

COUNSELLING AUSTRALIA

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**Mapping Competencies for
Entry to the Counselling
Psychotherapy Profession in
Australia**

**Toward an Integrated
Counselling Framework**

**Developmental Counselling
and Therapy: a Brain-Based
Approach to Counselling and
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Editorial

In this editorial, I will be reporting on the 2nd Asia Pacific Rim Conference, which was held in Hong Kong from 6th to 8th of July and was hosted by the Shue Yan Hong Kong University. The conference represented a partnership of the Asian Professional Counselling Association (APCA), the Asia Pacific Rim Confederation of Counselling (APRCC) and the Australian Counselling Association (ACA). The theme, "Indigenization and Multiculturalism", was most relevant to the ongoing discovery and development of alternative paradigms of counselling that bring together East and West, advancing the cooperation between neighbours in the Asia Pacific region. The three keynote speakers for the conference were Professor Catherine Sun, Dr Nancy Barron and Professor Danny Wedding. I had the pleasure of opening and closing the conference, in my role as Secretary General of APRCC.

ACA's involvement in this conference dates back to 2006, when ACA co-hosted the first International Conference on Counselling in Brisbane. It was at that conference that I met and spoke with many individuals from other counselling associations and suggested that a regional body should be developed to showcase and help develop counselling within our region. From that initial discussion, the 1st Asia Pacific Rim conference was organised for 2008 in Hong Kong and was hosted by the Polytechnic University in Kowloon. During that conference, a round-table discussion was held that involved representatives from Hong Kong, New Zealand, Australia, Korea, Singapore, Japan, China, Taiwan and Malaysia, with the then Chair of the British Association for Counselling and Psychotherapists (BACP), Dr Nicola Barden, acting as an observer. At that meeting, the APRCC was formally born and registered in Hong Kong. Professor Catherine Sun was elected as the President and I was elected as the Secretary General. It was decided that the APRCC would continue to develop counselling throughout the region using various strategies, including continued conferences.

As the title suggests, this was the second conference to come from that initial meeting. The conference was opened and closed with a show of

Chinese culture in the form of traditional dancing. There were speakers from over 15 countries, reflecting the diversity of our region. Speakers from throughout Asia, Europe, the Middle East, Canada and the USA attended. It was very exciting to see delegates and speakers come from developing countries such as Bangladesh. Shue Yan University opened its student accommodation for speakers and delegates from developing countries to offset attendance costs. The University generously accommodated and fed many speakers and some delegates at no cost. A big "thank you" must go to Shue Yan and in particular to Professor Catherine Sun for making this happen.

ACA's involvement in the conference was very broad, not only in regard to our being involved as a partner but also with many of our members attending as speakers and delegates. The ACA President, Simon Clarke, attended and carried out representative duties, with some of our other board members attending as speakers. ACA Vice President, Associate Professor Anne Moir Bussey, Chair of the Complaints Committee, Adrian Hellwig, and head of training standards, Dr Clive Jones, along with Dr Jason Dixon, all attended as speakers. They were joined by ACA members Richard Hill, Stacey Lloyd, John Dallimore (who was part of an Aboriginal contingent from WA), Gwenda Hogan, President of Queensland member association FPCQ, and Dr Jeffrey Po, all of whom presented at the conference. Another ACA regular who, although a non-member, regularly attends our conferences and also advises ACA about Family Law issues, was Michael Lynch.

The most obvious outcome of the conference was the building and/or re-establishing of friendships. One major positive outcome of many of the speakers and some delegates staying within the student accommodation block was that people established friendships very early on and this carried throughout the conference. Many of the presentations were interactive and, with many of the delegates having already established friendships, inhibitions were shed very early on. The conference closing most accurately reflected the tone of the conference, with many people coming up onto the stage after the lion dance to have



their photos taken. The stage was invaded with many happy faces and enthusiastic people several times during the closing ceremony. In 17 years of attending conferences, this was the first time I have seen such numbers do this and, to be honest, it was great and provided a definite break from attending formal ceremonies. Over the three days of the conference, an atmosphere of friendship and humanity pervaded.

The conference closed with the handing over of the banner to Dr Edward Chan, the President of the Malaysian Psychotherapy Association (MPA). Dr Chan successfully led a bid by MPA and the Borneo Tourism Board to host the 3rd conference in Sarawak in 2013. Calls for papers and workshops will be sent out later this year. I hope to see as many of you as possible in Sarawak in 2013.

Philip Armstrong
Editor

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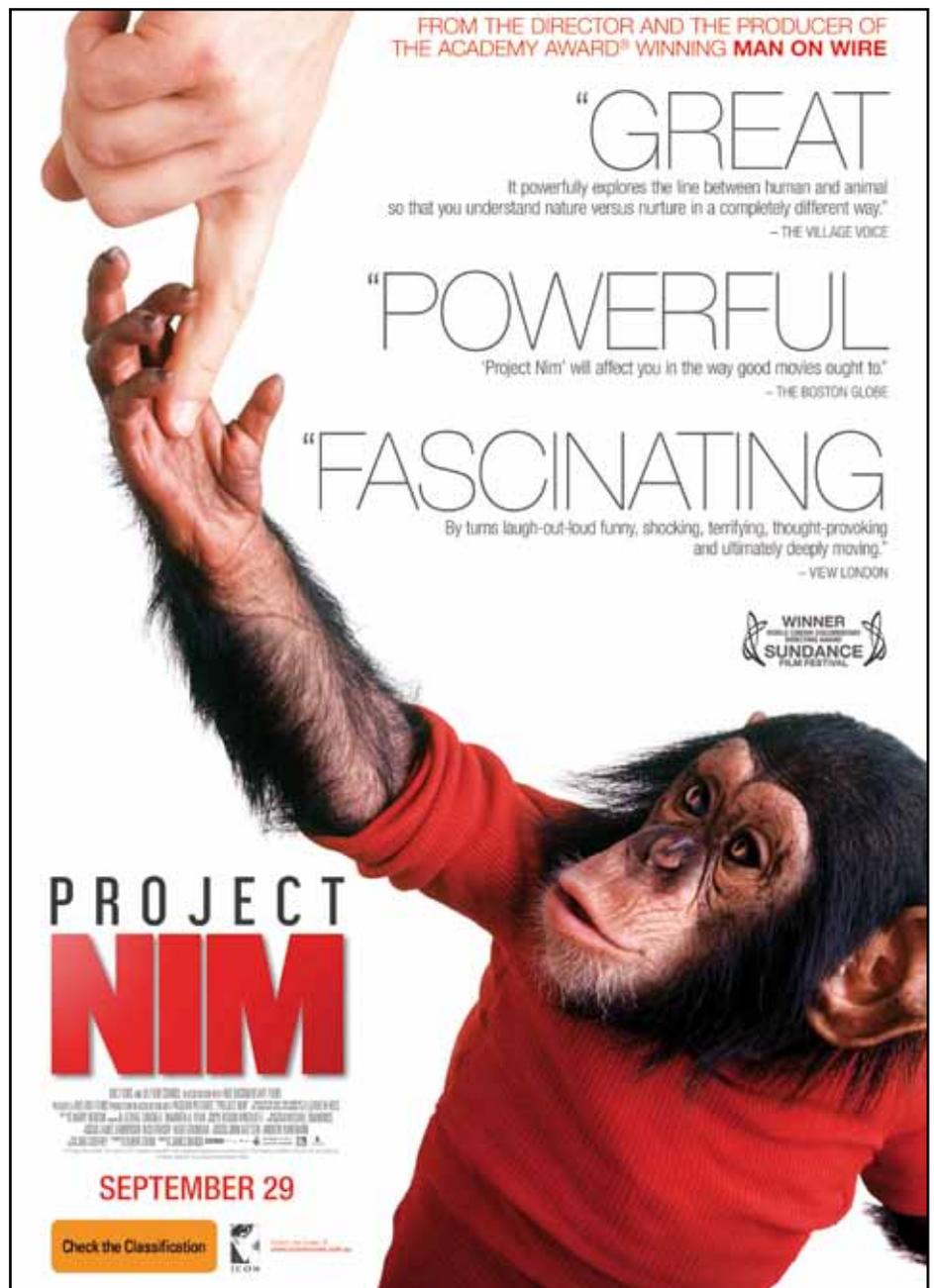
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Mapping Competencies for Entry to the Counselling Psychotherapy Profession in Australia

Dr Randolph Bowers, Senior Lecturer in Counselling & Program Leader,
School of Arts and Social Sciences, University of the Sunshine Coast

Abstract

In the Australian and Asia Pacific contexts, counselling is a fairly new discipline with a decidedly fresh and foundational opportunity to explore the nature of the discipline in generative ways arising from local and multicultural contexts. This paper proposes to the profession a timely, practical, and integrative model for core competencies. The model arises from a reflection on contemporary Australian and Asian Pacific contexts in clinical practice. In a rich cultural, linguistic, multi-national, collegial, and post-colonial context, the model proposed carries forward contemporary notions of competence from wholistic perspectives.

Introduction

The purpose of this paper is not to convey even a briefly adequate survey of the literature in the area of competencies in practice. Nor is the purpose to convey a comprehensive description of the content areas under discussion. To really grapple with this paper, the most challenging aspect for readers is that all of this prior knowledge is assumed. This reminds me that I have written this paper assuming

my undergraduate, graduate and doctoral studies in fields related to western therapeutic practice along with well over a decade of teaching and leadership in the field. The literature is extensive, long-standing, and can take a practitioner a decade to gain a basic comprehensive perspective warranting a senior level analysis. In one sense, this paper is written for those in positions of leadership who may appreciate a discourse opened up around central issues of defining fields of competence related to design and evaluation of curriculum in training programs. But at the same time, every practitioner at the coal face knows what they need to do in order to practice in effective ways. We understand the notion of core theoretical and skills based awareness – and we know that our perspectives are always growing and changing if we wish to stay current, and to remain vital as a therapist. With a sense of humility, we ought to come to this discussion realising that we must in some ways put our personal bias aside to engage with a vision for the discipline that can provide a well-rounded, culturally-grounded, and practical model that can support the

field regardless of areas of specialisation, focus, or application.

Contemporary Contexts

From contemporary examples of national efforts towards articulating standards for practice and education as competencies, such as those of the Task Group for Counsellor Regulation in British Columbia, Canada (2007), a comprehensive package endorsed by at least three other Canadian provinces to date and which forms the basis for accreditation and regulation in those provinces, to the seminal work of pioneers in the field during the 1970s in America (Fuller 1975) which formed the basis and foundation for counsellor education in the decades that followed, we acknowledge a longstanding interest in defining fields of practice and competencies. More so, we understand that the profession has continually made efforts towards greater appreciation and measurement of competencies.

During the past decade, the field overall has undergone extensive change and development. Much of the development was brought about due to great advances in social technologies, as well as greater

appreciation for diversity, culture, and higher expectations around practitioners being prepared for comprehensive and integrated approaches to practice. The profession has been asked from within and from outside to demonstrate greater comprehension and measurement of core competencies as a baseline for entry into the profession (Arrendondo et al 1996). This movement has been viewed as important for establishing baselines for ethical and professional conduct. Likewise, having baselines is important for the protection of the public, for clear expectations around the social and professional content and boundaries of practice, and for guidelines that assist counsellor educators to develop programs that meet the needs of the public, of practitioners, and of professional governing bodies.

In recent years one expression of this shared disciplinary passion comes through considerable efforts to study and articulate multicultural counselling competencies (Arrendondo et al 1996, Cole 2008). On the international level, as mentioned above, one of the best examples of a comprehensive framework for competencies as a baseline for entry to the profession comes from the Task Group for Counsellor Regulation in British Columbia, Canada (2007). From a wider international perspective the British Columbia model is heavily influenced by existing models deployed in the North American context, lending itself to forms of cultural and professional bias. Those of us working at the national and international levels in Australia have already begun to articulate a comprehensive view of counselling and psychotherapeutic practice that is unique from the North American model (Pelling et al 2007). In part, the Asia Pacific perspective has been formed over the past decade from local, national, and regional experience plus through a process of critical analysis of regional views versus our unique perceptions on North American views. In so doing, the profession in Australia and neighbouring countries has come to celebrate both the strengths and weaknesses of the North American conception of the field, and to suggest that there are many other views globally which need to be expressed, articulated, and considered which rest outside of the Northern hemisphere perspective on the discipline.

Depending on people's perspectives, the basic need to articulate a model for comprehensive competencies may seem mute if not downright unnecessary. Certain practitioners may argue that the western canon of practice is very well defined – who are we to suggest otherwise? However, with a sociological and historical view of the field, it becomes clear that definitions of practice and what the domains or boundaries of practice are,

is in fact an ongoing and lively debate within and outside of counselling and psychotherapy.

By raising the debate, and asking questions, and proposing a model for comprehensive competencies as a baseline for entry into the profession, there is great potential for mutual discourse, learning and change. There are also greater potentials for a wider understanding between professional associations, bodies, and regulatory authorities in Australia and in the Asia Pacific region. We might, for instance, ask ourselves: what is in fact unique about our perspectives within the global profession? How do we within our Associations wish to define the field? While much of the evolution of the profession, from a sociological stance, may reside with Association and/or Federation politics as various groups gather and debate the nature of the field of practice – by laying out on the table a map of competencies we have at least somewhere concrete and tangible to begin a more logical and scholarly analysis of the domains of practice as compared to what tends to remain a politically driven discussion based in personalities vying for authority.

In contrast, this paper lays out a model focused on the core content and skills areas required by the profession for students to gain entry as certified practitioners. The model proposed brings together in one integrated package international sources and our Asia Pacific experiences to articulate an integrative model for counsellor practice and education. This model only constitutes “a first major draft” that can feed further study, reflection, debate, and practical development. The model can be used as a starting point for accreditation bodies within various sectors within Australia and the Asia Pacific – towards a hopeful and necessary development of actual accreditation models that make more sense, that lend themselves to accountability and public-transparent analysis, and that are responsive to ongoing change and challenge.

Regional and National Contexts for an Emerging Profession

We recall at this time that when the first Australian programs in counsellor education were launched during the late 1990s, counselling as a discipline did not exist in the Australian tertiary sector. Key infrastructure, professional bodies, literature, textbooks, and teaching resources have been developed and instituted over the past six to ten years, with much room for growth in future (Pelling et al 2007). In teaching we still heavily rely on overseas resources, but with greater attention to multi-national sources that decentre American approaches. It



appears that contemporary approaches tend to move further in regards to integrating inter-cultural studies, Indigenous approaches, post-colonial analysis, feminist and gender studies, gay and lesbian discourses, narrative approaches, and critical sociological analysis. Counselling as a field of practice is quite unique and distinct from allied fields through the use of current integrative models of counselling and psychotherapy that include aspects of human, social, and environmental ecology such as complex-systemic analysis, among a wide diversity of other approaches and modalities.

With a wider view of counselling we also acknowledge that current philosophy emphasises postmodernism, poststructuralism, post-colonialism, and narrative analysis. All of these new conceptions reflect an inadequacy in previous theories and practices and offer challenges to liberal humanist, existential, and narrowly understood empirical approaches upon which much existing counselling curriculum is constructed. For these reasons, there seems to be a collective albeit somewhat unspoken agreement among practitioners and instructors that the field of counselling has transformed in many ways over the past ten years. There is also a sense that these changes need to be reflected in fresh and new curricula that can speak to widely endorsed competency standards.

Likewise, key leadership changes on the national scene contributed to major developments during 2008, with the historic convergence of opinion that encouraged the Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia (PACFA) to collaborate together for the first time in creating one independent national regulatory authority for the

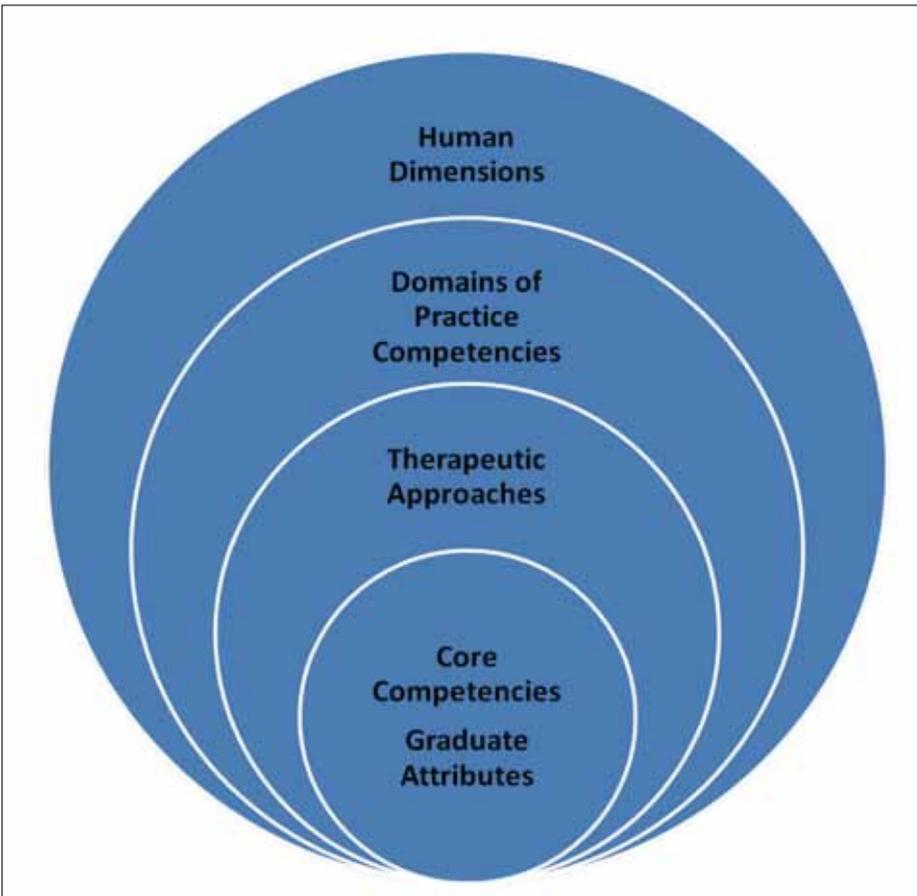


Table One

field. This became the Australian Register of Counsellors and Psychotherapists (ARCAP). As well, during the same year colleagues in Hong Kong hosted the inaugural Asia Pacific conference at which a new multi-national Asia Pacific Confederation of Counselling was founded.

Since 2008, the field has continued to grow and change following national governmental developments in funding of private psychologists under Medicare. Counselling has moved into many agency based forms of practice during this time while still maintaining a small but important foothold in private practice services. A greater emphasis on comprehensive care has seen the growth in mental health education as a concern within counsellor education. Advances in the practice of supervision suggest future integration of at least introductory supervision theory and skills within counselling psychotherapy as a whole.

Within the field there have been and will continue to be different levels of 'accreditation' of practitioners. Within PACFA at this time, for example, there are entry level standards and the highest level leading to being listed on a national register within the Federation. Within ACA, there is now a four level system which defines competency. The latter will be discussed below.

When taken together, widespread social technologies along with extensive disciplinary changes plus moving forward with key infrastructure developments in the profession have all set the stage for major Australian advances as well as major Pacific regional advances over the coming years. All these changes increase the need for an integrated and distinct model of counselling psychotherapy competencies so that pioneers in many countries can turn to such a model for guidance and inspiration.

The work at hand

The following model reflects upon current requirements and the author's sense of what may be included (or ought to be considered) in upcoming aspirations for the level of entry to clinical membership in the two peak national bodies in Australia (ACA and PACFA). It must be noted that both body's requirements do not yet articulate core competencies. In concert with international directions across many professions and within the clinical counselling sectors in many countries, we suggest that core competencies are viewed as essential criteria for entry to the profession.

Ultimately the profession as a whole and Associations in particular will need to consider the baseline for entry to the

profession and how this may be translated into the diverse expressions which support what emerges as core competencies for practice. In this process, aspects of current diversity may be sacrificed toward the clarity of core training requirements which become accepted within the field. Personally, my belief is that diversity can be accommodated within a universal and flexible model of core dimensions for education, training and practice.

Faculty in various programs will need to reflect on the models that are proposed by the profession, and part of this reflection needs to consider how we express this "core work" of counsellor education and clinical practice within our program(s). Practitioners at the coal face will need to examine their practice in light of this ongoing professional evolution and the changes that are occurring at the national and international levels. This ongoing disciplinary evolutionary process will take at least another ten years of further discussion, debate, and hard-won experience and hindsight, before a profession-wide consensus may emerge. Within this debate the push for governmental regulation among certain sectors of the profession may continue to provide immediacy to these concerns, making our profession all the more aware of the need to self-define our field of practice.

Allowing for all of these permutations, this paper focuses on laying out a "cosmology of practice" or a map for core competencies for entry to the profession. Thus, like good and faithful practitioners we begin with a big-picture and theoretical view of what our profession looks like in its simple-but-elegant form.

The model

Beginning with a big-picture emphasis, 'Table One' presents a nested model that we propose as a unifying and universal symbol of counselling and psychotherapy practice and education across the sector. In many respects, the diversity and wealth of the discipline collectively can be expressed by these inter-related spheres of knowledge, theory, and practice. Again, the purpose of this paper is not to engage in extensive discussion of these models. Rather our purpose is to lay out the models for ongoing discussion, debate and consideration.

Core competencies: The minimum standard required for entry level to the profession of counselling psychotherapy, and for graduation from a four year Bachelor of Counselling or equivalent.

Graduate attributes: Qualities of graduates built into curriculum and complementary to and integrated within the minimum standards required for entry to the profession of counselling psychother-



Table Two

apy, and for graduation from a Bachelor of Counselling or equivalent – as determined by each program following from their unique philosophies of teaching and learning.

Therapeutic approaches: The necessary therapeutic approaches as determined by each program following from their unique philosophies of practice, teaching and learning, and expertise available.

Domains of practice competencies: The necessary domains of practice competencies as determined by each program that build upon their unique approaches, and that further define the fields of competency which their programs embody.

Human dimensions: The dimensions and definitions of meaning and purpose that arise from each program's core values, beliefs, and philosophies which convey their approach to therapeutic practice.

'Table Two' is the 'heart' of the model proposed in this paper. The model articulates the 14 core competencies for counselling psychotherapy as defined by a collective sense of the field unique to Australia and to the Asia Pacific environment.

What does this model mean?

Basically, the model proposed in Table Two suggests that there are 14 core competency fields from which a range of specific competencies can be measured or assessed toward completion of a Bachelor equivalency. This means that counsellors who wish to gain entry to professional accreditation must successfully complete these competencies, or be deemed to have completed them, by an accredited counsellor education provider.

As of 2008, the competency domains defined by many overseas national regulatory bodies include various expressions of core competencies in:

1. counselling process;
2. professional ethics;
3. collegial relationships;
4. diversity and culture, as well as individual, couple, family, and group – as areas deemed necessary for entry to the profession.

The proposed model is more comprehensive and includes:

1. self care;
2. supervision;
3. management and marketing;

4. clinical assessment;
5. mental health,
6. distance technology as well as
7. loss, grief and trauma.

While certain people may argue that the proposed model covers too many areas, a more logical analysis suggests that these areas are already required in Australian and Asia Pacific contexts, and are indeed a core part of practice within most international contexts. The main challenge this model presents rests with educational providers who must grapple with ways to apply a comprehensive body of theory, knowledge, and skill within a foundational competency leading to graduation from a Bachelor award or qualifying Master degree or equivalent.

The other insight to offer at this stage is that the model as proposed does reflect directly on a comprehensive knowledge of the disciplinary literature, and the so-called "new" domains represented by areas such as clinical supervision, mental health, or marketing and management of clinical practice are already well established within the literature, as well as being practiced at the coal face and within many existing counsellor education programs – and yet these core dimensions have never before been an overt and transparent part of what constitutes professional accredited education and training for entry to the profession. By remaining outside of our core competency models, these areas also lie outside of accountability structures. They may or may not become part of counsellor education programs, and in so doing, we may leave the training of counsellors and psychotherapists up to chance depending on the knowledge, awareness and skill of various education programs. At the same time we must acknowledge that over regulation of the field is not productive. Yet we must agree that forming a basic map, vision or cosmology of what counselling practice is all about will always leave a great deal of latitude for creativity and diversity in application and interpretation. Both the spectrums of freedom and regulation must be maintained to some degree for a sustainable and healthy disciplinary context.

Three Primary Levels of Competency

Each area within the 14 core competency areas relates to three specific measures that can be addressed in different ways within any given training program. These are entry level competency; advanced competency; and expert competency. These three levels allow accreditation bodies and training providers to set realistic goals for outcomes in learning and attainment. Below is a working description of each level.

The profession of counselling psychotherapy provides one important example of the importance of civic support of higher education, its standards and its integrity.

1. Entry Level Competency

The Counsellor Psychotherapist at this level is able to handle all routine situations by applying the relevant competency to the situation in a way that is consistent with standards in the profession. They can function without supervision or direction, and within reasonable timeframes. The Counsellor can select and apply competencies in an informed manner. The Counsellor can anticipate outcomes in a given situation, and responds appropriately. The Counsellor is competent in demonstrating the range of measures and can be adequately rated on each major field of competency. They are able to assess and recognise unusual or difficult to resolve or complex situations. The Counsellor is able to take appropriate steps to address these situations based on ethical standards of practice. They are capable and prepared to seek consultation and/or supervision. They have capacity to review the research literature relating to difficult or complex cases and as a matter of standard practice. The Counsellor is also highly skilled in regards to appropriate issues and processes around referring the client on to other services.

2. Advanced Competency

The Counsellor Psychotherapist working at this level has extensive experience and can demonstrate a nuanced comprehension and acknowledgement of interpersonal and clinical environments. Based on a long term commitment to practice resulting in seasoned perceptions that are able to quickly assess the dynamics of a case, the advanced clinician is able to make efficient decisions and to facilitate effective and timely treatment plans. They are able to discern the many aspects of a presenting situation while focusing in on important areas for client outcomes. The advanced clinician is competent in proceeding toward treatment outcomes and can work effectively with most unusual, difficult to resolve and/or complex situations. With appropriate training and preparation, these practitioners are able to engage in clinical supervision and in the education and training of counsellors.

3. Expert Competency

Counselling Psychotherapists with expert competency are recognized as leaders in the field. The expert clinician is able to demonstrate excellent client

outcomes and have normally developed one or several clinical specialisations. The expert clinician is recognised for contributing regularly to the advancement of the profession. They are often senior practitioners who engage in clinical supervision, and/or counsellor education and training, and/or to public and professional speaking engagements, conferences, and to original written contributions to the literature of the field.

Taking this notion of levels of practice competency further, and applying it to current needs within the profession as a more transparent model for the public, government and regulatory bodies, ACA has developed a four level model, reporting that they did this based on pressures from employer groups.

ACA have indicated that "several employer groups including WorkCover (NSW) and the Federal government have indicated that ACA needs to introduce a system that is more transparent for employer groups. Categories need to be formed to reflect the real experience and qualification level of members, terms such as Clinical and Professional do not do this and the term Clinical tends to lend itself more to a medical leaning. The term Clinical in counselling associations is also so overused with no consistent criterion it no longer reflects experience and seniority it once had" (ACA 2011). ACA also suggest that introducing a transparent system will allow employer groups to identify rates of pay appropriate for each level, following the Australian system of levels within award systems, perhaps making the newly instituted system a first step toward a National Award for Counselling Psychotherapy.

Australian Counselling Association Award Levels

Counsellor Level 1

- Has graduated from an ACA Accredited Course of study.
- Completes 25 Points of ACA approved Ongoing Professional Development per annum.
- Completes 10 hours Professional Supervision per annum.

Counsellor Level 2

- Has graduated from an ACA Accredited Course of study at minimum Diploma Level and has a minimum of 2 years post-Diploma

professional experience; or 1 year post-Diploma experience plus hold a Graduate (vocational or higher education) qualification; and has completed a minimum of 50-hours Professional/Clinical Supervision.

- OR,
- Has graduated from an ACA Accredited Course of study at minimum Degree Level.
- AND,
- Completes 25 Points of ACA approved Ongoing Professional Development per annum.
- Completes 10 hours Professional Supervision per annum.

Counsellor Level 3

- Has graduated from an ACA Accredited Course of study at minimum Degree Level.
- Has 3-years post qualification counselling experience, including minimum 750 client contact hours.
- Has completed a minimum of 75 hours Professional/Clinical Supervision and completes 10 hours Professional/Clinical Supervision per annum.
- Completes 25 Points of ACA approved Ongoing Professional Development per annum.
- Requires a statutory declaration declaring client contact hours

Counsellor Level 4

- Has graduated from an ACA Accredited Course of study at minimum Degree Level.
- Has 6-years post qualification counselling experience, including minimum 1,000 client contact hours.
- Requires a statutory declaration declaring client contact hours
- Has completed a minimum of 100 hours of Professional/Clinical Supervision and completes 10 hours Professional/Clinical Supervision per annum.
- Completes 25 Points of ACA approved Ongoing Professional Development per annum.

The ACA Levels of Award status provide a much clearer framework for placing the majority of the members of the profession into relevant award categories. The categories can be more easily associated with education and training as well as counselling practice and supervision experience. In future, we imagine the levels may extend to include a more advanced practitioner and senior level, particularly when this model is used to bid for associated levels of salary. At the same time, it is conceivable that at some stage both PACFA and ACA may increase entry to profession expectations, however, the transparency of the model proposed by ACA suggests that Diploma qualified practitioners will have a place in the industry for the foreseeable future.

This paper proceeds from the point of

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focusing on Level Two of the ACA framework noted above, where the assumption is that practitioners are degree qualified or equivalent. The “or equivalent” is used quite often in the higher education sector to allow for flexible entry into programs based on a combination of prior education and professional or employment experience. In this sense, the ACA model is not far off from the needs of the education sector to more clearly define the needs of the profession in the context of designing programs that meet entry and exit requirements.

What we really wish to map here is the main content areas of a Bachelor of Counselling for entry into the profession, as we are assuming that regardless what happens in future with “lower” level qualifications the standard is now set at this minimum of a degree qualification, and that this will become even more clear over the coming years.

Conclusion

This paper then proceeds to map the 14 Core Competencies for Counselling Psychotherapy. The best way to map this complex set of measures seems to be in a ‘grid’ into which the various parts of each competency area can be placed. By documenting these areas in a way that describes the required content or focus and application of the competency, we have provided a valuable baseline from which to construct counsellor education programs – as well as to lay claim to a process of possible accountability through a documented practice of education and training.

We also note that to this time, the responsibility to map curriculum has largely been the sole domain of higher education providers. This proposed model does not negate the traditional independence of the education sector to self-define curriculum content focus and pedagogy standards. However, in Australia the mass scale erosion of the higher education sector has resulted in the corporatization

of the sector, to some degree, which has influenced a move during the past decade to grab market share in while providing a less than adequate disciplinary content and standard for counsellor education, often housing counselling courses under a social sciences umbrella without adequate provision for professional disciplinary standards.

Clearly if the higher education sector cannot manage its own affairs and provide the highest quality of education and professional standing, other sectors of the Australian society must step up to the plate and contribute to the establishment of accreditation standards. In many respects, this is the role of groups like PACFA and ACA, which even though they have been in some ways too closely aligned with educational providers, must also realise their civic duty as professional members of such a group in society to articulate an independent membership-driven stance on defining standards for practice and for education to practice.

Having stated these things it is important to note that in my case, this paper has been in a process of development since 2007 when I was working within the counselling program of the University of New England. This paper reflects the evaluative emphasis of these years where, truth be told, many of the programs in which I found myself working were felt to be less adequate and less contemporary than they could have been. This is no news as my prior work has suggested many ways that counsellor education can be improved, especially in regards to minority populations. When finishing this paper I had only just taken on the role of Program Leader in Counselling with the University of the Sunshine Coast. Therefore, it needs to be clear that this paper does not represent a reflection on any specific program from the past or present. Indeed, this paper reflects on a rather ideal model of what we ought to consider as important to include in a comprehensive but realistic and manageable program that may run between three to four full time years.

My role within programs and in the profession over the years has been as a voice of conscience and contention, for example, raising debates and issues that needed to be considered during the rush of the Howard Government era when we were forced to rationalise and dismantle much that we had prior created. Without a doubt, the wider corrosive politics of education and the internalised processes that academics engage in during the development of educational programming reflect the fundamental critical issues of this era in which we live, underscored by the stress and anxiety that occurs when changing or developing programs. It is no wonder that many express how stress-

ful the higher education sector can be as a place to work. Most essentially, when academics feel their jobs may be on the line under economic rationalist agendas or simply due to what appears to be a pervasive social loathing by members of government toward independent scholarship that would dare to speak to the issues of the day and to provide a necessary social and scientific conscience to the decisions of government, corporate and business concerns, we have a situation when most academics just stop contributing to the social debate for fear of their job security. In this context, the corporate management of education can lead to the compromise of academic standards. Corporate dominance in higher education can reduce scholarship to a product.

These are powerful statements that reflect back on the Australian Government agenda which needs to be confronted by all sectors of society, and that have their own unique impact on counselling education programs. The profession of counselling psychotherapy provides one important example of the importance of civic support of higher education, its standards and its integrity. The independence of scholarly and academic affairs are factors essential for the development of the professions, as our task is to not only help define the field of practice but to speak to the real and most difficult issues of society with a pragmatic concern for public health and safety.

Therefore, it is important to realise that the model proposed here does not agree with first admitting limitations. Academics today are big on foregrounding limitations, because they know how hard it is to effect change. They also know how defeating it can be to invest enormous personal energy into their passion only to realise that the system will crush them one way or the other. In spite of these contexts, which I have great empathy for, this model proposed reflects on what is possible and what ought to be considered regardless the particular contexts of any given school or institution. My approach is still to move forward with dreams and visions for my profession as my primary commitment, otherwise I would have given up several years ago and this work would not see the light of day.

The 14 Core Competencies for Counselling Psychotherapy is designed for any program across the field to fill in their own measures relevant to each category. Some information or examples are provided.

The Grid may assist program faculty and teams in determining how their own program can address the standards in their own unique ways. Likewise, the Grid could assist professional bodies in requesting information about how programs address criteria in a more trans-

parent and comprehensive manner. Additional columns or additional categories can be added to further define specific competency criteria for each component of curriculum. So this draft is only a draft and ought to be developed and debated as necessary. For example, certain fields of competency may take on less significance, and others will be fore-grounded. We see this as a natural and necessary expression of the diversity our discipline supports. Depending on the program emphasis, each field will be toned down or expanded accordingly.

The Grid can be used for many purposes. Some of these purposes may be to:

1. **express curriculum that currently exists,**
2. **evaluate and develop course content,**
3. **rate or assess candidates, and**
4. **form a basis for accreditation of programs.**

For example, within a learning context, a 'Student Assessment Grid' can be generated from the information provided here that can be integrated throughout a curriculum, making setting assessment tasks and outcomes easier, while giving students a map through which to navigate during their program.

As the nature of this paper is about

tabling the model for discussion, this paper will end with an open invitation to members of the profession to consider what you wish to see as the future of our field, and how you would want the future education of counsellors to evolve.

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Appendix One: 14 Core Competencies for Counselling Psychotherapy

Core Competency Field	Core Competency Criteria	Core Competency Measure
	Upon entry to the field of Counselling Psychotherapy, and/or upon graduation from a Bachelor of Counselling or equivalent, the candidate will be able to:	Note: While this column would normally be filled out by the training program or provider, we provide examples as reference points only.
1. Counselling process	1.1 Demonstrate comprehension of counselling theory and skills	1.1.1 Programs specify theoretical approach
	1.2 Demonstrate adequate practical skills relevant to the approach under study	1.2.1 Core-micro-skills, which may include clear and concise communication; speaking in a way the listener can understand; conveying information; offering instruction or guidance when appropriate; demonstrating empathy; feedback meaning and feeling; open and closed questions; appropriate use of silence; appropriate use of confrontation; appropriate use of self-disclosure; using effective listening skills; differentiating fact from opinion; evaluating the meaning and significance of non-verbal communication; responding appropriately to non-verbal communication; attending to voice qualities during communication; responding appropriately to voice qualities during communication; showing and conveying respect and unconditional positive regard; exploring the full range of emotions; engaging client strengths; maintaining appropriate boundaries; identifying potential or implied conflicts whether overt or covert, verbal or non-verbal; identifying potential ruptures in the therapeutic relationship and taking appropriate steps to re-establish therapeutic alliance; using appropriate conflict resolution skills; following through on commitments to clients in a timely and efficient manner; monitoring the impact of self on others; maintaining congruence and authenticity between what is said and what is done; ensuring interventions are timely within the context of therapy; identify significance of action and non-action; attend to pre-therapy, in-therapy, between therapy changes; attend to contexts and influences; monitoring progress toward client goals or objectives; summarising in-session; offering a review of progress with the client periodically; changing the direction of therapy as necessary; identifying when to conclude therapy; engaging closure skills. 1.2.2 Contingency skills may include responding appropriately to: litigation, client emergencies, hospitalisation, suicide ideation, third party indifference, premature closure, lack of funds to pay for therapy, conflict and expressions of violence toward therapist. Identifying circumstances where referral is necessary may result from adequate planning for contingencies. 1.2.3 Evaluative skills may include gaining client feedback verbally, through written forms; engaging a therapist/client dual evaluation; developing a format and SASE for encouraging client post-therapy evaluation two weeks, one month, and three months after therapy ends; asking the client key questions such as 'on a scale of one to ten, how likely are you to suggest my services to a friend?' 1.2.3 Evaluative skills may include gaining client feedback verbally, through written forms; engaging a therapist/client dual evaluation; developing a format and SASE for encouraging client post-therapy evaluation two weeks, one month, and three months after therapy ends; asking the client key questions such as 'on a scale of one to ten, how likely are you to suggest my services to a friend?'
	1.3 Demonstrate adequate interpersonal skills in facilitating the counselling process	1.3.1 Introduction and orienting of client to therapist's practice, therapist's education, qualifications and background; explain the scope of practice; describe expertise and limits of expertise; obtain consent and agreement; explain client's right to stop, pause, and/or refuse therapy at any time; documenting intake information; and providing client with adequate information on their rights and responsibilities as well as the rights and responsibilities of the therapist relevant to the model of therapy you employ; explain the limits of confidentiality; provide a copy of key procedural or administrative information or policies; respond to client questions 1.3.2. Establishing and maintaining core conditions, consistent with relevant theory and practice; troubleshoot difficulties as they arise in each case; engage in assessment, obtaining of information, and integration of multiple levels of information during therapeutic process; conduct an appropriate risk assessment 1.3.3 Explore client's issues or concerns; establishing a therapeutic focus; move through the therapeutic focus; maintain therapeutic relationship; structure and facilitating the therapeutic process; manage interruptions to the therapeutic process 1.3.4 Conduct appropriate referrals; conduct appropriate closure process; evaluate clinical practice; seek supervision; seek feedback on practice
	1.4 Demonstrate ability to self-reflect, analyse, and critique performance and the place of self within the therapeutic process	1.4.1 Self reflection; analysis; critique of performance; balanced articulation of self awareness; document ability to learn, develop, change direction during learning processes; document ability to maintain flexibility and openness to critique and critical feedback; articulate learning goals; show developmental plan
	1.5 Demonstrate ability to identify contexts where therapeutic strategies are contraindicated	
	1.6 Demonstrate ability to integrate knowledge of historical, philosophical, socio-cultural, and scientific foundations for theory and practice	
2. Relationship	2.1 Demonstrate adequate knowledge of theory related to couple counselling	2.1.1 Theory 1 2.1.2 Theory 2
	2.2 Demonstrate adequate ability to work within an established theoretical framework	2.2.1 Theory 1 2.2.2 Theory 2
	2.3 Demonstrate adequate practical skills relevant to the approach under study	
	2.4 Demonstrate adequate interpersonal skills in facilitating couple counselling	

Core Competency Field	Core Competency Criteria	Core Competency Measure
	2.5 Demonstrate adequate knowledge of theory related to family counselling	
	2.6 Demonstrate adequate ability to work within an established theoretical framework	
	2.7 Demonstrate adequate practical skills relevant to the approach under study	
3. Group	3.1 Demonstrate adequate knowledge of theory related to group work and group counselling	
	3.2 Demonstrate adequate ability to work within an established theoretical framework	
	3.3 Demonstrate adequate interpersonal skills in facilitating group work and group counselling	
	3.4 Demonstrate ability to apply appropriate leadership skills to group practice	
	3.5 Demonstrate ability to evaluate group therapy outcomes	
4. Diversity and culture	4.1 Demonstrate adequate comprehension of diversity issues and contexts in therapy	<p>4.1.1 Across a range of areas including ability, age, class, education, ethnicity, gender, giftedness, health, immigrant status, indigenous status, language, personal identity, race, religious beliefs, sexuality, socio-economic status, and spirituality.</p> <p>4.1.2 Recognise how differences may impact and/or interact with therapeutic approaches.</p> <p>4.2.3 Adapt and adjust approach as necessary when working with diverse clients – and indeed, all clients</p> <p>4.2.4 Recognise how subtle or blatant, chronic or acute, experiences and/or perceptions of discrimination, prejudice, bias, and oppression negatively impact on people's functioning</p> <p>4.2.5 Acknowledge help seeking behaviours, and the barriers to accessing counselling services</p> <p>4.2.6 Acknowledge how the therapist's beliefs, values, and bias can negatively impact on clients, particularly diverse clients</p> <p>4.2.7 Identify, collect, and utilise resources for and with culturally diverse clients</p>
	4.2 Demonstrate adequate use of socio-critical, historical, and political tools of analysis	4.2.1 Post-colonial; Feminist; Post-modern; Critical theory
	4.3 Demonstrate adequate comprehension of cultural issues and contexts in therapy	4.3.1 Multicultural or inter-cultural; Indigenous and traditional cultures; Ethnic and immigrant; Racism, prejudice, violence; Integration of self-culture and familial background in practice; Openness to inter-cultural dialogue, discourse, and challenging existing methods by new insights gained; Openness to working within linguistic and cultural references of clients, to learning their language, and to gaining cultural knowledge outside the confines of therapy; Facilitating appropriate co-therapy, interpretative services, support, and/or referral where the above is beyond the capacity of the therapist
	4.4 Demonstrate integration of knowledge regarding spirituality, religion, and meaning	
	4.5 Demonstrate integration of moral development, reasoning, rationality, and consciousness	
	4.6 Demonstrate personal and professional ability to acknowledge beliefs and values related to issues in therapy	
5. Professional ethics	5.1 Demonstrate adequate knowledge of relevant ethical codes within the profession, and the codes of allied professions	<p>5.1.1 Specify codes</p> <p>5.1.2 Demonstrate ability to apply step-wise and complex ethical decision making processes within the context of therapy</p>
	5.2 Demonstrate adequate knowledge of legal requirements nationally and in each state, particularly where the practitioner is residing	<p>5.2.1 Specify National, My state, Surrounding states</p> <p>5.2.2 Demonstrate ability to apply legal frameworks to informed decision making processes within the context of therapy</p>
	5.3 Demonstrate adequate knowledge of ethical and legal issues in distance therapy and supervision that cross political and national boundaries	<p>5.3.1 Ethical guidelines for distance counselling</p> <p>5.3.2 Legal issues in distance counselling</p> <p>5.3.3 Ethical guidelines for distance supervision</p> <p>5.3.3 Ethical guidelines for distance supervision</p> <p>5.3.4 Legal issues in distance supervision</p>

Core Competency Field	Core Competency Criteria	Core Competency Measure
	5.4 Demonstrate compliance with all relevant legal requirements of training and service provision	5.4.1 Forms 5.4.2 Protocols 5.4.3 Maintain client records 5.4.4 Mandatory reporting 5.4.5 Documentation and case notes 5.4.6 Document clear boundaries between training practice verses other types of practice undertaken 5.4.7 Ensure security of information when using email, internet, video, or other distance technology for counselling or supervision purposes, or for transmission of client data
	5.5 Demonstrate current knowledge of regulatory requirements and professional associations	5.5.1 Maintain evidence of current student-membership in a professional association 5.5.2 Maintain evidence of personal indemnity insurance and public liability insurance as appropriate for the training context verses the student's other practice
	5.6 Demonstrate participation in continuing education and ongoing professional development	5.6.1 Demonstrate record of professional supervision 5.6.2 Demonstrate record of lecturer supervision 5.6.3 Demonstrate record of peer-supervision 5.6.4 Demonstrate ability to identify circumstances where the therapist's own life experiences may compromise therapeutic effectiveness 5.6.5 Demonstrate ability to identify circumstances where the therapist's own life experiences may enhance therapeutic effectiveness
	5.7 Practice in a way consistent with the role of the Clinical Counsellor and Psychotherapist within the health care and social welfare sectors	5.7.1 Define the limits of competence and consult within these limits 5.7.2 Define the limits of competence as an educator or trainer and practice within these limits 5.7.3 Engage in group process, education, and therapy within the limits of defined competence 5.7.4 Demonstrate capacity to advocate for clients 5.7.5 Demonstrate capacity to speak and write to critical social and political issues on behalf of clients and the profession 5.7.6 Demonstrate capacity to write clear, concise, and accurate reports, presentations, and paper drafts for submission to disciplinary journals
6. Management & marketing	6.1 Demonstrate adequate comprehension of management theory	
	6.2 Demonstrate ability to work within an established theoretical framework in management and workplace supervision (as differentiated from clinical)	
	6.3 Demonstrate adequate practical skills relevant to the management approach under study	6.3.1 Employ sound financial management skills 6.3.2 Employ ethical advertising 6.3.3 Establish a fee schedule 6.3.4 Establish policy related to third-party payment 6.3.5 Establish policy related to client attendance 6.3.6 Establish effective business strategy to respond to client crisis 6.3.7 Establish procedure to deal with workload while away from practice, on vacation, or in the case of illness or personal crisis 6.3.8 Demonstrate adequate comprehension of marketing guidelines for the profession 6.3.9 Demonstrate capacity to develop a management and marketing five year plan to support clinical practice provision 6.3.10 Demonstrate planning and time management skills
7. Clinical supervision	7.1 Demonstrate adequate comprehension of clinical supervision theory	7.1.1 Specify theory, and/or create and develop theory
	7.2 Demonstrate adequate comprehension of clinical supervision standards for practice	7.2.1 Specify standards, and/or create and develop standards
	7.3 Demonstrate capacity to engage in collegial and mutually supportive peer-supervision through one-on-one arrangements and through small groups	
	7.4 Demonstrate comprehension of the importance of supervision for competent practice	
	7.5 Identify sources for appropriate supervision	7.5.1 Articulate purpose, focus, and outcomes for supervision 7.5.2 Agree on a contract for supervision 7.5.3 Apply feedback from supervision to practice 7.5.4 Identify when supervision is urgent 7.5.5. Protect client confidentiality and rights while undertaking supervision
8. Self care	8.1 Demonstrate capacity for growth in self-awareness throughout clinical training and commitment to ongoing life-long learning	8.1.1 Keep a personal clinical learning journal 8.1.2 Chart and/or document learning process for evaluative purposes
	8.2 Demonstrate ability to negotiate high-pressure schedules during the course of study and/or practice while maintaining self-care and personal health necessary for responsible therapeutic practice	8.2.1 Document monthly schedule 8.2.2 Note times and activities undertaken for self-care 8.2.3 Demonstrate capacity for self-care and self-growth by documenting related personal goals relevant to practice and life-long learning 8.2.4 Demonstrate capacity to seek personal support when needed 8.2.5 Build and regularly use and manage a personal and professional support network 8.2.6 Maintain personal hygiene and appropriate apparel 8.2.7 Respond to signs of burnout before this occurs, and recognise burnout as an occupational hazard

Core Competency Field	Core Competency Criteria	Core Competency Measure
	8.3 Demonstrate capacity for self-evaluation and improving profession performance	8.3.1 Show how feedback from lecturers and/or supervisors is taken on board 8.3.2 Initiate and seek out personal counselling and/or supervision 8.3.3 Chart development of performance by making a 'mind map' of key moments of learning and how these were later incorporated in practice
	8.4 Keep a professional portfolio of practice and related information for career advancement, lifelong learning, and for quality assurance	8.4.1 As specified in training handbook or manual, and as required for evidence for professional membership and maintaining membership from time to time
9. Collegial relationships	9.1 Maintain professional relationships with peer trainees, co-workers, colleagues and appropriately disclose and/or document any conflicts of interest as they arise	9.1.1 Inform program coordinator of issues, gain advice, and possibly document issues as necessary 9.1.2 Maintain professional relationships within the health and social welfare sector relevant to your work, location, and context
	9.2 Take responsibility for your representing the training institution and/or professional body and/or employer in your clinical practices, and maintain high standards for professional behaviour and ethical conduct	9.2.1 Take responsibility for understanding and complying with complaints protocols, disciplinary, and suspension procedures
	9.3 Show by your identity and conduct as a clinical counsellor and psychotherapist an informed social and environmental conscience, demonstrating wider professional and collegial commitments to improving the human condition	9.3.1 Demonstrate capacity to take on collegial roles of social advocate and to engage in political debate and processes to improve client circumstances and social conditions for society and for the environment 9.3.2 Be willing to undertake an educative collegial role in your community of practice, and to engage in proactive leadership through collegial interactions that facilitate greater understanding and appreciation for the complex and vital role of clinical counselling within the allied health sector and within society
10. Applied research	10.1 Demonstrate ability to search, find, utilise, apply, and critique high quality research findings in clinical practice	
	10.2 Demonstrate ability to engage in and understand the connection between informal clinical research skills and formal research outcomes and their central role in all clinical practice	10.2.1 Apply ethical standards in informal inquiry as well as formal 10.2.2 Engage the scientist practitioner model by considering exploratory based qualitative and hypothesis based quantitative and/or empirical approaches that enhance clinical expertise, investigation, assessment, and treatment outcomes 10.2.3 Share theory or hypothesis with client when appropriate, using the investigative method as a means to monitor progress, keep and open mind, and to never assume the corner of truth on any client issue or circumstance
	10.3 Demonstrate adequate standards for clear, concise and professional writing of case notes, paper drafts, and presentations for workplace, seminars, and conferences	
	10.4 Demonstrate capacity to write from clinical practice and to contribute to the professional literature through various forums which may include published journals	
	10.5 Demonstrate capacity to integrate knowledge of research into practice	10.5.1 Decide the effectiveness of research findings in practice, as related to each case 10.5.2 Engage in critical analysis of research findings 10.5.3 Ensure ongoing access to on-line professional databases through universities for updated literature searches while in-practice, and access a wide range of sources including the internet 10.5.4 Use research findings to increase therapist's effectiveness and to disseminate findings into the therapeutic community
11 Clinical assessment	11.1 Demonstrate comprehension of theories of assessment and assessment approaches	11.1.1 Specify a range of theories and assessment approaches
	11.2 Demonstrate capacity to analyse, critique, apply through informed evidence based principles different theories of assessment in clinical practice	11.2.1 Demonstrate assessment skills across a range of measures 11.2.1 Demonstrate adequate and critical knowledge of assessment tools, tests, and models 11.2.1 Demonstrate capacity for clinical assessment and diagnosis of mental illness and other disorders as appropriate for a clinical counselling role 11.2.1 Demonstrate capacity for developing a treatment plan and treatment regime appropriate for a clinical counselling role 11.2.1 Demonstrate ability to engage in consultation with other professionals including clinical psychologists, medical doctors, mental health nurses, and community care workers for the benefit of the client 11.2.1 Demonstrate ability to clearly define, negotiate, maintain, monitor, and manage the clinical counselling role and case treatment outcomes with complex and co-morbid variables 11.3 Demonstrate ability to critique and further analyse clinical assessment skills in case analysis during clinical supervision
12 Mental health	12.1 Demonstrate comprehension of national and state based frameworks for mental health provision	12.1.1 Specify
	11.2 Demonstrate ability to work within a rights based framework to ensure safety, consumer and carer participation, health promotion and prevention, and privacy and confidentiality	

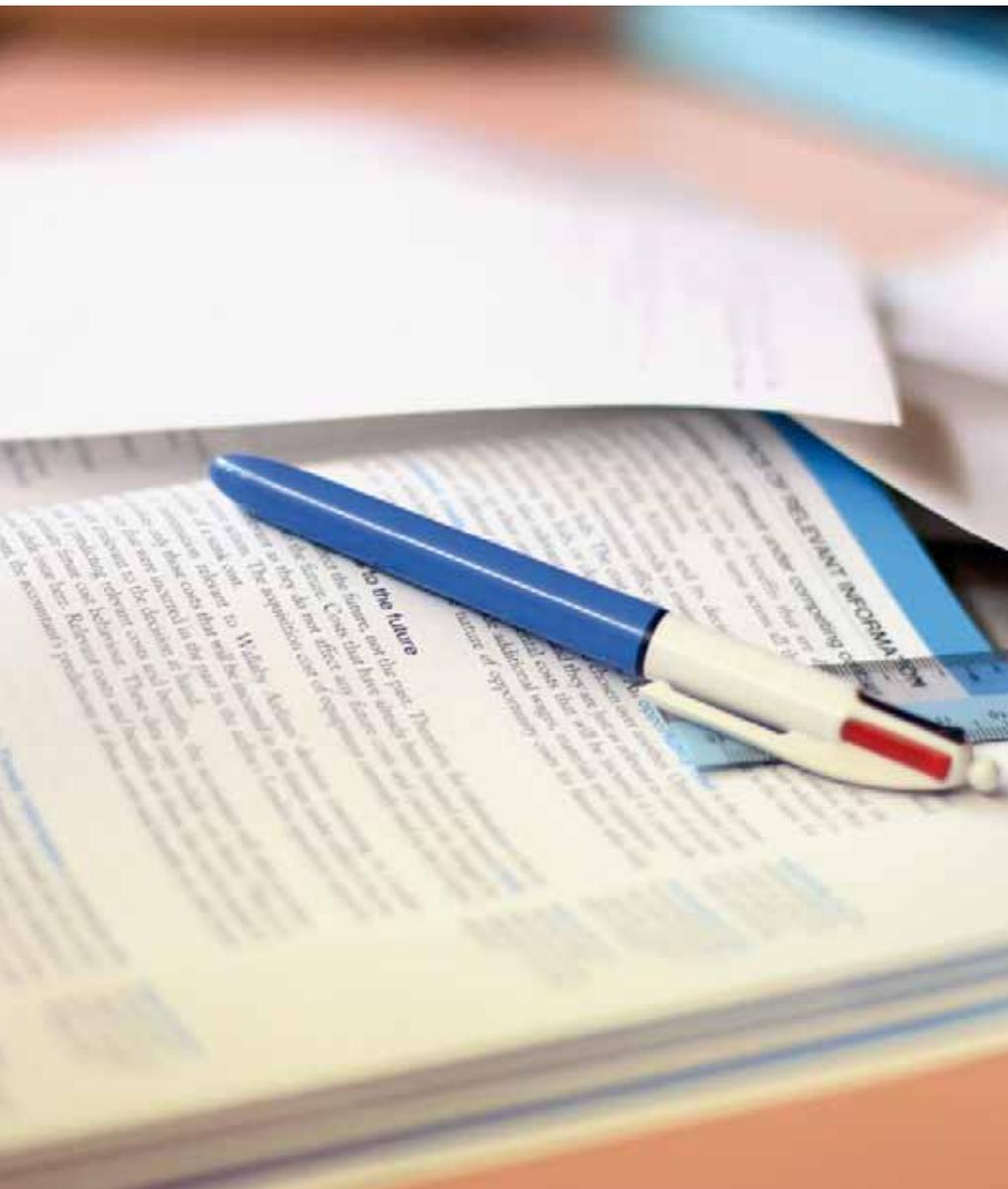
Core Competency Field	Core Competency Criteria	Core Competency Measure
	11.3 Demonstrate comprehension of cultural issues as they relate to provision of mental health services, including showing capacity to critique dominant views and to take into consideration alternative cultural beliefs and practices throughout the assessment and treatment process	
	11.4 Demonstrate capacity to work within an integrated health care system, and to engage in systemic development to improve conditions of care for consumers	
	12.5 Demonstrate a comprehensive awareness of working within the delivery of care, including access, entry, assessment and review, treatment and support, community living, supported accommodation, medication and other medical technologies, therapies, inpatient care, planning for exit, and exit and re-entry	
13 Distance Technology	13.1 Demonstrate integrated use of distance technology during training	13.1.1 Demonstrate use of many standard current technologies and/or hardware and/or software platforms necessary for integrated participation in the training context and/or in clinical practice, including intranet, internet, world wide web, public search engines, professional literature and professional journal search engines, electronic mail, blog, wiki, bulletin board, web CT, Sakai, videoconferencing, teleconferencing, chat rooms, and any other technologies as they come of age and that may be used as part of a training package from time to time
	13.2 Ensure that confidential data is protected during storage, and ensure that during transfer via regular mail or via electronic mail that data is secure	13.2.1 Edit case notes and mask identifying information to ensure all measures are taken to protect client's confidentiality 13.2.2 Ensure adequate security of backup systems for data storage
		13.2.3 Ensure policy and procedure for deletion and destruction of data in a timely manner under relevant legal guidelines 13.2.4 Ensure all participant's consent is recorded on paper and verbally during the first five minutes of the recording wherever and whenever audio and/or videoconferencing or video storage in any media is used (i.e. videotape, digital CD, webcam, portable devices, audio cassette, digital audio, etc...)
	13.3 Where distance clinical counselling and related services are delivered to the public during the course of training, ensure that ethical standards are adequately addressed and that trainees are required to comply with standards	13.3.1 Where applicable, incorporate distance provisions into ethical and legal student agreements, agreements for consent with clients, agreements with agencies and/or supervisors, and ensure adequate indemnity coverage is maintained by relevant parties
	13.4 Demonstrate any necessary modification of core clinical skills for delivery via distance technologies, ensuring client ease and comfort	13.4.1 Demonstrate distance therapeutic skills through peer-practice and simulations to ensure familiarity with the perimeters of the technology 13.4.2 Demonstrate understanding of the limitations of the technology being used in relation to the objectives of the therapeutic relationship 13.4.3 Demonstrate modifications to the analysis of the therapeutic relationship within the contexts of distance provision of services
	13.5 Demonstrate relevant core clinical applied research skills essential during the uptake and implementation of new technologies in therapy	13.5.1 Report back to the training authority and/or agency and/or workplace in regular and timely fashion regarding troubleshooting and ensure regular and consistent documentation of analysis of the use of technologies and therapeutic approaches employed 13.5.2 Seek out new information and keep up to date on developments in new technologies relevant to the therapeutic services provided 13.5.3 Join any relevant associations and/or access relevant journals that provide services to counsellors and psychotherapists who practice via distance
14 Loss, grief and trauma	14.1 Demonstrate adequate knowledge of relevant theory and treatment approaches in loss and grief therapy	14.1.1 Specify
	14.2 Demonstrate adequate knowledge of relevant theory and treatment approaches in crisis intervention and trauma therapy	14.2.1 Specify
	14.3 Demonstrate integration of theory and practice in loss, grief, crisis, and trauma therapies across a wide range of cases	
	14.4 Demonstrate adequate knowledge and clinical practice in suicide assessment and intervention	
	14.5 Demonstrate adequate knowledge of issues of access and equity in relation to rural and regional crisis and trauma services, and longer term services for chronic issues of post-trauma recovery, loss, grief, and co-morbid factors like depression	

Toward an Integrated Counselling Framework: (Developing an holistic counselling paradigm)

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(Australian Institute of Professional Counsellors)



For several years I taught Sociology, specifically Social Theory, at the University of Louisville in Kentucky. At the beginning of each term, I would inform the students that they could not hope to understand someone's theory without first understanding the particular theorist's own story. Theologian James H. Cone said something similar in his famous "theology is biography" statement. In his book *God of the Oppressed* (1975) Cone observed that:

Theologians do not normally reveal the true source of their theological reflections...More often than not, it is a theologian's personal history that serves as the most important factor in shaping the methodology and content of his or her theological perspective...Theologians ought to be a little more honest... (1975, p. 21)

With that qualifier, I must therefore state my own bias which in turn has led to my own particular theorising. My academic training includes in-depth study in the fields of Theology, Religion, Sociology, combinations of all three, some Psychology, and Counselling. My argument in this paper will move toward the advantage, even the necessity for such a comprehensive understanding and grounding within the counselling context.

Another qualifier is in order. This paper is not concerned with specific counselling perspectives. The intent here is neither to critique nor promote one perspective over another but rather is primarily interested in the counsellor's own personal perspective and presuppositions which they invariably bring to individual counselling sessions and to their own counselling perspective.

My own background and work experience (as is the case with many counsellors) informs me, as Cone (1975) suggests,

in much of what I do and say. It goes to show then that I bring to the counselling room as it were the sum of what I have studied as well as much of who I am. Value freedom is a wonderful concept in principle: in actuality it is flawed. I prefer to practice a form of value awareness which I believe is more useful and honest than any attempt at value-neutrality which I believe is impossible. In a value-aware approach I am free to acknowledge my values and to get some of them out in the open, and once acknowledged, I am then freer to move on in my counselling practice.

With this in mind I find the German expression *verstehen* a useful word to express what I am attempting here to convey. In sociology *verstehen* is used by sociologists who may grasp an idea by empathy or close contact. Max Weber who popularised the use of the word in sociological circles understood *verstehen* as meaningful understanding, putting oneself in another's shoes, where a sociologist will attempt to understand both the intention and context of human action. This understanding is consistent with the intent of this paper. For this reason I find this an applicable word with which to inform my own counselling framework.

Life remains
ambiguous as long as
there is life.

The Sociological Imagination

I believe that one cannot fully understand a client without understanding where they also fit into the wider and bigger content. In other words, how does this client fit into, and relate to the society of which they are a part? One person may

have difficulty fitting in with her work colleagues; another may continually get angry with other patrons at a club or a bar. It is here that I call upon my sociological training and make use of what has been referred to as "the sociological imagination."

It was the sociologist C. Wright Mills who first introduced the idea of the sociological imagination over fifty years ago (1959). The sociological understanding is best understood as the way people can look at their own personal problems, view them as social issues and, in general, try to connect their individual experiences within the workings of society. Mills (1959) wrote:

Neither the life of an individual nor the history of society can be understood without understanding both. Yet men [sic] do not usually define the troubles they endure in terms of historical change...the well being they do not usually impute to the big ups and downs of the society in which they live...they do not possess the quality of mind essential to grasp the interplay of men [sic] and society, of biography and history, of self and world...it is this quality...that...may be called the sociological imagination. (1959, pp. 3-5)

Broadly speaking, the sociological imagination enables and equips people to see with new and unblinkered eyes, to try and understand what is happening around them. For this reason I ask clients to play the "Why?" game; to revert to childhood as it were and ask that incessant question that continues to drive parents crazy. The reason I implement this is to invite clients to notice what is happening and simply ask "why?" Why is this happening? Why is this happening and not that? Why is "a" acting this way? Why is "b" treating me in such a way? This approach works exceedingly well with children.

My heavy dependence on sociology is already evident as I utilise it not only as a discipline in itself, but also as a tool,

a lens through which I am able to view my clients, and through which I encourage them to view themselves. A specific interest of mine continues to be the sociology of religion. Looking at religion from a sociological perspective allows me to see how religion and society interact with each other and how they both affect and influence each other. I have come to the conclusion that one cannot adequately study one without studying the other.

Religion and Society

Forty years ago sociologist of religion Milton Yinger (1970) wrote that Religion and Society are two sides of a stained glass window. To fully understand one, you need also to understand the other. How, he asks, is it possible to fully see a stained-glass window from only one viewpoint, whether it be inside or outside? (1970:2) Yinger is a useful scholar to acknowledge here as he also attempted to integrate several disciplines in his own Field Theory. Field Theory, according to Yinger (1965) was based on his conviction that

The sciences of human behaviour will be strengthened by explicit attention to their common theoretical base. [It is] an effort to develop a perspective from which one can study the research in areas of [one's] interest more creatively and undertake [one's] own research more effectively. (1965, pp. vii-viii)

Yinger's proposed integrated theory included the disciplines of Sociology, Anthropology, and Psychology.

Hence, any study of religion needs to understand its impact and juxtaposition on society. Alternatively, religion is so pervasive that one would be foolish to study society without also studying the presence and influence of religion on it. And so it has been found that this is indeed what transpires. Societies and organisations such as the Religious Research Association and the Society for



the Scientific Study of Religion are ample testimony to this fact.

We can take Yinger's thought even further. To understand oneself fully, it is necessary to engage in the above mentioned sociological imagination as we begin to view ourselves in a broader societal context. Yet, according to Yinger, in order to understand society fully, one must also understand religion and its role in society. This being the case, we can and may now understand people at an individual, a societal and a religious level.

This thought resonates well with the arguments of Mircea Eliade and, more recently, Lloyd Geering that human beings contain within themselves a religious element. According to Eliade (1959) humanity, which he describes as homo religiosus, always views the world as revealing a sacred modality... [and] sacrality is a full manifestation of being (1959, p. 138). Life, for Eliade, is lived on a two-fold plane; both as human existence while at the same time, it shares in a transhuman life (1959, p. 167). He summarises this as:

Whatever the context in which he [sic] is placed, homo religiosus always believes that there is an absolute reality, the sacred, which transcends this world but manifests itself in this world, thereby sanctifying it and making it real...further...life has a sacred origin and human existence realises all its potential in proportion as it is religious – that is, participates in reality (1959, p. 202).

Developing this premise, people are viewed as containing within their very essence a spiritual dimension. This is not the place to debate the imago dei let alone spirituality in general. However, counselling as part of the broader psychological and therapeutic disciplines has no issue with acknowledging the spiritual dimension contained within the human psyche. Almost two hundred years ago Ludwig Feuerbach was able to make the link between one's quest for meaning and

the spiritual dimension. He wrote that he [sic] who has an aim in life, an aim which is in itself true and essential, has eo ipso a religion (1957, p. 64). Eliade (1959) reaches a similar conclusion. He writes that

every existential crisis once again puts in question both the reality of the world and man's [sic] presence in the world. This means that the existential crisis is finally a "religious," since...being and the sacred are one. (1959, p. 210)

A more contemporary example of this type of thinking can be seen in the works of Lloyd Geering. While viewing this from a more projectionist perspective, and building on Feuerbach, still Geering acknowledges the existence of what he calls self-transcendence (2000, p. 71). Many clients tacitly acknowledge this fact when, for example, they may visit a counsellor and ask what we may refer to as "ultimate" questions, a term which owes much to Paul Tillich. According to Tillich (1957) such questions concern themselves with humankind's ultimate concerns, the ambiguities of life. For Tillich

Life remains ambiguous as long as there is life. The question implied in the ambiguities of life derives to a new question, namely, that of the direction in which life moves. This is the question of history. Systematically speaking, history, characterized as it is by its direction toward the future, is the dynamic quality of life. Therefore, the "riddle of history" is a part of the problem of life. (1957, p. 4).

When a client begins to question their very existence, their reason(s) for being alive (or indeed for staying alive), whether they realise it or not, the conversation has deftly moved to the existential and spiritual realm and ensuing conversation would benefit from being geared at this level, at least for a time. Question: Are counsellors comfortable moving to this plane?

In light of the above I believe that in order to understand fully and to work

effectively with the vast range of clients that we encounter, counsellors could be encouraged to equip themselves with a thorough understanding of not only counselling and psychology, but also sociology and studies of religion/ spirituality.

In my own situation, apart from my own specific counselling perspective, I already bring all these other things to each counselling session. Moreover, and I believe somewhat significantly, these other areas of study have, I found, assisted me greatly in my interactions with clients.

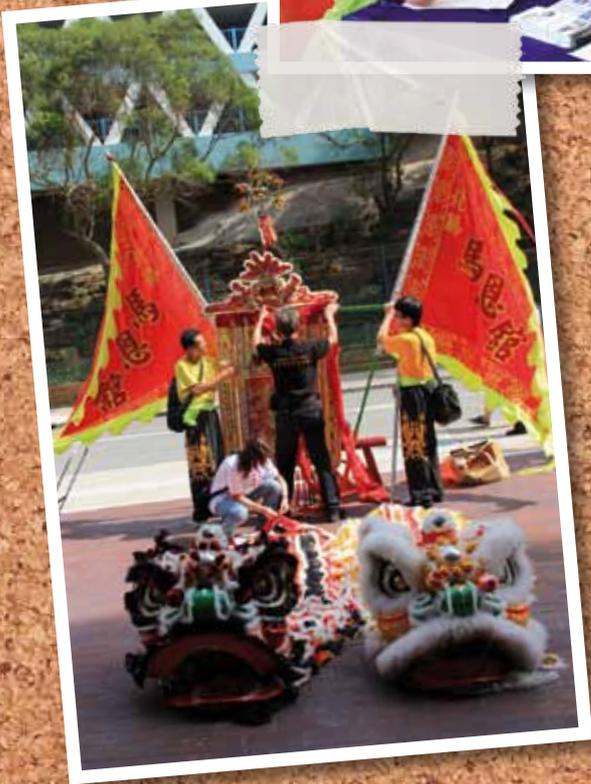
Introspection allows us all to get to the heart of the psychological matter or indeed any matter in our search for greater self-understanding and self-awareness.

My argument then is to develop a cross-disciplined counselling paradigm among professionals; a shared understanding where we work from an integrated counselling perspective. Such a perspective acknowledges a tripartite distinction within persons: a psychological, a spiritual and a social.

Psychological

This section is self-evident and most

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likely a given among all those engaged in the counselling profession. Most, possibly all counsellors would readily acknowledge the importance and contribution of psychology on our profession. Understanding how an individual functions cognitively is at the very heart of our undertaking. All counsellor training rightly focuses on different psychological perspectives and the role of various thought processes on our normal day to day functioning.

Psychology assists us in looking at ourselves, to look inward. Introspection allows us all to get to the heart of the psychological matter or indeed any matter in our search for greater self-understanding and self-awareness. Psychology by itself however, takes us only so far. Looking inward is crucial: my argument, however, requires of us to keep doing this, but to do this from within a more external framework. I turn to this framework now.

Spirituality/Religion

While my own background includes involvement in religious organisations, many of my clients' backgrounds do not. Their stated intention then is specifically to not visit a member of any clergy nor a stated religious person as a counsellor (for example a church-based counselling practice.) However, time and time again

even the most hardened anti-religious person resonates with insights from one of the religious traditions or has no trouble accepting some truth at or pertaining to a spiritual level.

Many of these clients have rejected an institution but not the truth or presuppositions behind such institutions. In my experience most of these same clients tend to have no problem in acknowledging the presence of a spiritual essence in being a human being. Therefore relating to these clients on a spiritual plane causes me and presumably them no problem whatsoever.

Case example 1: Jennifer (not real name) was upfront in saying she had put her "old" life behind her. Whereas she had previously been actively in church, she now claimed to eschew all such values as she turned away from her former relationship and accompanying lifestyle. Jennifer continues to be, however, a spiritual person and while not practicing any particular faith tradition her spiritual perspective continues. By her own admission she remains a person of spiritual values who can and willingly engages at a spiritual level in our counselling sessions.

Case example 2: Jack (not real name) on the other hand, claims never to have been near a church. He has no involve-

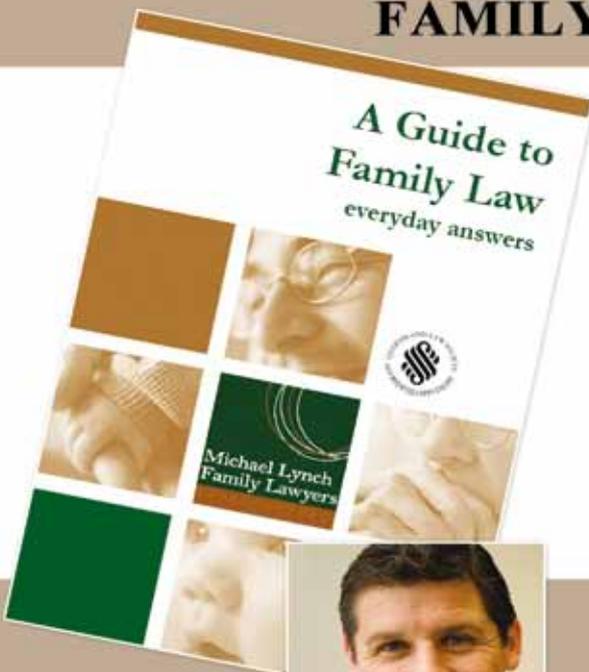
ment in religious organisations or activities, nor any intention of having any such involvement. Jack, however, has no trouble speaking about spiritual matters or about understanding the spiritual component of life. He possesses a clear awareness of the distinction between organised religion and personal (and corporate) spirituality.

On this basis, an understanding of spirituality would seem to be a useful tool in any counsellor's arsenal. I am not suggesting a personal religious commitment but rather at the very least, an understanding and appreciation of basic individual (and global) spirituality and how religion continues to function in society.

Sociology

Sociology is commonly defined as the scientific study of human society (Macionis 1995, p. 2). A social scientific perspective allows us to contextualise clients' issues and to understand them as people within a greater social context. In my opinion this is vital because people exist in a broader context than just themselves. A sociological perspective assists me in asking questions that deal directly with the juxtaposition of a person and society.

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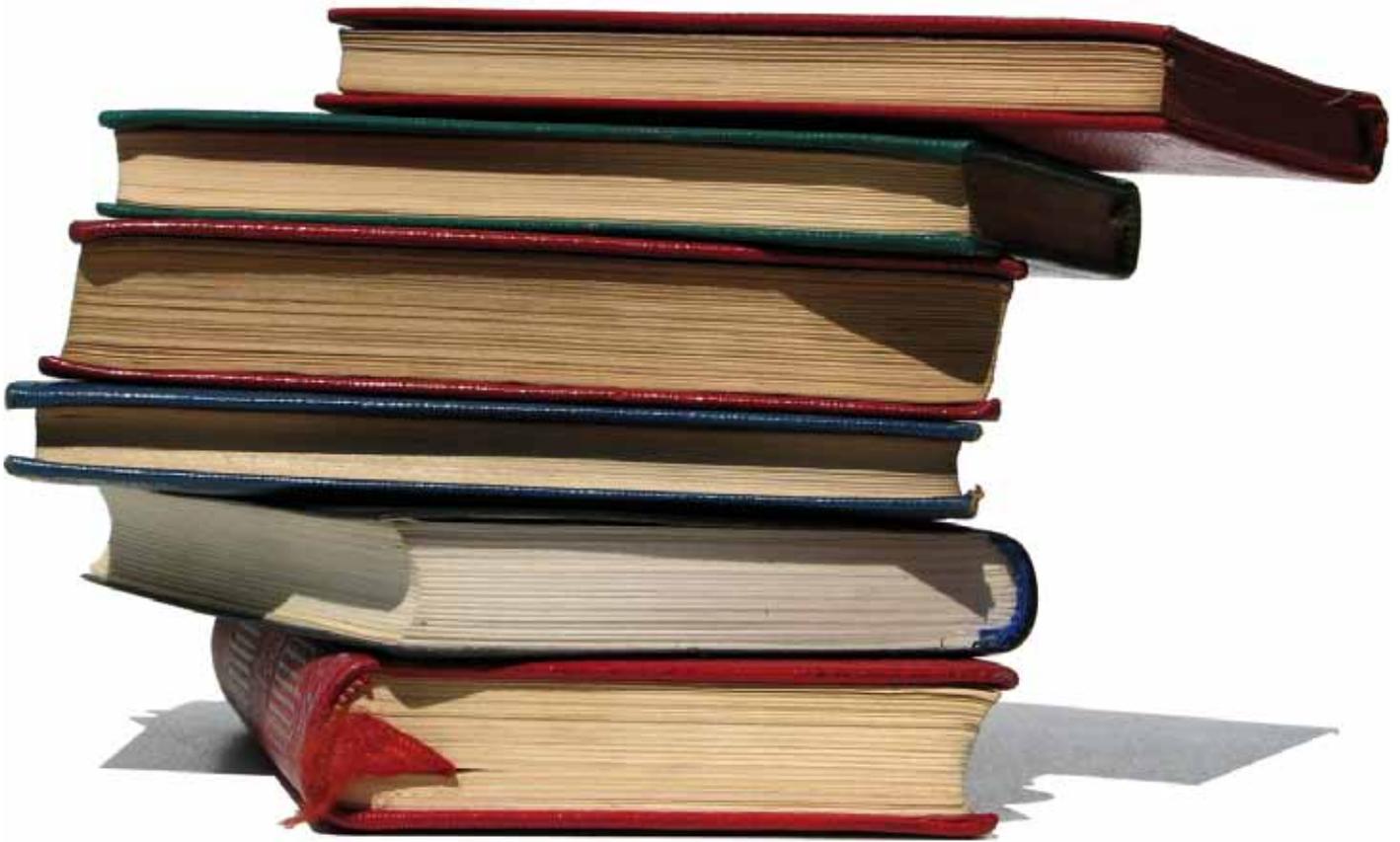
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I therefore view and utilise sociology and indeed a social scientific perspective not as a separate discipline to counselling. After all, I am a practicing counsellor, not a practicing sociologist and my stated aim is to assist counselling clients, not understand society per se. Rather, I require of a sociological perspective that it inform my view of the world and my clients' role in this world. Sociology then becomes not an end in itself but a means to an end; a way of assisting my clients and contextualising their "sitz im leben."

Case example 3: Margaret (not real name) came to see me following the sudden death of her partner. However, in speaking with her over several sessions, many of her stated concerns relate not only to her dealing with issues of grief and loss, but how to deal with a number of societal pressures thrust upon her. Learning to identify social forces and how society operates has proven helpful to her in moving on.

Using sociology this way not only broadens my own understanding of where a client is "coming from" but also allows them to see how they interact with their surroundings and how they are influenced by the bigger picture.

Conclusions and Implications

Developing such an integrated framework is not suggested here as a panacea for all the troubles and dilemmas counsellors confront. It can however, broaden our horizons; horizons that sometimes are limited in scope and theory. An integrated (cross-disciplined) approach allows us to draw on expertise from others in allied health professions as well as making the most of a broader social-scientific perspective. It is my opinion that this will work to our collective and individual benefit.

The perspective proposed here shows some consistency with Barletta and Vecchione's (2004) proposed process approach to counsellor training. There they freely admit counsellor educators need to be aware of, and sensitive to, the multiplicity of needs of the counsellor trainee (2004, p. 188). My suggestions here resonate strongly with their third point training, although points 1 and 2, selection and induction respectively also allow for reception to an integrated framework (2004, p. 189).

Barletta and Vecchione write that counsellor educators encourage trainees to develop awareness and competen-

cies for understanding the mental and emotional aspects of an individual's functioning (2004, p. 190) Not only am I in agreement with this but am suggesting ways of enhancing and broadening one's general functioning capacity.

So how might my propositions look? At a basic level I would like to see some of these concepts taught in any introductory type counselling courses. By doing so, I would expect counsellors to graduate with a broader understanding of what lies before and around them. I have previously argued (Jackson, 1996) for more social scientific subjects to be included in theological training within theological education institutions. Let me now go further and suggest the efficacy of including both theological/religious and sociological subjects in any counselling syllabus.

As I have shown, human beings are spiritual beings with a spiritual component inherent in each of us. Acknowledging this then is simply naming that which many people already know. An understanding of spirituality and the religious dimension of society has and can continue to be proven a valuable tool in the counselling domain. Hopefully, this is an area that will increase in the coming



days as training providers acknowledge these truths.

In addition, let us encourage our practitioners to continue to broaden their horizons at an on-going professional development level. Much on-going professional development limits its focus on the broadening and strengthening of counselling skills and counselling perspectives. At the same time perhaps too, accrediting organisations such as the Australian Counselling Association (ACA) and the Psychotherapy and Counselling Federation of Australia PACFA could be encouraged to broaden their parameters to incorporate and even encourage such

training into required Ongoing Professional Development (OPD) guidelines.

We do not live in a vacuum but sometimes we have the tendency to treat clients as if that were the fact. However, as individuals we live out our life in a societal context, we interact (albeit sometimes to a limited extent) with others, whether they be family, friends, Government workers, other health professionals. We are not alone. Moreover, our various interactions affect how we live and the decisions we make. Understanding the theory behind such dynamics will assist our counselling ability as we seek to equip our colleagues in the best possible

way. I look forward to that day with hope and excitement.

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Publications:

"The pastoral counselor as prophet and priest." *Ministry*, November 2009.
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Developmental Counselling and Therapy: A Brain-Based Approach to Counselling and Therapy

Allen E. Ivey, EdD, ABPP

Mary Bradford Ivey, EdD, NCC, LMHC

Sandra Rigazio-DiGilio, Ph.D.¹ (Peer reviewed article)

Our interaction with clients changes their brain (and ours). In a not too distant future, psychotherapy will finally be regarded as an ideal way for nurturing nature.

- Oscar Gonçalves

Developmental Counselling and Therapy (DCT) originated in the 1980's as an exploration into what Piagetian thought had to say to the counselling and therapy field. It turned out that Piaget, indeed, has a good deal of relevance (Ivey, 1986/2000).

In the early phases of DCT, the following points soon became obvious:

1. Adolescents and adults again and again recycle through the Piagetian stages of sensorimotor, concrete, formal, and post-formal consciousness. DCT uses the term cognitive/emotional style to explore the different ways our evolving consciousness shapes our view of the world
2. Counselling is about promoting the evolution of consciousness. Adapting Piaget to our field enables us to map the development of our clients in the here and now of the interview and over time.
3. Human consciousness grows when the client actively processes the difficulties they are dealing with. When professionals process the client's issues, it is the counsellor's answer, not the client's. DCT stresses the importance of collaborative therapeutic environments.
4. Mapping levels/styles of cognitive/emotional development enables us to match our language and our treatment interventions to each client, his or her unique family constellation, and salient members and groups within the wider community.
5. DCT, then, makes it possible to integrate all forms of counselling and psychotherapy within a unified theoretical framework, which has been researched and tested over the years.

The four cognitive/emotional styles, as adapted by DCT are sensorimotor, concrete/situational, formal/reflective and dialectic/systemic. More complete descriptions of each follow later in this article. Flowing from a practice of counselling based on these five theoretical points, DCT theory turned to an emphasis on pragmatics, which refers to the specific intrapersonal and interpersonal language and behaviors that individuals and groups use to navigate their environments. These four styles (or levels/stages) have been empirically supported, not only in the counselling domain, but also in the fields of education, human development, and human resource management.

The pragmatics of DCT are fairly straight forward and have specific implications for counseling action.

1. *Assessment of client cognitive/emotional style.* Client word usage and natural language in the here and now of the session enable a counsellor to appraise the client's way of making meaning and worldview.
2. *Style matching and mismatching.* With awareness of how clients make sense of their world, the counsellor joins the language and narrative style of the client, thus facilitating relationship and a working alliance. At a later point, the counsellor can mismatch client style and thus encourage new and additional perspectives on issues.
3. *Questions to encourage exploration at each style level.* DCT has identified specific questions that facilitate client expansion of the narrative within each style. For example: 1) What are you seeing/hearing/feeling? 2) Can you tell me specifically what happened? 3) What

are your reflections/thoughts about that? 4) What other ways could you talk about this story? There is solid evidence for predictability and reliability of client response style to the varying questions (Rigazio-DiGilio and Ivey, 1990).

4. *Matching treatments with cognitive/emotional style.* Example sensorimotor treatments are prescribing exercise or meditation, here and now Gestalt exercises, and Gendlin's focusing, areas on the periphery of counselling training and practice. The concrete and formal styles have an immense array of theories and strategies associated with them, ranging from Ellis' REBT, Rogers person-centered counselling, narrative methods, to interpersonal and psychodynamic approaches. Less common is emphasis on systems via the dialectic/systemic style. Examples here are multicultural counseling and therapy (MCT), feminist approaches, and much of family systems work.
5. *Encouraging multiperspectival thought, feeling, and action.* DCT is integrative and seeks to enable clients to examine their issues from as many cognitive/emotional styles as possible. DCT offers the field both an alternative, researched-based approach to contemporary culturally-responsive counselling and a meta-theory, which can be used to organize strategies and techniques from multiple counselling models to form a cohesive and unified treatment framework.

Over the years, ways to use the DCT framework were validated in treating counselling issues as varied as spirituality, multicultural issues, family

Ivey & Ivey

Allan and Mary's farewell workshop for Australia Melbourne Hilton, 11 November 2011

This is Allen Ivey's 8th visit to Australia and Mary Ivey's 4th. The couple has worked extensively with Australian counsellors/psychologists and also with Aboriginal people since 1979. Both are internationally known authors and lecturers, who specialize in counselling skills, developmental counselling and therapy, neuroscience, and multicultural issues.



Allen E. Ivey, EdD, ABPP

Distinguished University Professor (Emeritus) at the University of Massachusetts, Amherst. He is also a Courtesy Professor at the University of South Florida, Tampa. A Diplomate of the American Board of Professional Psychology, Dr. Ivey is a past-president and Fellow of the Society of Counseling Psychology of the American Psychological Association and is been a life member of American Counseling Association.

Author or co-author of over 40 books and 200 articles and chapters, his works have been translated into 20 languages. Neuroscience, spirituality and multicultural counselling are central in his work.

Mary Bradford Ivey, EdD., NBCC, LMHC

Courtesy Professor of Counseling, University of Florida, Tampa. Mary has three areas of expertise and experience—writing, independent consulting and school guidance.

Recognized by and listed in Who's Who in America, she is co-author of twelve books plus numerous articles, translated into several languages.

She has received three national awards for her contributions to counseling and multicultural studies.

1 Day Workshop

New Dimensions in Assessment and Treatment: The Positive Wellness Approach from Developmental Counselling and Therapy (DCT)

Allen and Mary will share their central approach to child, adolescent, and adult counselling and therapy. Their goal is to provide a basic introduction to DCT with enough specifics so that participants will be able to use the concepts in their practice in the coming weeks.

The first focus will be on assessment of client cognitive/emotional style and potentially useful treatments for each style. Working with positive approach to child, adolescent, and adult depression will be the second topic. The afternoon will provide practical experience with the community genogram, a tested strategy that enables clients to see their issues in broad social and multicultural context. The session will close--as time permits--with an examination of Axis II, personality "disorder," which the Ivey's regard as personal style rather than disorder.



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6.5 CPD Hours

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therapy, Adlerian and psychodynamic therapy, and a broad range of so-called “disorders” within the Diagnostic and Statistical Manual of Disorders (DSM III, IV, and now the forthcoming V). It was found that the system worked effectively with children as well as adults and that it has relevance for the treatment of clients dealing with issues such as substance abuse, phobias, anxiety, depression, eating disorders, child and partner abuse, and trauma.

Piaget’s many books have resulted in a plethora of both clinical and research studies. The concept of a hierarchical progression of cognition from sensorimotor thought concrete, formal, and post-formal is well established. This hierarchical progression was deemed to be linear and sequential. In other words, the general view of developmental psychology was that one evolves from sensorimotor through concrete, to formal and maybe post-formal ways of knowing the world. DCT rejects this one-way progression point of view and assumes a holistic viewpoint, which states that the four styles of cognitive/emotional consciousness are dynamic. In this way the styles are constantly being recycled as humans attempt to understand and operate in their world, and therefore shape the worldviews of individuals and groups. This holistic versus hierarchical nature of cognitive/emotional styles is consistent with evidence that humans rely on a wide variety of intellectual and emotional skills to survive and thrive in their world. Neuro-psychological findings suggest that the brain is holistic (Jensen, 2005). DCT’s relationship with neuropsychology goes beyond its holistic perspective and connects counselling theory to actual regions of the brain.

The Brain Base of Developmental Theory

No cognition without emotion; no emotion without cognition.

- Jeanne Piaget

Allen and Mary Ivey are perhaps best known for their writing and workshops on microcounselling, the original and most researched approach to counsellor education and training (e.g. Ivey & Ivey, 2008; Ivey, Ivey, & Zalaquett, 2010). Basic to the microskills model since 1971 is what they term the **positive asset search** in which strengths and resources of the client are brought in to help clients deal more effectively with their concerns, issues, and problems. This is similar to what Carl Rogers (1961) termed **unconditional positive regard** and to what the movement toward wellness and positive psychology posits about the importance of a more positive approach to the counselling process (Ivey, Ivey,

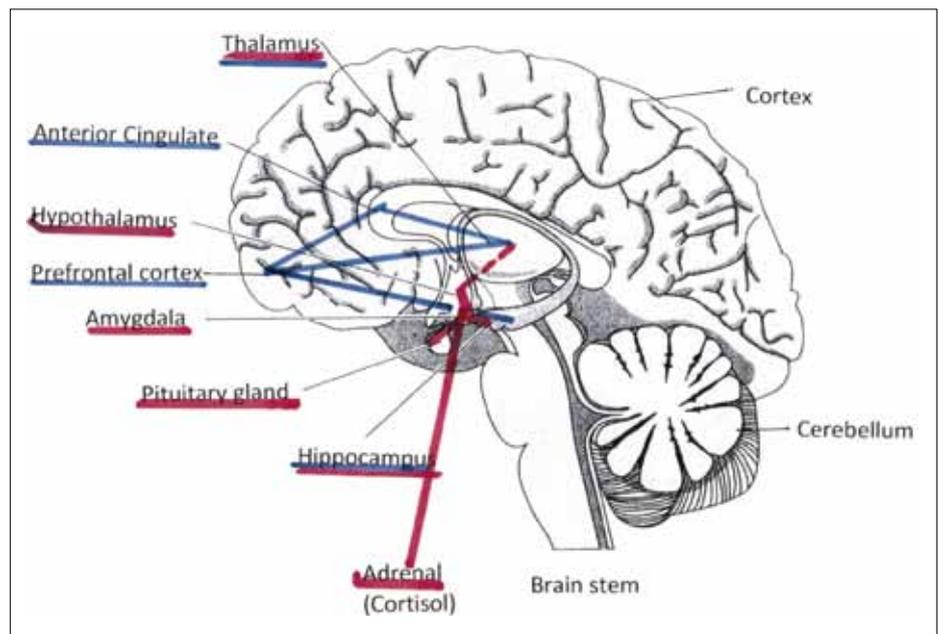


Figure 1: The Brain Reacts to Stress

Myers, & Sweeney, 2005). In effect, we spend much too much time on “problems” while giving insufficient attention to the existing strengths and resources within and outside client and client systems for resolving these issues. The strength-based, positive asset search is, not surprisingly, basic to the DCT framework and is now supported by evidence in brain-based processes.

When we are stressed, challenging things happen in our brains. The amygdala is sometimes called the “energizer bunny” of the emotional system. When a person is stressed sufficiently, the amygdala sends messages about the problem to the hypothalamus, pituitary, and adrenal glands. This is often called the HAT axis (or the “short circuit” of the emotional system) and hormones are activated throughout the body. In particular the adrenal gland produce cortisol, which in overabundance can destroy brain cells and erase memories in the hippocampus.

Simultaneously, the “long cognitive circuit” of the thalamus, anterior cingulate cortex, and prefrontal cortex (TAP) receives the same message. The executive area of the prefrontal cortex decides what to do and again sends messages throughout the brain and body on how to deal with the stress. But, if the stressors are too much (or if drugs such as cocaine are involved), the individual may be at the mercy of the HAT axis with little help from TAP.

DCT considers stress the underlying factor of many, perhaps most, issues that we face in counseling. So, given the power of stress to destroy us both mentally and physically, what can we do about it? This

is where the **positive asset search** and positive psychology come in. Negative emotions (e.g., anger, fear, sadness) tend to be located primarily in the amygdala and the lower brain HAT axis. This is logical as fear, in particular, is adaptive for survival in the evolutionary process. The prefrontal cortex and the higher brain is the primary location of positive emotions. Thus strengthening the TAP axis is obviously important for counsellors to consider.

DCT and the importance of relationship.

It is sometimes said that it takes ten positive comments to counteract a negative one. If that negative comment is elevated to a serious life narrative or a stressful traumatic event, a good deal more positive work will be required to combat the negative energy of the HAT axis. Stress management is clearly one important way to help clients manage these narratives and events, and we need to think of stress management both as prevention and treatment.

Norcross (undated) has summarized his extensive research on the effectiveness of counseling and therapy in a set of PowerPoints. He finds that 12% is related to relationship, 8% to treatment method, and 7% to the individual helper. The client contribution is 30%, leaving 43% unexplained variance or other factors. Another way to view these data is that we can explain the 49% of the success of counseling to interpersonal factors, thus suggesting all the more that we need to give attention to client worldview and our place in this process. Our treatment methods remain important, but perhaps are not as central as we think. With a solid and egalitarian

ACA National Conference

11th to 13th of November 2011

Hilton on the Park, Melbourne

2011	Event	Time	Presenter	Title
Fri 11 th	 Preconference Workshop APS Endorsed Activity 6.5 CPD Hours APS College Endorsed (CCOUN) Code: 11-07 Valid To: 24 November 2011	9am -5pm	Dr's Allen and Mary Ivey	New Dimensions in Assessment and Treatment: The Positive Wellness Approach from Developmental Counselling and Therapy (DCT)
		7pm – 9pm	All	Plaza Ballroom 191 Collins St Melb
Saturday 12 th	Registration	8am – 8.30am	Jovana & Vicki	Registration desk
	MC welcome	8.45am – 8.50am	Philip Armstrong	Welcome, housekeeping, intro VIP
	VIP open conference	8.50am – 9.20am	Hon Mary Wooldridge, Minister for Mental Health (TBC)	Mental Health in Victoria
	Keynote	9.25am – 10.25am	Dr's Allen & Mary Ivey	Neuroscience: The Cutting Edge of Counselling's Future
	Morning tea	10.30am – 11am		
	Workshop 1	11.05am – 2.35pm	Dr Angela Lewis	Understanding Non-Mainstream Sexual Practices
	Workshop 2	11.05am – 2.35pm	Richard Hill	From Behaviour to Brain to Genes and back again.
	Workshop 3	11.05am – 2.35pm	Dave Goldsmith	Counselling children using the interaction of all five senses
	Workshop 4 (3 x 30 minute papers)	11.05am – 2.35pm	1. Lyndall Briggs & Anne Clarke 2. Carol McGowan 3. Aurelia Satcau	1. Results of a study into the Effects of Using Hypnotherapy and/or Homeopathic Remedies on Anxiety 2. Do Business Coaches Think they Need Counselling Skills (Results of Research Project) 3. The 'trivialization' of cultural-context: multicultural counselling revisited
	Lunch	12.35 pm – 1.25pm	Book signing Allen & Mary	
	Workshop 5	1.30pm – 3pm	Richard Cook	Interweaving Narrative and Cognitive Approaches to Therapy: Problems and Possibilities
Workshop 6	1.30pm – 3pm	Steve Thaxton	Counselling Traumatized Children: E.M.D.R. and Play Therapy	
Workshop 7	1.30pm – 3pm	1. Prof Richard Hicks & Clive M Jones. 2. Stan Korosi 3. Dr Randolph Bowers.	1. Counsellor burnout, occupational stress and coping resources: A study of Australian counsellors, using the OSI-R and the CBI 2. When parents rupture their children's loving bond with the other parent 3. Exploring Competencies for Counselling Practice	
Afternoon tea	3.05pm – 3.25pm			
Workshop 9	3.30pm – 5pm	Dr Mary Ivey	Coaching and Microcounselling	
Workshop 10	3.30pm – 5pm	Dr Randolph Bowers	Exploring Competencies for Counselling Practice	
Workshop 11	3.30pm – 5pm	George Thompson	The Purpose of The Recovery Foundation	

2011	Event	Time	Presenter	Title
	Workshop 12 (4 x 30 minute papers)	3.30pm – 5.30pm	1. Tra-ill Dowie & Adam Rock 2. Dr Clive Jones 3. Aurelia Satcau 4. Dr Nadine Pelling & Ian Richards	1. Re-conceptualising Transpersonal Counseling: An Extended Vision of the Humanistic Counselling Project 2. What makes counselling work? An investigation into factors that contribute to the effectiveness of psychotherapeutic treatment processes in Australia 3. On psychoneuroimmunology, 'molecules of emotion', and counselling 4. Family Conflict from a Child's Perspective
	Pre-dinner drinks	6.30pm – 7pm		
	Conference dinner	7pm – 11pm	All	
Sunday 13 th	Day registrations	8.30am – 8.50 am		
	Workshop 13	9am – 10.30	Zohar Berchik & Adam Rock	The Phenomenology of the Voice Dialogue Process
	Workshop 14	9am – 10.30	Dr Linda Hanson	What's your style? If counselling was a television show, who or what would you be?
	Workshop 15	9am – 10.30	Dr Jeffrey Po	Counselling the elderly within a multi-cultural environment using Psychosynthetic-Buddhist technique
	Workshop 16 (3 x 30 minute papers)	9am – 10.30	1. Mary Pekin 2. Dr Richard Cook 3. Dr Ann Moir-Bussy	1. GULANGA (Ngunnawal for) "We too include you" 2. Interweaving Narrative and Cognitive Approaches to Therapy: Problems and Possibilities 3. Yin/Yang and Beyond: The Tao of psychological transformation
	Morning tea	10.30am – 10.55am		
	Workshop 17	11am – 12.30pm	Judith Morgan	A Failure to Correct Weaknesses – When psychotherapy collides with goals and outcomes in medicine and education
	Workshop 18	11am – 12.30pm	Nathan Beel	What can we learn from what works across therapies?
	Workshop 19	11am – 12.30pm	Gwenda Logan	Same, same but different
	Workshop 20	11am – 12.30pm	Heather McClelland	Managing anxiety using accessible body strategies
	Lunch	12.35 pm – 1.25pm		
	Workshop 21	1.30pm – 3.00pm	Monica Hedges & Flora Pearce	Sharing the Load: Helping Young People and Families Move Toward Independence in Managing Chronic Illness
	Workshop 22	1.30pm – 3.00pm	Stan Korosi & Gabby Skelsey	A differentiated view of sexuality, intimacy and the fragility of life, and how practitioners respond to working with couples regardless of gender
	Workshop 23	1.30pm – 3.00pm	Veronika Basa	The Importance of Counselling Supervision
	Workshop 24	1.30pm – 3.00pm	Marg Garvan	Experience the Power of Sandplay Therapy
	Afternoon tea	3.05pm – 3.25pm		
	Closing keynote	3.30pm – 4.30pm	Dr Cathy Kezelman CEO ASCA	The process of integration, from a consumer perspective

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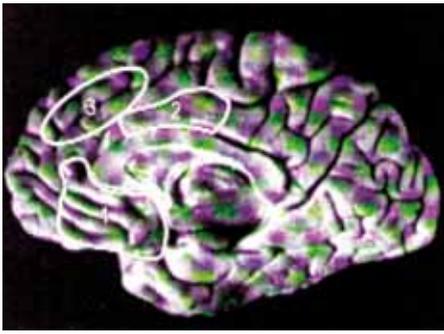


Figure 2: Structures on the medial surface of the prefrontal cortex.²

Piaget	Ivey	Lane	Neuroanatomical Emotional Structures
Sensorimotor	Sensorimotor	Visceral Activation	Brainstem
Preoperational	Late Sensorimotor	Action Tendencies	Diencephalon (Thalamus, hypothalamus)
Concrete Operations	Concrete/Situational	Discrete Emotions	Limbic system (Above, plus amygdala, hippocampus, anterior cingulate cortex)
Formal Operations	Formal/Reflective	Blends of Emotion	Paralimbic cortex (Three levels: cingulate cortex, connector, and striatum)
Post-formal Operations	Dialectic/Systemic	Blends of Blends	Prefrontal cortex

Table 1: Three Views of Cognitive/Emotional Development With Lane and Schwartz's Outline of Anatomical Structures.

relationship, clients are more likely to participate and cooperate with treatment alternatives.

DCT stresses relationship and assessing client's style of perceiving the world. As we move to treatment for stress, sensorimotor aspects of stress management include meditation, exercise, and positive imagining, all of which can be highly beneficial for both treatment and prevention. Developing increased gray matter in the brain (Hölzel, 2010) and a healthy body are excellent ways to help clients deal with stress.

Stress management includes looking at client stories and the irrational, automatic thoughts that go with these stories. Thus cognitive-behavioral strategies are useful for managing and preparing for stressful narratives and events. Cognitive Behavioral Therapy includes reflecting on the stories and changing the meaning of narratives.

Seeing the big picture and putting stressors within a wider context are also effective ways to manage stress. Helping clients examine their experiences and narratives within a formal/reflective processing style is very useful in developing alternative understandings of stressful events and narratives.

However, stress management gives insufficient attention to systemic issues such as racism, sexism, and the way social systems negatively affect the individual and the family. As noted in psychotherapy as liberation and in Rigazio-DiGilio's work with inpatients diagnosed with recurrent major depression, understanding how systems affect individuals and families is an important result of effective counselling.

In all of the above strategies, we are seeking to help clients find strengths and positives in self and system. DCT and SCDT are committed to facilitating human and systemic development over the lifespan by enlarging the possibilities and competencies of clients and client systems.

The complementary brain studies of Richard Lane. In 1987, Lane and Schwartz published a

cognitive developmental view of the psychotherapeutic process very similar to that of DCT. Also based on Piagetian thought, it organized treatment plans for various cognitive/emotional levels in a framework almost exactly parallel to that used in DCT. The two frameworks were developed independently and continued for several years without awareness of the other. The authors have since met, compared approaches, and are in frequent communication.

Table 1 shows Piaget's well known levels of cognitive/emotional development, followed by the Ivey and Lane approaches. Lane focuses on implicit and explicit emotional processes, while Ivey emphasizes the holistic idea of cognitive/emotional development. The fourth column outlines specific brain structures Lane and Schwartz associated with each type of experience.

Lane's neuroanatomic emotional structures form a hierarchy of cognitive/emotional areas. But, remember, the brain is holistic and all these structures operate together, almost instantaneously to external stimulation (i.e., what we see, hear, feel, touch, taste). Evidence supporting this **holistic** perspective is found in a careful examination of the child's (or adult's) sensorimotor emotional or cognitive experience which demonstrates that aspects of the other styles are being used to produce and maintain sensorimotor worldviews.

Each of the DCT cognitive/emotional styles has been connected to specific areas and processes within the brain. Brain research summarized in Lane's 2008 presidential address presents specific areas of the prefrontal lobe associated with each style of experience (Figure 1). PET scans show that different areas fire or light up. The numbers on the circled areas of the prefrontal cortex refer to: 1) Background feelings (sensorimotor); 2) Attention to feelings (concrete); and, 3) Reflective awareness (formal and dialectic/systemic).

Thus, we can say with some certainty that different areas of the brain relate

to different cognitive/emotional styles, but what meaning does this have for the counselling process?

Empathic Matching of Language and Interventions With Client Cognitive/Emotional Styles

Whereas the typical approach to intervention in counselling is to select a theory and a set of strategies with which to approach a client, the DCT and Lane models suggest that we start with the client and match our language and intervention to their way of experiencing the world. Rigazio-DiGilio has adapted DCT methods to work with families and wider human systems in the Systemic Cognitive Development Therapy (SCDT) model (Rigazio-DiGilio, 2000).

Our first task in the interview, whether working with individuals or families, of course, is to establish an empathic working alliance. The two developmental models stress the importance of assessing client cognitive/emotional style and then providing culturally-sensitive treatment interventions.

Sensorimotor style. The client is able to experience cognitions and emotion in the here and now and to be in the moment. Lane speaks of neural substrates of emotion where feelings are experienced rather than named. Crying and laughing are very much here and now experiences. At the late sensorimotor level, magical preoperational thinking may occur. The advantages of this style are the ability to experience the moment, but constraints of this style occur and clients may tend to have random thoughts and difficulty telling a linear story. Many formal reflective clients will have lost touch with the sensorimotor style and the ability to be in the here and now.

Sensorimotor interventions. Adults who engage in exercise, meditation, prayer, and "being-in-the-moment" are enjoying the benefits of the sensorimotor style and there is evidence that these activities increase the effectiveness of the brain. For example, meditation



has been shown to produce increases in gray matter, while simultaneously the amygdala (i.e., negative emotion energizer) is reduced in size (Hölzel, et al, 2010). Here and now interventions such as Gestalt exercises, experiential treatment methods, and bodily anchored treatment methods such as those outlined in the Gendlin Focusing Model need more attention. In general, the majority of counselling theories and strategies tend to be limited in this area. Traditional theories tend to focus on the concrete and formal aspects of human development. DCT is unique in that it gives special attention to the body, including nutrition and exercise. In addition, special attention is given to strategies such as meditation, guided imagery, and other strategies designed to bring clients to the here and now.

Concrete/situational style. This is where we find linear narratives and stories of events and experiences. As therapists we get the client's perspective on what he or she thinks happened. With a little help, the client can see cause and effect; "if this happens(ed) . . . , then the result is/was . . . ". Obviously, this cognitive/emotional style again has constraints. Clients who are primarily concrete in thought and emotion may have difficulty reflecting and thinking about their experience. They also may be partially out of touch with the here and now sensorimotor world.

Concrete/situational interventions. Our field has many ways to reach clients who are primarily concrete. Strategies include the multitude of behavioral interventions, narrative storytelling, and the "if . . . , then" aspects of rational emotive behavioral therapy and cognitive work. In family therapy interventions within structural, strategic, narrative, and behavioral approaches are typical of those

However, stress management gives insufficient attention to systemic issues such as racism, sexism, and the way social systems negatively affect the individual and the family.

used with families and wider groups.

Forma/reflective style. Abstract thought brings with it the ability to reflect on experience and to see patterns in life, certainly critical components of effective counselling. Counsellors themselves tend to operate primarily in the formal reflective area. We are often impatient with clients who tell us long concrete stories and then have difficulty seeing how their behaviors and thinking tie together in patterns. So, while formal abstract thought is essential to our being in the helping professions, sole reliance on this cognitive/emotional style brings with it several potential problems, such as: 1) Clients and counsellors having difficulty being in touch with here and now sensorimotor experience; 2) Clients and counsellors being so thoroughly imbued with "thinking about things" that they ignore concrete reality; and, 3) Clients and counsellors having difficulty moving beyond a few new and useful reflections, toward multi-perspective thought and systems thinking. The counselling field is replete with individualistic and family theories and methods that fail to see social context and multicultural issues.

Formal/reflective interventions. Again, our field has an almost endless number of ways to enable clients to reflect on their lives. These include our most popular theories such as client-centered, cognitive-behavioral, and psychodynamic interpersonal approaches. Interventions from psychoanalytic, intergenerational, and developmental systemic approaches represent formal/reflective treatment options in family therapy.

Dialectic/systemic style. Along with sensorimotor, this style receives insufficient attention from our field. Multiple perspectival thought and awareness of the ways in which exchanges across individuals, families, groups, communities, and wider systems are characteristic of the dialectic/systemic style. With awareness of multiple possibilities, thoughts, and feelings, individuals, families, and wider systems can be well prepared to make intelligent and positive decisions. But, on

the other hand, it is not unusual for those who tend to mainly rely on this style of consciousness to be out of touch with their feelings and less able to concretely carry out their decisions.

While attending to client issues, DCT includes a social action dimension as well. According to Albert Ellis (2000):

To be sure, REBT has not emphasized dialectic/systemic counseling as much as it is heavily encouraged in DCT and SCDT. Quite possibly, it - and most other popular therapies - are relatively lax in this respect. The unique element of both DCT and SCDT is the way Ivey and Rigazio-DiGilio stress this fourth process; and REBT had better seriously consider emphasizing it more than it sometimes has done in the past, and thereby learn from DCT and SCDT. But, as also noted above, much can be said on the hazards as well as the advantages of stressing this aspect of therapy. It is nonetheless accurate, as Rigazio-DiGilio, Ivey, and Locke (1997, p. 241) note, 'Theories of counseling and practice that perpetuate the notion of individual and family dysfunction without giving equal attention to societal dysfunction and to the dysfunctional interactions that can occur between individuals, families, and societies (e.g., intentional and unintentional power differentials) may unwittingly reinforce the oppressive paradigm.' All systems of counseling had better give serious thought to this hypothesis as, in fact, few of them have to date done. (pp. 101-102)

Dialectic/systemic interventions. Multicultural counselling and therapy, feminist therapy, and much of family and community therapy focus on how the individual is impacted by systems. Assisting clients to understand how individual issues are part of a larger systemic context is not something we always see in counselling and psychotherapy. Ivey has written on "psychotherapy as liberation" in which the client learns that in many cases, the problem is not in the client, but in the system.

The Developmental Sphere: An Integration

Developmental Counselling and Therapy is holistic and believes that clients benefit most fully when they can experience their issues, tell concrete stories about these issues, reflect on what occurred in relation to these issues, and also see these same issues in a broader systemic context. Thus, as was noted previously, one cognitive/emotional style is not better than another, but further and deeper development within each style is what is desired. Figure 3 summarizes the DCT assessment and treatment model in visual form. Keep in mind, that higher is not better; rather more awareness within and across the four cognitive/emotional styles is what is to be sought.

The Developmental Sphere illustrated in Figure 3 provides a summary overview of the model. The sphere provides a visual understanding of the complexity of human consciousness development. Clients have the capacity to operate within all domains of the sphere. Looking at it holistically, the sphere provides the therapeutic underpinning for making decisions about how and when to use strategies from the various counselling approaches to

match and then extend the client's use of multiple cognitive/emotional styles. It also helps identify the primary styles of consciousness a client is using at the moment. Consider a client whose primary operating from a formal/reflective cognitive/emotional processing style. This client may demonstrate little interest in or ability to consider aspects of other styles of consciousness. Imagine a "bulge" across the formal operational domain that can be mapped over time to assess movement in therapy.

Some clients need to work within their primary cognitive/emotional style before moving to an adjacent one (i.e., either "up" or "down"). Other clients are ready for explorations within less familiar styles of consciousness and will need support maximizing their learning from these under-utilized perspectives. As clients progress through their current style of consciousness and onto others, the therapeutic environment needs to shift. The sphere helps counsellors determine the types of conversation and exploration methods that might best be used to maximize explorations within each of the four styles of consciousness at any given time in treatment.

In sum, brain-based activity supports the construct of different styles of

consciousness. **DCT assessment methods** are based on the premise that clients rely on a primary cognitive/emotional style to understand and approach particular problems they are working through. Counsellors use specific DCT questioning strategies to ascertain the primary style clients rely on to understand and express the thoughts and feelings associated with the issues that brought them to therapy and to determine their capacity to access resources from other styles. DCT treatment methods are based on the premise that clients do have the capacity to access resources from less familiar or not yet realized cognitive/emotional styles. Counsellors use DCT questioning strategies framed within various cognitive/emotional styles to engage clients in therapeutic dialogues that generate broader perspectives of the issues and the options for change. For example, a client might rely on a formal/reflective processing style to understand his marital relationship and, at the same time, rely on a concrete/situational processing style when it comes to issues of parenting. The holistic nature of DCT permits these and other less familiar processing styles to be explored and reinforced during the treatment phase.

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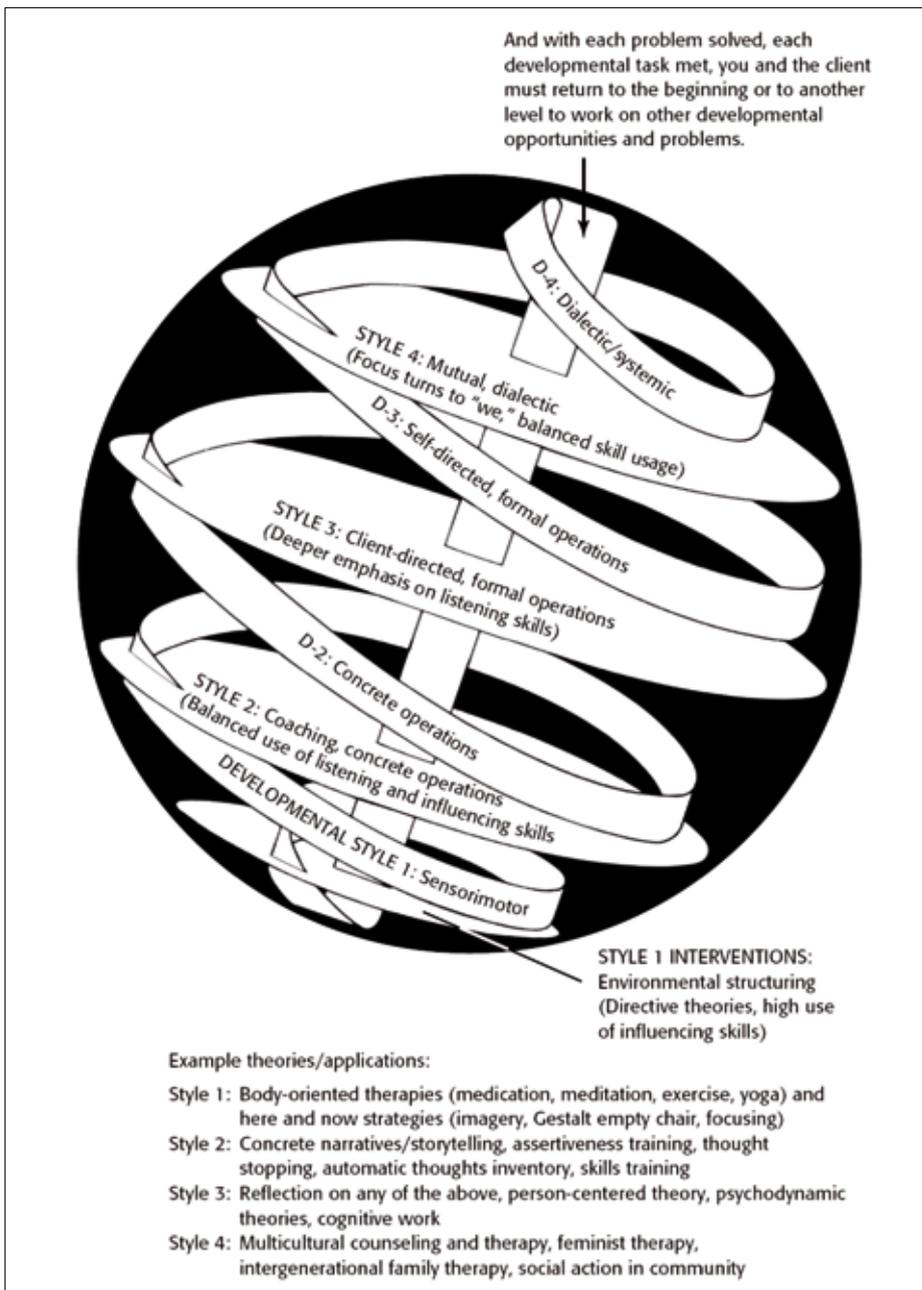


Figure 3: Developmental Sphere. (Reprinted by permission of Lois Grady.)

Clinical Applications of DCT to Practice

At the **individual** level, clients are concerned with the tensions that may be generated about their sense of self-identity: That is, "Who am I as an individual person"? Such tension can be generated when they recognize inconsistencies between and among the many self-narrative scripts they are relying on to guide their current and future behaviors. Tensions also may arise from inconsistencies in intrapersonal and/or interpersonal narratives: That is, "How do others perceive me as an individual person"? At

this level, DCT questioning strategies can be used to assist clients in defining the contours of their major narratives and in identifying the intersections among these narratives such that clients can focus on major life themes embedded in their predominant narratives.

As noted before, DCT aims to design therapeutic environments that promote active client exploration of the treatment objectives. DCT counsellors use their understanding of the individual's styles of consciousness to tailor conversations that focus on strengthening the predominant styles and extending access to other styles. This is the empowerment goal of DCT. When individuals realize the many

resources they have readily available to understand their difficulties, they can activate pathways to resolve these issues in an adaptive, productive fashion. Their sense of agency, confidence, and competence increases, thus reinforcing their resiliency and personal sense of power. In individual counselling, the use of DCT empowers counsellors to make informed treatment decisions that maximize these types of processing opportunities for their clients.

The ability for DCT to promote empowerment was first realized in the original clinical trials of the model. In 1990, Rigazio-DiGilio and Ivey reported that all subjects participating in a study of the model's reliability and predictive validity were able to consider their issues from all cognitive/emotional perspectives. "The evidence found in this study suggests that DT can help depressed patients achieve a greater sense of self-awareness, in that all subjects demonstrated the ability to progress from simplistic, unidimensional perspectives of their situations to more complex, multidimensional cognitive frames during the treatment phase of this study" (p. 474).

At the **family** level, Systemic Cognitive Development Therapy (SCDT) provides similar questioning strategies to first assess a family's collective cognitive/emotional processing style and predominant narratives. Here the number of narratives available to the family and within the therapeutic encounter geometrically expands as multiple individuals forge various alliances within and outside the family system.

SCDT posits that as members of a family or wider group, like a network, interact with the environment they create and share collective cognitive/emotional styles by participating in resonating experiences. Those resonating experiences generate intrapersonal and interpersonal narratives that may relieve or exacerbate tensions. As with DCT, research confirms that these collective information processing styles can be reliably identified and elicited through specific questioning strategies (Speirs, 2006).

Families whose tensions are debilitating may seek counselling. When they do, SCDT assessment and treatment strategies can be used to first match and then challenge families to use the strengths of their current processing styles and to shift to less familiar or less utilized styles in order to promote growth for all family members. Ho, Rasheed, and Rasheed (2004) comment that the questioning strategies associated with DCT and SCDT are helpful when working with ethnic minority families.

Both provide specific, language-based methods so that families and counsellors can coinvestigate personal, social, and ethnocultural realities in the multiple life spaces families reside within to identify meaningful themes related to sociopolitical and relational constraints.

For example, the Serranti family came to treatment because of the distress members were experiencing due to the father's terminal cancer prognosis, the daughter's increasing oppositional behavior at school, and the mother's anxiety about her new role as the family's primary breadwinner and caregiver. Problem-solving at the parental level had ceased and the family was in a reactive mode, responding to the expectations (viewed as demands) of medical and school officials. The family lost a collective narrative that members had come to rely on, and external agencies (i.e., hospital, school) were not talking with the family or one another. The core themes of loss, decreasing competence and confidence, and withdrawal became dominant in shaping the family's collective narratives.

Using SCDT assessment methods, the counsellor and family identified three goals for treatment: 1) To help the family replace the negative, disempowering image of the family with a positive, proactive identity; 2) To align efforts of the medical team, the school, and the family to attend to the issues of anticipating the father's decline and death, the daughter's school behaviors, and the mother's new role; 3) To improve the communication patterns within the parental subsystem.

SCDT's contextual approach requires counsellors to consider internal and external dynamics affecting the family. Treatment concentrated on using matching and mismatching strategies to help family members extend and alter their image of themselves as competent members of a competent family. The outcomes of this holistic approach were to empower the Serranti family to improve internal communication and problem-solving strategies and to guide the work of medical and school personnel while living through the father's dying process and creating memories and legacies.

The Australian Counselling Association Experience

Mary and Allen Ivey will be presenting a one-day workshop on Developmental Counselling and Therapy on November 7, 2011. The session will highlight DCT as an integrative brain-based approach to counselling. Participants will encounter the basics of the framework, learn more specifics on how to assess cognitive/emotional styles, and work through a

basic DCT interview and treatment plan.

The day-long workshop will present an update of the current revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), as well as the National Institute of Mental Health's action initiative to move from DSM to a brain-based model. In this light, DCT's views on the treatment of depression will be presented followed, later in the day, by an update on the new DSM V approach to personality "disorder," which DCT prefers to think of as personality style.

Throughout the presentation, current issues related to neuroscience will be included. Special attention will be given to the often neglected sensorimotor and dialectic/systemic styles. The Community Genogram will be introduced as an effective way to help clients see their issues in social/cultural context. Participants will learn how to guide their clients to an increased sense of themselves as people-in-systems and persons-in-context.

The Iveys will keynote the ACA Conference the following day with an overview of neuroscience and counselling. Part of this presentation will focus on substance abuse and on how an understanding of neuroscience can be beneficial both to counsellors and clients. And, on November 9, 2011, Allen Ivey will repeat the workshop on personality style/disorder from the one-day workshop. Mary Ivey will take a different tack and present specifics on how microskills and the structure of the interview can help us understand the increasingly popular coaching movement. Her objective is not to make counsellors into coaches, but to show how coaching really is part of effective counselling and interviewing.

All that sounds well and good, but what can DCT do for you today and tomorrow? Come to these sessions and find out for yourself.

Notes

1. Allen Ivey is Distinguished University Professor (Emeritus), University of Massachusetts, Amherst and Courtesy Professor, University of South Florida, Tampa. Mary Bradford Ivey is Courtesy Professor, University of South Florida, Tampa and Award Winning School Counsellor in the Amherst, Massachusetts Schools (Retired). Sandra Rigazio-DiGilio is Professor, Department of Human Development and Family Studies, University of Connecticut, Storrs. Contact information allenivey@gmail.com. © 2011 Allen E. Ivey, allenivey@gmail.com
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Online and IT Resources

with Angela Lewis PhD

NSFW

Through my use of Twitter, I have been coming across the acronym NSFW in people's bios—and I had no clue what it stood for. Well evidently it is the online way of flagging that something is not appropriate to be viewed in a work/school/public environment. It stands for not suitable for work (NSFW) and is intended to alert the viewer to the fact that the website, hyperlink or attachment may contain material of a sexual/adult nature or contains profanity.

What is Vishing?

While it may sound like fishing said with an accent, it is actually a combination of two words, 'voice' and 'phishing' and is used to describe the act of using landline phones to try and scam a person into revealing personal information such as credit card numbers, bank account number, PIN numbers, etc.

Free Typing Tutor Program

I recently trialled the Key Blaze Typing Tutor program and found it fund and easy to use—plus it is free! Just type 'Key Blaze Typing Tutor' into Google and you will locate one of the many sites offering it for download, or just go to my blog (www.angelalewis.wordpress.com) where you can find a link to download it.

Pin Websites to your Taskbar

1. Call up the website address and then

simply drag the icon from the address bar down to the Windows Taskbar.

2. When you let go of the mouse it attaches to the Taskbar.

3. To remove it, simply right-click on the pinned link and select Unpin this program from taskbar.

Home James!

Some websites can seem to go on forever, so you are constantly scrolling your mouse up and down as you read. But there is a nifty solution: one press of the Home Key takes you directly to the top and one press of the End key takes you directly to the bottom of the page.

Where was I again?

If you haven't favourited a particular website and you wish to get it back again, but can't remember what it was called, just use your online History. In Internet Explorer V 8 or 9, press Ctrl and H to open your Favorites list and see your browsing history! Click the link you are after—and then perhaps make it a favourite, so you can find it again.

Web Resources

Two new papers from the Australian Institute of Family Studies are now available: (<http://www.aifs.gov.au/cafca/pubs/sheets/rs/rs2.html>)

1. 'What is community disadvantage? Understanding the issues, overcoming the problem' This resource sheet briefly summarises a number of influential

recent approaches to conceptualising and measuring disadvantage. It aims to provide practitioners, service providers and policy-makers with a background on some of the key theoretical and practical tools that currently exist to better understand, and more effectively address, the difficulties faced by many children and families living in disadvantaged Australian communities: (<http://www.aifs.gov.au/nch/pubs/issues/issues34/index.html>)

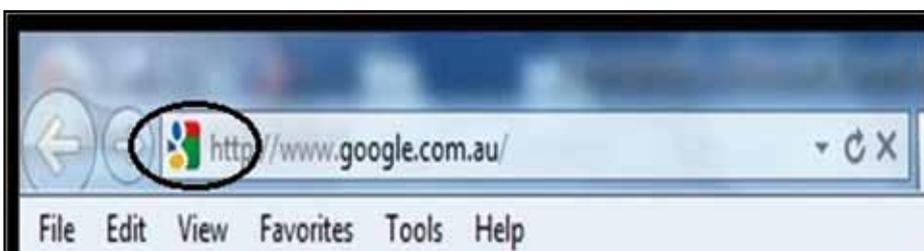
2. 'Child protection and family law... Joining the dots' This paper looks at specific issues facing those responsible for ensuring the safety and wellbeing of children in the context of parental separation, and the two separate legal systems: family law and child protection.

Science Daily article - 'Sweating the Small Stuff: Early Adversity, Prior Depression Linked to High Sensitivity to Stress' (<http://www.sciencedaily.com/releases/2011/06/110628163331.htm>)

The Australian National University's mental and emotional health portal (<http://counselling.anu.edu.au/category/brochures/mental-and-emotional-health>)

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.

More IT hints are available at www.angelalewis.wordpress.com



BOOK REVIEW: Integral psychology: consciousness, spirit, psychology, therapy

by Ken Wilber (2000)
Shambhala Publications, Inc.: Boston

REVIEWER: Merlin Baker, MACA

Counsellors today have access to information about every type of therapy and theory, and the sheer scale of information available can be overwhelming and confusing. Not only this, but for the first time in history, virtually anyone can access information about any culture, and any cultural practice, anywhere on the planet -- knowledge is global and accelerating. A well-intentioned professional can fall into a vague pluralism and fail to recognise the true value and authenticity of any particular approach. Understanding the complexities of modern psychology and humankind in general today requires a genuinely integrated approach to see the meaningful patterns that emerge, rather than the chaos.

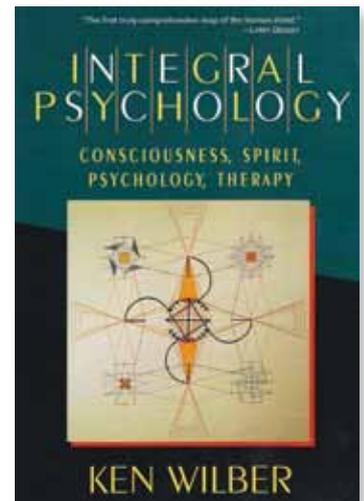
Ken Wilber, American philosopher and author of over 25 books published over the last 30 years, has done a remarkable service to contemporary psychology by condensing and bringing together the major thinkers in psychology, consciousness and spirituality, both East and West. He outlines the most salient features of human development, including powerfully insightful views of the self, or self-system, which he describes as the foundation of his psychological theory. He brings the reader from modernity to post-modernity, and then introduces an 'Integral Model'. His Integral Model includes the higher reaches of spiritual practice and expanded levels of consciousness, and insists on evidence and validation of these dimensions of humanity just as we do for cognitive, moral, or any other type of development..

He reminds us that psychology can be seen as the study of '... the constructing and creating capacity of consciousness itself: the world is not merely reflected by consciousness, it is co-created by consciousness -- the world is not merely a perception but an interpretation.' (p172) He goes on to describe how consciousness develops through multiple lines and levels or stages, and also how it can fail to develop by falling prey to such obstacles as overwhelming trauma or neglect. He also discusses the aetiology of pathologies and, in general terms, what theoretical and therapeutic approaches are most appropriate to assist the client toward more healthy functioning.

This book offers a compact and coherent view of how, and why, major theories in psychology, consciousness, development, and therapy fit together, overlap, and also can remain distinct from each other. He brings all this together, along with his own contributions to the field, in an impressive array of summary charts. These charts serve to help us, as practitioners, to orient ourselves and locate our own points of view, along with appropriate forms of intervention or therapy, which can contribute toward a greater understanding of ourselves and the people we work with.

This book is a fresh and thorough overview of psychology, providing a precis of major theories. Wilber suggests that every

viewpoint is true -- but partial -- and that no point of view is enough on its own. In other words, any viewpoint has at least some truth to it, and no viewpoint is entirely wrong. Moreover, Wilber shows how they fit together, or not, and why the Behaviourists don't like the Jungians who don't like the Reichians who can't understand the Solution-focused Therapists, and so on. As such, it is a valuable resource for those who do not want to be blindsided by schools of thought in psychology they may not know about or understand. Integral Psychology is essential reading for the contemporary counsellor or psychotherapist who wants a more complete, comprehensive, and integrated view of psychology, to help understand and deal with the unprecedented complexities of living in the 21st century.



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Melbourne B	August 12-13	August 15-16
Brisbane C	September 2-3	September 5-6
Sydney C	September 2-3	September 5-6
Cairns	September 23-24	September 26-27
Canberra	September 23-24	September 26-27
Perth B	September 23-24	September 26-27
Hobart	September 23-24	September 26-27

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Register of ACA Approved Supervisors

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
NSW					
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/ Mona Vale	02 9982 9988 or 0411 659 982	RN, Rmid, Grad Dip Couns, Cert CISMFA Trainer, Cert Supervision	\$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
Heide McConkey	Bondi Junction	02 9386 5656	Dip Prof, Couns. Prof. Sup (ACCS)	\$99 ind, \$33 Grp	Face to Face, Phone, Group
Thomas Kempley	Central Coast	0402 265 535	MA Counselling, Supervisor Training	\$55 ind, \$75 Grp	Face to Face, Phone, Group
Lyndall Briggs	Kingsgrove	02 9554 3350	Dip. Clin. Hypno., Clin Supervisor, Master Practitioner of NLP, Dip. Nutrition, Cert. IV Workplace Training & Assessment	\$75	Face to Face, Phone, Group, Skype(Web)
Samantha Jones	Lindfield	02 9416 6277	Clinical Hypnotherapist, Supervisor Trng	\$90 Ind, \$40 Grp	Face to Face, Group (2hrs)
Lidy Seysener	Mona Vale	02 9997 8518	Cert Couns & Psychotherapy Prof Sup (ACCS), Masters NLP	\$150	Face to Face, Phone, Group
Brigitte Madeiski	Penrith	0418 190 750	Dip Prof, Couns. Dip Womens Dev, Dip PSC, Superv. Trg (AIPC)	(Nego)	Face to Face, Phone, Group
Patriciah Catley	NSWv	02 9606 4390	Dip Couns., Dip. CI. 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	0428 218 808	Dip Prof Counsel (Workplace) (Realationships), Dip Career Guidance, Supervisor Training (AIPC), Cert IV Training & Assessment	\$66	Face to Face, Phone, Group, Web
Donald Marmara	Sydney	02 9413 9794	Somatic Psych. Cert. Dev. Psych	\$120	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	Bondi Junction & Castle Hill	02 4566 4614	MA Applied Science, Supervisor Trg (AIPC)	\$120	Face to Face, Phone, Group
Karen Daniel	Turrumurra	02 9449 7121	Expressive Therapies & Sandplay Therapy, Supervisor. Traing., (ACCS)	\$90 1hr/ \$150 2hrs	Face to Face
Rod McClure	Bondi Junction	02 9387 7752	Supervisor Training (ACCS), Psychotherapist	\$110	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
Lorraine Dailey	Maroota	02 9568 0265	Masters Applied Science Supervisor Clinical	\$90	Face to Face, Phone, Group
Heidi Heron	Sydney	02 9364 5418	CMACA, BA Psych (Hons), PsyD Psych, NLP Trainer, Clinical Hypnotherapist, AIPC Supervisor	\$120 ind/ \$75 grp/2 hrs	Face to Face, Phone, Group, Web
Michael Cohn	NSW	02 9130 5611 or 0413 947 582	B.Com, LL.B, Grad Dip Couns (ACAP), Master Couns (UWS)	\$100	Face to Face, Phone, Group
Deborah Rollings	Sutherland	0404 884 895	Bach (Social Health Counselling MACQ Uni), Psychotherapist	\$100	Face to Face, Phone, Group
Susan Rosevear	Invergowrie	02 6772 9973 or 0428 752 347	347 Diploma of Counselling; Supervision training,	\$50	Phone, Group, Face to Face
Gwenyth Lavis	ALBURY	0428 440 677 or 02 6026 6141	Professional Supervisor training(July, 2007); Graduate Diploma of Counselling (May, 2005), Advanced Dip of Counselling and Family Therapy	\$85	Phone, Group, Face to Face

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
QLD					
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
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
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
Beverley Howarth	Mitchelton	07 3876 2100	Dip Prof. Healing Science, CIL Practitioner	\$120	Face to Face, Phone, Group
Kaye Laemmle	Bundall	07 5570 2020	Dip Prof. Couns., Bac.Soc.Sci. Counselling, Relationships & Communication, SOA Supervision (Re.Aust)	\$85	Face to Face, Phone, Group
Dr. David Kliese	Sunshine Coast	07 5476 8122	Dip. Prof. Couns. Prof. Sup (AIPC), Dip Clin Hyp.	\$75	Face to Face, Phone
Yildiz Sethi	Hamilton	07 3268 6016	Master Soc Sci (counselling), B.Ed. (Sci) Dip. Clin Hypno. NLP Practitioner. Cert Ego State Therapy. Family Constellations. Educator ACAP. Super Trng.	\$90 Ind; \$45 Grp	Face to Face, Phone, Group
Dawn Spinks	Birkdale/Capalaba	0417 633 977	BA Hons (Psych & Education), MPH, MACA (Clinical)	\$110	Face to Face, Phone
Dr. Jason Dixon	Grange	0416 628 000	PhD, M.Soc.Sc (COUNS), Counsellor Education and Supervision/Community Mental Health Counselling	\$121	Face to Face, Phone, Dist (via video conferencing)
Dorothy Rutnarajah	Point Vernon	07 4128 4358	Master of Counselling	\$110	Face to Face, Group
Catherine Dodemont	Grange	07 3356 4937	B SocSci (ACU), Mcouns, ACA accredited Supervision Workshop, TAA40104, Pre-Marriage Educator (Foccus), CMACA	\$95	Face to Face, Phone, Sml Group, Long Dist, Phone
Roni Harvey	Springwood	07 3299 2284 or 0432 862 105	Master Counselling, Dipl Appl Sci Comm & Human Serv, Cert IV Workpl Ass & Tray, JP skype	\$70	Face to Face, Phone, Group
Alison Lee	Maroochydore/West End/Eumundi	0410 457 208	Masters Gestalt Therapy	100 Indiv \$70 grp	Face to Face, Phone, Group
Lyn Baird	Maroochydore	07 5451 0555 or 0422 223 072	GD Counsell, Dip Psych, SOP Supervision, Ma Soc.Sc (Pastoral Counselling), RN, Dip CCFT, Cert IV TAA	\$77	Face to Face, Group
Sharron Mackison	Caboolture	07 5497 4610	Dip Couns, Dip Clinical Hypnotherapy, NLP Pract, Cert IV WPA&ST	\$80 Ind \$25 Grp	Face to Face, Phone, Group
Frances Taylor	Redland Bay	07 3206 7855 or 0415 959 267	Dip. Prof. Couns., Dip Clin Hypnosis, Dip Multi Addiction	\$70	Face to Face & Phone
Heidi Edwards	Gympie	07 5483 7688 or 0466 267 509	B.Bsc; CMACA; MCCA; Prof.Supv.(AIPC); Fac MHFA	\$99	Face to Face & Phone
Stacey Lloyd	Aspley	0417 644 650 or 07 3420 4127	MA (Couns), BA (Psych), Dip.Bus (Mgnt), Cert IV Trng & Asst	\$100	Face to Face, Phone, Group
Virginia Roesner	Kawungan	07 4128 2202	M.Edu;B.Sci (Psychology); CMACA; Prof Supr (AIPC)	\$88	Face to Face
Valerie Holden	Peregian Springs	0403 292 885	M Couns, B Couns, Prof Supervisor Trg	\$80	Face to Face, Group
Brenda Purse	Shelly Beach	07 5493 2333 or 0402 069 827	M Couns, B. Couns Prof Supervisor Trg	\$90	Face to Face, Group
Linda Hanson	East Ipswich	07 3281 2747 or 0407 640 229	Master of Counselling (Supervision)	\$100	Face to Face, Group, Phone
Maartje (Boyo) Barter	Coorparoo/Wynnum	0421 575 446	MA Mental Health, Post Grad Soc Wk, BA Soc Wk, Counsellor & Gestalt Therapist	\$80 to \$95	Face to Face, Group, Phone

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
VIC					
Deborah Cameron	Albert Park	03 9893 9422 or 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 or 0417 447 374	MA Prelim (Ling) BA, Dip Ed, Dip. Prof Counselling, Cert IV in C.Supervision, Cert IV in TAA, MACA, MSCAPE	\$90 Ind \$35 Group	Face to Face, Phone, Group
Miguel Barreiro	Croydon	03 9723 1441	BBS (Hon) Psychologist	\$90	Face to Face, Phone, Group
Geoffrey Groube	Heathmont	03 99729 3652 or 0425 786 953	Dip. Prof. Couns., Prof. Supervisor Trg (AIPC)	\$75	Face to Face, Phone, Group
Elena Zolkover	Hampton	03 9502 0608	ACA Supervisor, Loss & Grief Counsellor, Adv Dip Couns Swinsburn, BSW Monash	\$80 Ind \$20 Grp	Face to Face, Phone, Group
Molly Carlile	Inverloch	0419 579 960	RN, B.Ed. Stud., Dip Prof Couns, Supervisor AICD Dip	\$100	Phone
Berard 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
Sandra Bowden	Rowville	0428 291 874	Dip. Prof. Couns., Prof. Supervisor Trg (ACCS)	\$60	Face to Face & Phone
Barbara Matheson	Narraweareen	03 9703 2920 or 0400 032 920	Dip. Appl Sc (Couns.) AAL, Prof. Sup (ACCS)	\$70 Grp \$20 Disct for FVC membs	Face to Face, Phone, Group
Rosemary Caracedo-Santos	Ocean Grove	03 5255 2127	Dip Prof Couns, Cert IV Health Clinical Hypnosis	\$66 Ind \$35 Grp	Face to Face & Phone
Joanne Ablett	Phillip Island	03 5956 8306	M Counselling, Back Ed, Dip & Adv. Dip. In Expressive Therapies, Prof Spvsr	\$80	Face to Face, Phone, Group
Zoe Krupka	Seddon	0408 880 852	Cert Prof Supervision	\$100	Face to Face, Phone, Group
John Hunter	Kew East	03 9721 3626	Bach Counselling, Supervisor Trg	\$100	Face to Face, Phone
Graeme Riley	Gladstone Park	0423 194 985	Master of Ministry; Graduate Diploma Pastoral Counselling; Diploma of Ministry; Clinical Pastoral Education (1891,1988,1987)	\$75 Ind \$100 Grp	Face to Face, Group
Rosslyn Wilson	Knoxfield	03 9763 0033 or 0422 120 114	Supervisor Training; Dip. Prof. Couns, Dip of Holistic Counselling, Dip of Expressive Therapies	\$70	Phone, Group. Face to Face
Jenni Harris	South Yarra	03 9490 7599 or 0406 943 526	MA(MIECAT)Supervision; Adv. Supersion traning Nada Miocevic; Grad Dip in Experimental & Creative Arts Therapy	\$80 indi \$90 Grp	Phone, Group, Face to Face
Cheryl Taylor	Port Melbourne	03 8610 0400 or 0421 281 050	Certificate IV in Counselling Supervision-RTA & BECS; Dip of Teaching, Cert in Counselling an Psychotherapy, Accredited Telephone Counselling, Grad Dip in Christian Counselling, Neuro-Linguistic Programming	\$88	Group, Face to Face
Michael Woolsey	Seaford	03 9786 8006 or 0419 545 260	Registered ACA Supervisor, Bach Social Welfare, Dip Prof Couns, Cert IV Assessment & Training	\$70	Phone, Face to Face
Suzanne Vidler	Braybrook	0411 576 573	Clinical Supervision training (LA Trobe Uni), Grad Dip, Psy, MA Cous., BA B.Sc;	\$100	Phone, Face to Face, Group
Patricia Dawson-Davis	Mooroolbark	0424 515 124	Master of Counselling and Human Services	\$70	Face to Face, Phone, Group

Name	Base Suburb	Phone	Qualifications	PP Hourly Rate	Medium
SA					
Adrienne Jeffries	Stonyfell	0414 390 169	BA Social Work, Dip Psychosynthesis	\$120	Face to Face, Phone, Group
Carol Moore	Old Reynella	08 8232 7511	Dip. Prof. Couns. B. Bus HRD, Prof Supervisor	\$99 Ind \$35 Grp	Face to Face, Phone, Group
Moira Joyce	West Croydon	0432 764 151 or 08 7225 4319	B. App Sc (Soc Wrk), Cert Mediation, Cert Fam Ther, Cert Couple Ter, Supervisor Trng	\$100	Face to Face, Phone, Group
Anne Hamilton	Gladstone	08 8662 2386 or 0416 060 835	RN, RPN, MHN, Grad Dip H Counselling, Supervisor (ACA), Master NLP, Coaching and Timeline Therapy	\$90	Face to Face, Phone, Group
Dr. Nadine Pelling	Adelaide	0402 598 580	M.A. Ph.D Psychologist & Counsellor	\$100	Face to Face, Phone, Group
Maurice Benfredj	Glenelg South	08 8110 1222	Grad Dip Hlth Couns, Dip Couns and Comm, Adv. Dip. Appl. Soc Sc, Bed, MA	\$90	Face to Face, Phone, Group
Carol Moore	Old Reynella	08 8232 7511	GradDipSocSc(Couns); B Bus {HRD; Dip. Prof.Couns.Prof Super Trg.	\$99/hr Ind \$35/2hr Grp	Face to Face, Phone, Group
Dr. Chris White	Gilberton	08 8344 3837 or 0414 884 637	M.B.; B.S.; F.R.A.N.Z.C.P. (Ret); DSc. (Psych); C.M.A.C.A.; M.A.I.P.C.; A.M.I.T.A.A.; M.R.E.A.A.	\$100	Phone, Group, Small Group, Face to Face, Long distance
WA					
Dr. Patricia Sherwood	Brunswick	08 9726 1505 or 0417 977 085	B. Soc. Wor, Adv. Dip in Buddhist Psy & Coun, Adv Dip in Holistic Coun, Grad Dip in Arts, Dr. of Philosophy, M. of Arts preliminary	\$50 - \$90	Face to Face, Phone, Group
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	\$110	Face to Face, Phone, Group
Eva Lenz	Fremantle	08 9418 1439	Adv. Dip. Edu. Couns. M.A., Religion, Dip Teach	\$80/\$60 Con HltCareCrd	Face to Face, Phone, Group
Lillian Wolfinger	Yokine	08 9345 0387	Professional Supervision	\$60	Face to Face, Phone
Deidre Nye	Canning Vale	08 6253 8190 or 0409 901 351	Supervisor Training; Trainer in NLP; TLT®; Hypnosis NLP Supervision, Dip Prof Couns	\$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
TAS					
David Hayden	Howrah	0417 581 699	Dip Prof Counselling, Supervisor Trg (AIPC)	\$80	Face to Face, Phone, Group
Michael Beaumont-Connop	Newstead	0429 905 386	Master of Social Work, Gra.Dip. Social. Sci. Bachelor of Arts MNZAC	\$100	Face to Face, Phone
NT					
Margaret Lambert	Brinkin	08 8945 9588 or 0414 459 585	Dip.T, B.Ed, Grad.Dip.Arts, Grad.Dip. Psych., B. Beh.Sc.(Hons).	\$80 Ind \$130 Grp	Face to Face, Phone, Group
Rian Rombouts	Parap	08 8981 8030	Dip Mental Health, Dip Clin Hypno, Supervisor Trg	\$88	Face to Face, Phone
ACT					
Brenda Searle	Canberra/Region	02 6241 2765 or 0406 376 302	Grad Dip of Community Couns., Adv Cert of Clinical Hypnotherapy, Dip of Prof.Couns, Supervisor Trg (AIPC)	from \$50 to \$80 (nego)	Face to Face, Phone, Group
Ingrid Wallace	Chisholm	02 6247 0655 or 0417 447 374	MA (Counselling), Grad Dip of Community Counselling, Adv. Practitioners' Cert in Clinical Hypnotherapy	\$100	Face to Face, Phone, Group
HONG KONG					
Ann Moir-Bussy	Hong Kong	852 2806 4144		\$500HK	Face to Face, Group
SINGAPORE					
Laurence Ho Swee Min	Singapore	65 9823 0976	Masters of Arts (Applied Psychology), Grad Diploma in Solution Focused Brief Therapy,	\$70-\$90	Face to Face, Group



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Course Overview

The course provides the graduate with advanced specialised technical and theoretical knowledge and skills for professional or highly skilled supervision work in a complex and specialised field of counselling supervision at AQF level 8, and further learning.

Graduates at this level have autonomy, judgement and responsibility in often complex and unpredictable counselling supervision context that require self directed work and learning and within broad parameters to provide professional advice and functions.

Course Structure

Core Unit 1 - Individual counselling supervision (Nom hrs - 156),

Core Unit 2 - Live counselling supervision (Nom hrs - 136),

Core Unit 3 - Group counselling supervision (Nom hrs - 132),

Full Qualification: Total nominal hrs - 424 over a period of 36-weeks at 12hrs/week or part time equivalent.

Course Content

- Working Within a Counselling Supervision Framework
- Metaphors and Definitions,
- Goals of supervision,
- Processes and tasks of supervision,
- Dimensions of supervision,
- Supervision models: Orientation -Specific Models, Functions Model, Developmental Models, Social Role Supervision Models, Eclectic & Integrationist Models, Models for Supervisor Development,
- Supervision interventions,
- Ethical and legal issues and response frameworks,
- Supervision relationship issues and response frameworks,
- Supervision Tools/Instruments.

Modes of Delivery

Delivery includes on the job learning and off the job learning through:

- Classes (underpinning knowledge of theoretical component);
- Independent studies/self-directed learning via projects: research, reflective journal, formulating action plans relating to the provision of counselling supervision, which addresses the addition of greater currency to knowledge of skills and extends scope of prior/present learning to the specialised field of counselling supervision;
- Case studies and scenarios, which addresses the application of cognitive, analytical and problem solving skills, and ability to relate theoretical concepts to practical real life situations of ethical issues and dilemmas in particular workplaces; and
- Practicum - practical demonstrations of the practical component, (address and initiate skill development - involves conducting real supervision sessions - that addresses demonstration of knowledge, application of skills and capacity to transfer knowledge and skill to all aspects of application of counselling supervision (individual, live and group formats)

Students who can not attend classes/seminars or practicum are able to complete the course requirements via distance by demonstrating their skills on DVD/video.

Assessment

The assessment is competency based and complies with the assessment guidelines in the PSP04: Public Sector Training Package and the CHC08: Community Services Training Package, and conducted in accordance with the Australian Quality Training Framework (AQTF) Standards, and the industry requirements.

The assessment process will be an integrated assessment of underpinning knowledge and skill application over the duration of the learning program to ensure consistency, and includes:

- Projects (action plan, research, reflective journal, self critique of a counselling supervision session
- Case studies and scenarios
- Practicum - practical work experiences in counselling supervision in a workplace or simulated workplace in a range of 3 or more occasions over a period of time
- Authenticated evidence from workplace/ training courses
- Portfolio

Delivery

The course will be delivered in partnership with a Registered Training Organisation (RTO).

Certification

Graduates from the course are awarded the qualification (69795) Vocational Graduate Diploma in Counselling Supervision, and will be issued by BECS partner Registered Training Organisation (RTO).

Minimum Entry Requirements

Counsellors who wish to enrol in this course must meet the minimum entry requirements:

- Hold a current ACA/equivalent accredited qualification with a minimum 5 years post qualification experience,
- Are fully registered member of ACA/equivalent at minimum practicing level 2,
- Undertaken a minimum of 25 hours of professional development per year of practice,
- Have completed and documented proof of undertaken minimum of 100 hours of counselling supervision.

Study Materials

Study materials to complete the studies consist of BECS learning materials (as part of the course resource materials), and recommended text books.

Recognition

The Australian Counselling Association (ACA), peak body for counsellors in Australia with a membership in excess of 3000 Australia wide, has approved and accepted this course as an appropriate accredited level of training for their counselling supervisors.

Who Should Attend?

Experienced counselors interested in supervising other counselors or anyone who is working in the helping profession who satisfy the minimum entry requirements of this course.

Cancellations/Refunds

For Cancellations and Refunds, please read BECS [Code of Practice](#) at www.becsonline.com.au, to ensure you understand our policies and procedures.

BOOKINGS AND ENQUIRIES

Basa Education & Counselling Services

ABN 80 098 797 105

GPO Box 359 Chelsea Vic 3196

Telephone: 03 9772 1940 - **Fax:** 9772 6030

Mobile: 0418 387 982

Email: info@becsonline.com.au

Web: www.becsonline.com.au



PROFESSIONAL INDEMNITY & PUBLIC / PRODUCTS LIABILITY INSURANCE

Rowland House, in partnership with the Australian Counselling Association announced a new insurance program mid last year.

This policy is designed to cover all ACA recognised activities including counselling, psychotherapy, hypnotherapy, psychology, supervision and teaching.

We encourage you to visit our website and obtain a quote online - <http://www.rowlandhouse.com/aca.asp>

Policy features include:

- Discounted premiums
- All claims are handled locally by CGU Insurance and/or their appointed solicitors
- Limit options up to \$20,000,000
- Nil excess
- Cover for Inquiry costs
- Unlimited Retroactive cover (cover for all past work as a counsellor/psychotherapist)
- Free run-off cover (free cover when you retire from practice)
- Cover for locums (up to 30 consecutive days and 60 days in annual)
- Australia wide cover (practising at home, client premises, medical centre, hospital, clinic etc)

We are pleased to have the Australian Counselling Association endorsing Rowland House as their preferred provider of this insurance product.

Rowland House is a proud business partner of the ACA.



If you have any questions about this policy and/or pricing, please contact our friendly service team on **1800 642 747**