

Volume 7 Number 4 Summer 2007

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



SUMMER

"... then George Bush said he would release more carbon into the environment and melt the North Pole if we did not produce more Toys of Mass Destruction ..."

Special Editorial

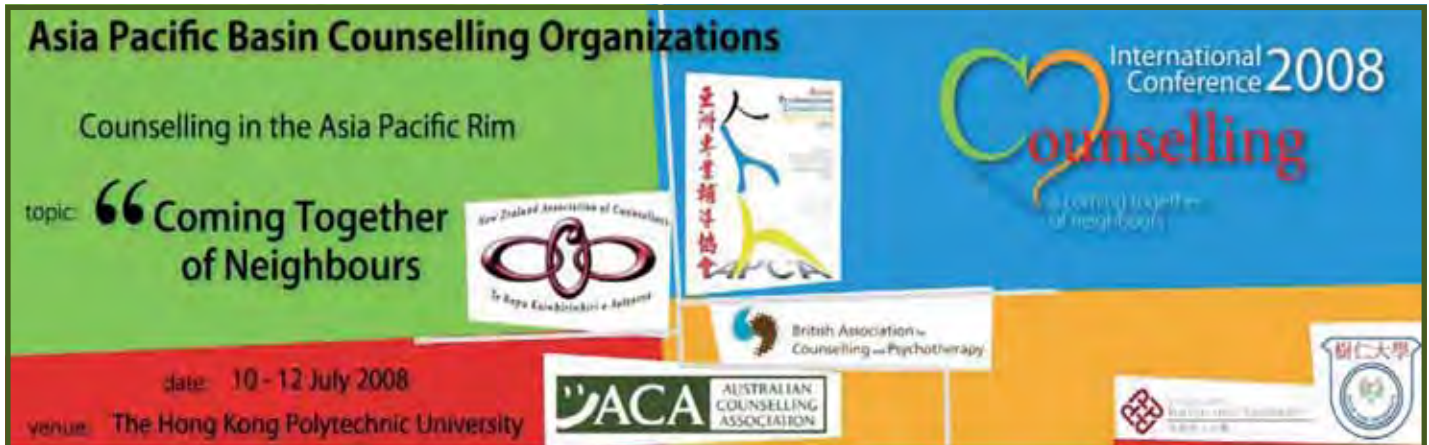
Internet and Computer Resources

Online Social Networking: It's All Just Geek to Me

Patient Getting Into Shape: A Clinical Case Study

Passion and Commitment in Counsellors: What Difference Does It Make?





“Coming Together of Neighbours”

International Conference on Counselling 10 -12 July 2008 Hong Kong

Venue: Hong Kong Polytechnic University, Kowloon

This conference is co-hosted by several international and local counselling organisations and is open to all counsellors, psychotherapists, psychologists, social workers and any other professional who works with people in the ‘helping professions’.

Some of our international speakers are:

UK: Professor Sue Wheeler
Hong Kong: Professor Atara Sivan
Canada: Professor Nancy Arthur
Australia: Dr Colin Carbis
Malaysia: Dr Mile Glamcevski
South Korea: Dr Sang Min Lee
USA: Dr John McCarthy
New Zealand: Dr Judi Miller
Maldives: Aishath Nasheeda
Vietnam: Nguyen Ha Thanh
Singapore: Dr Leong Jenn Yeong

There will be approximately 36 workshops run over a 2 day period with up to 6 workshops being run concurrently. There will be something of interest for everyone. Polytechnic University will also be hosting a string of workshops on Marriage and Family counselling.

To register your interest in this conference and to receive further updates send an email to: Philip Armstrong philip@theaca.net.au or Dr Catherine Sun ctlsun@netvigator.com

On behalf of the conference committee we hope to see you in 2008 at Kowloon.

Philip Armstrong
Conference Committee Chair



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Counselling Australia

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

Editor
Philip Armstrong

I.T. Educator
Dr. Angela Lewis

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

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Philip Armstrong

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Special Editorial – Update of ACA Actions in Regard to MEDICARE Rebates

By Philip Armstrong



As you are aware, ACA has been working with Australian Public Affairs (APA) since late August to provide strategic advice and support in helping us address the negative impact the Federal Government's *Better Access* program is having on our industry.

This has been a highly complex process and it has been immensely helpful having APA's expert guidance and assistance.

I write to provide an update on our activities and progress to date, and what our next steps will be. In short, we have made significant advancement since August in progressing our case to achieve a resolution with the Federal Government, and the issue is being actively considered by Senator Mason, Parliamentary Secretary to the Minister for Ageing (with the responsibility for mental health) and Minister Abbott. The Opposition has also been made aware of the issue and we are currently awaiting a response to provide further briefings.

I have provided below an update on our key actions to date, some of the challenges we have had to overcome, and what we envisage the next steps will be.

Actions: August- November 2007

In August, APA conducted initial intelligence gathering across key Ministerial offices to allow us to understand whether the issue was on the Government's radar and if there was sufficient engagement to pursue active lobbying. Following these meetings, APA provided ACA with a report concluding that there while the issue was not on the Government's radar, there was a solid level of interest and significant opportunity to progress the issue.

During this period, in addition to developing a detailed briefing note to provide to politicians, we were made aware that the Senate's Community Affairs Committee was conducting a formal inquiry into mental health services in Australia. APA prepared a highly professional submission to present a clear and articulate picture about the negative impact *Better Access* has had on the counselling industry as well as on the Australian community. The inquiry has been delayed until after the election, but we believe this has fulfilled an important step in establishing ACA an expert advisor to the Government, as well as to officially document our concerns to the Government. We are hopeful that once this Inquiry commences, ACA will be able to make a formal presentation to the Committee.

In September, along with APA, I went to Canberra across the two sitting weeks where we had a total of 21 political meetings across key Ministerial and parliamentary offices, with a combination of Ministers, Parliamentarians, Chief of Staffs and Senior Advisors. In total, we have formally spoken with 28 target

political offices, a substantial number which has allowed us to cover Cabinet Ministers, Outer Ministry Ministers, and Senators and Members for every State and Territory.

This was important on many fronts for ACA. The meetings not only allowed us to raise awareness and promote action to address our issue, but to also begin the process to build a strong and positive reputation for ACA and for the role of counsellors on a Federal political level.

To date, ACA and APA have briefed the following offices:

- The Hon. John Howard MP, Prime Minister
- The Hon. Tony Abbott MP, Minister for Health & Ageing
- Senator the Hon. Brett Mason, Parliamentary Secretary to the Minister for Health and Ageing
- Nicola Roxon, Shadow Minister for Health
- The Hon. Mark Vaile MP, Deputy Prime Minister
- The Hon. Joe Hockey MP, Minister for Employment & Workplace Relations
- The Hon. Julie Bishop MP, Minister for Education, Science & Training
- The Hon. Fran Bailey MP, Minister for Small Business & Tourism
- The Hon. Andrew Robb AO MP, Minister for Vocational & Further Education
- The Hon. Mal Brough MP, Minister for Families, Community Services & Indigenous Affairs
- The Hon. Peter McGauran MP, Minister for Agriculture, Fisheries and Forestry
- The Hon. Dr Sharman Stone MP, Minister for Workforce Participation
- Senator the Hon. Helen Coonan, Minister for Communications, Information Technology and the Arts
- Senator the Hon. Nick Minchin, Minister for Finance & Administration
- Senator the Hon. Nigel Scullion, Minister for Community Services
- Senator the Hon. Chris Ellison, Minister for Human Services
- The Hon. John Cobb MP, Assistant Minister for the Environment & Water Resources
- The Hon. Pat Farmer MP
- The Hon. Bronwyn Bishop MP
- The Hon. Alex Somlyay MP
- Senator Judith Adams
- Senator Gary Humphries
- Senator Guy Barnett
- Senator Barnaby Joyce
- Senator Fiona Nash
- Senator the Hon. Ron Boswell
- Senator the Hon. Kay Patterson
- David Fawcett MP
- Louise Markus MP

Overall, we have received a high level of interest and support for our issue across the political spectrum, with the majority people we met with immediately offering to take action to raise the issue with the Minister and Assistant Minister.

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

Challenges

We did encounter some challenges during this period mainly that the timing of our conversations made it difficult to make any changes prior to the election. There was also ambiguity around whether a legislative change would be required which has now been confirmed to be the case. This means that any changes to the legislation will need to take place after the election. We have also been informed that given this is the case and will require expenditure under Medicare, **the issue will need to be considered in a Budget context**, meaning we will be looking for this to be addressed in the May 2008 Budget.

Another key piece of feedback we were given was that in order for qualified counsellors to be considered for a Medicare rebate and as an Allied Health Professional under the *Better Access* initiative, **national official registration will be essential**.

In order to address this issue as quickly as possible, I have been speaking with PACFA CEO, Dr Colin Benjamin to put in place an independent licensing body as quickly as possible. This will play a critical role in assuaging Government's concerns and will play a key role in allowing ACA and PACFA-registered members to get the recognition and opportunities they deserve. This body will only be open to full members of ACA and PACFA to be issued licenses, similar to state Psychology registration boards.

Next Steps

Where we are now at is following previous meetings, official correspondence from Minister Abbott, and a meeting with Senator Mason and his Chief of Staff this past Monday, our matter is being considered by Government and we expect to hear a response prior to the election. Senator Mason gave us a positive and substantive hearing, and confirmed his engagement on the issue, acknowledging that it was important and would not go away, and that he and Minister Abbott had received substantial feedback from his colleagues on the issue.

Given legislative changes will be required, it is impossible to have arrangements changed prior to the election. We are however hoping for a commitment to rectify the issue as quickly as possible following the election.

We have made Nicola Roxon's office aware of the issue and are awaiting a response for a meeting. We are confident that should there be a change of Government, we will receive an equally positive hearing from a Federal Labor Government, and that it will still be highly beneficial to have begun the process of establishing an independent national licensing body.

Throughout this process, we have focused on building and protecting ACA's reputation with key political audiences, and have deliberately structured our meetings and media to ensure that our issue is taken seriously without becoming sensationalized, to achieve the best outcomes possible for all ACA members.

I have also conducted numerous radio and print interviews with APA's assistance over this period to complement our political strategy including with the ABC Country Hour and *The Australian*.

Contacting your local Federal members

I have been asked by many members if the time is right to raise your concerns directly with local Federal members. We believe that we have come to a point in our political discussions where this will not present a risk to our target outcomes. I do however ask that you contact me if you are conducting meetings, so that I can provide you with relevant information and potentially join you depending on the location of the meeting.

It is my view that we have made substantial gains over the past few months in progressing this issue and I believe with APA's assistance, we are now in the best position we could hope for to achieve positive outcomes next year.

There will still be a significant amount work which will need to be done with Federal Government following the election. I am however confident that we are on the right path to resolving this issue, and have much to look forward to in the New Year.

Yours sincerely
Philip Armstrong CEO

ACA

Senator Mason gave us a positive and substantive hearing, and confirmed his engagement on the issue, acknowledging that it was important and would not go away, and that he and Minister Abbott had received substantial feedback from his colleagues on the issue.



Indigenous Special Issue

I. Introduction

A great deal of work has gone into the production of this Indigenous Special Issue. Authors have submitted both abstracts and articles, reviewers have read papers and provided comments and suggested changes prior to publication, and the journal editors and managers have steadfastly followed up and organised virtual reams of paper submitted for review. I would like to take this opportunity to thank all those involved for their patience regarding the amount of time it has taken to complete this issue and the well wishes from many who have congratulated me on the birth of my daughter Jasmine (one of the reasons the publication of this special issue has been delayed or more specifically my adjustment to parenthood actually has caused the delay).

I have enjoyed the variety of submissions and the format these submissions have taken for the Indigenous Special Issue. As the reader will see, not only are traditional academic style articles present but also a bibliography and a case study. Both peer reviewed articles and invited material are presented and it is hoped that these all will aid in our appreciation and understanding of Indigenous issues across the globe.

Special thanks are given to Bernard Fan and Rob Ranzijn for their reviews of various articles for this CPHjournal, it is through the volunteer efforts of our fellow practitioners and academics that the peer review system can continue. Thank you also to all who submitted materials for peer review and inclusion based on abstract review.

There are multiple Indigenous groups across the world and multiple voices regarding Indigenous work in this special issue, it is hoped you will enjoy the chorus presented in this special issue.

Nadine Pelling, PhD
Editor Indigenous Special Issue

As the reader will see, not only are traditional academic style articles present but also a bibliography and a case study. Both peer reviewed articles and invited material are presented and it is hoped that these all will aid in our appreciation and understanding of Indigenous issues across the globe.

II. Peer Reviewed Indigenous Articles

Title	Author	Page
Intervention Model with Indigenous Australian Counsellors	Fan, B	13-20 Download
Just another white-ology': psychology as a case study	Ranzijn, R. McConnochie, K. Nolan, W.	21-34 Download
Race and Racism: 20th Century management of Aboriginal People	Semchison, M.	35-38 Download
Rights of Passage – the Coming of the 'wild west': Constructs of identity and their effects upon Indigenous People	Semchison, M.	39-45 Download

III. Invited Indigenous Articles based on Submitted Abstracts

Title	Author	Page
A bibliography on Aboriginal and minority concerns: Identity, prejudice, marginalisation, and healing in relation to race, gender, sexuality, and the ecology of place	Bowers, R.	46-88 Download
Clinical suggestions for honouring Indigenous Identity for helpers, counsellors, and healers: The case of 'Marsha'	Bowers, R.	89-104 Download
Psychology's Role in Promoting Well-Being in Indigenous Communities: Advocating Evidence-based Policy Change	Cook, L.	105-113 Download
Conversations about Indigenous Counselling and Psychotherapy	Wright, J. Webb, S. Montu, M. Wainikesa, L.	114-126 Download



Online Social Networking: It's all Just Geek to Me

By Angela Lewis PhD

In this article we will take a look at some of the popular and relatively new ways of having a presence online through the use of websites such as MySpace and YouTube, as well taking a look at the opportunities offered by the online 'alternative life' community known as Second Life.

While globalisation is thought of more in terms of economics, the Internet has led to the emergence of a more socially oriented aspect: the ability for people to communicate and form relationships with people and groups they may never meet in real life. This is part of a trend referred to as Web 2.0, and describes free online services delivered through a web browser, such as social networks in which users blog and share photos and other media¹. The social networking site is an online place where a user can create a profile and build a personal network that connects him or her to other people. In the past five years, such sites have rocketed from a niche activity into a phenomenon that engages tens of millions of internet users (Lenhart and Madden 2007). But as in the case with any new technological advance, we should also consider the implications of online social networking on friendship as we currently understand it, as well as our current notions of privacy, authenticity, community, and identity and this will be discussed further.

While they vary in how they are set up, in detail and in function, most of the social networking sites work on the same premise, in that they allow a person to use a virtual environment to create a social presence, make connections, communicate or make friends with those sharing common interests or goals. Some such as Second Life (as I will discuss below), take it a step further and offer much more than social networking in their 'life as we wish it was' virtual environment.

What is MySpace?

MySpace, a website created so that people could communicate easily with their networks of friends or family, also functions as an online community in which people invite their friends to meet each others' friends online. While some MySpace profiles allow for meeting strangers, the most popular way to use it is to communicate within a private community, which is based on a restricted 'invitation only' model, though some people will make their profile and information public. This online community could be likened a little to a gated housing community, which only allows invited guests through the entrance. In a similar way the person with the MySpace page has to grant permission to others to view their page and communicate with them. The typical MySpace page contains photos and videos, the user's favourite music tracks, links as to friends, a blog and information such as 'my favourite TV shows' and 'my favourite music artists', providing what they describe as a free and simple way to keep in contact with friends both near and far. Newman (2007) MySpace also has a myriad of different special interest groups such as pets, music, health, etc and as such has something to offer for most interests.

Statistically it has been reported that MySpace is starting to change its demographic from predominantly young users, so that more than half of the MySpace visitors are now 35 and older (Comscore 2006). However other research disputes this, describing teenagers and young adults as continuing to be the most frequent users of these sites (Nyland, Marvez, Beck 2007). I also found this to be the case, with my MySpace in search in older age brackets (e.g. women 40 – 50), revealing there were an inordinate amount of teenage girls appearing with ages 40 plus next to their names, which makes me think those statistics may be skewed by the fact that teenagers are careless about filling in online forms.

And really if you think about it, it takes time and effort to upload new songs, make links to friends and drop in every day to 'blog'. It is highly probable that adults with a career or family are less likely to invest their already scarce time in those types of activities. However, as a recent post on the 'forevergeek' website pointed out, (Racoma 2006), some young professionals are utilising these sites for more than "friend collection" - they use them as professional networking opportunities to get leads for business deals, look for jobs or promote their own businesses and this can make sense given the opportunity for contact-making to span continents. A recent online article from Melbourne IT (Richardson 2007) advises that to get the most out of a social networking service (from a business perspective) you should:

- Ensure you create the online profile for your business, brand or service using company logos, colour and content.
- Promote your social networking site by adding links to it on your website and vice-versa.
- Actively invite current customers or potential customers as a 'friend'.
- Join online groups that are relevant to your business and post useful, free information for the users of these forums. If you are helpful enough, your social networking credibility should grow substantially as a result.

The aspect of linking to friends is highly prized by young adults and my teenage son and his friends are a good example (in fact the collection of a high number of 'friends' is a definite preoccupation for some). They all have MySpace pages and have made links to each other. Each person in turn has then invited their friends to link their friends via the MySpace network and whenever one of them meets someone new or has a new boyfriend or girlfriend, they and their new friend's network is invited in. This means when you go to my son's MySpace, there are pictures of all his friends, and his friend's friends and links to their MySpace sites – yet he may well not have met or communicated with some of them at all. Where in the 'old days' we might have gone to a nightclub and exchanged phone numbers on scraps of paper with a new acquaintance, when my son and his friends go out to a pub or nightclub, they exchange MySpace addresses (and email or MSN addresses) and then those people's pictures and information appear on his page and his information appears on theirs. It is a bit of a '6 degrees of separation' type of affair and

The social networking site is an online place where a user can create a profile and build a personal network that connects him or her to other people.

¹ Web 1.0 on the other hand is generally used to describe the first decade or so of the web's existence which concentrated on commercial and information based activities.

Online Social Networking: It's all Just Geek to Me (Continued)

people actively try for as many links to other people as possible, rating and cataloguing them as they go. Anecdotally, people in my son's age bracket use the instant messenger service on MySpace as much, if not more than an instant messaging service such as MSN messenger.

There is no fee for being a member and the user simply has to sign up and create a profile where they describe themselves, their hobbies, interests, musical tastes (or if it is for professional networking their business, their professional profile etc), and then they invite others to join their personal online network. Senator Hillary Clinton has official pages on social networking sites MySpace, LiveJournal and Facebook, as has Democratic rival Senator Barack Obama. Aside from knowing what people are up to online, you might also consider setting up a MySpace to advertise your services and start linking to other practitioners or affiliates. If you do this you need to ensure you check your site regularly, as people may 'message' you, leave requests to link or leave comments (and it is polite to respond quickly, keeping in mind your reply can be read by anyone online). You can visit the site at www.myspace.com.

Facebook

Facebook at www.facebook.com is probably the second most popular social community website and bills itself as 'a social utility that connects you with the people around you'. Where it differs to similar sites such as MySpace is that it is designed more so for those that already know each other in the real world and the emphasis is not so much on making links to friends of friends or strangers. It was based on an American university yearbook, called a 'face book', that had pictures of all those that had attended in particular years. In keeping with this ethos of contacting those you already know, most people use their real names and identities when on this site. The leader of the Federal Opposition Kevin Rudd even has a page in Facebook as has ex-American president Bill Clinton.

What is YouTube?

Anyone with an Internet connection can now be a movie star, rock star or 'adult entertainer', thanks to the free video streaming website, YouTube. While it has been around for awhile, its entry into mainstream culture is evident when whole television programs are constructed based on its content, current affairs shows spruik how it is a marvellous way for girls to get modelling exposure, and our Prime Minister John Howard uses it to broadcast his climate change policy. YouTube allows a person to create and broadcast their own video messages and all that is needed is a basic web-cam or a digital camcorder. There are an amazing array of videos available, with many clips from movies and TV shows as well as portions of instructional videos ranging from chess moves to how to do a shimmy on a pole for would be pole-dancers. Without too much effort spent searching, I came across a multitude of videos made by young women in their bedrooms or homes that involved dancing, not much clothing and singing or lip-synching into a computer microphone. YouTube requires you to sign up if you wish to view adult material but has no charges for using any of its features. Go to

www.YouTube.com and either click on one of the featured clips on the homepage, click the 'video' link to see a selection of the most watched videos or do a search by clicking into the easy to use search box. My current favourite is the 'Mange du Kebab' song; a video clip about making and eating kebabs by a group of guys who work in a kebab shop in Paris. As a result of posting this they got a recording contract with EMI².

Second Life

As if having the one life to deal with is not enough, people can join 'Second Life', a three-dimensional online environment where members (known as residents); can do practically anything in a global virtual community which boasts itself as close to 4 million members from around the world, (though skeptics say this figure would be far lower if continued use as opposed to 'one try only' was to be counted). It is an interesting concept: using web technology it is possible for a very large number of people to gather and interact in what is described as a visually rich and responsive virtual space. If you want to replicate, alter or reinvent your life, lifestyle or very being, with an Internet connection and plenty of time to sit in front of your computer, the opportunity is there to create a customised 'second' life online. By joining Second Life, it is possible to live an alternate virtual life in which you choose who you want to be, how you look and the ability to sell, buy or build what you want. Artists use it as a place to showcase their work, people who are unable to buy land on earth can build a virtual real estate empire, and entrepreneurs can start the businesses they've always dreamt about. Hate your hair, body or face? – well use your Second Life currency known as Linden dollars to buy a new online self, known as an avatar.

Many global retailers and tertiary institutions have identified the Second Life concept as important enough that they have invested in creating virtual presences in Second Life, including organisations such as Amazon, Sony, BMW, Reebok and Nissan. With the rush to be part of this world, the cynic would ask what the return on investment has actually been, if any. Some real life problems have surfaced on Second Life, with The Nissan Second Life virtual building 'bombed' online recently and Intelligence agencies such as the CIA regularly monitor the Second Life environment for virtual terrorist training and recruitment. According to recent media reports five Jihad groups have in fact already been identified operating there.

If you are a Second Life newbie, the first step to getting started after logging onto their website is to choose a name; first names are up to you but you can only choose from an offered range of surnames. After filling in some registration details you get to choose how you will look online (i.e. your avatar). Avatar choice is limited if you are joining for free to a set range of looks – e.g. 'girl next door', 'night club girl' etc. and of course wandering around with one of these looks clearly shows your status as a newcomer. To personalise how you appear you will need to acquire some Linden dollars, which you are given as a

² Type 'Mange du Kebab' in the search box to see it or use this link <http://www.youtube.com/watch?v=TCBsqYOZzPM>.

By joining Second Life, it is possible to live an alternate virtual life in which you choose who you want to be, how you look and the ability to sell, buy or build what you want.

monthly stipend if you join as a premium member, or you can earn by starting to do some business in this world. Once registration is finished you need to download their software, called the 'Second Life client' and you are off. While this all sounds very straight forward it requires time sitting in front of the computer, manipulating your cursor around the screen to 'visit' shops, discos and bars. Running into others or having conversations relies on them being logged on and in the same space as you, so you need to be present at your computer in order to do any of this. Given that others may not be present in the same areas at the same time as you are, it is possible to feel you are largely alone, as a result some people report their experience on Second Life as aimless, boring and uninteresting.

Those who are regulars say that interacting and conversing with other citizens in this world is very similar to hooking up with friends on the web in chat rooms or forums. The major difference is that you can 'see them' as their online avatars, as opposed to just a screen name, and Second Lifers feel this boosts the potential for communication. What is different however, is that unlike other virtual communication spaces, you can also 'see' the avatars of other people going about their 'day' in Second Life, even if you are not communicating with them. Compared to web forums and chat rooms where people go because they share something in common (e.g. quilting or motocross), Second Life offers the opportunity of coming into contact with people from a wide cross section of society in a way that real life could not facilitate and this really boosts the potential of meeting different people. However the pre-occupation with 'adult activity' is so prevalent that the company recently created an alternative Teen Second Life site with strict rules against sexual content. 'Doing things' in SL requires some technical ability to do a type of programming known as scripting which is based on Java programming language (or having the money to pay someone to do it for you), so those who are not familiar with writing computer code or do not wish to learn it are limited to in what is accessible to them in terms of what they can do when they get there³.

Basic account membership is free and includes access to events, shopping, building, basic scripting, so that you can begin to participate in Second Life. However if you want to engage in commerce you need to upgrade to what is known as a 'Premium Second Life Account', starts at US\$9.95 a month. This allows users to own land on which they can build, display, entertain and live. People actually need to make money online (in Second Life they are called Linden dollars as mentioned above), as this allows them to furnish their homes, start businesses and purchase and upgrade their avatars. Giving yourself a nice avatar (your presence and representation) also takes money, as you may need to purchase designer online clothes or pay someone to redesign your face. For example, I may be a 75 year old grandfather but I wish to look like a 30 year old handsome man with sparkly eyes and big biceps, so my required avatar has

to be created, designed and clothed – and for this I need Linden dollars. How the virtual money turns into real currency is that the Residents who have amassed lots of Linden dollars are matched with residents who want to buy Linden Dollars at LindeX (the official Linden Dollar exchange), or at other unaffiliated third-party exchanges. 300 Linden dollars can be exchanged for one US dollar.

Despite Second Life being referred to as a game, those who are involved in it would dispute this, as the nature of this community means that people need to spend a large amount of time and effort into maintaining their online life in order to make it successful and basically take it seriously. Anecdotally, there are people in Second Life who run their entire lives there and make it their sole source of income, while others run SL businesses that generate income and build lifestyles that are not possible in the real world. For example, there would be nothing to stop a person setting up as a counsellor in Second Life and charging their clients Linden dollars for sessions and then converting these to real currency.

While acknowledging the potential for communication in SL, others such as myself are genuinely mystified that there are people out there who can actually find the time to replicate an entire life in a virtual environment such as Second Life and continue to be functioning in the real world. Leisure time is scarce, and if the choice was to log into SL, sit in a virtual bar having a virtual beer with someone portraying themselves as a bouncing ball or as a parody of cartoon character 'Jessica Rabbit' versus sitting in my local Italian having a glass of wine with my husband and son, I know which I would choose. But if any of this interests you, there is a plethora of information available at www.seconddlife.com that you can read before taking a tour or joining, or you can combine a YouTube and Second Life experience by going to YouTube and watching a video someone took of the American Newt Ginrich giving a lecture in Second Life, in which you also get to view some of the participants and their various avatars. <http://www.youtube.com/watch?v=FOpOZ3Y9eD0&feature=dir>

Self-Portraiture by Pixels

While they vary in intent and audience, I would have to agree with Newman's assessment that when it comes down to it, for many people these sites function simply for 'the conspicuous consumption of intimate details and images of one's own and others' (Newman 2007, p.6). And despite the valiant attempts of those with online spaces to stand out by showcasing their own lives - 'look at my huge list of friends, my very cool CD collection, and get an update on my current mood, while I tell you what I ate for lunch and where I'm going on Friday night,' (with in some cases scant consideration for personal privacy or safety); the world of online social networking is homogenous in the way all those participating are committed to creating maximum self-exposure. And as was mentioned earlier, all this takes time and effort away from school, family, community in the real world. In fact, Roberts, Foehr & Rideout (2005 in Nyland 2007) raised concerns that the use of social networking sites was creating situations where the busy young lives of youth were becoming what they

Anecdotally, there are people in Second Life who run their entire lives there and make it their sole source of income, while others run SL businesses that generate income and build lifestyles that are not possible in the real world.

³ For example if you are unfamiliar with the programming language you are largely limited to moving your avatar. You need to know about scripting so you can make an object do things like move, listen, talk, operate as a vehicle or weapon, change colour, size or shape.

Online Social Networking: It's all Just Geek to Me (Continued)

term 'media saturated', with many teens feeling a pressure to create and maintain an online identity that had become what they term a 'cultural requirement', whether the teen really wants to be involved or not.

Where to from here?

Experts in the field of social networking are divided in how they see technology's role in maintaining those networks. Some such as knowledge management specialist Wendy Flannery worry about the potential for increased isolation that the illusion of community, friendship and kinship the virtual environment provides when it removes people from the messy reality of having a face to face coffee, or chatting for an hour on the phone with a real person. A recent study by Zhao (2006) has found that while the majority of email users tend to communicate online with people whom they also contact offline, social network users tend to communicate with some of their social contacts exclusively online. Katz & Rice (2002) estimated that somewhere between 14% to 26% of Internet users have online friends they have never met or spoken to in person. This makes me think about what we define as 'friendship'. When a person is only a friend online does this even count in the definition of what we commonly understand to mean a friend, or has the time come to redefine friendship to include the MySpace use of friend as a verb, such as 'can I friend you?' The use of the word 'friend' on these

type of sites to describe someone you have hyperlinked to but never shared a drink with (to my mind) seems to demean the concept of friendship. Rosen (2007, p 10) actually describes this 'impulse to collect' as many MySpace 'friends' as possible not as a need for companionship, but as a need for status.

Dr. Andrew Rixon, an Australian communication and social network theory specialist, believes there are good reasons to consider the alternatives that technology is providing so we may engage, nurture and encourage our own and others' social networks. He cites research which shows the importance of social networks for protective effects against Alzheimer's disease (Nichols 2006), improved quality of life and recovery for cancer patients (Goodwin & Samit 1991), maintenance of psychological well-being, (Kawachi & Berkman 2001) and greater resistance to upper respiratory illness (Cohen et al 2003).

However as Ms. Flannery commented, while the geographically isolated or the ill may have higher needs for an online social network, a social network also needs to be considered in terms of face to face and real time contact, without an over-reliance on technology to facilitate or maintain it. Brigham Young University (USA) recently surveyed 184 users of social networking sites and found that heavy users 'feel less socially involved with the community around them'

A recent study has found that while the majority of email users tend to communicate online with people whom they also contact offline, social network users tend to communicate with some of their social contacts exclusively online.

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(Nyland et al 2007, p. 5). And while a new study by Hardie & Tee (2007) found that those who are introverted, socially anxious or emotionally lonely are more likely to describe receiving support from online networks than average users, this may not be as promising as it sounds. Living a large portion of life online so that a significant portion of social and interpersonal gratification comes from the social contact made and kept online, is considered to describe one of the categories of Internet addiction (Widyanto & McMurrin, 2004; Young 1996; 1998).

If like me you are shaking your head at the thought that some people are sitting in front of a computer screen and getting excited because a sexy avatar gave them a virtual bunch of flowers, but wouldn't consider going to a singles night at the local hall because that is 'too nerdy', well I think you are probably not alone. I have seen teenagers sitting in the dark on a Saturday night messaging other teenagers who exist as 'friends' only via a MySpace page and defending this as having a perfectly acceptable social life and personally, well that bothers me. My own son who when I began this article a few months ago loved MySpace is now complaining about the amount of time it takes to constantly respond to messages and check his space and wishes he didn't have it, but feels he has to remain active on the site or his friends will think he is 'slack' or worse that he has no friends.

While it is certainly wonderful to open your heart and mind to the global commons of the world, the Internet and environments such as Second Life and MySpace may well mislead people into believing they are part of a group or community, while they are sitting in solitude for hours at a time and creating an imbalance they are completely unaware of. It will be interesting to see how the regular use of these type of sites will affect social behaviour and relationship formation for the children and young adults who are growing up using these tools on a daily basis.

The Internet is the first major medium of communication that allows people to establish social contacts outside a face-to-face context as well as enabling the maintenance of existing ties formed in person. While the time to stand back and look at the Internet with awe is over, how it is changing the way we interact and what this means for both on and offline relationships and social networks should now be rigorously investigated, particularly as the phenomenon of social networking is relatively new and so few published studies exist on this topic.

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With thanks for their valuable input:

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Wendy Flannery, CAVAL Collaborative Solutions
Alex Lewis, young adult MySpace user

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Donna Meyer, a grandmother from New York, and her avatar

As published in the The Economist article 'Living a Second Life' details above.

ACA

The Internet and environments such as Second Life and MySpace may well mislead people into believing they are part of a group or community, while they are sitting in solitude for hours at a time and creating an imbalance they are completely unaware of.

PEER REVIEWED ARTICLE:

Patient Getting Into Shape: A Clinical Case Study

By Dr John Barletta

When his daughter gave birth, Mikey took leave from work for several months so he could be the stay-at-home grandad.

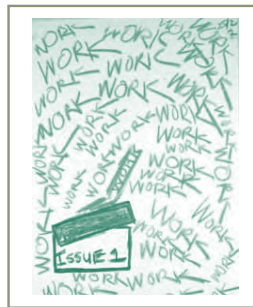
Mikey is a great mate, a fellow therapist of sorts, who became involved more in management tasks and less with face-to-face therapy. I say he is a colleague of sorts as his domain is school counselling, as was also my foray from school teacher into therapeutic work. As such, I know many mental health professionals do not consider school counsellors on the same rung, or even same ladder, as themselves who might be similarly trained. Somehow the developmental nature of counselling work in the school context is considered undemanding. As a school counsellor, perhaps because of misplaced confidence, I viewed myself as equal to any graduate-level practitioner who might disparage my role or status. I am aware of the reality and structure of the professional pecking-order and now perpetuate it in my roles as a senior academic and Clinical Psychologist.

Meeting him for the first time, you would think Mikey was going through a midlife crisis. But this term overlooks the history of the antisocial behaviours he exhibits; Mikey put on the gloves as a young man. When he encountered someone, whether it be for the first or fifty-first time, he would push them to prove themselves as a person, a professional, a worthy adversary. Mikey the combatant, the eternal antagonist. A pain in the arse but surprisingly worth the effort if one could keep their ego and pride in check. Now in his late-40's, Mikey's youngest daughter became pregnant to a high school flame who had no intention or potential to be any sort of

father to the soon-to-be grandchild. I remember when Mikey told us boys at the Normanby pub that Tundra was pregnant; everyone held their breath and time froze. This is where we expected Mikey to make some pronouncement he was going rip apart the horny little bastard who impregnated his cherished child. A child who was just sixteen and clearly knew about the erotic. After the very brief and uncomfortable questions mates typically ask following news of this sort; about keeping the child, ruling out adoption and seeking support from the boy; it became patently obvious becoming a grandad was okay by Mikey. In fact, as it worked out, it has been his saviour.

When his daughter gave birth, Mikey took leave from work for several months so he could be the stay-at-home grandad. When the time arrived for breastfeeding, he took the infant to the school so it could receive nourishment just as God had planned. His daughter finishing the final year of high school was always on the agenda and the school administrators were accommodating. How could they not be? They knew Mikey! Although a man taking his grandchild to his daughter for feeding seemed a little unusual in some respect, in other ways there was nothing more wholesome to see a man live up to his fatherly duty. As Mikey was not the most attentive husband or father in the first era of his life, this was his redemption. What he did not get right before, he was going to get perfect now. He did a great job. Do not misunderstand, Mikey was still challenging in his

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belligerence but now had a humorous delivery which showed he knew what was going on, but cared less about making a point at every trivial juncture. He is reminiscent of Sicilian motorists who mischievously trumpet the horn on their Vespa, not in a particularly menacing way, but as a friendly caution. Tundra delivering Mikey a grandchild rekindled his sensitivity and maturity; teachers and lessons materialise in varying guises.

Back to Mikey's shift from his therapist role to a quasi-administrative one. Mikey never really saw what he did as a school counsellor as worthy or additive. His cynicism and generic pissed-off-edness clouded his view of his effectiveness and potency. School guidance was perfect for Mikey as it was a well-paid, holiday-ridden, cushy job with more kudos than a class teacher and with less of the constancy of the attention required. At his age moving into a management role was fine by him and inevitable in an education system that rewarded extended service in this way. I can not help but think now he has what it takes to be an authentic and successful therapist. He has been pushed, stood firm and thrived; now was his time to be a helper.

In spite of Mikey routinely giving me a hard time about my exorbitant professional fees and his long-held belief that my patients are just different forms of the same neurotic, he telephoned to see if I would take a referral of the daughter of a trusted colleague. He called first because over the years I had made it

clear to friends and colleagues I was seldom seeing younger people in my practice, unless it was in family therapy, for medico-legal referrals or court-ordered work, all of which pay well. A colleague once remarked it was common for therapists over forty to cease seeing anyone who had not finished university, or at least, was not in a committed relationship or paid employment. My reluctance at seeing younger people rests with my experience in the first decade of my career. I taught, assessed, guided and counselled a generation of mildly interested youth who rarely sought much of what I was trained to do. More to the point, as a senior academic with an sophisticated vocabulary and a keen eye for the intricacies of complex relationships, what I had to offer was best served to fretful professionals in need of symptom interpretation, emotional holding and superior problem-solving. I was wasted working with kids. The omniscience that sheltered a sense of inadequacy lingered.

"How old is this daughter of your friend? Twenty-three. Sure I'll see her. Whose daughter is she? Zoë Hewitt's, why is that name familiar? She's the state paediatric services coordinator? Fuck, another expert whose family's in tatters! I probably recall her name from the time she was president of the counselling association. She's a heavyweight and wants to talk with me about her daughter before I see her; fine. A nice person, okay Mikey, no problem, I'll look after her. Hey thanks for the referral, appreciated. Catch ya for drinks next Friday." I hung up the telephone astonished at Mikey's vote of confidence in me.

I have some resistance talking to patients over the phone as it is little more than platitudes I can offer, and when it is the concerned paying other on the line it is imperative to avoid promises and conveying a second-rate impression. Additionally, this was Mikey's first referral to me. Either he currently knew no one else who might be suitable or, heaven forbid, he was showing trust in me and the therapeutic endeavour to which I had dedicated my vocational life. Whatever the reason, I was to work with someone who was very special to an important friend of Mikey. This made it especially important to me.

When I had half an hour between patients I called Zoë. Always important to impress the person shelling out. She initially reminded me we had met at a conference dinner, although she hastened to add she would understand if I did not remember her and that she enjoyed my amusing president's address. I politely mentioned her name was certainly very familiar to me but alas I did not remember her, but would be pleased to see her pride and joy. She was delighted somebody of my calibre would be helping her Carrie. I am always flattered and sceptical of such inanity but appreciate from where it emanates. What else do you say to the person with whom your progeny will launder the family delicacies? I thanked her for the confidence and information about her daughter's withdrawal from university and

I have some resistance talking to patients over the phone as it is little more than platitudes I can offer, and when it is the concerned paying other on the line it is imperative to avoid promises and conveying a second-rate impression.

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Patient Getting Into Shape: A Clinical Case Study (Continued)

career confusion and I did have a provider number with her private health insurance fund. I mentioned my current practice day was Thursday and Carrie herself would need to call my office to seek an appointment time that was convenient for her. Carrie lived in the family home two hours from the city, hence I additionally suggested a mid-day appointment might be considered which would allow her to avoid the city's rush hours prior to, and leaving, sessions. I like being practical.

Carrie arrived at all but one of her sessions clad in aerobic tights, sweatshirt and pricey training shoes. I often imagined a post-workout perspirative haze trailing from her body as it glided down the corridor to my consulting room. But Carrie never emitted a unpleasant scent, as my modestly-sized therapy room would have revealed it without delay. She kept her hair in an adolescent ponytail looking every part an energetic adolescent, more youthful than her recent 23rd birthday would attest. She was in shape and pretty. Not classic beauty in the sense of Vogue, more a teen magazine presenting the latest complement of talent newly discovered in the suburban mall. Carrie was the eldest of three daughters whose professional parents wanted nothing other than the best for her, and in spite of her attempts to become independent, she scuttled back to the family home when things got tough. She was yet to work out if she could be an adult as that would mean riding out the tough stuff solo. At her very high-priced, prestigious co-ed Anglican school, her mother's alma mater in fact, she shone. Her excellence was spectacular. Academic dux of her final year. Awards for exemplary involvement in cultural activities. Honoured for humanitarian service to the community. Fantastic friends who were now midway through degrees in pharmacy, accounting, medicine and speech pathology who ostensibly remained tight and supportive. If the school had a voice to publicly proclaim its admiration for Carrie, it would have declared; "The girl most likely to succeed, marry well, change the world and be deliriously happy." So why did this beacon end up in session with me? How was it that at this time she would have simply whispered; "I'm the girl who is adrift and indecisive, not alone yet very isolated."

Fortunately I never had to play Twenty Questions with Carrie, as was often the case with younger patients or those whose significant other spoke to me before the first meeting. She was as delightfully open, reflective and insightful as any of my preferred post-35 professional regulars. Although she was in the final stage of dual degrees in economics-law, this was the last field she wanted to pursue as a career. Lectures were coma-inducingly boring, mind numbing in rote-style presentation and filled with countless upstarts she detested. She was not like other private school snobs doing law who regaled in telling all and sundry they were set on a stunning career in international law or were going to take the financial sector by storm. Carrie was modest; maybe too much so. She was in therapy because she now finally knew what she wanted to do in her life but changing degrees and plans at this point would have disappointed everyone. Everyone except her. She was living a lie, wanted it to stop and needed to get her life back. She wanted to understand who she was, how she ended up in a

dead-end and what she had to do to believe her life was worth living.

As Carrie became dissatisfied with studies she became less satisfied with herself. She was not attractive enough. Not sufficiently thin. Shameful of her body. Unworthy of others' admiration. Undeserving of the academic accolades she received. Embarrassed at her plight. Despondent. Suicidal. But she knew this phase and the associated affect was transitory. Thankfully.

Zoë Hewitt simply thought her daughter needed basic career guidance. She was concerned her daughter was simply losing direction with her studies, was petrified she would leave university completely and train to become "just a fitness instructor." This isn't what she wanted for the family trophy. She had no real idea of the reality of the precariousness of the situation in which Carrie was placed. The daughter of a high profile medical heavyweight who I never remembered meeting.

What Carrie desired was to be studying a course she enjoyed, discover a sense of the future that fit, experience a lift in mood and feel more genuinely connected to herself and others. With the existential anxiety she was experiencing, she had developed poor eating habits which included alternating between binging without purging and starving, to the point where she developed amenorrhea five months ago. She had also not stepped on the bathroom scales for longer than she cared to recall for fear of being too heavy. Carrie was tired of crying without reason, had become socially withdrawn whereby she did not initiate social contact, was scared to stay over at a friend's house and was so despondent the only way she implemented control in her life was by exercising at 15 gym sessions a week. Her friends were the endorphins delivered by freestyle and high impact aerobics, pump classes, weights, Pilates, yoga, jogging and exercise bike. To ensure her privacy with newfound neuro-chemical friends, she joined two fitness centres so no one at either centre would know the extent of her attachment; her compulsion. Carrie knew how to cover her trail. She had to become a master in deception to save face. Image was everything.

Given the duration of her amenorrhea and unwillingness to visit her parents' family doctor, I arranged referrals to a GP friend and a dietician. Interviews and tests revealed her general health and organ functioning were all within the normal range. No clinical issue appeared to contribute to, or result from, her sporadic eating, excessive exercise and heightened anxiety. She was a lucky girl. It is prudent to have a medico rule out anything grave for patients experiencing physiological symptoms comorbidly with psychological distress. I err on the side of caution.

Carrie never dated in high school. She had never had a boyfriend in spite of twenty-four first dates since commencing university. The process was formulaic. A guy would see her in a social or academic setting, flirt a lot, beseech her for her mobile number and an outing would be arranged within a week. At every first date she would comport herself like the bitch she wasn't to drive away the suitor. If a reputation circulated about her rude aloofness no one should be astonished. Why was she compelled to behave so poorly? Because she was terrified if a relationship

It is prudent to have a medico rule out anything grave for patients experiencing physiological symptoms comorbidly with psychological distress.

started, the guy would want to put his arm around her and it would become apparent she was fat. Her 45 kilogram (my estimation) athletic frame would let her down. She did not want to be touched, caressed or seen naked so she became an expert in sabotage to avoid intimacy and suppress passion. Dates would never develop into anything past the initial rendezvous. She had never been kissed. Her unrealistic self-appraisal and deprecating position meant Carrie was highly internally conflicted. Anxiety was a constant companion that never delivered her to a doctor who might have seized on her as a case for medication. She needed emotional care not psychopharmacology.

When Mikey told me Zoë was a heavyweight I appreciated the enormous role the head of paediatric services for the health department would entail. So too I learned her father, a specialist maxillofacial surgeon, was a heavyweight; literally. Both in the extreme obese class! Two doctors unhealthy and unsightly. Carrie's uncontrollable exercise was also associated with wanting to avoid replicating their sins. She had to be thin and fit. Physical exercise was the only area of her life where she had implemented control outside of her parents, yet ironically, was now experiencing difficulty regulating her exhilarating fitness regime.

I struggled to understand Carrie's ignorance of her corporal attractiveness and lack of knowledge of how interesting she was; what did this family and society do to ensure she was not confident? How is it that they are not aware they fuck them up? Who cares? At the conclusion of an early session, my frustration got the better of me and I wanted to, needed to, challenge some of her harsh self-perceptions. Clearly I could not tell her she was nice-looking and incessantly likeable. Instead I inately offered; "It isn't my job to tell you how attractive you might be, but my hope is that as you can somehow accurately appraise your appearance and friendliness." I ended by commenting if she needed to come back I would be pleased to see her. These felt like fitting and positive comments.

From the first thirty seconds in the subsequent session I knew something was very wrong with the bond we had forged. I could smell it and I take satisfaction in addressing a rupture in the alliance. So a discussion ensued about what she was experiencing, what I might have done. Carrie felt so miserable and discouraged after our last session. She left feeling alone and unable to be helped. She said my remark about her appearance minimised her problems, saying "I wish that's all it would take, someone to tell me how pretty I was and my problems would be over. It's not that easy John. I know I'm attractive but I don't feel it!" Now we were really talking. She was making therapy work. Carrie had been provoked and was finding her articulate voice. Nothing like me stuffing up for her to satisfy her goal to grow in the confidence she so desperately needed. *Mea maxima culpa*. She added I had also ended the session as though I thought she was improved and didn't need to see me again. How wrong could I be? She needed me more than ever given this was her first time in therapy and she was doing so well. Explaining my leaving patients to initiate subsequent sessions is less about my dubious appraisal of whether they needed additional therapy but more about giving them the

freedom and power to initiate contact, after some space, privacy and reflection.

I used to resist suggesting or compelling patients to set subsequent appointments at the conclusion of a session unless there was an extreme level of psychological distress or indeed if ambivalence itself is the issue. She was now telling me loud and clear she was in need and I had missed it. How could we be so intimate but fail to notice so much? An apology and detailed explanation helped her understand how I operate, restored her faith in me and my belief in her progress and strength.

She had felt so appalling she wondered if life was worth it. She was in a hole, a pit with barely visible light. Now we were turning another treacherous corner. Travelling fast on a straight road is easy; cornering is the challenge. Exploring how she endured and what she did to get through the tough times revealed no stratagem more sophisticated than crying in her room and avoiding everyone. Given her social and familial isolation and unwillingness to disclose to others concerned me. I made a pact with her to phone me, even on my after-hours number, if she ever felt that way again. She said she would not call as she did not want to inconvenience or burden me.

I plucked a business card from the diminutive white ceramic tray between the obligatory box of tissues and requisite water jug on the side-table. I showed her my mobile telephone number was on my card for good reason and she could rest assured it would not be an intrusion to touch base if she experienced such despair and disaffection. I did not want her to once more feel abandoned and misunderstood by the single person who was getting closer than even she had imagined possible. As I was encouraging her to phone when necessary, my right hand gradually and unconsciously lifted to a position that implored her to swear an allegiance to the contract I was offering. Equally unexpectedly as my hand rose, she gave me a high-five, clutched my hand momentarily in a demonstrative grasp and beamed; she was back, I was with her and she knew it.

Being a good person meant always doing what teachers, parents and friends expected. Be polite. Work hard. Study law. Take care. Dress well. Have respect. Everything except be yourself; until now. To break away from these expectations, which is what she had to do, meant risks. We worked swiftly and it was intoxicating. I liked Carrie because she made therapy easy. I could see in her eyes when she was contemplating her circumstances or considering my contributions. I would ask her instantaneously what was going on for her and she told me honestly. She was a great customer. Ready, willing and exceedingly able.

Carrie thought the confused and overwhelmed feelings she had been experiencing meant she was going insane. She had been inculcated with a perfectionistic and competitive approach to the world. A method that no longer worked. This meant she had sought to be the best at all she did and the approval of others at every turn was critical. Now she didn't need to be the best at everything all the time. She was worth more than that. She wanted to get balance. Self-understanding and the therapeutic relationship grew. Momentum gathered whose impact she needed to

From the first thirty seconds in the subsequent session I knew something was very wrong with the bond we had forged.

Patient Getting Into Shape: A Clinical Case Study (Continued)

maximise. First she had to make some changes that would signal to her, and others, she was asserting herself as an adult responsible for choices.

She completed the vital paperwork and collected the academic's signatures she needed to eliminate the enrolment in her law degree, which at this stage was merely a formality as she had, unbeknownst to others, avoided most law classes for the last few semesters. We agreed this step would bring with it directly informing parents and friends she was no longer the exalted law student. She had to establish her independence and set boundaries. We prepared and practised the speech. "Mum and Dad, I love you both very much and appreciate everything you have done for me over the years as it has made me the decent person I am. I know you are both anxious that I have a good career and even appreciate your nagging as an expression of your concern for me, but I need to start making decisions for myself. I have dropped my law degree as that is something I never wanted to do, but I will finish the economics degree as it isn't so bad and will be useful. I have decided to pursue the fitness instructor's certificate as I really enjoy my gym work and think for now this could be my career. I might even do physiotherapy at some point down the track." One deception nullified, more to go.

She was staggered and delighted everyone to whom she reported her new academic and vocational status was more concerned with her being happy than they were concerned she was jumping ship mid scholastic voyage. Carrie was learning her fears and anxieties were misplaced. Others did not want her live their dreams, they prayed for her to find and live her own aspirations. Now she heard and trusted they simply wanted for her what she had always wanted for herself.

Next she cancelled membership at her least favourite gym where she had sought solace for so long. She needed to get her life back and spending more time with pumped-up strangers, muscle-toning apparatus and exhilarating endorphins than people important to her, was not doing her any favours. As with the speech she delivered to her family and friends when she dropped out of law, she also practised the content, delivery and responses she would need to escape in good grace from the people in the fitness centre that assuaged her pain. Role-playing was essential and she was an enthusiastic scholar. When reclaiming control was the goal, Carrie needed to be insulated from feeling like a failure. Objectively appraised, she seldom had been a failure but certainly felt like one, and now that she needed to build success it was imperative there was victory at every turn.

At the sixth session she proudly announced her menstrual cycle had restored. Carrie was regaining herself. Her period returning was a healthy marker of progress. It is intriguing the range of ways success can be measured in therapy. An interesting related development for Carrie and a tangential curiosity for me, was that her mother, who had never asked Carrie specifically about what we spoke of in therapy, decided to seek therapy for herself. The best I could imagine was that Zoë was impressed by the confidence and contentment Carrie had regained that she wanted to explore this endeavour and the

possibilities for herself. Good for you Zoë.

When initially meeting Carrie she informed me that before her mother arranged for her to consult me, she had already organised Carrie to see a psychiatrist. Zoë's professional background was telling her that those medically qualified can be useful for every human ailment. The highly regarded psychiatrist her mother had made an appointment for her to see had a waiting list of four months. Lucky him; unlucky patients. During our time together, Carrie finally made the visit. She reported that after a lengthy, comprehensive and intrusive interview, the psychiatrist spent the remaining session time sharing proud stories of his daughter's successful studies and career, a daughter who incidentally had been one of Carrie's classmates. Carrie was duly unimpressed and unhelped. Voluntarily she told me the psychiatrist's plans for her; a popular antidepressant medication and some cognitive-behaviour therapy. When queried about her desire for either of these prescriptions, she stood resolved and politely rejected the recommendations. She would stay with the therapy she found beneficial. Although she visited the psychiatrist to satisfy her mother, she rejected the treatment to gratify herself. She was in control and modestly enjoying it.

During the course of her therapy Carrie severed many of the ropes that bound her. She gained a career direction, established herself as an adult in her family and with friends, tried new activities, gained enormous insight and ultimately felt like a real person for the first time. Although Carrie never dated for the months in therapy, which in all probability was good, she did get herself into shape that would enable her to embark on a relationship without worrying unduly about undermining herself. Carrie was not flawless but she was certainly perfect for what she wanted to do.

Note: As always, I am enormously indebted to those who consult me and privilege me with their stories. As you would expect, the names and identifying details are fictitious.

Dr John Barletta Ph.D. MAPS, a practicing Counselling/Clinical Psychologist (Grange, QLD), is Senior Lecturer and Clinical Practicum Supervisor, School of Psychology, Australian Catholic University (www.johnbarletta.com).

ACA

Mum and Dad, I love you both very much and appreciate everything you have done for me over the years as it has made me the decent person I am. I know you are both anxious that I have a good career and even appreciate your nagging as an expression of your concern for me, but I need to start making decisions for myself.



23 October 2007

MEDIA RELEASE

MHCA welcomes Coalition Commitment to Establish Australian National Council on Mental Health.

The MHCA today welcomed the commitment made by the Coalition to establish the Australian National Council on Mental Health (ANCMH).

The MHCA believes the proposed ANCMH may offer a new way for the independent expertise of consumers, carers, community organisations, researchers and others from the health and social welfare fields to directly influence decision-making by governments and promote better accountability in the mental health system across Australia.

Expert input into government decision making has been a key issue for the MHCA over recent years and is reflected in previous calls for the establishment of a mental health commission. Having a specific expert body directly engaged in all government decision making relating to mental health would be a real benefit to the whole community.

Indications are that the proposed ANCMH will have a pivotal internal advisory function, along the lines of the Australian National Council on Drugs, with a significant role to directly and confidentially provide the Prime Minister and government Ministers with independent, expert advice on all matters related to mental health.

The Coalition has provided unprecedented financial support and leadership to address mental illness in Australia through the COAG process.

This announcement is further evidence of their commitment to engaging with expertise from the mental health other sectors to improving the lives of Australians with mental illness. The cooperation of these fields is vital to the comprehensiveness of Australia's policy response to mental illness in our community.

The MHCA will continue to represent the interests of its 55 national and state peak member organisations, and will maintain a vital role as an advocate for positive changes, both to governments and the broader community. The MHCA would also work closely with the ANCMH to ensure high quality, independent advice is available to governments and decision-makers.

Media Contact: Simon Tatz on 02 6285 3100 or 0402 613 745

The Mental Health Council of Australia is the independent, national representative body of the mental health sector in Australia.
Ph:(02) 6285 3100 Fax:(02) 6285 2166 E-mail: admin@mhca.org.au www.mhca.org.au

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
Patricia Newton	Dee Why	02 9982 9988	supervisor Training Certificate	\$100	Face to Face & Group
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
Erica Ptiman	Bathurst	02 6332 9498	Supervisor Training Ad Dip Appl Science	\$80	Face to Face & Phone
Robert Scherf	Tamworth	(02) 6762 1783 0403 602 094	Registered Psychologist	\$120	Face to Face, Group
Samantha Jones	Lindfield	02 9416 6277	Clinical Hypnotherapist, Supervisor Trng	\$90 Ind, \$40 Grp	Face to Face, Group (2 hrs)
Lidy Seysener	Mona Vale	02 9997 8518	Cet Couns & Psychotherapy Prof Sup (ACCS), Masters NLP	\$150	Face to Face, Phone, Group
Sarah McMahan	West Penant Hills	0414 768 575	BA (Psych); PG Dip Psych) COA of Supervision (CCC)	\$100	Face to Face, Phone, Group
Irene Colville	North Manly	0439 905 499	BA, Psychology, Hypnotherapy, Supervisor	\$90 Ind, \$35 Grp	Face to Face, Phone, Group
Brigitte Madeiski	Penrith	02 4727 7499	Dip Prof. Couns. Dip Womens Dev, Dip PSC, Superv. Trg (AIPC)	Neg.	Face to Face, Phone, Group
Sue Edwards	Alexandria	0413 668 759	Dip Prof Couns, Supervisor Trg (ACCS), CMCCA, CPC, Dip Bus Admin, Cert Train & Asses.	\$88	Face to Face, Phone, Group
Patricia Catley	NSW	02 9606 4390	Dip Couns., Dip . Cl. Hypno, Supervisor, Mentor, EN NLP	\$90	Face to Face
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
Nora Huppert	Sydney	02 9181 3918	Family Therapist	Neg.	Face to Face, Phone, Group
Dr Randolph Bowers	West Armidale	02 6771 2152	PhD., Med Couns. CPNLP,GCHE, BA,CPC, CMACA, RSACA	\$80	Face to Face, Phone, Group
Jacqueline Segal	Wisemans Ferry	02 4566 4614	MA Applied Science, Supervisor Trg (AIPC)	\$80	Face to Face, Phone, Group
Michelle Dickson	Crows Nest	02 9850 8093 or 0408 230 557	BA.(Hons), PDDip.Ed.(Adult), PGDip.(Child Dev.), Clin.Sup.	\$100 Ind \$80 Grp Stu. Dis	Face to Face, Phone, Group & Email
Karen Daniel	Turrumurra	02 9449 7121	Expressive Therapies & Sandplay Therapy, Supervisor. Training., (ACCS)	\$120 / 2hr Session	Face to Face
Rod McLure	Bondi Junction	02 9387 7752	Supervisor Training (ACCS), Psychotherapist	\$110	Face to Face, Phone, Group
Jan Wernej	Caringbah	0411 083 694	M.A., Applied Science, Supervisor	\$100	Face to Face, Phone, Group
Brian Edwards	Forresters Beach	0412 912 288	B. Couns UNE, Dip Counselling	\$65	Face to Face, Phone, Group
Brian Lamb	Hamilton	02 4940 2000	B Couns, Supervisor Training	\$88	Face to Face, Phone, Group
Roy Dorahy	Hamilton	02 4933 4209	Supervisor Training	\$88	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
Carol Farnell	North Maclean	0410 410 456	B Psych (H), B Bch Sc	\$100	Face to Face, Phone, Group
Bruce Lander	Fitzgibbon	(07) 4946 2992 0437 007 950	Bach Theology	\$75	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
Philip Armstrong	Grange	07 3356 4937	B. Couns., Dip Psych, SOA Supervision (Rel Aust)	\$88 Ind \$25 Grp	Face to Face, Phone, Group
Bob Pedersen	Hervey Bay	0409 940 764	Dip. Pro.Couns., Dip. Chr. Couns.	Neg.	Face to Face, Phone, Group
Gwenda Logan	Kallangur	0438 448 949	MA Couns., B. Soc Sc., IV Cert Workpl Ass & Trng, JP (C/Dec)	\$100	Face to Face, Phone, Group
Boyo Barter	Wynnum & Coorparoo	0421 575 446	MA Mental Health, Post Grad Soc Wk, BA Wk, Gestalt	\$80	Face to Face, Phone, Group
Beverly Howarth	Mitchelton	07 3876 2100	Dip Prof. Healing Science, CIL Practitioner	\$120	Face to Face, Phone, Group
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
Dr John Barletta	Grange	0413 831 946	QLD Psych Board Accreditation, Grad Dip Couns.	\$100	Face to Face, Phone, Group
Stacey Lloyd	Brisbane South	07 3420 4127 or 0414 644 650	MA (Couns), BA (Psych), Dip.Bus (Mngt), Cert IV Trng & Asst	\$90	Face to Face, Phone, Group
Lorraine Hagaman	Bridgeman Downs	0413 800 090	M.A., Social Science, B. Bud Comm., Supervisor	\$85	Face to Face, Phone, Group
Wendy Campbell	Eumundi	07 5456 7000 or 0437 559 500	Registered Psychologist	\$80	Face to Face
Yildiz Sethi	Hamilton	07 3862 2093	B.Ed. Grad Dip Couns, Dip Hypnotherapy, NLP Pract. Prof. Sup. (ACCS), Family Constellation, Brief Therapist, Educator ACAP, LP Pract.	\$80 Ind, \$25 ea Grp	Face to Face, Phone, Group

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
VICTORIA					
Deborah Cameron	Albert Park	(03) 9893 9422 0438 831 690	M.Couns (Monash), SOA Supervisor Training, M Spec Ed (Spnds) (Deakin) B.A/ (S.Sc) (Deakin)	\$99	Face to Face, Phone, Group
Claire Sargent	Canterbury	0409 438 514	BA Hons Psychologist	\$110	Face to Face, Phone, Group
Veronika Basa	Chelsea	03 9772 1940	BA Dip Ed., MA Prel Ling., Dip Prof Coun., Supervisor Trng	\$80 Ind, \$25 Grp	Face to Face, Phone, Group
Miguel Barreiro	Croydon	03 9723 1441	BBSc (Hon) Psychologist	\$90	Face to Face, Phone, Group
Sandra Brown	Frankston	03 9783 3222 or 0413 332 675	B. Ed Stud (Mon), Dip Prof. Couns., Dip Clin. Hyp, Prof. Sup (NALAG & ACCS)	\$77	Face to Face, Phone, Group
Carol Hardy	Highett	03 9558 3980	Dip App Science (Couns) Grad Cert Bereavement Cert IV Asst & W/place Training & Adv Dip SO Therapy, Prof supervisor	\$75	Face to Face, Phone
Michael Woolsey	Seaford	03 9786 8006)	Registered ACA supervisor	\$80	Face to Face, Phone
Geoffrey Groube	Heathmont	03 8717 6953	Dip. Prof. Couns., Prof. Supervisor Trg (AIPC)	\$75	Face to Face, Phone, Group
Gayle Higgins	Heidelberg	03 9499 9312	Dip Prof Couns., Cert. Dysfun Fam Couns., Prof Super Trg	\$70	Face to Face, Phone
Molly 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. Superv. Trg. (HAD)	\$70	Face to Face, Phone
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
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
Barbara Matheson	Hallam	03 9703 2920	Dip. Appl Sc (Couns.) AAI, Prof. Sup (ACCS)	\$66 Ind, \$25 Grp	Face to Face, Phone, Group
SOUTH AUSTRALIA					
Kerry Cavanagh	Adelaide	08 8221 6066	B.A. (Hons), M. App. Psych.	\$120	Face to Face, Phone
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
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
Maurice Benfredi	Glenelg South	08 8110 1222	Grad Dip Hlth Couns, Dip Counselling and Comm, Advanced Dip Appl Soc Sc	\$90	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
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
Lillian Wolfinger	Yokine	08 9345 0387	Professional Supervision	\$60	Face to Face, Phone
Beverley Abel	Scarborough	08 9341 7981 0402 902 264	Registered Psychologist	\$110	Face to Face
Deidre Nye	Gosnells	08 9490 2278 0409 901 351	Supervisor Training	\$80	Face to Face, Phone, Group
John Dallimore	Fremantle	0437 087 119	COA of Supervision (CCC) B. Couns B. Appl. Psych	\$90	Face to Face, Phone, Group
TASMANIA					
David Hayden	Howrah	0417 581 699	Dip. Prof. Couns. Prof. Sup (AIPC)	\$80	Face to Face, Phone, Group
NORTHERN TERRITORY					
Rian Rombouts	Parap	08 8981 8030	Dip Mental Health, Dip Clin Hypno, Supervisor Trg	\$88	Face to Face, Phone
Margaret Lambert	Brinkin	08 8945 9588 0414 459 585	Grad Dip Psych B Bch Sc (Hons)	\$80 ind \$120 group	Face to Face, Phone, Group
SINGAPORE					
Hoong Wee Min	Singapore	65 9624 5885	MA Social Science, Supervisor Trng	\$100	Face to Face & Group



Personality style and chocolate craving

Fact Sheet

WHAT THIS FACT SHEET COVERS:

- Findings of a Black Dog Institute study that links chocolate craving and personality style in people with depression.

INTRODUCTION

People who crave chocolate when they're depressed are more likely to have certain personality styles than others. A Black Dog Institute web-based study has found that depressed people who rate high on personality styles of 'irritability' and 'rejection sensitivity' crave chocolate and use it to sooth anxiety, stress and depression.

KEY POINTS TO REMEMBER:

The research, published in the October 2007 issue of the *British Journal of Psychiatry*, investigated the self-reported benefits of eating chocolate during a depressive episode, and whether there was a link between personality type and craving chocolate to alleviate symptoms.

Nearly 3000 people who reported having clinical depression completed a survey via the Black Dog Institute website. Their average age was 40 and more than 70 per cent were women. More than 54 per cent reported food cravings when depressed and 45 percent specifically craved chocolate (nearly 51 percent of the women and almost 31 per cent of the men).

Those who said chocolate improved their depressed mood were also more likely to find it significantly reduced their anxiety and irritability as well.

Temperament and personality questionnaire scores showed the chocolate cravers had significantly higher average scores on irritability, rejection sensitivity, anxious worrying, self-criticism and self-focus – the five personality dimensions associated with 'emotional dysregulation'. By contrast, a correlation was not found in personality dimensions of

perfectionism, nor in scales that measure introversion and extraversion.

Further analysis showed that irritability and rejection sensitivity were the only two significant predictors of chocolate craving. However, chocolate cravers had higher scores for appetite increase, weight gain, rejection sensitivity, over sleeping, and limbs feeling heavy like lead – all symptoms associated with so-called 'atypical depression'.

Professor Gordon Parker, Executive Director of the Black Dog Institute and co-author of the study, said the most intriguing finding was the specific link between chocolate craving and personality style.

"The results suggest that people with certain personality styles crave chocolate, not only when they're depressed, but also when they are anxious and irritable and that eating chocolate improves their mood," Professor Parker said.

"Chocolate does not have benefits in those who are extraverts, introverts or perfectionists."

"About 15 per cent of the population have the personality styles associated with 'emotional dysregulation'. That is, their limbic cortex, the brain circuitry that regulates our response to a threat, whether consciously or unconsciously perceived, is more active - always on the alert." Professor Parker explained that for these people, chocolate appears to have a calming effect on that heightened state of readiness, and the emotional responses that go with it.

"It seems chocolate cravings may reflect biological mechanisms for soothing personality-based emotional states that lead to anxiety, irritability and depression," he said.

WHERE TO GET MORE INFORMATION

British Journal of Psychiatry (2007), 191, 06-33746/1-2
<http://www.blackdoginstitute.org.au/media/newdesk/index.cfm>

Black Dog Institute

Hospital Road, Prince of Wales Hospital, Randwick NSW 2031

(02) 9382 4530 / (02) 9382 4523

www.blackdoginstitute.org.au

Email: blackdog@unsw.edu.au

Internet and Computer Resources

Compiled by Dr. Angela Lewis



The seemingly endless ways of how to communicate, get your message out there and meet new people online can be confusing. Originally I had decided to look at social communities in my column,

(think MySpace, Facebook, etc), however there is so much to it, it appears as a full article in this issue

A New Offering from Google

Well those folk at Google just keep coming up with new stuff - the latest (and I have to say I just love it) - is 'Google Maps', an interactive easy to use map and direction service. Go to www.google.com and then click the link marked 'Maps'. This gives you access to a mapping and directions tool that is simply foolproof to use. You can click on an area and then continue clicking to drill further and further down until you are looking at a Melways type of map, or you can click the **Satellite** link to get an picture of the area otherwise click **Hybrid** to get a satellite picture with street names marked. The **directions** link gives you directions from one place to another and if you click '**Find Businesses**', you can fill in 'what' and 'where', e.g. hairdresser in Glenelg and get a listing of the businesses you are after in a flash. Truly easy and truly fabulous - go have some fun with it!

Automatically Numbered Lists in Word

While some people don't mind the automatic numbering Microsoft Word does with lists, others hate it. It occurs when you start typing a list and Word thinks it might help you along and put in a new number each time you press enter. If you want Word to stop doing this, the easiest thing to do is press the backspace key the minute you get automatic numbering you don't want. One press removes the number and another press removes the tab indent that occurs when numbering is started. Once you have done that you can go back to pressing the enter key and not getting any automatic numbering.

What Do Page Errors Mean on the Internet?

Sometimes when you to to a website address you may get the error message 'done, but with errors on the page'. It is nothing to worry about and simply means that the person who designed this webpage made some type of error when creating it or didn't take into account that many different web browsers may be viewing it. From a user point of view there is nothing that you can do about it and equally you should not worry about it.

I found an interesting site (last week, last month, yesterday), however when I go back to it, it doesn't seem to exist, even if I search for it - why is this?

This unfortunately happens all the time. The site you found many have closed, be temporarily off-line due to computer failure, or because the owner of the site is working on it, or may even have been removed for good.

Embedding YouTube Videos

If anyone is enthused by the idea of incorporating videos from YouTube or other video sites, the generic directions follow:

1. Go to the site where you can see the video (I am using YouTube for this example). You need to locate something called HTML code, and you will see this as soon as you locate the video page in YouTube.
2. Once you're on the video page, look to the right of the video you want to use and under the video description, you will see a field called Embed. Some sites have the simple plain English words such as 'Put This Video on Your Page'.
3. Select this HTML code (or click the words if they are available) and choose copy or press CTRL & C for the keyboard command for copy.
4. Move to your own site where you want to put the video and paste it. (Note - for some of you this means opening FrontPage if your webpage was written in that, or Dreamweaver if you made your web in that - if you don't understand how to alter your webpage, take it to your friendly master person and get them to do it).

Setting up or Maintaining Your Own Webpage

Most people do not have the skills to put up their own webpage or to maintain it. I use a fantastic person in Melbourne who does everything at a very reasonable hourly rate, doesn't speak computer mumbo jumbo and won't talk you into spending money you don't need. Once your web is up and you want to update it, or add to it you simply email her and she does it for you, collating the time spent until it is worth billing in hours. Contact Wendy at wendyf@aapt.net.au and look at the latest version of my website to see her work.

Face Blindness

Face Blindness is a fairly rare neurological condition in which sufferer's are either unable to remember faces or have an impaired ability to do so. Given the psychological problems this may cause suffers, the link below may be useful for learning more about the condition.

<http://www.disabilityresources.org/FACE-BLIND.html>

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.

AngelaLewis@optusnet.com.au

ACA

From a user point of view there is nothing that you can do about it and equally you should not worry about it.

Counselling Australia's Contributor's Guide for 2007/08

Counselling Australia is now calling for articles and papers for publication in 2008. Counselling Australia is a peer reviewed professional journal that is registered and indexed with the National Library (ISSN 1445-5285). Counselling Australia is designed to inform and discuss relevant industry issues for practicing counsellors, students, and members of the Australian Counselling Association. **Note publishing dates:** The journal is published quarterly every March, June, September and December.

Counselling Australia has an editorial board of experienced practitioners, trainers and specialists. Articles are invited to be peer reviewed and refereed or assessed for appropriateness by the editor for publishing. Non-editorial staff may assess articles if the subject is of a nature as to require a specialist's opinion.

Editorial Policy

Counselling Australia is committed to valuing the different theories and practices of counsellors. We hope to encourage readers to submit articles and papers to encourage discussion and debate within the industry. Through contributions we hope to give contributors an opportunity to be published and foster Australian content. To provide information to readers that will help them to improve their own professional development and practice. Promote to readers the Australian Counselling Association and its commitment to raising the professional profile and status of Counsellors in Australia.

Articles for peer review (refereed).

- ☆ Submitted with a covering page requesting a peer review.
- ☆ The body of the paper must not identify the author
- ☆ Two assessors who will advise the editor on the articles appropriateness for publication will read refereed articles.
- ☆ Articles may be returned for rewording, clarification for correcting prior to being accepted.
- ☆ Attach a separate page noting your name experience, qualifications and contact details.
- ☆ Articles are to contain between 1500 and 4000 words in length.
- ☆ Articles are to be submitted in MS Word format via email or floppy disk.
- ☆ Articles are to be single-spaced and with minimal formatting.

Exposure

- ☆ CA is electronically mailed to over 7000 email addresses and posted in hard copy to 4000 subscribers.
- ☆ CA is also posted on the ACA web site home page which receives on average 300,000 hits per month with the journal being the 3rd most popular page.

Conditions

- ☆ References are required to support argument and should be listed alphabetically.
- ☆ Case studies must have a signed agreement by the client attached to the article for permission for publication. Clients must not be identifiable in the article
- ☆ The author must seek permission to quote from, or reproduce, copyright material from other sources and acknowledge this in the article.
- ☆ All articles are subject to our editing process and all authors will be advised of any necessary changes and sent a copy prior to the proofing of the journal for publication.
- ☆ Authors are to notify the editor if their article has been published prior to submission to Counselling Australia.
- ☆ Only original articles that have not been published elsewhere will be peer reviewed.
- ☆ Counselling Australia accepts no responsibility for the content of articles, manuscripts, photographs, artwork, or illustrations for unsolicited articles.

Deadline

Deadline for articles and reviewed articles is the 1st of February, May, August and November. The sooner articles and papers are submitted the more likely they are to be published in the next cycle.

ACA

Counselling Australia is committed to valuing the different theories and practices of counsellors. We hope to encourage readers to submit articles and papers to encourage discussion and debate within the industry.

COUNSELLING AUSTRALIA

Australian Counselling Association Journal



ACA Advertising Booking Form / Invoice

Exposure: CA is electronically mailed to over 7000 email addresses and posted in hard copy to 4000 subscribers. CA is also posted on the ACA web site home page which receives on average 300,000 hits per month with the journal being the 3rd most popular page.

Please return to the ACA: P.O. Box 88
Grange Qld 4051
Fax (07) 3356 4709

prior to the 1st of the previous month for the Counselling Australia Journal or the 1st of each relevant month for the Email of the Month.

Contact: _____
Company: _____
Address: _____ P/Code _____
Phone: _____ Mobile: _____ Email: _____

Display Rates and Sizes

Code	Ad Size	Dimensions	Cost
A8	One eighth page	50mm wide x 80mm high	\$125.00
A4H	Quarter page	80mm wide x 110mm high	\$185.00
A2H	Half page	170mm wide x 110mm high	\$325.00
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Passion and Commitment in Counsellors: What Difference Does It Make? By Brian Sullivan PhD

*This is an excerpt from a chapter entitled "The Effective Counsellor" from a new book called **Counsellors and Counselling: A New Conversation** by ACA member Dr. Brian Sullivan. The book is published by Pearson Education [ISBN 9780733986659] and is due for release on 24/12/2007).*

Counselling can be a stressful and emotionally demanding and draining occupation. Burnout, compassion fatigue and vicarious trauma may at different times in a counsellor's career be occupational hazards. While this may be so, there is something that can keep counsellors energised and enthused by their practice and not burned out or drained by it. It has been called 'passionate commitment' (Dlugos and Friedlander, 2001; Miller, 2007) and has been defined as: that which helps a counsellor thrive and grow in their work, despite hardships and obstacles (both personal and environmental); and that which gives a counsellor a sense of balance and harmony in their life. Passionate commitment in a counsellor may actually help to invigorate and energise others in the workplace and their work with clients.

In a qualitative study by Dlugos and Friedlander (2001), and later replicated and extended by Miller (2007), the 'behavioral, existential, interpersonal, and personality' characteristics of passionately committed psychotherapists were identified (Dlugos and Friedlander, 2001, p. 299). The rationale behind this was to 'shed light on lifestyle features that might guide present and future psychotherapists to achieve a measure of optimal career development' (p. 299). Miller extended this rationale to include: identification of relevant strategies that counsellors could nurture in themselves; characteristics that managers should seek when hiring counsellors; and skills counsellor education programs could develop in counselling students (2007). The results of this research are important for those who wish to care for themselves (and those who wish to care for their employees) while caring for others. These factors will go a long way to helping counsellors enjoy personal and career satisfaction while keeping them 'well tuned and well oiled' in their work with their clients. They would be important for organisations and agencies that employ counsellors to understand as well so they may support their counsellors in their work.

These factors may in fact maintain and increase workplace health and

safety for practitioners. Dlugos and Friedlander identified four themes and Miller found similar themes also and included two additional themes:

1. Balance between work and non-work
2. Adaptiveness/openness
3. Transcendence
4. Intentional learning
5. Goodness of fit
6. Supportive beliefs

I will briefly elaborate on each of these factors and develop some ideas and strategies for counsellors to consider for their well-being in the workplace:

Balance between work and non-work

It is important for their well-being that counsellors attend to their nonprofessional life. Workaholics are not good role models here. Boundaries need to be maintained between work and personal and family life. Also, a passion outside of work is important—a non-professional activity to maintain balance and personal expression outside of the counselling room. It is important also to have a number of work roles instead of doing the same thing with the same clients, day in and day out, which can lead to staleness and stagnation. To diversify counsellors' roles consider running workshops, developing programs, researching, consulting and supervising as other options within the workplace that can sharpen counsellors' creativity and enhance professional development.

Adaptiveness and Openness

Passionately committed counsellors are resilient. They see obstacles and difficulties as challenges and respond with creativity and adaptiveness. Counsellors who are non-defensive are open to supervision and feedback. In fact they seek it out and are hungry for it. Supervision from senior counsellors and from peers is indispensable for counsellors' professional growth and development. Counsellors should regularly ask their clients for feedback and heed what they hear. They should be open to their own growth and seek personal counselling if there is some intrapersonal issue on which they need to work.

Transcendence

Passionately committed counsellors believe that counselling has 'extraordinary significance' (Miller, 2007, p. 175). Counselling does have life-enhancing implications for individuals and profoundly affects their present lives and their futures. A client's sense of purpose and meaning may emerge through the counselling encounter. Existentially, this can deeply affect a person's identity, lifestyle and relationships. As Nancy McWilliams has stated, our work can be seriously counter-cultural (2005). Counselling has social and communal implications and responsibilities as well. Counselling can be a force for social justice and human rights in our society. There is a real sense of purpose and significance in the passionately committed counsellor. For many people, counselling may be that 'candle' lit in the darkness of their lives.

Intentional Learning

Personal and professional growth are important for the passionately committed counsellor. In fact the personal is the professional. There is a fascination with learning and development. Passionately committed counsellors seek out opportunities for learning: workshops, conferences, further training, personal development courses and so on. Importantly, the counselling work itself is perceived as a great source of learning.

Counsellors, when confronted with their own inadequacies and failures, have a rich mine of material for self-awareness and personal growth readily available. There is not an end point reached with passionately committed counsellors, because they are

Counsellors should regularly ask their clients for feedback and heed what they hear. They should be open to their own growth and seek personal counselling if there is some intrapersonal issue on which they need to work.

always open to new learning, new growth and ongoing critical reflection on their work.

Goodness of Fit

Passionately committed counsellors find themselves energised by their work with clients. There is a natural fit for them with this work. There is a strong motivation for them to do this work as it is 'who they are', an innate part of their being and identity. They find it an honour and a privilege to be invited into clients' lives and experiences. Passionately committed counsellors believe that this is the work they should be doing. Overall, this work brings passionately committed counsellors great joy and deep satisfaction. This role is not a 'persona' that they externally assume, or a role they play, but it is who they really are.

Supportive Beliefs

Passionately committed counsellors do not view the work of counselling as overly stressful. The way they think about their work may make their work easier and less burdensome. There is an optimism in working with clients, where the clients' strengths are acknowledged and a collaborative and equal relationship with the client nurtured. These beliefs in client strengths and in the equality of the client-counsellor relationship seem to create a source of joy and hope in their work. When these

characteristics are taken together, they suggest that passionately committed counsellors 'experience personal autonomy while maintaining meaningful relationships in their work, balancing roles and responsibilities, and being open to new ideas and learning' (Dlugos and Friedlander, 2001, p. 303). While this line of research has not yet drawn the conclusion that passionately committed counsellors are necessarily more effective than 'lukewarm' or disgruntled and dissatisfied counsellors, practice wisdom and experience would strongly suggest that the conclusion is a fair bet. Certainly, the research of Wiggins and Weslander (1979) has shown that highly effective counsellors do report greater job satisfaction than do less effective counsellors. So it is eminently reasonable to assume, as others have done, that part of what makes someone an effective counsellor will be a passionate belief in and commitment to what they are doing in counselling (Helm, 2004; McWilliams, 2005). When considering the type of students we admit to our counselling programs, the characteristics of passionately committed counsellors should be a useful guide in the selection of candidates.

Conclusion

As passionately committed counsellors, our noble vocation (Skovholt and Jennings, 2005), if I may use that word with all its connotations, is: to understand; to help; to speak the truth; to make a meaningful

There is an optimism in working with clients, where the clients' strengths are acknowledged and a collaborative and equal relationship with the client nurtured.



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Passion and Commitment in Counsellors: What Difference Does It Make? (Continued)

connection with our clients that fosters their sense of agency, their capacity for enjoyment and mastery, and their ability to tolerate grief and limitation, whether or not their behaviour is unconventional and inconvenient according to ordinary cultural norms (McWilliams, 2005, p. 140).

This work is not for everyone. So counsellor educators need to ensure that it is for those who embark on the journey of becoming counsellors. Supervisors need to work with their supervisees to ensure those who are practising are being true to and growing in that vocation, elegantly enunciated above. This of course is for the good of our clients, both present and future. In that intersubjective space between counsellor and client, where their subjectivities 'embrace', the outcome for the client is an emerging reality constituted by and including (among other things) the therapeutic relationship, the client's motivation and hope and the resources both bring to this meeting, and is not reducible to any single component of the interaction (Stolorow, 2000; Williams, 2003).

Yet client outcome is not the only emerging reality in this encounter. Both counsellor and client are never the same (one way or another) after the encounter. Questions can be asked of both parties. Questions such: What have you learned? What will you do differently? How has this experience of relationship 'touched' you? How have you grown and changed? How will this deeply human encounter confirm or change your respective world views? Your attitudes? Your beliefs and values? Your knowledge of self and the other? For the sake of our clients, I believe more counsellors should ask these questions of themselves, and their supervisors would do well to do the same. While the counselling conditions and the personal qualities of the counsellor are obviously therapeutic, they are not the only factors that contribute to change. Other factors are the personal qualities of the counsellor and their technical skills, mediated through the therapeutic relationship, and the client, who brings their personal qualities, as well as motivation, attitude, beliefs, resources and strengths to bear in the relationship. This complex algorithm is where outcomes for the client are stimulated and activated and lead to therapeutic change and growth. We cannot neglect or ignore the client's contribution to producing change. So while counselling is effective, it is largely because the counsellor and client work together, collaborating interactively for change and growth (Bergin, 1997; Hill, 2005).

For the sake of our clients, I believe more counsellors should ask these questions of themselves, and their supervisors would do well to do the same.

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Private Practice with Ken Warren

Ken Warren runs a successful counselling practice on the Sunshine Coast (Qld). He specialises in mentoring counsellors throughout Australia to succeed in private practice. Download a copy of his free e-book on private practice through www.kenwarren.com.au



REMEMBER THE FOLLOW-UP

Private practitioners often ask me what do they have to do to get new clients through their door. It is important to remember that the easiest business to get is repeat business – clients we have seen before. But many practitioners often fail to follow through with clients who have dropped out of counselling. We tend to think that is because they were unhappy with the service they received. According to the research, this is not true for the vast majority. People fail to represent often due to being too busy, because they felt able to continue working on their concerns by themselves, or (my favourite explanation that I have heard) that they were too upset to come to see me!

To be able to call old clients you have not seen in a little while, you first need to have the right mindset. You cannot be thinking 'I am so desperate for clients, I am hoping these clients will want to make an appointment to see me'. If you are thinking this, you will feel stressed about calling and feel rejected if they do not want to make a time to follow through. I suggest it is more helpful to give a genuine 'How are you going?' call and be genuinely interested in the response. If they are doing well, you congratulate them and let them know they can reconnect in the future if they wish. Given most of our clients are dealing with what are big concerns for them, most people tend to appreciate the call. If they are not doing well, you give them some empathy and ask if they would like to make an appointment to see you. Often, people will say that they were thinking of calling you anyway.

I aim to give a follow-up call for people I have not seen for a month or so. Ideally, it should be you who calls. But if you are too busy or too nervous, you can

always have someone else do so on your behalf. Make sure this person brings to your attention any comments made or any need to call particular clients who need to speak with you.

When I have their telephone number, I also follow through with people who have said they would like to think about whether they make an appointment to see me. When I call, I remind them of their earlier contact and say that I am just giving them a courtesy call to see if they wanted to make an appointment at this time. It is important to not get offended if they do not wish to do so, but simply to say, 'That's fine. Please feel free to reconnect if I can be of help'.

There are also the follow-ups to professionals who have referred people to see you. It could be a hand-written note of thanks which includes copies of your business cards to help with any future referrals. Or a standardized template letter which you personalize and vary from time to time. There is also nothing wrong with a simple telephone call saying 'thank you'.

People often ask me for information about me speaking at their workplace. I send this to them and about a week later call to see if they received it and to ask if they have any questions. When people ask for a specific proposal about a training program, once again, I will call, a week later, to see if they have any questions and would like to proceed. If they say it will be a month or so before a decision will be made, I make a note in my diary to give them a call around that time. When done well, following up after sending people written information does not communicate desperation, but more conveys assertiveness and confidence.

Although not all follow-ups result in ongoing business, there is a significant proportion of people who will follow through. The remainder will tend to appreciate the call, remember this, and may well recommend you to others. Consider what follow-ups you can plan to do and schedule these into your diary.

When done well, following up after sending people written information does not communicate desperation, but more conveys assertiveness and confidence.

ACA

Book Reviews

I MISS DADDY

Review by Leanne Harsh

I MISS DADDY is written with a sensitive yet straightforward style from the child's perspective with the intention of assisting a child who is experiencing the loss of a loved one to move through the grieving process. I MISS DADDY also provides a lovely base from which a parent, relative or carer of a child experiencing the loss of a loved one could open conversations to explore their experience of and reactions to the situation.

The use of photographs in the first half of the book as in a photo album or scrap book highlights the focus on shared family memories although the book still reads from the child's perspective. This is replaced at the mid point of the book with colour drawings which reinforce a shift in focus which relates to the children's memory of their Dad's death being explored as distinct from a family memory until again a photo highlights a shared event incorporating a balloon ceremony to remember their father on Father's Day before once more focusing on how the children remember their father and the colour drawings that relate to their understanding of his continuing place in the lives.

This book could provide families who have lost a loved one with a gentle yet powerful tool with which to explore their mutual sense of loss and grief and to give words to the different but no less potent reactions whilst ensuring that although a family member has died that they always have a recognised place in family history and future.

By touching on a special occasion and how the loss of a loved one can impact on the children and family at this time and sharing their families solution to this situation I MISS DADDY invites other families and their children to think differently about these occasions in ways that create inclusion of the loved one although they are no longer physically present. Providing an avenue for the family and those close to them to develop a ceremony of personal significance rather than highlighting a families difference at a time that could potentially increase a sense of loss and grief is a wonderful gift to share with others.

By Angele Sliuzas BA, Grad Dip Health Counselling, MACA, FVC

The Contact Work Primer – a concise, accessible and comprehensive introduction to Pre-Therapy and the work of Garry Prouty

Written by Sanders, P (Ed)

PCCS Books Ltd, Herefordshire U.K. ISBN-13 978 1 898059 84 4

As a school counsellor, who sometimes comes across children who are difficult to connect with, I was very interested to see what this book would have to offer; after all it covers



clients in the 'Grey Zone', clients who have learning or mental disabilities and even those with dementia.

I must say that even at first glance one can see that, for a primer, it is quite comprehensive. I must also say that as a *liber amicorum* (a book written by friends) it speaks eloquently to the skills, research and inspirational nature of the work of Garry and Jill Prouty.

So what is pre-therapy? The authors, all members of the Pre-therapy International Network, would define it as a method for bringing people back into psychological contact who are normally 'contact-impaired' due to learning disability, psychosis, dementia, terminal illness, brain damage due to illness or injury, vegetative, catatonic, autistic or other non-communicative states. It would seem to be a big ask, and yet it appears that Prouty has been able to operationalise his twenty years experience in working with such clients.

Pre-therapy, at its heart, is a person-centred and deeply respectful approach to restore the psychological contact essential to reciprocal relationship. This primer explores how this is done and the techniques that have proven useful. There are a number of case studies included in the text (these always help clarify and ground practice in my opinion).

The book is a good read and certainly inspires a reflective look at one's practice. Just how much do we rely on the client's ability to formulate and articulate their concerns? To what extent do we take note of body language (I mean we all do it, I would hope, to at least some extent but how much do we tune into it and let it guide how a session goes)? I'm not saying we all need to change our practise because of this book but it does formulate ideas that are well worth thinking about.

The contact work primer is part of a series and if the others are done as well I would have no hesitation in recommending them as well as this to all our readers.

Reviewed by Adrian Hellwig
(President CCA, MACA)

Daddy's New Family

Written by Leanne Harsh.

Once more by focusing on the child's perspective in Daddy's New Family Leanne Harsh has both simply yet clearly given space to issues that are common to children who have to come to terms not only with their parents having split up but new family members who are neither wanted or welcome in the beginning and how this can change if we allow it to.

By putting into words emotions and reactions that for a young child may be difficult to verbalise or understand Leanne has again provided a platform for conversation within a family and within a therapeutic setting to explore issues around grief and loss, unexpected change and adapting to changes that are sometimes beyond our control. All important and useful lessons for a child to understand, experience



I MISS DADDY
Review by
Leanne Harsh

**The Contact Work
Primer – a concise,
accessible and
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Garry Prouty**
Written by
Sanders, P (Ed)

**Daddy's New
Family**
Written by
Leanne Harsh.



Carers Engagement Project

The Mental Health Council of Australia (MHCA) will work with mental health carers throughout Australia in early 2008 through its Carers Engagement Project.

Aim

The aim of the Project is to:

- hear and record the real life experiences of mental health carers
- encourage carers to identify their current and future information needs
- provide a method of ongoing monitoring of carers' experiences by the MHCA

Project

MHCA will deliver workshops that will provide opportunities for family members and carers of a person with a mental illness to further develop their coping and management skills.

There will be specific workshops for carers who are Indigenous, from a culturally and linguistically diverse background, and young carers.

The Project will include 40 one-day workshops, which will provide an empowering experience where mental health carers will not only have the opportunity to share and learn but also provide the MHCA with information of relevance to advance the issue and needs of mental health carers in Australia at the national level. MHCA will use the experiences and information discussed at the workshops to advocate for better outcomes for mental health carers through the development of an annual snapshot of carers' experiences. This snapshot will be used to demonstrate over time any improvements for mental health carers as well as the areas that still need work.

In the past the MHCA has brought the issues of mental health care to national attention in such documents as the 'Out of Hospital Out of Mind' report of 2003 and the 'Not for Service' report 2005. (both available on the MHCA website available at <http://www.mhca.org.au>.)

Workshop Distribution

The MHCA will host twenty workshops for mental health carers in major urban areas, ten in regional centres and ten in more rural and remote settings. A minimum of four workshops will be held in each state and territory covering one of each of the above areas.

Participants

The MHCA invites mental health carers from all backgrounds and all areas. The wider the experience of participants the more diverse carer experiences will be heard and used in national advocacy to improve policy initiatives for carers.

Workshop Content

The four key aspects to the workshops include an opportunity to:

- legitimise and validate the experience of mental health caring
- identify key issues in mental health service provision from a carer perspective
- gain information about the role of mental health carers and available supports
- engage in monitoring and reporting the carer experience of service provision to individuals and families experiencing mental health issues

To discuss the possibility of the MHCA working with you or your local organisation to hold a workshop in your area or for any further information, please contact Linda Rosie, Project Manager, Carers Engagement Project tel: (02) 6285 3100, email: linda.rosie@MHCA.org.au (Monday to Wednesday).

Funding for this project is provided by the Australian Government Department of Families, Community Services and Indigenous Affairs.

October 2007

Book Reviews (Continued)

and live through so that they might thrive rather than rebel against.

Parents of young children who are in the midst of or contemplating the creation of a blended family would benefit enormously from having this book to read and discuss concerns, issues and thoughts with their children and also where possible the other adults involved.

By focusing again on giving expression to a child's experience of a broken family and then a newly blending one it further serves as a tool to remind parents that children often have complex and subtle reactions, thoughts and conclusions to situations that can affect their behaviour, experience and joy in life and for this reason alone it is important to explore territory that may well be challenging for the adults in question but nonetheless beneficial to strengthening family understanding and relationships.

By Angele Sliuzas BA, Grad Dip Health Counselling, MACA, FVC

"It must be my fault..."
Written by
Leanne Harsh

"It must be my fault..."

Written by Leanne Harsh

As the title suggests "It must be my fault..." explores a child's understanding of life in the family and how a child might make sense of a change such as a parent leaving the home as relating specifically to them as fits with their developmental understanding. As such this book provides a point of reference to begin a conversation exploring a child's thoughts and conclusions should they find themselves in the midst of a family where the parents are separating or divorcing. It also serves to highlight this alternative perspective to adults in the situation in again a straightforward manner that is confronting only in its simplicity rather than its clarity.



In particular I think this book would be useful to parents who are having difficulties managing a separation amicably to draw their focus on to the impact of the situation on any young children involved so that their responsibilities as a parent to a child or children can remain central to discussions to reach working arrangements. In addition to this the book itself may verbalise some of the thoughts and reactions that children can identify with more readily than they might be able to express them directly particularly if they are taking on a sense of blame or guilt. As such this book could well provide an opportunity to redress such thinking before it becomes entrenched and destructive.

As with her other books Leanne has incorporated her children's drawings which I think serve to highlight that the focus is indeed on a child's response to family separation and to send a message to children who see the book that it is okay to express their reactions and indeed their reactions are normal and can be shared and understood.

Peer review by Angele Sliuzas BA, Grad Dip Health Counselling, MACA, FVC

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CITY	DATE	MONTH	CLOSING DATES (Enrolments & Payments)
Melbourne	7 th - 10 th	April	10 th March
	4 th - 7 th	August	7 th July
	13 th - 16 th	October	15 th September
Brisbane	14 th - 17 th	April	3 rd March
	11 th - 14 th	August	14 th July
	20 th - 23 rd	October	22 nd September
Sydney	21 st - 24 th	April	17 th March
	18 th - 21 st	August	21 st July
	27 th - 30 th	October	30 th September

Course Designer:
Veronika Basa

In partnership with:

Results Training Australia,
RTO (#60098)



and
Institute of Human
Development



Promoting and Providing Quality Services in Education & Training, Counselling & Counselling Supervision

BRIDGING COURSE 2008

CITY	DATE	MONTH	CLOSING DATES (Enrolments & Payments)
Melbourne	7 th - 10 th	April	10 th March
	4 th - 7 th	August	7 th July
	13 th - 16 th	October	15 th September
Brisbane	14 th - 17 th	April	3 rd March
	11 th - 14 th	August	14 th July
	20 th - 23 rd	October	22 nd September
Sydney	21 st - 24 th	April	17 th March
	18 th - 21 st	August	21 st July
	27 th - 30 th	October	30 th September

STAFF

Education and/or training staff have minimum tertiary degree in their appropriate disciplines and/or Cert IV in TAA; and meet the national registration requirements, with many years of experience. All counsellors are clinical members of ACA.

Course Designer – Veronika Basa



Veronika is a professional educator, counsellor, registered counselling supervisor, trainer and assessor, and VET designer.

She has Masters Preliminary in Linguistics and Bachelors of Arts Degree La Trobe University Melbourne, Diploma in Education Monash University Melbourne, Diploma of Professional Counselling, Australian Institute of Professional Counsellors, and Certificate IV in TAA.

Veronika is a registered Clinical Member of the Australian Counselling Association.

She has worked with a number of Government and Non-government Organisations in the areas of Education: DEST – Commonwealth and State – Indigenous Unit – Monash University of Melbourne, Curtin University of Perth, Chisholm TAFE Institute, and Secondary Colleges; Counselling and Counselling Supervision: in Community settings and her private practice.

Within her own Organisation (BECS), she also works as a VET designer and is the course designer and developer of the (69828) Certificate IV in Counselling Supervision.

Acknowledgment

Basa Education and Counselling Services (BECS), acknowledges the provision of some of the learning materials in this course by Philip Armstrong from the Institute of Human Development.



Philip holds a Graduate Degree in Counselling (UNE), Diploma of App Sci (Counselling), Diploma of Psychology and Diploma of Child Psychology and a Statement of Attainment in Supervision from Relationships Australia.

Philip is a Fellow of the Australian Counselling Association (ACA), Associate Fellow of Australian College of Health Service Executives, founding member of the University of Notre Dame School of Counselling and Behavioural Science's External Advisory Board, and Honorary Life member of the Federation of Psychotherapists and Counsellors of Queensland Inc and a registered Supervisor.

Philip is the current CEO of ACA and Clinical Director of a 7 room counselling and psychological clinic in Grange, Brisbane. He has over 10 years experience in course development within the vocational and higher education sectors and over 6 years delivering Professional Supervision training and has also been published on this subject.

BOOKINGS AND ENQUIRIES

Basa Education & Counselling Services

Telephone: 03 9772 1940 Mobile: 0418 387 982

Email: info@becsonline.com.au

Web: www.becsonline.com.au

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Pelling, Bowers and Armstrong
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- 6 Clinical supervision
- 7 Diagnosis and treatment, some elementary considerations

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Armstrong
Establishing an Allied Health Service

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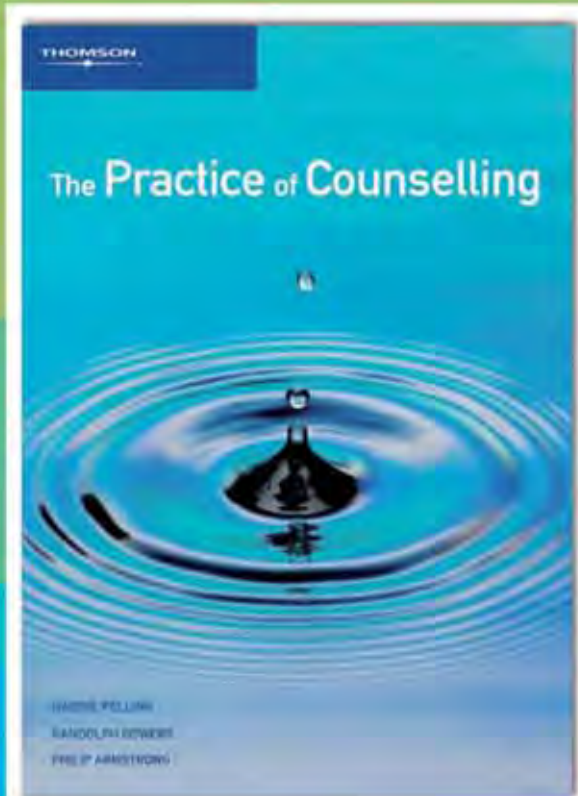


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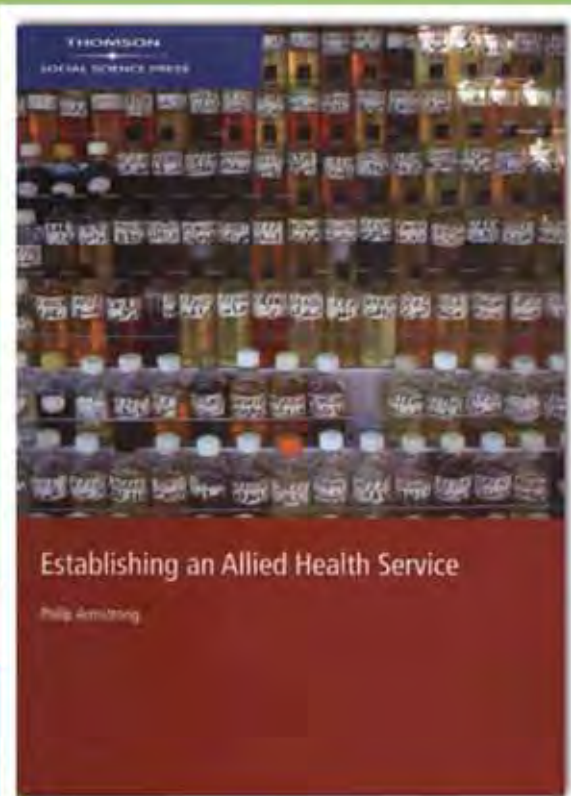


Pelling, Bowers and Armstrong
The Practice of Counselling

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'.

For on line membership information and
details about . . .

the **Association for Counsellors in
Australia**

please visit the
ACA Website

at

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



Australian Counselling Association Pty Ltd - ACN: 085 535 628

PO BOX 88
Grange QLD 4051
Thomas Street
Grange Qld 4051

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