Foundation of Victoria is a foundation set up to help people who have been abused or who abuse substances to manage self-care.

<http://www.drugstrategy.central.sa.edu.au/index.html>. The South Australian government's Drug and Alcohol Services Council. A lot of links, articles and information.

<http://www.addictionrecoveryguide.org/>. The Addiction Recovery Guide.

<http://ndarc.med.unsw.edu.au/ndarcweb.nsf/page/home>. Website of The National Drug and Alcohol Research Centre (NDARC) of the University of New South Wales. Has links to publications and resources surrounding drug abuse.

Teenagers /Young Adults

The Inspire Foundation www.inspire.com.au is a nationally accredited not for profit organisation delivering three national programs to a target audience of 16-25 year olds.

www.reachout.com.au. Website of the Reach Out! Program, which provides online information and referrals to help prevent youth suicide and provide support to young people to get through tough times.

<http://www.community.nsw.gov.au/html/parenting/teen.htm>. The NSW Department of Community Services (DoCS) is the NSW Government agency responsible for community services, this links focuses on teen issues.

<http://youth.wyndham.vic.gov.au>. Youth Services for Victorian residents. Offering counselling, youth programs, support for young mums, youth alcohol addiction and personal development programs.

Same Sex Marriage Selective Bibliography

<http://law-library.rutgers.edu/SSM.html>. This site carries links and information on countries around the world.

www.australianmarriageequality.com. Australian Marriage Equality (AME) is a national organisation working for equal marriage rights for all Australians regardless of their gender or sexuality.

Women's Wellbeing

An online partnership between Tetley Tea and the Jean Hailes Foundation (has produced www.tetleywellbeing4life.com.au). This website is full of comprehensive information for women around physical and emotional wellbeing.

www.menopauseinstitute.com.au. Menopause questions and answers and symptom identification.

<http://www.menopause.org.au/>. Website of the Australian Menopause Society.

<http://health.act.gov.au/c/health?a=da&did=10051295&pid=1062375024>. Link to the Mental Health Services for Women in the ACT.

MISCELLANEOUS:

Time Management

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

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

Business Ethics

<http://www.web-miner.com/busetics.htm>. Directory of resources related to business ethics includes articles, publications, and case studies.

Help with Your Computer

www.techguy.org is a website run completely by volunteers and paid for by donations and sponsors, so there is no charge to the user. It is a forum style website that allows people to post questions and get expert answers that others can then scroll through and read. Because it is large, I would probably recommend you use their search facility to locate your own area of interest.

Goal Setting

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

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

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

Thesaurus www.thesaurus.com

Australian Post codes:

www.auspost.au/postcodes/

Map Search:

www.whereis.com.au is a map search website that will provide you with step by step instructions for how to reach your desired location as well as providing a map.

Purchase Gadgets at www.gadgets.com.au. This Australian site offers digital cameras and various other accessories for online sale

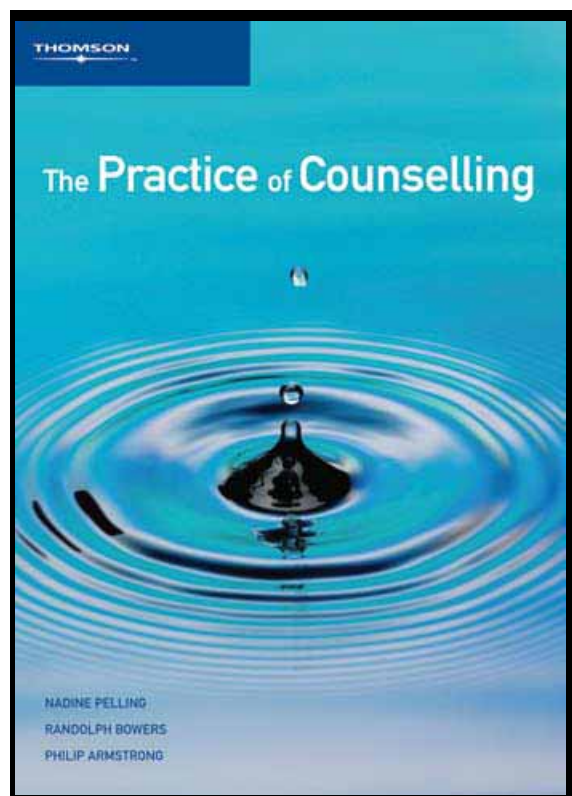
Finding People Using the Internet

You may find these sites useful if you are trying to locate old friends and acquaintances, or if you are doing a family tree: Aussie School Pals at www.schoolfriends.com.au, OzReunion at www.ozreunion.com.au and the Missing Persons Register at www.personsmissing.org

Neither Angela Lewis nor the ACA gain any financial benefit from the publication of these website addresses and readers are advised that websites addresses in this document are provided for information and learning purposes.

It is a forum style website that allows people to post questions and get expert answers that others can then scroll through and read.

NEW AUSTRALIAN TEXTS

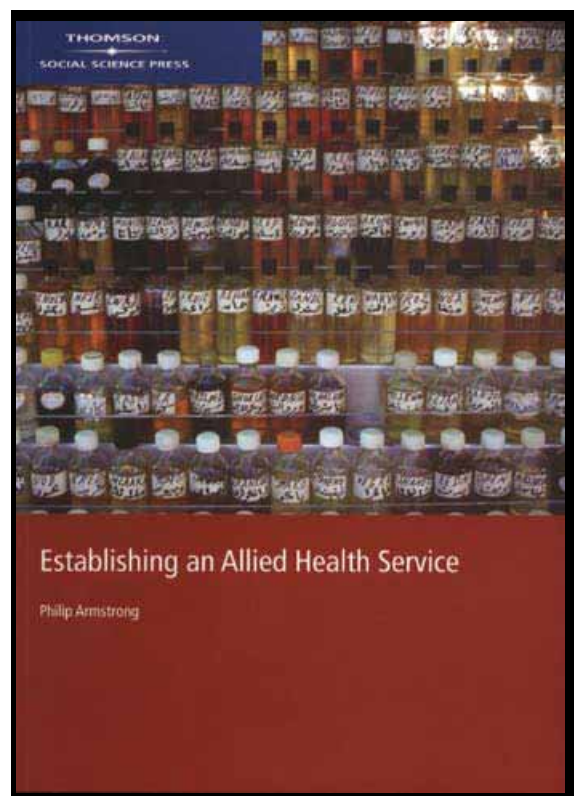


Pelling, Bowers and Armstrong
The Practice of Counselling

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'.

Book Reviews

When Parents Love Too Much, (L. Ashner and M. Meyerson, 1990) – Reviewed by Johannes Schaefer.

When Parents Love Too Much

problematizes the situation that sometimes arises between parents and children where parents 'love' to the point of not being able to let go in order that their children can develop into independent adults. It identifies the dynamics that result in a kind of distorted love that is fearful and overprotective to the point of stifling both generations within families. The book classifies various commonalities within parenting approaches to demonstrate how these can be fed by fear and guilt on the part of the parents. These classifications include characteristics of individuals who have had everything given to them on the proverbial 'silver platter', in terms of material things but who have lacked self esteem because the 'pampered' child is sometimes deprived of the more subtle, unseen qualities that really make for coping, competent adults. The book looks into the stem causes for this form of parenting within the lives and backgrounds of the parents. The work thus identifies possible causes for the need to live up to social images and conform to expected patterns of behaviour to the exclusion of personal authenticity.

In this regard, the work also delves into the complexities of needs and explores whose needs are being met by parenting that does not seem to be able to let go in a graduated manner as children grow older and should be able to take on adult responsibilities, feel secure about themselves, and, in a very real sense, love themselves for who they are. The book underscores the importance of authenticity and openness as combatant and survival strategies for healthier relations between children and parents. It tackles the issue of conditional love, control and, in the end, the dynamics needed to embrace the kind of courage for a redefining of how we regard the vital relationships in our lives.

I found this book engaging, and its theory sound, and, although it probably did not introduce anything that I had not read or contemplated before with regard to my own parenting, it is sometimes helpful to have crystallised what we know deep down, but cannot always articulate. The one criticism I would offer is that it tends to be mono-cultural. There is the definite feel of white, middle to upper class America. It, generally, assumes a certain level of affluence, and does not take into account the parents who struggle to 'pamper' their children, but who live with a more subtle layer of meaning when they know that they cannot deliver what others have been able to give their children.

How the 'real world' is driving us crazy!

Solving the winner/loser world problem By Richard Hill

Richard Hill's book is about how we can create sustainable happiness in our lives. In his introduction, Hill says that his book differs from other books



that aim to achieve the same outcome because he is not specifically giving us strategies to "lift your emotions" nor is he showing us strategies to move around the barriers to happiness. Hill wants to show us that there is no barrier – "we made it up".

Hill spends much time explaining and illustrating for us that the reason we cannot sustain happiness is the competitive society in which we live and the pursuit of winning at all costs. Hill believes there is a dilemma between our human need for emotional inter connectedness and communal cooperation and the need to succeed – to win. Hill states "The constant struggle between these principles is a conflict that is driving us crazy". Hill's alternative view is the creative worldview and he clearly spells out the 8 differences between the winner/loser dichotomy and the creative world alternative. He then describes the 7 Demons that exist in the winner/loser world and cause the emotional difficulties many of us experience. The book offers us many strategies and case studies that he says will enable us to move from the winner/loser to the creative world, using philosophy, psychology, neurobiology and the religion/spirituality to support these strategies.

Hill's style of writing is warm, conversational and reader-friendly. He invites us to share in his personal journey and the discoveries that have been life-altering for him and his family and friends. While I am not sure of its relevance from a counsellors viewpoint, I did find his particular ideas about people needing to change their attitudes and perspectives on how they interact with themselves, each other and the world interesting and thought provoking. Richard Hill's book gives us an opportunity to re-visit a much-discussed subject from a fresh perspective.

Kaye Wood

B.A., B.S.W. Private Practitioner

Applying Career Development Theory to Counseling by Richard S Sharf

This book is most aptly named as it does just as its title indicates. After taking theories and constructs, it gives practical examples of how to apply them in life situations.

It starts by examining cross-disciplined major theories of Trait, Myers-Briggs, Holland's and Work Adjustment with several other special focus theories. Then the text goes on to explore a person's development potential from childhood to adulthood, (shades of Piaget) and career choice and selection methods. Sharf then integrates these theories and topics and applies them to the individual need with case study examples.

Sharf's book is aimed at the more specific career related guidance counselor (sic, USA) than the personal counsellor although the added gain to a personal counsellors knowledge of this material can only be to their advantage. It is a comprehensive and detailed text dealing with every one of its topics in depth. It examines each from many perspectives to provide a perceptive account to assist in comprehension. By providing case studies and



When Parents Love Too Much
By L. Ashner and M. Meyerson.

How the 'real world' is driving us crazy!
By Richard Hill.

Applying Career Development
By Richard S Sharf.

Book Reviews (Continued)

dialogues, Sharf takes what could be a very dry and laborious tome to create an insightful study. Rather than fill the textbook with overwhelming paragraphs of detail or Lists & Tables, the content is arranged in chunks that inter-relate to the whole issue of making choices on employment and career issues, in manageable portions.

This text is for Career Counselors or Counsellors in general who wish to gain perspectives and comprehension across a breadth of Psychodynamic strategies coupled with the individuals cognitive development in the application of career advice. It has a companion instructor's manual and student text. It is a very good learning tool and resource.

Reviewed by John Dunn, Colac Counselling Service.

CMACA, MFVC, BA (Psych & Phil), Dip App Sci (Counselling), Dip Tech Teach, Cert IV trg.

The Truth is Longer Than a Lie

Children's Experiences of Abuse and Professional Interventions

By Neerosh Mudoly and Chris Goddard

Neerosh Mudoly and Chris Goddard have added an important book to the literature on child sexual abuse. The book discusses the right of abused children to be heard and the title "The Truth is Longer Than a Lie" is part of a response from a 12 year old girl who is discussing her involvement with sexual assault intervention professionals. Quite often it is easier for a child to tell a lie, as sometimes it is more readily believed than the truth.

This book reports on a research study that sought the views of children and young people who have been abused, on various aspects of their experiences of abuse. It begins by discussing the history of how children have been silenced in the past, discusses the child centered approach that was taken in the study, discusses the ethics of undertaking research with children and the rationale for selecting the methodology for the research. Practitioners who have limited interest in research might find the first part of the book very theoretical and research orientated, although I found it a very useful resource for further research

The second part of the book is dedicated to the thoughts and comments of children and young people who took part in the research project. These comments are insightful and meaningful and counsellors, therapists, and others who work with children and young people who are survivors of child sexual abuse, will gain a wealth of knowledge that will assist them in listening to what the child or young person has to say and understanding their need to not only to be heard but also believed.

John Brown

MSc (Developmental Disability), MHSc (Sexual Health) PMACA



The Truth is Longer Than a Lie
By Neerosh Mudoly and Chris Goddard.

"Standards & Ethics For Counselling in Action"
By Tim Bond.

"Standards & Ethics For Counselling in Action"

By Tim Bond

Sage Publications, London 2006
ISBN 0-7619-6309-X.

The thing I like about the 'Counselling in Action' series of books is their practical orientation and the fact that they are written specifically for counsellors. As Permanent Chair of the Australian

Counselling Association's Complaint's Tribunal and President of the Clinical Counsellors Association I was particularly interested in this the second edition of "Standards & Ethics" by Tim Bond.

From the contents page alone the practical nature of the work is quite apparent. There are four parts dealing with; The Background, Responsibility to the Client, The Counsellor and Others & The Whole Picture. The section of the first part that deals with the framework for Counselling Ethics and Standards I found particularly good and was pleased to find how well the organisations I'm involved with here in Australia 'stack up' against those dealt with in the text.

Another interesting section is that covering counsellor competence. In the light of the debate in this country on regulation and competency levels Tim Bond provides a voice of reason. I quote:

"Several features of the current state of counselling make it more difficult to identify competent practice. The unregulated state of counselling means that some counsellors have little relevant competence while others have high levels of competence but within a narrow field. Many have high varied levels of competence across a range of issues. Some have high levels of competence in many issues. It is possible that what is considered competent for a generalist dealing with an infrequently raised issue would be considered incompetent for a specialist in the same issue."

Thus counsellor competency is no simple issue to be decided by degrees or training standards alone. To further quote Bond:

"It is the quality of the relationship between counsellor and client that is valued and the major function in the client's view of effectiveness"

It is this aspect of counselling that makes determining competence so very difficult. All I can say is that, from my experience, those counsellors that have highly developed skills in the area of this relationship aspect of counselling are far less likely to have complaints brought against them.

All in all this is not just a textbook but a very worthwhile addition to any counsellors learning and professional development.

If I have any criticism of the book (and this isn't really fair as it is not the authors aim) it is that it is not more universal and concentrates only on the situation in the United Kingdom. That said, many aspects can be applied to our situation in Australia and be used to inform an individuals private practice.

Adrian Hellwig

(Permanent Chair ACA Complaint Tribunal, President CCA)



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“Groups in Action; Evolution and Challenges”

By Corey, Corey and Haynes

Groups in Action is a comprehensive teaching tool for those beginning the process of therapeutic group facilitation. Divided into two sections, the DVD and Workbook follow both the stages of group formation and the most common challenges to group leaders.

The DVD is particularly valuable, as it presents material from an actual intensive therapeutic group and thus provides students with a very useful addition to their own personal group experiences. While time spent both as a participant and as a facilitator is essential in group therapist training, being able to see group interactions from the outside is a fantastic addition to the learning experience.

The Challenges section is less immediate, as it uses role-play rather than actual session footage. However, the role plays are based on the issues specifically experienced in group processes by the participants themselves. This allows for a believable portrayal, as well as providing an example of a number of challenging behaviours in a short time frame.

Each therapist intervention is explained in detail by the Coreys, providing both a justification and an extensive analysis of practice. In the classroom, this facilitates the use of those interventions of particular interest, as well as providing a space for detailed discussion.

The major drawback of this interactive program is the lack of theoretical focus. What theoretical orientation is being presented and argued here? What contrasting interventions might have been practiced when working in another framework?

The addition of theoretical orientation and reference resources would have made this teaching aid particularly comprehensive.

Of major interest in both the text and DVD, is the focus on cultural issues and addressing cultural blindness, discrimination and conflict. In this way, the Coreys address both the internal and external influences affecting group members and leaders alike. Overall, *Groups in Action* is a unique and particularly useful addition to contemporary Group Work teaching.

Zoë Krupka



“Groups in Action; Evolution and Challenges”
By Corey, Corey and Haynes.

Book Reviews (Continued)

Understanding Girls' Friendships, Fights and Feuds. A practical approach to girls' bullying

By Valerie E Besag 2006

Besag presents a well written, easy to read book supplemented with visual aids and case studies to enhance the readers understanding and application of the material. The book although predominantly targeted at teachers, can be utilized by a number of professionals especially counsellors running group work programs with aggressive young women and is also beneficial for parents/carers of young women engaging in bullying and/or are subject to bullying. As the title suggests the author presents a set of practical tools to address the covert indirect style of bullying exhibited by girls within the school setting, as well as provides information and strategies to address victim issues that may lead to long term social-psychological distress such as depression, low self-esteem, loneliness and social anxiety.



Understanding Girls' Friendships, Fights and Feuds. A practical approach to girls' bullying
By Valerie E Besag.

"Facilitating a Violence Prevention Support Group: For Kids who are Bullied"

Although the information presented is drawn largely from an ethnographic study of female students in Britain aged between 9-11 years in an informal situation known as the 'Girls Activity Club' over a period of 16 months. The book also contains information sourced via interviews with the students, teachers and parents involved in the study, includes the author's experience over several decades as a teacher and later as an educational psychologist in Britain, and encompasses observations and discussions held with students and adults within parts of Ireland, Australia, New Zealand, America and Canada which contributes to the validity and reliability of the findings.

The book is divided into seven sections which includes *exploring the problem, followed by gender differences in social behaviour, formation of groups, the language of conflict, emotional issues, and concludes with remediation, reparation and resolution.* The author provides the reader with an in-depth description and discussion of the key modes of indirect aggression, the triggers associated with bullying, the cycle of abuse, the implications of bullying on the bully and the victim(s), and at the end of each chapter provides a list of strategies parents, teachers and other professionals may employ in addressing the aggressive behaviour on a 1-1 basis or in a group setting.

From a counselling perspective, narrative therapy and solution-focused therapy are acknowledged as most suitable in addition to cognitive-behavioural therapy (CBT) based group work programs which focus on emotional skills including managing feelings, controlling impulses, cognitive skills such as perspective taking, problem solving and decision making, and behavioural skills including non-verbal and verbal communication. An outline of the CBT based group work program is provided. For readers wishing to expand their knowledge, the reference section at the end of the book is extensive including six book reviews allowing for further study and

application on the area.

Highly recommended for all professionals working with young women displaying aggressive and/or problematic behaviour within schools, the child protection residential unit setting, and/or juvenile justice custodial facilities.

For further information on CBT based aggression replacement training programs run with young women and men in Victorian schools and juvenile justice custodial facilities please email charlene@fais.com.au
Charlene Pereira, BA (Hons) Police Studies; MA Counselling;

Qualified Trainer - Aggression Replacement Training.

"Facilitating a Violence Prevention Support Group: For Kids who are Bullied"

This is one of the manuals contained in the Violence Prevention Series and is the companion manual for "Facilitating a Violence Prevention Support Group: For Kids Who Bully". It is written for grades K-6 and is designed to be used as part of the systemic schoolwide approach necessary to solve the school violence problem. The material contained in the manual is written for principals and teachers. Counsellors who work in a school setting would also find the manual useful.



The layout is clear and well presented with a comprehensive list of contents. The chapter headings and sub-headings are bold and stand out well. There is little use of graphics and it would be good to see the use of pictures, for example on the worksheets and posters for use with the children. It is important to include pictorial and written methods when working with children as literacy levels vary greatly from one child to another.

The explanations and rationale behind the support group program provide sound reasoning for the use of the group model. The instructions for the implementation of the group program are clear and concise. This is especially helpful for those who may not be familiar with the group model. Apart from a question regarding the suitability of "Daniel the Dinosaur" for older children the activities and support materials appear to be appropriate for the target age group.

In summary the manual is a useful tool that provides practical, creative and innovative methods for helping children challenge incorrect thinking, meet emotional needs and manage their problems more effectively.

ACA

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