COUNSELLING AUSTRALIA

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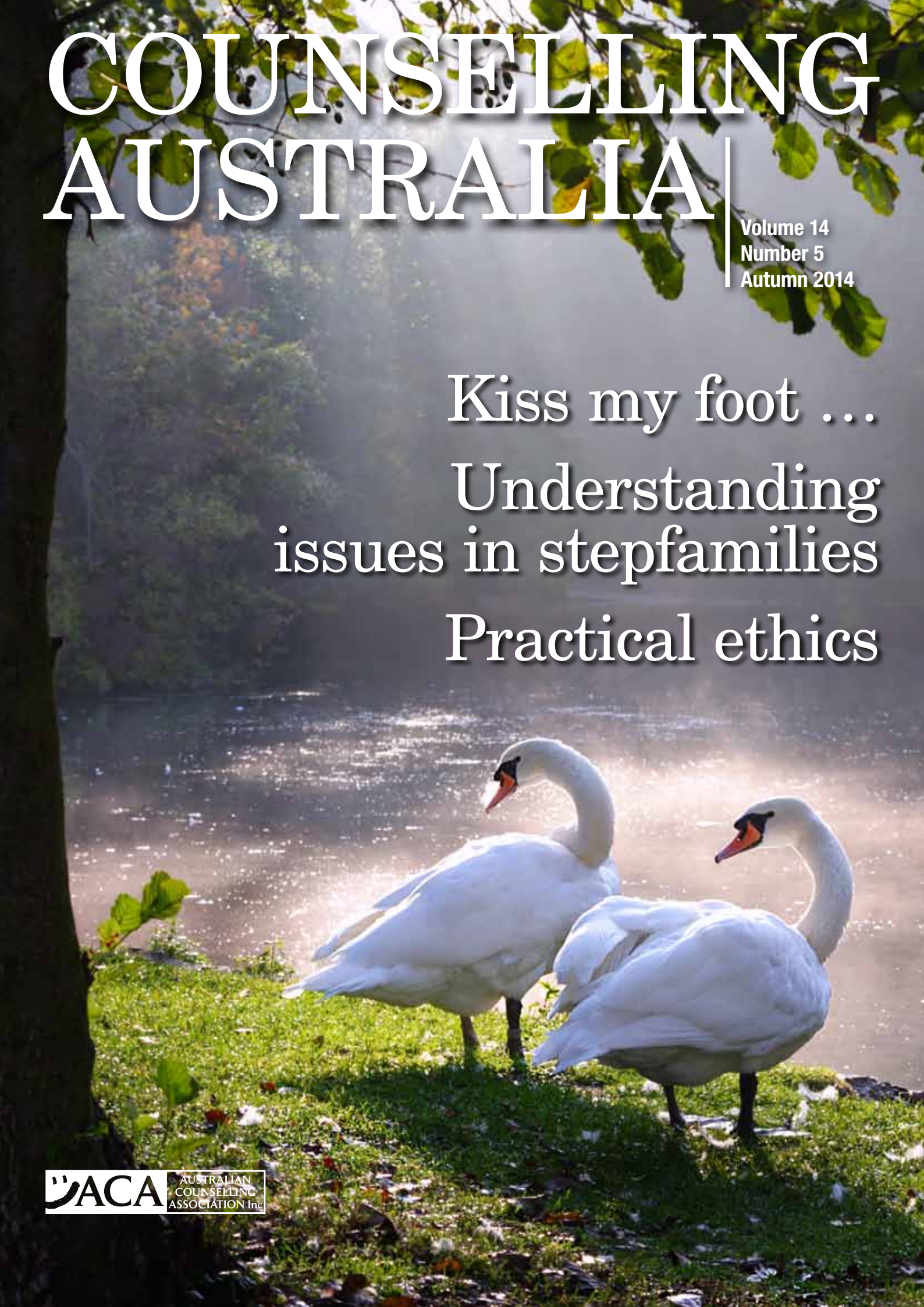
Kiss my foot …

Understanding issues in stepfamilies

Practical ethics



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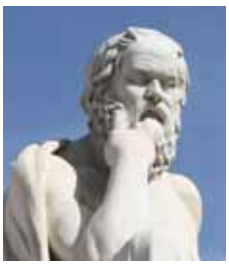

Letters to the editor should be clearly marked and be a maximum of 250 words.
Submissions and letters may be addressed to:
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See page 32 for peer-reviewed article submission guidelines.

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EDITORIAL

by Philip Armstrong

The word "depressed" can mean many things. It is defined as *a state of unhappiness or despondency*, with many meanings, such as sad, unhappy, blue, miserable, dejected, low, disheartened, or down, to name a few. Depression, on the other hand, is defined as *severe, typically prolonged, feelings of despondency and dejection*, with many meanings, such as unhappiness, despair, downheartedness, misery, hopelessness, melancholy, sadness or dejection, "depression" being more severe than "depressed". In many instances, however, the words are used interchangeably, as though the meaning is the same. This is particularly relevant when the words are used by the media. The words are used with such commonality and so interchangeably that it is difficult to know what the writer is actually describing. There seems to be an assumption that there is only one word that defines the meaning of both and so the reader does not require context. There is rarely anything in the article to inform the reader as to the manner in which the person was depressed or was suffering from depression.

There is a significant difference between writing about someone who is unhappy as opposed to severely despondent. The media seem to use depression as a way of describing any celebrity or high profile person who is going through a tough time, although that is itself a matter of perception. What is a tough time? They also use the term depressed not only to describe someone's mood but to justify poor behaviour. Just about any celebrity or politician who has had a problem with the law or lost the plot for any amount of time is reported to have been "depressed at the time", as though that explains everything. Once depressed, we are allowed to become dysfunctional and petulant because that is being depressed. The terms are so misused and overused that they lose meaning. The problem, particularly for those of us who work in mental health, is that we are aware that the continuum that depression/depressed sits on is a long one that starts at mild and finishes with severe, with a wide variation in between.

As professionals, we need context, so that we know where on the continuum the client sits. Do they need further assessment for medical intervention? Are they at risk of self-harm or will some basic counselling do? Is it not also important for the general public to understand the continuum and for a statement of depression or being depressed to come with a clarifier so that they know its context? It is okay to be depressed today because my article was knocked back for publishing, however if this news starts to interfere with my every-day functioning over time then there is a problem. But if, within a day or so, I have come to terms with the news and moved on to rewrite the article or I just give it a miss then was I depressed or maybe, more accurately, just disappointed?

Interestingly, if a journalist were to report that I had been found drink driving that night, it would probably be reported that I was drinking due to depression after having an article refused which, being the CEO of ACA, could be taken to be of consequence. This could explain my indiscretion, but what if I were simply irresponsible? Is reporting that I was depressed at the time in context or even accurate? Most of us, if we so chose, could pick out some negative experience in our day and hang out a notice of being depressed as a result. The use of the word as a general descriptor for anyone who is not bright and cheery waters down any mental health meaning.

The problem is that, when we get to the other end of the spectrum, we have a very serious issue, as we move into clinical depression. Many people, particularly those who do not work in mental health, are not aware that clinical depression and depression are actually two very different conditions. We know that clinical depression is marked by a depressed mood most of the day, particularly in the morning, and a loss of interest in normal activities and relationships, and that symptoms are present every day for at least two weeks. There are also many other indicators, such as loss of energy almost every day, poor concentration, insomnia or hypersomnia, diminished pleasure in most activities and so on. Unfortunately, in my experience anyway, many people wait till they get to this point before they realise, or someone close to them realises, there is something really wrong.

I go back to my earlier statements that, although there is a lot of information around regarding depression now – just google it and a myriad of sites come up – the overuse of the word seems to have diluted the condition to the point where you need to be suffering from clinical depression before anyone really notices. There is also the issue of "is this really depression or is it an excuse for poor behaviour or poor decision making?", which the more sceptical will ask. If treated early, depression does not need to be a life-changing condition, however, if left to develop into clinical depression, it does become a life-changing, even life-threatening, event. Maybe if we could convince the media and others to select alternative words instead of referring to "depressed" or "depression" so arbitrarily, we may be able to have the condition more widely understood and seriously regarded by the public.

LETTER TO THE EDITOR

I would like to respond to Philip Armstrong's editorial, published in the summer 2013 edition volume14 number 4, of *Counselling Australia*. Philip's discussion was about counsellors who appeared to be putting themselves down or "apologising" as Philip expressed it, for being a counsellor. I was pleased to see an article about this subject for I too, have noticed that the general moral of counsellors is declining, or it appears to me that they are holding a negative stance toward their chosen career, putting psychologists on a pedestal. Certainly not all I'm sure, but a percentage, I have noticed, do not appear to have a positive outlook.

I hold a diploma of counselling and am currently halfway through the Bachelor of Counselling study program, so I feel that I can freely express concern in regard to counsellors who have formed a low opinion of the profession. I too have questioned myself as to the debate that seems to be lingering of 'psychologist versus counsellor'. After I had been introduced to a medical practitioner and was asked the question as to my occupation, I expressed that I was a registered counsellor. Immediately, I felt the impression from this person is that counselling is an inferior profession. I thought about it after and wondered why that sort of attitude is prevalent, when our area of profession is so important. I feel that, as counsellors, we need to hold our heads high and, as Philip put it, "stand tall" and be proud to represent our profession, for it certainly has a place in society. If only psychologists and counsellors team up and work together they may find that it would have a great advantage to both the psychology profession as well as the counselling.

I also feel that, as a counsellor, self-reflection is needed to understand why we have chosen to follow the counselling profession, my guess being, that the answer would be that we want to help people. So with that in mind surely it is far better to focus on *helping people* and achieving positive results, as opposed to worrying as to whether we are labelled or perceived as a top dog. Although we can't be in denial with what is going on around us, I feel that not worrying about what the next person is doing but rather just working at creating our own professional environment will surely bring positive results, which in turn will build self-esteem.

Building a business requires time and effort and unless we, as counsellors, are completely focused on driving our attitude and business to where we want it to be, you may find you will not have such a good clientele. People in our society need us, we are, as I prefer to see it, a specialised profession with even the word 'counsellor' having a softer sound and feel to it. Respectfully, I feel that psychologists have their place and that is what makes it all so special for us all. Every counsellor and psychologist has their own corners in the work place. They each know their own field, but learning from each other would certainly enhance their individual work.

Clients that I have seen will sometimes make a statement like, "oh I didn't want to go to a psychologist, they are too clinical". So quite often, the client has made up their own mind as to whom they want to see. Maybe if, as counsellors, we stood proud with the occupation then a natural unspoken respect may emerge from other health professionals. I feel very proud of my achievements and the fact that I am registered with the Australian Counselling Association. I associate that as a reward, offering credibility and professionalism, that can be taken to the client counsellor sessions.

A counsellor's work is endless, however, it is also extremely rewarding if we allow it to be. Learning from clients' experiences can give us a wealth of information and valuable experience in dealing with different situations. I ask: how does that differs from the joys of being a registered psychologist? People have a natural tendency to sense energy vibration so if we find that we are feeling inferior because we are 'just' a counsellor, think again about how the client may feel toward us.

Choice is ours. We chose the counselling profession; let's make it work. A health, positive attitude is a healthy tool we can use to enrich our profession. Worrying less about whether psychologists are better than counsellors and sitting back with our mind focused on our purposeful profession will surely earn us credibility.

Judith Clarke MACA

PROFESSIONAL RESPECT

If it weren't for those darned psychologists and social workers"

by Nathan Beel
Lecturer for Bachelor of Human Services (Counselling), University of Southern Queensland

It is not uncommon for counsellors in Australia to feel discriminated against in the very work they are trained to do. This is evidenced in advertisements seeking counsellors but stipulating that applicants need to be registered social workers or psychologists. In addition to this, counsellors are denied access to Medicare rebates and are often assumed to lack competency for treating clients with diagnosable mental health disorders. Recently, a colleague from another allied health profession told me how important counsellors were because we could utilise our touchy-feely approach to help provide support when professional psychological treatment was unavailable or unnecessary. Statements such as this reinforce a perception held by some that counsellors are well-meaning, not very well trained and somewhere near the bottom of the therapeutic ladder.

Patronising statements and job descriptions that discriminate against those well trained in counselling are enough to make counsellors justifiably angry. It becomes tempting to mock the pretentiousness of these claims made by other mental health professionals and to seek out evidence that suggests their incompetence or error. We can readily recall stories told to us by clients detailing the incompetence of their personal psychiatrists, psychologists, or social workers. We like to favourably compare ourselves against other allied health professionals and implicitly or explicitly promote the idea counsellors have more specialised training, insight, integrity, commitment, skill, and superior outcomes.

While I sympathise with Australian counsellors about the discrimination we face at times, I'm not sure if the solution lies in belittling other allied professionals or adopting our own positions of grandiosity. Any belief of our own superior effectiveness as a profession is a conclusion that is not supported by research to date (Okiishi et al., 2006; Wampold & Brown, 2005). The research does suggest that the professional identity, quality, type, or quantity of training of mental health professionals is not a predictor of effectiveness. We can use this evidence to dispute those in other professions who claim we are inferior, but conversely cannot imply they are less effective either.

Adopting a reactive and disrespectful attitude and tone towards our colleagues of different professional identities undermines our own integrity and commitment to the values of our profession. As counsellors we are trained to respect the diversity of people, their beliefs, practices, and respective professions. The ACA's own code of ethics states: "Counsellors must not conduct themselves in their counselling-related activities in ways which undermine public confidence either in their role as a counsellor or in the work of other counsellors" (Australian Counselling Association, 2012, p. 6). This does not suggest that we cannot engage in informed debate and challenge the unethical or unhelpful practices of our own or others' professions, as this is also our ethical obligation (Australian Counselling Association, 2012). It does suggest that we need to be respectful and supportive of others therapeutic work and intentions to serve towards the welfare of clients. Those of us who train counsellors need to be particularly careful to present other professions in a balanced and informed way, even while highlighting and critiquing differences.

As a profession, we have had a challenging time in our efforts to be recognised as being credible in what we offer. It is all too easy to repay discrimination with more discrimination, even though this violates our own core values. If we want to be respected, we need to model the respect we hope to be granted. Whether it is reciprocated or not, we can know that we are remaining true to our own profession's ethics and values.

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ONLINE AND IT RESOURCES

with Angela Lewis

What the app are you talking about?

This month we are featuring some of the many applications available on smart phones and mobile devices.

Apps, put simply, are applications and if you have a smart phone (think an Apple iPhone or one of the many Androids such as the Samsung) or an iPad, you will have noticed there is an icon called **The App Store** on the home screen. Clicking this icon gives you access to a wide a range of applications (or programs) that can be run on your mobile device. Some of these are free and some come at a cost, usually only a few dollars. Let's take a look at some of the more popular apps.

Twitter

I know we have talked about Twitter before but just as a recap, Twitter is an online social networking and microblogging service that enables users to send and read messages (tweets), which are limited to 140 characters.

Twitter can also be loaded onto your smart phone in app form, making it easier to respond and post to messages on the run. A lot of folks are put off Twitter thinking it requires a lot of time and effort to participate in the 'Twitterverse' in terms of posting interesting messages, following conversations and responding to messages and comments addressed to them. But you can use Twitter without going to the trouble of following people or even dealing with followers yourself. You might be thinking this is defeating the purpose of Twitter, however, you can utilise the power of up-to-the-minute news, commentary and opinion from all over the world via a Twitter stream.

If you do not want to network with others, just search for topics related to your interests by typing the topic into the search bar preceded by a hash mark, for example *#mentalhealth* and tap the Search button; any conversations referencing that term will show in your Twitter stream of information. You can also choose to follow people who are influencers, decision markers or working in similar fields, and read their regular updates.

Skype

Skype is a voice over internet application (VoiP), allowing phone calls to be made online. Once the app version is installed on your mobile device and providing you keep it open, you will be able to make and take calls, which are free, provided they are to other Skype users. Skype allows for video calls and free messaging to other Skype users. Calls to landline telephones or mobile phones are billed via pre-purchase of Skype credits using a credit card.

Viber

This works on the same principle as Skype and includes text, picture and video messaging across all platforms, with voice calling available only to iPhone.

WhatsApp Messenger

Uses your mobile device's internet connection to send and receive messages, pictures and video.

Voxer

Voxer is a live messaging application that brings push-to-talk technology to smartphones, so is somewhat like a walkie-talkie in how it operates; as if you push a button to talk you can be heard on the other end as you speak—provided your recipient is also using the Voxer app. The service features both live and recorded and everything is also simultaneously recorded so you and the recipient(s) can play back any message later. Voxer also has integrated text, photo, and location sharing which can be sent alongside voice messaging and the user can to talk to individuals or groups.

Snapchat

This is an interesting app which allows users to send and receive 'self-destructing' photos or videos known as snaps that can only be viewed once. It is somewhat popular with those who enjoy sexting, the exchange of explicit images that often contain some degree of nudity. As this app is designed to capture a moment and share it in an impermanent way, like speech, it is perfect for those pictures you may regret at some later stage in your life.

You take the photo with your phone camera and then it can be viewed by others on your Snapchat network utilizing wi-fi technology to send them. The sender can insert text with the image or video and determines how many seconds (1-10) the recipient can view it before the file disappears from their device. During the viewing period, the recipient must maintain contact with the device's touch screen or the snap disappears.

Shazam

The ideal app for when you listen to a song and wonder what it is called or who is singing it, Shazam is a mobile phone-based music identification service. This free app uses your mobile phone's built-in microphone to gather a brief sample of music being played and then comparing it to a central database for a match. If a match is found, information such as the artist, song title, and album are relayed back to you.

All these applications utilise your phone or device's internet connection to send and receive audios, messages, pictures and video. This means that long as your phone is not roaming and you have not exceeded your data limit, using these services should not cost you extra. If you are concerned about data usage, we recommend that you use a wi-fi connection, if possible.

Jargon

Selfie: taking a photo of yourself to put on social media (for example Instagram, Facebook or Twitter). Mirror selfies (taking and posting photos of yourself in a mirror), is considered quite 'uncool' in the social media community.

Catfishing: assuming a different identity online in order to deceive another.

Web resources

Aging
www.psychiatrictimes.com
(search for 'The Silver Lining in the Graying of America')

Tipsheet on identifying elder abuse
www.psychiatrictimes.com/geriatric-psychiatry/identifying-suspected-elder-abuse

Sugar daddy finders

websites or apps that cater specifically to the rich man wanting to date an attractive woman. Assumes he picks up the tab for all dates and spoils the woman in various ways. See www.australiansugardaddy.com.au, www.sugarsugar.com or www.hidine.com, which is based on men's favourite food haunts.

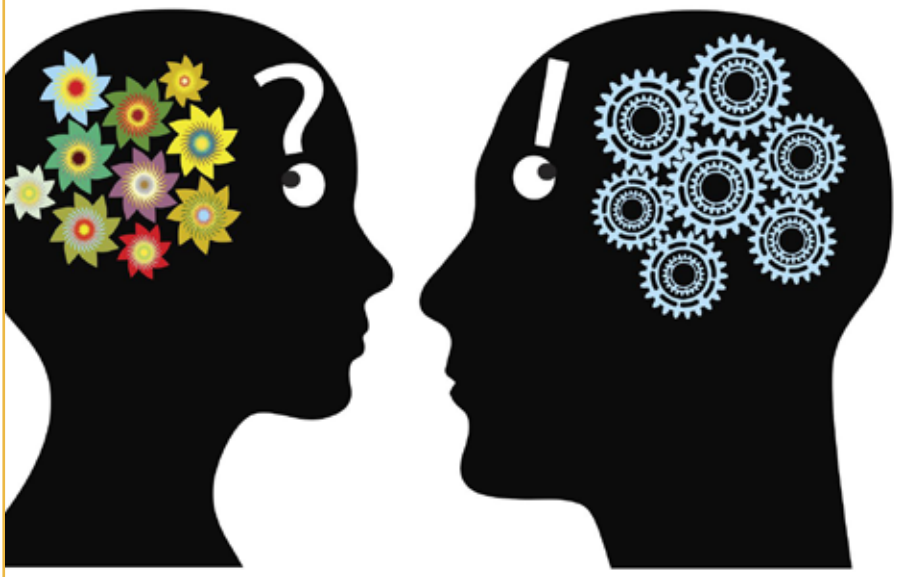
For more tips, tricks, advice and articles about IT and social media, visit www.angelalewis.com.au.

News and research from around the world

Differences in how men and women think are hard-wired

So many things come down to connections – especially the ones in your brain.

Women and men display distinctive differences in how nerve fibres connect various regions of their brains, according to six recent studies that highlight gender variation in the brain's wiring diagram. There are trillions of these critical connections, and they are shaped by the interplay of heredity, experience and biochemistry.



No one knows how gender variations in brain wiring might translate into thought and behaviour –whether they might influence the way men and women generally perceive reality, process information, form judgments and behave socially – but they are sparking controversy.

"It certainly is incendiary," said Paul Thompson, a professor of neurology and director of the University of Southern California's (USC) Imaging Genetics Center. He is directing an effort to assemble a database of 26,000 brain scans from 20 countries to crosscheck neuroimaging findings. "People who look at findings about sex differences are excited or enraged," he said.

Researchers are looking at the variations to explain the different ways men and women respond to health issues ranging from autism, which is more common among men, and multiple sclerosis, which is more common among women, to strokes, aging and depression. "We have to find the differences first before we can try to understand them," said Neda Jahanshad, a neurologist at USC who led the research while at the University of California, Los Angeles (UCLA).

Dr Jahanshad and her UCLA collaborators conducted a 2011 brain-imaging study of healthy twins, including 147 women and 87 men, to trace connections in the brain. She discovered "significant" sex differences in areas of the brain's frontal lobe, which is associated with self-control, speech and decision-making.

In the most comprehensive study so far, scientists led by biomedical analyst Ragini Verma at the University of Pennsylvania found the myriad connections between important parts of the brain developed differently in girls and boys as they grow, resulting in different patterns of brain connections among young women and young men.

The team imaged the brains of 949 healthy young people, 521 females and 428 males, ranging in age from 8 to 22. Like Dr Jahanshad's team, Dr Verma employed a technique called Diffusion Tensor Imaging to trace how water molecules align along the brain's white-matter nerve fibres, which form the physical scaffolding of thought. The study was reported earlier this month in the journal *Proceedings of the National Academy of Sciences*.

The neural patterns emerged only when combining results from hundreds of people, experts said. In any one person, gender patterns may be subsumed by the individual variations in brain shape and structure that help make every person unique.

Dr Verma's maps of neural circuitry document the brain at moments when it is in a fury of creation. Starting in infancy, the brain normally produces

neurons at a rate of half a million a minute and reaches out to make connections two million times a second. By age five, brain size on average has grown to about 90 per cent of adult size. By age 20, the average brain is packed with about 109,000 miles of white matter tissue fibres, according to a 2003 Danish study reported in the *Journal of Comparative Neurology*.

Spurred by the effects of diet, experience and biochemistry, neurons and synapses are ruthlessly pruned, starting in childhood. The winnowing continues in fits and starts throughout adolescence, then picks up again in middle age. "In childhood, we did not see much difference between male and female," Dr. Verma said. "Most of the changes we see start happening in adolescence. That is when most of the male-female differences come about."

Broadly speaking, women in their twenties had more connections between the two brain hemispheres while men of the same age had more connective fibres within each hemisphere. "Women are mostly better connected left-to-right and right-to-left across the two brain hemispheres," Dr Verma said. "Men are better connected within each hemisphere and from back-to-front."

That suggests women might be better wired for multitasking and analytical thought, which require coordination of activity in both hemispheres. Men, in turn, may be better wired for more-focused tasks that require attention to one thing a time. But the researchers cautioned such conclusions are speculative.

Experts also cautioned that subtle gender differences in connections can be thrown off by normal disparities in brain size between men and women and in the density of brain tissue. Other factors, such as whether one is left or right-handed, also affect brain structure.

Also affecting results are differences in how computer calculations are carried out from one lab to the next. "With neuroimaging, there are so many ways to process the data that when you do process things differently and get the same result, it is fantastic," Dr Jahanshad said.

By Robert Lee Hotz,
The Wall Street Journal
http://online.wsj.com/news/articles/SB10001424052702304744304579248151866594232

Junk food may hurt your memory along with your health

Forget the damage to your waistline – over-indulging at Christmas could take its toll on your brain cells, too.

Eating a diet loaded with saturated fat and sugar may have an immediate effect on the brain's cognitive ability and cause memory loss, a University of NSW study has found.

"We know obesity causes inflammation in the body, but we didn't realise until recently that it causes changes in the brain," said Margaret Morris, the head of pharmacology at the University of NSW.

The study examined memory in rats and found that exposure to junk food over just six days reduced spatial recognition – or ability to notice when an object had been moved to a new location.

Professor Morris said the speed with which the deterioration occurred was alarming, with a spatial memory loss appearing long before any weight gain. "After consuming a high sugar and fat diet for one week, we found that the hippocampus, the brain structure which is critical for learning and memory, had increased inflammation," said Professor Morris.

"Our preliminary data also indicates that the damage is not reversed when the rats are switched back to a healthy diet."

In humans, spatial memory is essential in navigation and recalling where everyday items are, such as car keys, wallets or mobile phones.

The study, in the journal *Brain, Behaviour and Immunity*, showed some aspects of the rats' memory was preserved, regardless of diet.

Professor Morris said while it was difficult to project rat data on to humans, there is evidence that short-term exposure to junk food could affect human memory.

By Lucy Carroll,
Sydney Morning Herald
http://www.smh.com.au/lifestyle/diet-and-fitness/junk-food-may-hurt-your-memory-along-with-your-health-20131216-2zhd8.html#ixzz2ng5YTPe1

News and research from around the world

Australia slips on number one cause of ill health – poor diet

Australians are being let down by national efforts to make foods healthier, Australian researchers have found. Foods continue to be laden with fat, sugar and salt with few controls on food manufacturers.

Professor Bruce Neal, from the The George Institute and The University of Sydney, led a team that evaluated the Federal Government's Food and Health Dialogue website and found it wanting. "It has fantastic aims but a very weak implementation plan," he said.

The evaluation was published in the *Medical Journal of Australia*.

The Food and Health Dialogue was launched by the government in mid 2009 to improve the nutritional profile of foods and help educate consumers about their diets. But the new research shows that in the first four years, targets were set for just 11 out of a possible 124 action areas (8.9 per cent) and none had been delivered. There was also no evidence that any of the proposed educational programs had been implemented.

"Poor diet is now an even bigger cause of ill health for Australia than smoking," said Professor Neal. "Unfortunately, while the government has been doing a stellar job on tobacco control, it's not doing quite so well in the food space.

"If we are to get on top of health problems like obesity, diabetes and heart disease we have to fully implement the Food and Health Dialogue objectives. The huge quantities of salt, sugar and fat added to the food supply by industry are now the main cause of ill health in the country and the website is the only serious attempt to get on top of this."

"Clearly this is a complex and ongoing process. Some companies have been making a real effort but if you look at the big picture, progress has been depressingly slow," Professor Neal said.

Professor Rob Moodie, a co-author from the University of Melbourne, reinforced the urgent need for action. "We need the government to make this a priority, and we have to find a way to strengthen a process that relies upon the voluntary engagement of industry. Powerful industry lobby groups like the Australian Food and Grocery Council are stifling action."

The authors compared the Health and Food Dialogue website to successful programs in the United States and the United Kingdom and identified a need for stronger leadership, transparency and regular reporting on the Australian site.

Jane Martin from the Obesity Policy Coalition said: "The UK experience has shown that these types of initiative can be effective but action in Australia is occurring at a glacial pace. If we don't want to be the first generation to outlive our children, then we need to get serious about improving diets, particularly in children. We need meaningful targets, with sanctions for non-compliance and we need the government to take a strong stance and lead the way on this."

The evaluation is calling for more effective implementation, Professor Neal says, with 3 key groups of recommendations.

1. Rationalising of stakeholder roles; government and public health groups must set the policies, the food industry must deliver them and the government needs to take a stronger leadership role.
2. Clear targets and timelines with consequences for non-achievement, in other words, enforcement if voluntary measures fail to deliver. Currently, business incentives all push for the addition of more salt, fat and sugar in order to maximise profit.
3. Better transparency and reporting. The successes and failures of individual industry players need to be highlighted with easy community access to information that will empower consumer choices.

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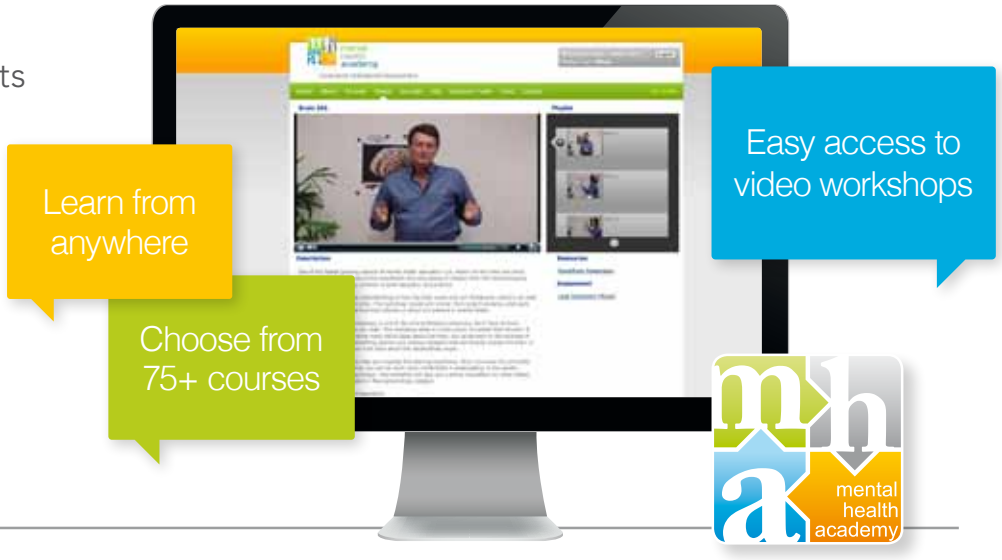

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News and research from around the world

75 years in the making: Harvard just released its epic study on what men need to live a happy life

In 1938 Harvard University began following 268 male undergraduate students and kicked off the longest-running longitudinal studies of human development in history. The study's goal was to determine, as best as possible, what factors contribute most strongly to human flourishing. The astonishing range of psychological, anthropological and physical traits — ranging from personality type to IQ to drinking habits to family relationships to "hanging length of his scrotum" — indicates just how exhaustive and quantifiable the research data has become. Recently, George Vaillant, who directed the study for more than three decades, published the study's findings in the 2012 book *Triumphs of Experience* and the following is the book's synopsis:

> *At a time when many people around the world are living into their tenth decade, the longest longitudinal study of human development ever undertaken offers some welcome news for the new old age: our lives continue to evolve in our later years, and often become more fulfilling than before. Begun in 1938, the Grant Study of Adult Development charted the physical and emotional health of over 200 men, starting with their undergraduate days. The now-classic 'Adaptation to Life' reported on the men's lives up to age 55 and helped us understand adult maturation. Now George Vaillant follows the men into their nineties, documenting for the first time what it is like to flourish far beyond conventional retirement. Reporting on all aspects of male life, including relationships, politics and religion, coping strategies, and alcohol use (its abuse being by far the greatest disruptor of health and happiness for the study's subjects), 'Triumphs of Experience' shares a number of surprising findings. For example, the people who do well in old age did not necessarily do so well in midlif, and vice versa. While the study confirms that recovery from a lousy childhood is possible, memories of a happy childhood are a lifelong source of strength. Marriages bring much more contentment after age 70 and physical aging after 80 is determined less by heredity than by habits formed prior to age 50. The credit for growing old with grace and vitality, it seems, goes more to ourselves than to our stellar genetic makeup.*

As you can imagine, the study's discoveries are bountiful, but the most significant finding of all is that "alcoholism is a disorder of great destructive power". In fact, alcoholism is the single strongest cause of divorce between the Grant study men and their wives. Alcoholism was also found to be strongly coupled with neurosis and depression (which most often follows alcohol abuse, rather than preceding it). Together with cigarette smoking, alcoholism proves to be the greatest cause of morbidity and death. And, above a certain level, intelligence doesn't prevent the damage.

With regards to income, there was no noticeable difference between maximum income earned by men with IQs in the 110-115 range and men with IQs above 150. With regards to sex lives, one of the most fascinating discoveries is that aging liberals have way more sex. Political ideology had no bearing on overall life satisfaction, but the most conservative men, on average, shut down their sex lives around age 68 while the most liberal men had healthy sex lives well into their eighties. Vaillant writes, "I have consulted urologists about this, they have no idea why it might be so."

In *Triumphs of Experience*, Vaillant raises a number of factors more often than others, but the one he refers to most often is the powerful correlation between the warmth of your relationships and your health and happiness in your later years. In 2009, Vaillant's insistance on the importance of this part of the data was challenged, so Vaillant returned to the data to be sure the finding merited such important focus. Not only did Vaillant discover that his focus on warm relationships was warranted, he placed even more importance on this factor than he had previously. Vallant notes that the 58 men who scored highest on the measurements of warm relationships (WR) earned an average of $141,000 a year more during their peak salary periods (between ages 55 and 60) than the 31 men who scored the lowest in WR. The high WR scorers were also three times more likely to have professional success worthy of inclusion in *Who's Who*.

One of the most intriguing discoveries of the Grant study was how significant men's relationships with their mothers are in determining their wellbeing in life. For instance, Business Insider writes:

> *Men who had 'warm' childhood relationships with their mothers took home $87,000 more per year than men whose mothers were uncaring. Men who had poor childhood relationships with their mothers were much more likely to develop dementia when old. Late in their professional lives, the men's boyhood relationships with their mothers – but not their fathers – were associated with effectiveness at work. On the other hand, warm childhood relations with fathers correlated with lower rates of adult anxiety, greater enjoyment on vacations and increased life satisfaction at age 75 – whereas the warmth of childhood relationships with mothers had no significant bearing on life satisfaction at 75.*

In Vaillant's own words, the number one most important finding from the Grant study is this: "the seventy-five years and twenty million dollars expended on the Grant study points to a straight-forward, five-word conclusion: happiness is love; full stop."

By Brent Lambert, Feel Guide
http://www.feelguide.com/2013/04/29/75-years-in-th-making-harvard-just-released-its-epic-study-on-what-men-require-to-live-a-happy-life/

ACCEPTANCE & COMMITMENT THERAPY WORKSHOPS 2014

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This is an experiential workshop where you will be given an opportunity to participate in the 6 core processes of ACT and in turn understand the fundamental attributes to delivering ACT. This practical hands-on training will give you a broad understanding of ACT and the confidence to begin using the core processes with clients.

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"The ACT Skills introductory workshop gave me confidence in using the Acceptance and Commitment Therapy framework with my clients. I also learned how to apply both mindfulness and experiential acceptance (non-avoidance) and the training gave me more of an understanding about how to work with clients and myself. I thought the workshop was great and am inspired to use the ACT framework with my clients and personally". **- Jo Sheedy, VIC**

PRESENTED BY

Nesh Nikolic (BA Psych, Grad Dip App Psych, M Clin Psych, MAPS, MACCP) is a Clinical Psychologist and ACT trainer with over 8,000 hours of one-on-one therapy experience.

Nesh has practiced ACT within a number of therapeutic contexts including individual therapy, couples counselling and family therapy. He has also worked with the Canberra Raiders and other athletes on increasing sporting performance using ACT.

Nesh runs a busy private psychology practice and has applied ACT to a wide range of mental health difficulties including depression, anxiety, trauma, personality disorders, eating disorders and pain management.

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Kiss my foot …

by Angela Lewis

PEER REVIEWED ARTICLE

The foundation of a woman's 'toe-tal' beauty lies in her feet Will, the Bleu Lounge

I have many friends and acquaintances within the foot fetish community. They were the first group I researched when I began my book on alternative sexual practices some years ago and happily for me, many of these relationships have continued. I recently repeated a survey of male foot fetishists I'd originally run in 2011 as I was curious to see if the data had changed. This article examines the outcomes of the survey and takes us into the (not so secret) world of the footmen, slang for foot lovers.

Introduction

A foot fetishist is someone who becomes sexually aroused when exposed to feet in the same way that another person may be when faced with genitalia or breasts. The clinical term for this interest is podophilia: podos (foot) and philia (love of). More than 95% of foot fetishists are men and their interest usually parallels their sexual orientation, so a heterosexual male is generally attracted to the feet of a heterosexual woman. Foot lovers can be found in all socio-economic groups and countries. While there is no definitive data, it is believed (and is born out in my research), having a foot fetish is one of the most common alternative sexual interests. Given that it is based on the worship, veneration and adoration of female feet along with a general perception that it is reasonably harmless interest, it would be fair to say it is one of the most accepted fetishes. While there is no 'typical' foot lover, the majority who responded to my 2013 survey were:

Caucasian, in the 31-49 age bracket, well educated and working predominantly in the white collar sector. Most of the men were either married or in a de-facto relationship and enacted their foot play in real life as well as online. An overwhelming majority stated they did not believe they could give up this practice if asked by a partner.

Data Breakdown

The highest percentages by age were found in equal numbers in the 31–39 and 40–49 bracket, and together a solid 49.6% fall in the thirties/forties age group. The second highest group were 18- to 25-year-olds, at 19.8%. Both sets of figures remain similar to those published in my global 2011 survey.

While the men came from all over the world, a majority, 55%, were from the United States. This was followed by 15% from the United Kingdom, then 13% from Australia. The remaining nationalities were diverse and included Egypt, Romania, Denmark, the Netherlands, Trinidad, Canada, Hungary and France.

Foot lovers responding to this survey were well educated, with 39.6% stating they had a first college or university degree and a further 10.9% MBA or PhD level (this in itself is worthy of note as only 1% of the world's population have PhDs). A good education generally leads to a good job, so there was no surprise

in seeing that many of respondents at 31.7% were employed in the white collar/private industry sector. In second place was the blue collar sector at 12.9%; the remainder were scattered across a variety of fields including academia, retail, sales, customer service and manufacturing.

The concept of well educated fetishists is something I come across regularly in my research into the alternative communities. The people participating in non-mainstream practices are generally well educated, I suggest that being educated means they have opened their minds to a broader outlook on life which allows them to experiment and have experiences that are challenging. I also suggest (again my own theory), that being well educated means the men earn a good salary and are easily able to meet many of their primary needs, allowing them the freedom, time and money to explore other dimensions of self and ego.

Relationships

At 25.8%, married men were the most represented. When combined with those who were in a de-facto relationship and those with girlfriends, the percentage of men in relationships was around 63.9%, clearly showing that most foot lovers are likely to have a female partner.

The majority of men reported enjoying foot play with their current partner. While the level of interest varies, participation by female partners is significant at 75%. This is similar to the 2011 survey in which 70.1% of female partners were reported to participate in foot play.

Reponses to the question 'how does your partner feel about your desire for interaction with her feet?' were as follows:
she enjoys it and has participated from the start – 37.5%
she was not interested at first but enjoyed it after trying it – 19.4%
she is not interested but lets me do it – 18.1%

While partnered men had the chance to enjoy foot play with women, 52.1% reported they chose to pursue their interest online as well as in real life.

The men were surprisingly open about divulging their interest, with 57.7% being open about discussing their love of female feet to others outside the primary relationship. Reactions to their interest were reported as largely positive, or neutral; an unfortunate 12.7% reported receiving negative feedback when sharing their interest with others.

The Private Foot Lover

I asked whether the men could pinpoint the age they were when they realised that female feet were desirable. There was a definite pattern of identifying this at a young age:

- 45% of men recall being between the ages of 2 and 10 years old
- 20% remember being between 11 and 15 years old
- 11% were between 16 and 19 years old
- 7% discovered their love of female feet post-adolescence.
- The rest were unsure, but said it was somewhere in their youth

When asked if they could recount their earliest memories of being interested in female feet a large number of the men could do so clearly. Some of their responses were:

- When I was 4 or 5 and I saw women doing martial arts or at the beach. Then I just knew I liked feet but I didn't know why.
- I had an incident with an older sister when I was 5 years old. She made me kiss her feet.
- I remember sucking on the next door neighbour's daughter's toes. We were both 8 years old. I got smacked and told it was dirty by my mum who caught me.
- I started fantasizing about female feet and legs since school days when I used to see my female teachers with skirts.
- I remember seeing my mother's feet when she was in the bath when I was about two, and being fascinated by them. I also remember being attracted to the feet of one of the women who ran a toddlers' group I used to go to when I was about three. She used to wear flip flops and sometimes high heels.
- I was 5 and I had a crush on my babysitter, she used to rest her feet on my face and liked stepping on my face.
- When I was a around 6yrs old my aunt's sexy neighbour would go bra less and always wore flip flops when it was hot outside. That gave me my first erection.

The Foot Lovers' Favourite Things

In regard to what aspects men find most attractive about the female foot, the answer was unanimously painted toenails. The most favoured colour was (perhaps not surprisingly) red, with various shades stipulated including cherry, blood red, blue toned red and burgundy.

	Highly desirable (%)
Painted toenails	70.4
Soles in general	67.6
Smooth soles	64.3
High arches	59.2
Wrinkled soles	42.3
Feet in shoes	40.0
Toe cleavage	40.0
Stockinged feet	39.4
Long toes	33.8
Smelly feet	33.3
Dirty feet	25.0
Very long toenails	18.1
Bony feet/toes	15.3
Veined feet	12.5

Some of the activities men enjoy in relation to female feet are:

Answer Options	%
Orally interacting with female feet	80.6
Feet included in sex (for example, feet on genitals)	64.2
Grooming (massaging, washing or painting female feet)	62.7
Viewing images of female feet	58.2
Reading stories about female feet	34.3
Interacting with like minded people online (for example, Facebook)	32.8
Taking photos of female feet	23.9

Barb and Al: Members of the Foot Loving Community

Al Soleman is a gentle soul of Caribbean extract who lives in Florida and works in the furniture industry. Al is in his early fifties, is currently single and has been involved in the Facebook community of foot lovers for some years. Like many others who share his interest, he finds the online community a wonderful source of companionship and spends many hours daily chatting to like-minded individuals, both male and female. I asked him whether he thought the love of women's feet had become more socially acceptable since the proliferation of online spaces devoted to this particular interest:

> Before I started my foot profile on Facebook, I had no idea of the extent to which men and women shared my total love of feet! The sheer number of profiles, pages, groups etc is mind boggling, not to mention fetish sites devoted to foot worship/play and photography/ modelling. I certainly feel that men seem to have memories and experiences of a more sensory nature earlier on perhaps, although I've come across many examples of this with ladies as well. Perhaps the old paradigms of what is acceptable are shifting and even the notion that foot fetish is mostly the province of the male of the species is changing as well. The old taboos have not disappeared but more open discussion of the attraction to feet is definitely happening on a broader platform in both the social and entertainment media, with some talk shows and late night comedy programs making reference oftentimes to celebs with foot fetishes.

Barb Denyer is a close friend of both myself and Al Soleman. I have known Barb for close to thirty years, but it wasn't until I started researching the area of alternative sexualities and their intersection with technology in my work with The Australian Counselling Association that Barb began to explore this area of interest. Five years down the track she is firmly ensconced in the foot community and worshipped (not too strong a word in this case) by hundreds of men around the world. Barb, by the way, is in her sixties, but age has no boundaries when you have gorgeous feet like hers. She spends a huge amount of time posting photos of her feet in various guises and poses, and is extremely ingenious in providing her devoted audience with new images, which range from soles, toes, hosiery, and shoes to anything you could possibly imagine in between—including the elusive wrinkled soles shot. I have acted as foot-tographer for Barb on many occasions and because I genuinely like this group of people, I have no problem including my own feet with hers now and then.

Unlike many of the women active in the foot lovers' community, Barb does not sell her images, nor does she advertise for takers to purchase pedicures, nail polish, shoes, thongs (flip flops) or Ugg boots (yes, very popular) for her. This in itself makes her highly unusual, as the majority of women who visit the foot loving online sites do not have a problem requesting purchases. It is probably fair to say, many of them consider it their right in return for the exchange of their personal foot images. My dear friend Mistress Michelle who lives in Florida, sold a worn pair of her flip flops recently for thousands of dollars, and the market for worn hose, socks, shoes and flip flops does a roaring trade.

I asked Barb what it was that kept her coming back to the online foot community and why she puts in so much effort. She replied,

> The reason I keep coming back to the online community is actually the gentleness of men with whom I have contact. They are so polite and thoughtful, something we do not always experience in the "real world". But most of all, when I read the comments that are made on the pictures I post, apart from the obvious passion they feel towards some of the images, what I frequently see is a kind of loneliness or feeling of being unnatural. So many foot fetishists still appear to be fighting against their fetish. I have exchanged personal messages with many of them, mainly on Facebook, and have done my best to encourage them to be who they are, to accept themselves as normal human beings. I had one really heart wrenching message recently so I responded with "be proud of who you are and bear in mind, you did not choose your fetish, your fetish chose you." Those words seemed to give him back some balance; at least I hope they did. It took me almost two years to finally realise what my pictures actually mean to the foot fetishist—that for them, seeing a picture of my feet was the equivalent of a "normal" man looking at pictures of genitalia or breasts, and their reaction was just as strong sexually. It did not take me long to work out that many were masturbating whilst looking at my pictures, and my epiphany made it easier for me to understand why. It also made me realise just how difficult their lives could be in summer when faced with naked feet. But the main point I want to make is that it makes me happy to "give" an image that brings so much pleasure to some very lonely and frequently unhappy and unfulfilled people.

I also asked Barb if there were aspects that she found troublesome or annoying as a woman:

> The most troublesome are the fetishists who become fixated on my feet pictures. Most of the time I am my own photographer and I make that

known. Sometimes they will message me and ask for a specific picture—I will oblige if I can, but sometimes what they want, for example "write my name on your sole", is not easy for me to do, much less photograph. If I say that it is too hard for me, or that I do not have the time, they will not let it go and keep requesting—and then get upset when I keep saying no. The most annoying thing is around this aspect of being fixated I think. The description I use for these types of fetishists is "mono focussed". This is usually the case with the younger ones, (those 18-25) where it seems their sex drive just seems to take over their minds completely.

Barb's last observation is supported by a number of women in the community who find themselves the recipients of a level of attention that can border on obsessive once a man becomes fixated on their feet. Arinda Storm Weaver, a veteran long nails fetish model, agrees. She has remarked to me in the past that while their overwhelming passion for her outlandishly long toe nails is enjoyable, sometimes she would like men to be with her to interact with her whole woman—not just with her feet or toenails.

The final question I asked the survey group was whether any of them would give up their fetish if a partner insisted: a loaded question and of course for the majority of men to whom this is an integral part of their being, this is not an option. The responses show that 87.5% would not give it up, as being true to themselves and acknowledging who they are was more important:

- It's part of who I am, and giving up the interest would be denying part of myself.
- Feet are obviously a big part of a foot fetishist's life, as big as what sex is to vanilla people. If the relationship was going to get serious I would bring up the subject of me being into feet, if my partner said she didn't want anything to do with it and wouldn't let me indulge in it then I would probably end the relationship. I cannot force her to be a party to my fetish no more than she can force me to give it up. To ask a foot fetishist to give up his/her fetish is to ask them to give up what sexually turns them on, even vanilla people should know there is no switch that we can simply flick and it goes away.

However there were some suggestions that for the right person at the right time, they would put their desires second including:

> Maybe, but not easily. I suppose that for the right reasons and under the right circumstances, I'm capable of sacrifice. This would, however, be a purely intellectual decision, as I'm certain that my desires would not go away.

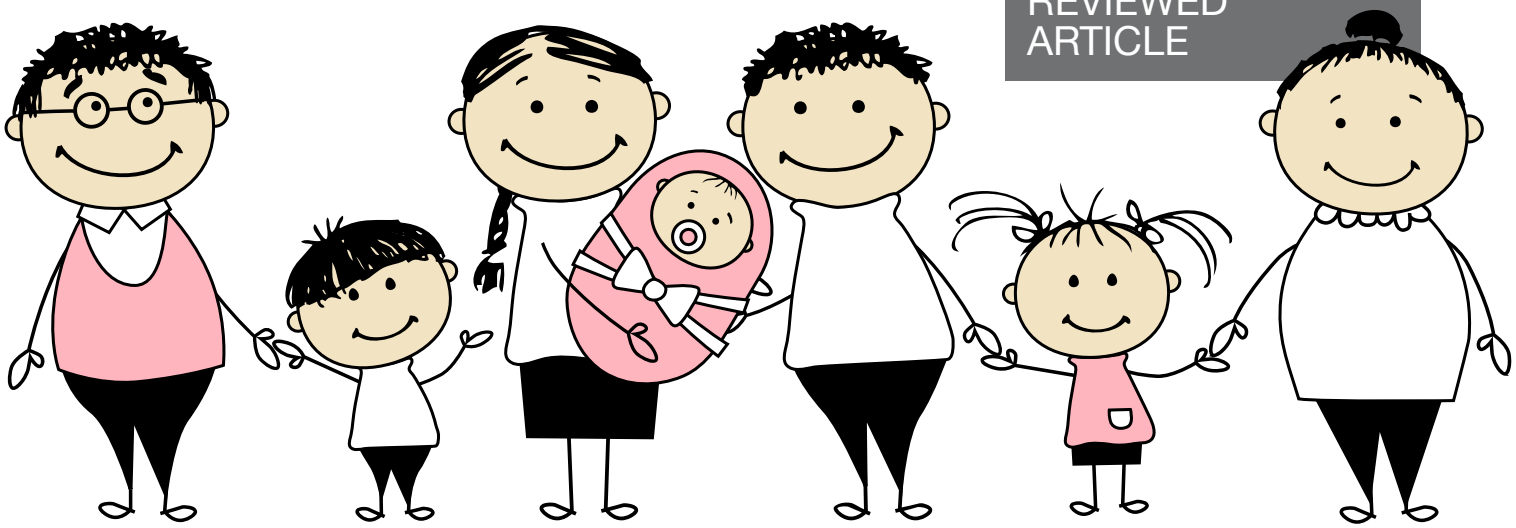
My heartfelt thanks go to all those who took the time to share their thoughts and contribute to creating a body of knowledge around what is arguably the most popular and global sexual fetish. In particular I thank my dear friends Barb Denyer and Al Soleman for their friendship, and help, and for always supporting the work I do.

The full data breakdowns to the questions can be found on my website **www.myotherself.com.au**: type *foot fetish survey* into the search box on the articles and reports page. Everyone who participated will be interested to hear feedback from outside the community, and we all look forward to reading your comments.

Understanding issues in stepfamilies: a strengths-based counselling perspective.

By Marcia Watts

PEER REVIEWED ARTICLE



"Families, whether biological or chosen, are what give most people's lives their shape ... Most of our happiest and most tragic experiences are somehow connected with family. Families are flawed, complex, intense organic units whose members often fail each other in important ways. But family affection is the glue that holds lives together ... and gives life meaning." *MARY PIPHER, 1996*

Introduction

This article will seek to explore the current experiences of stepfamilies within the broader context of family therapy. It will investigate ways that counsellors can work with stepfamilies that are relevant and responsive to specific stepfamily needs and provide counselling interventions that promote resilience and thriving for members within stepfamilies. The impetus for research is derived from the desire to challenge the negative stereotypes and perceptions often associated with stepfamilies (including wicked stepmothers, passive biological fathers or stepfamilies as a sub-class of first families) and examine whether stepfamilies are as beleaguered in practice as some suggest.

Current family studies indicates that stepfamilies are growing in number and are a significant sign of how the shape of Australian families are changing. With around fifty per cent of divorces involving children and around seventy per cent of people who have been divorced remarrying, the issue of step-parenting and blended families is a reality for many families (ABS 2007). Further, studies show that despite their current ambiguous standing, one in three children will spend at least a portion of their upbringing in a stepfamily and it is anticipated that over the next twenty years stepfamilies will overtake first families as the dominant family form (Rutter 1994). This growing trend

highlights that stepfamilies are a vital and pertinent family pattern for researchers, family therapists and policy makers to explore so that the needs of stepfamilies are effectively acknowledged in both theory and practice, and family therapists are able to appropriately and engage and support stepfamilies over time and stages (Martin 1998; as cited Howden 2007).

Due to the complexity and multi-faceted nature of remarriage and stepfamilies, this paper will undertake an examination of current literature of stepfamilies across a range of factors including life cycle development, grief and loss and gender issues. The purpose of this review will be to gain a clear understanding of the current experiences of stepfamilies in terms of challenges, limitations, strengths and capacities and to find an adequate way to define stepfamilies and stepfamily issues independently of other family forms.

Promoting and recognising resilience will be highlighted as a key area of research in stepfamily flourishing as most stepfamilies have been required to grapple with the unexpected interruptions of separation, death or divorce and remarriage in the formation of the new family system, which often gives rise to members of stepfamilies becoming dynamic, adaptive thinkers, flexible problem-solvers and intentional family members. Additionally, it will be considered how counsellors can best engage and work with stepfamilies in navigating these issues with a key desire to locate stepfamilies within a strengths-based perspective. Another objective is to provide counselling interventions that are clearly integrative between counselling theory and practice and to consider therapeutic responses to stepfamilies issues that focus away from perceptions of stepfamilies as pathological and inferior to nuclear families and onto the strengths, virtues and character traits that allow people in stepfamilies to thrive. This article will focus on strengths-based counselling interventions which seek to empower the stepfamily as a system that cultivates strength and flourishing.

Defining a stepfamily research review, myths and stereotypes

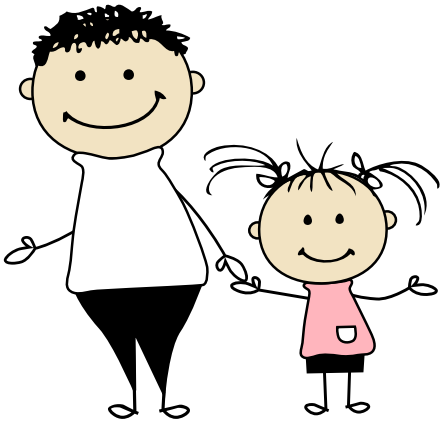
A review of the current stepfamily research literature reveals that one of the key and ongoing challenges stepfamilies face are both a poor understanding in the general community and in therapeutic discourse of stepfamily issues and lack of a definition of 'stepfamily' that most stepfamilies can relate to. Stepfamilies Australia define a stepfamily as a family made up of two adults, at least one of whom has children from a previous relationship. It may be that each adult has children, and it may be that ex-partners have also re-partnered. The new partnership may also have an 'ours child' (Harris, 2010). This definition seems relatively straight forward, however as the research reveals, as the stepfamily engages with other social institutions such as child support agencies, schools, health systems, counsellors and social welfare agencies the concept of a stepfamily quickly becomes confusing and unpredictable. The child support agency only considers the biological parents as responsible for a child, even if one of the parents is not contributing to the financial upkeep of the child and the step-parent is contributing significantly (Harris, 2010). Child support payments are based on the income and circumstances of the two biological parents and the amount of time a child spends with each parent (Harris, 2010). Additionally, Williams' (2012) comments confirm this inconsistency:

> Stepfamilies are growing in numbers. With higher rates of divorce, births out of wedlock, cohabitation without marriage and, in some countries, mass deaths by AIDS, the traditional definition of "family" is facing an identity crisis. Though legal and societal structures do exist to guide stepfamilies, they're vague, inconsistent and ill-defined.

The Australian Bureau of Statistics (ABS) defines stepfamilies as those formed when parents re-partner following separation and/or divorce, and where at least one stepchild of the member of the couple is present (ABS 2003; as cited Howden 2007). The difficulty with this definition, as is indicated by Williams' (2012) comments, is that it fails to acknowledge the many ways children and adults can find themselves members of a stepfamily, nor the very permeable boundaries of the stepfamily household, for example, where one parent has remarried and has the child in their care rarely or only part-time (Howden 2007) or conversely, where parents might have a shared-care parenting arrangement involving the children regularly fluxing between their two biological parents homes and therefore in and out of two family systems.

A further issue in defining stepfamilies is both the confusing and loaded terminology in reference to a stepfamily, which can also be referred to as a 'blended family'or a 'combined family', or 'remarried families' where the children of each parent are grown (Howden 2007). Adding to the confusion has been highlighted by Church (2012) – often family and marriage therapists do not have a clear understanding and working knowledge of stepfamily issues or remarried couples as a unique family type, different to first families and marriages. They may simply encourage a new step-parent to relate to the stepchild "as their own" or ask a remarried couple to consider their marriage as the same as a first marriage, resulting in either family relationship disaster or feelings of parenting and relationship inadequacy when these suggestions do not work (Church 2012, as cited Synder 2012).

Howden's (2007) research highlighted other compounding factors such as limited social visibility of stepfamilies because members fail to recognise themselves as a stepfamily or reject the label of, say, stepmother or stepchild due to the negative connotations that being in



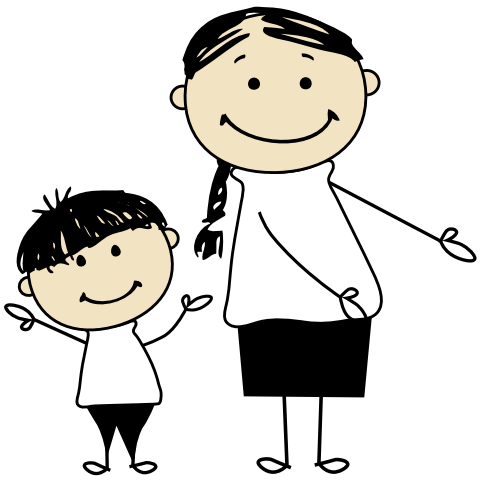
a stepfamily can arise. Therefore, stepfamilies are largely under-recognised and under-acknowledged within society or struggle to be seen as a 'real' family, which limits access to resources and support and the broader recognition within society that a stepfamily is a unique and viable family configuration.

Although stepfamilies are not a new phenomena, the research indicates that stepfamilies in previous generations largely occurred through death of a parent, mostly mothers through childbirth, and at other times fathers through war or disease and sometimes desertion in difficult economic times (Elliott, 1997; Howden 2007). It has only been since the introduction of 'no-fault' divorce in the mid-1970s that remarriage and blending a family has occurred more commonly through separation and divorce, leaving the nuclear family as the dominant family norm and guideline to understanding all family needs and functioning (Bell & Zajdow 2000; Elliott 1997). The bias against stepfamilies has worked its way into laws, policies and other social structures so the results, not surprisingly, confirm and reinforce existing bias towards nuclear families as superior and stepfamilies as inferior (Engel 2003).

Brown (2007, p.95) highlights that divorce, remarriage and becoming a stepfamily can be powerful and isolating experiences that can often give rise to shame triggers. Brown (2010) explains the experience of shame as being located in the context of love and belonging, which overwhelmingly research is concluding as the most essential human need. Men, women and children are hard-wired for connection; to love and to be loved and to have a definitive sense of belonging and being enough (Brown 2010, p. 26). Shame within the stepfamily experience can be understood as the emotion that there is something deeply and profoundly wrong with me or my family type and that divorce or feeling inadequate as a step-parent signifies a deep unworthiness for love and belonging within the individual with a sense of feeling deserving of punishment or isolation (Brown 2007, p. 4).

Additionally, references in popular culture such as *The Brady Bunch* have presented an ideal picture of what remarriage and a stepfamily could look like that have been unhelpful and loaded. Many stepfamilies can attest that blending a family is not as seamless as this ideal. Hence, while research suggests being in a stepfamily can be a rich and rewarding experience, it is important to recognise that this family is different in composition, needs, history and development than first families and addressing these areas is important in making a successful blend a possibility.

Stepfamily researcher Katz (2010) has highlighted the biggest mistake both stepfamilies and therapists make is assuming a stepfamily will 'blend' over time when statistically research would suggest that for at least thirty per cent of stepfamilies a sense of this blending ideal does not happen and perhaps it is better to not even expect it as, when blending does not occur, it can leave members of a stepfamily (most especially stepmothers) with a sense of failure, isolation and shame (Katz 2010). Katz (2010) suggests that it is more helpful for a stepfamily to work towards defining themselves in terms of a family that cultivates respect, compassion and a workable attitude towards achieving family goals rather than whether the expectation of blending occurs. A successful stepfamily does not need to achieve the ideal of blending in order to be deemed a 'real' family or a successful one; but rather works as a family system that cultivates realistic expectations of one another and of the family to gives a sense of belonging based on trust and respect (Katz 2010).



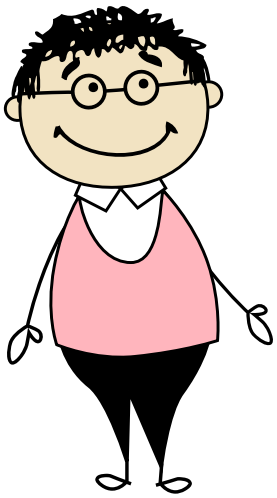
Creation and re-creation of a family

The current stepfamily research would suggest that in order to understand and respond effectively to stepfamily issues it is useful to understand that all families are dynamic in nature and will go through various stages of change over time. Pioneering family research, Evelyn Duvall (1977) referred to the transitions and sequences of change within a family as 'family lifecycle theory' (Naire 2000). Family lifecycle theory seeks to explain the cycles of change that a family undergoes, where each stage presents unique issues or problems for the family to confront and solve (Nairne 2000). These stages have been defined by Balswick & Balswick (2007, p. 45) as:

- Premarriage
- Marital dyad (newlyweds)
- Triad (becoming parents)
- Completed family
- Family with adolescents
- Launching (children leaving home)
- Post-launching (empty nest/return to marital dyad)
- Retirement (married couple aging/ grandparents)

Balswick & Balswick (2007) highlight that when two people marry, a new family begins in the form of a dyadic relationship that involves a time of great adjustment to both marital roles and individual identity. However, in the creation of a stepfamily the starting point of the family is very different to first families (Howden 2007). One or both parents may have been married to someone else previously and children will have a parent that lives outside the home, or themselves live elsewhere and visit periodically. Family norms, traditions and structures have begun to develop previously in another family unit.

Through family lifecycle theory it is clear that establishing the marital dyad is a critical stage in family development. However, in the creation of a stepfamily Howden (2007) has identified that the family life cycle varies considerably motr than for first families, as normal family development has been interrupted by the unplanned crises of separation, divorce and the formation of the new stepfamily. This indicates that a previous couple union or marriage, possibly parenthood



and grief and loss has proceeded the formation of the new marriage dyadic in the stepfamily and resulted in there being no blood ties between some members of the new stepfamily, in addition to a complex web of extended family relationships. Due to this complexity all the functions of a stepfamily need to be consciously planned and negotiated, both within the family unit and with others outside the family, including former partners and government agencies.

Grief and loss and the stepfamily lifecycle

Elliott (1997) has indicated that grief and loss issues for stepfamilies may include feelings of guilt, a pervasive sense of deep disappointment in self, the previous partner and even in life, in addition to feelings of anxiety after a significant loss that may have been a threat to wellbeing, self concept and identity. Smoke (1995) highlights that loneliness and adjustment issues are significant parts of the post-divorce grieving process and need to be worked through in a positive mourning process so that the divorce can be accepted and a new marriage established.

Similarly Balswick & Balswick (2007, p. 292) describe grief and loss in divorce and remarriage as 'ambiguous loss' (Boss 2000; as cite Balwick & Balswick 2007) because this type of grief is often never fully acknowledged, both by the individual and the broader community and rarely resolved, making closure an often unrealistic reality. Gerrad (2002) makes a distinction between adult and children's grief in divorce and remarriage; as the new couple are captivated with their new relationship and the dream of a new and better family together, the children are often longing for their former family. Parents may have unintentionally turned to their children for support and loyalty during the time of separation, leaving children voiceless and powerless to express their feelings of grief and torn loyalty between their parents. Gerrad (2002) advocates that children's past history in the former family needs to be honoured and feelings of loss honoured and acknowledged. He advises that children have time with their biological parents alone and are given intervals to process these feelings so that they can embrace the future and become a part of the new stepfamily as they are ready. Therefore, in developing into a healthy family unit, Scharman (2000) promotes awareness of the stepfamily life cycle stages of change and development, including:

1. Fantasy – new marriage; we will be one big happy family
2. Immersion – the family begins to sense something is wrong; the step-parent (often the mother) notices something is wrong
3. Awareness – differences are most notable, but understanding and clarity increases
4. Mobility – chaotic time where differences manifest and expressed often in conflict; a time of gridlock and differentiation – most likely time for family breakdown
5. Action – how to function and be a family; new boundaries and understanding and commitment to the family
6. Contact stage – second honeymoon or fantasy stage, especially for step-parent who usually only now has a clearly-defined role
7. Resolution – the stepfamily stabilises and roles, power issues and norms are resolved; a sense of us (remnants of fantasy stage) can be re-processed as unresolved grief issues from original families can be now safely explored

This model indicates that becoming a stepfamily is a process and takes time and it is essential for the adults to recognise the needs of the family based on the current stage of development and how that development is being processed. It is helpful if the idea of this family being a 'nuclear family' can be abandoned and a new concept of family that resonates with all members cultivated (Howden 2007). Research indicates that a more adaptive stepfamily will move through this process more quickly, at an average rate of four years (Scharman 2000). Conversely, a less adaptive family may remain stuck in stage three and four and take up to twelve years to reach resolution stage (Schmarman 2000). Stepfamilies are most vulnerable to breakdown in the early years and most especially during the mobility stage as roles, traditions, rules, security and belonging have not been fully established (Howden 2007). Whilst the early stages of development are vulnerable times for stress and breakdown in all families, it is more inherently difficult for stepfamilies during earlier stages due to the impact of grief and loss issues, lack of role clarity and torn loyalties, experienced by both adults and children, between biological relationships and ex-spouses (Howden 2007). This model of the stepfamily lifecycle indicates that grief and loss are ever present issues for stepfamilies and it is most helpful if these issues can be acknowledged and processed at each stage of development, and expectations of family functioning be set in line with stages of development.

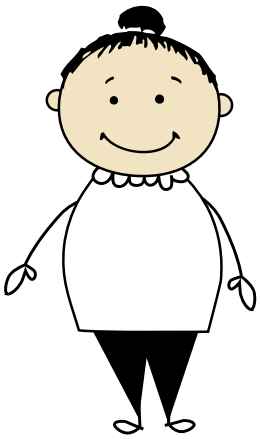
Qualities and practices of effective stepfamilies and the significance of gender

Despite the very real challenges that stepfamilies face, there is a growing body of research that indicates that while stepfamilies are indeed more complex in their structure, function and relational dynamics, many stepfamilies are extremely adaptive and reveal much to all family types about what it takes to be a resilient family in terms of marriage and gender relations, parenting, grief and loss and the intricacies of family life (Rutter 1994). Findings from research conducted by Pryor (2004) in a New Zealand study on stepfamilies and resilience indicated that the stepfamilies, including children, that participated in the research self-reported their family as happy and loving (Pryor 2004).

This study did indicate that the families who participate self-selected for participation and had above-average incomes and education levels, so these may be offsetting factors. However, these families all indicated that becoming and being a stepfamily did include many challenges, with particular regard to the step-parent/stepchild relationship and the impact of the non-residential parent.

Nevertheless, the family members all reported as functioning very well and the children's behaviour and self-concept as high (Pryor 2004). Rutter's (1994) research concurs with this view by indicating as high as eighty per cent of children growing up in stepfamilies grow up healthy and well adjusted.

In another study, psychology professor Allen Israel, PhD, of the University at Albany, State University of New York has been developing and evaluating a model of family stability that he believes has special relevance to children in divorce and stepfamily situations (DeAnngelis 2005). Family stability, he and his team are finding, is not contingent on whether you live in a first marriage, stepfamily or single-parent family, but more particularly on the environment that parents create for their kids, such as the presence of regular bed and mealtime hours (DeAnngelis 2005). Hence, stepfamilies that focus on being competent, stable and follow predictable routines tend to do better.



There is general agreement in the literature that the new marriage relationship will have the best chance of success if there has been some resolution of the attachment to the previous spouse and if the issues from this relationship have been processed (Elliott 1997). While complete emotional neutrality is most often not achieved between former spouses, especially if there is children from the previous relationship, if the new couple is able to come to a place of acceptance of what has occurred in the previous relationship/s, accommodation and assimilation has the best chance of taking place (Elliott 1997). As a result, many stepfamily therapists advise that step-parents focus on building relationships with their stepchildren before assuming discipline responsibilities with the facilitation of the biological parent (Elliott 1997).

Insights from feminist therapy also suggests that gender is a significant element in stepfamily relations in terms of creating greater equality, but only after key gender issues have been made explicit. It is widely understood in the therapeutic community that women in all family types are more likely to express distress and be sensitive to strained relationships (Rutter 1994; Elliott 1997; Howden 2007). However, stepfamilies can serve to be the ultimate gender trap – that is, a remarried woman is often placed in the position of primary caregiver to her husband's children (Elliott 1997). The implicit expectation is often that the new wife will take responsibility for the emotional life and wellbeing of the family, which often works to put her in a conflicted, juxtaposed position with the former wife and stepchildren, allowing the male in the middle to avoid culpability for this tension (Elliott 1997). Carr-Gregg (2011) suggests that it is likely that this tension has given rise to the wicked stepmother archetype that depicts stepmothers as cruel and uncaring and stealing the father's attention away from the children.

Carr-Gregg (2011) also comments on the negative descriptions of stepfathers as being psychotic, abusive or passive, such as Hamlet's stepfather, or idealised, such as Mike Brady in The Brady Bunch. Carr-Gregg (2011) asserts that in order for stepfamilies to thrive, gender expectations and stereotypes need to be clearly acknowledged. Lerner (2010) observes that stepdaughters are often their biological mother's torchbearers and may also implicitly take on a caretaker's role towards the father. Lerner (2010) suggests stepmothers completely step out of the ideal of closeness and resist pressure, from wherever it comes, to be the "ideal new mother". Both Carr-Gregg and Lerner agree that these gender-based assumptions in stepfamilies are both common and pervasive and need to be addressed and challenged for the stepfamily to thrive. Hence, effective stepfamilies seem to be the ones who are consciously aware that each member of the family is important and make family tasks explicitly the responsibility of each member. This requires the commitment of each person and making explicit, implied, gender-based assumptions and addressing task and commitment issues as a family (Skogand, Arrington & Higginbothan 2007).

Additionally, Brown (2007) contends that stepfamilies who are able to reflect on their family experiences with critical awareness that takes into consideration society and culture and how these factors, expectations and influences can work together to create shame and inadequacy can increase personal and family power by understanding the link between the lived experiences of being a stepfamily and the larger social system. Recognising the voice of shame as individualising (I am the only one), anthologising (something is deeply wrong with me) and reinforcing (I deserve to feel shame) is the essential first step (Brown 2007, p. 100). Critical awareness debunks the voice of shame by highlighting the context of shame in the stepfamily experience, normalising the feelings of shame and demystifying the issues causing feelings of shame (Brown 2007, p. 98). Critical awareness enables a stepfamily to build resilience by identifying shame as it is being experienced and moving through it in constructive ways.

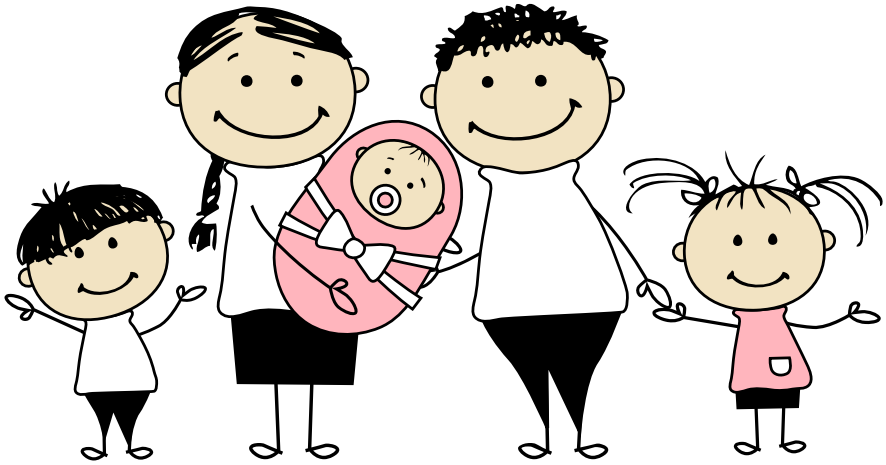
Recognising that the new marriage dyadic in a stepfamily is the most fragile component of the new family and that the strongest point is the bond between the biological parent and child/children has been identified as key (Balswick & Balswick). Stepfamilies who thrive recognise both the need to foster intentionally the marriage bond and also work to thicken the area of shared experience between non-blood related members (Pasley, Rhodden, Visher & Visher, 1996). These findings seem to support research in other areas where studies indicate that while many remarried couples self-report as feeling more compatible with their second spouse, the divorce rates in second marriages are much higher (Rutter 1994). However, these divorces seem to have less links to conventional marital issues and a greater connection to poor resolution of children's grief issues and low household integration (Rutter 1994). Further, these divorces seem to occur most commonly in the first five years of marriage, during the mobility stage. After this period, up to eighty per cent of remarriages succeed indicating a higher success rate than first married couples (Rutter 1994). Therefore,

successful stepfamilies seem to be the ones that are not anticipating instant love or bonding and remain actively curious for information on what will make their family work and are mindful of how their family is functioning at each stage of development while not afraid to seek help when problems arise (Cottrill 2012; Pasley, Rhodden, Visher & Visher 1996).

The qualities and practices of successful stepfamilies seem to be in line with what is understood in the therapeutic community as a 'strengths-based' perspective that involves actively focusing on strengths, virtues, capacities and skills rather than on perceived problems and deficits (Ellis 2011). Successful stepfamilies demonstrate these resilient qualities of dynamic problem-solving based upon realistic expectations and other qualities, referred to by positive psychology researcher Seligman (2011), of post-traumatic growth such as the ability to become stronger and more growth-focused after difficulty, loss and trauma. By focusing on their strengths, failures and learnings, effective stepfamilies work much harder and get help earlier and accept that there are going to be challenges along the way.

Therapeutic responses that build strength and resilience in stepfamilies

As the quote by Mary Pipher at the beginning of this article highlights, being in a family is rarely smooth sailing and no family progresses through its various stages and changes in a perfectly adaptive manner. A family may progress relatively easy through one or two stages and then confront significant challenges at another juncture. This reality is especially true for stepfamilies. Howden (2007) has emphasised that despite the very real challenges, stepfamily members have the potential to build resilient, flexible and creative family solutions and to become very adaptive individuals as a result of their family experiences. Therefore, in the broader context of normalising experiences and introducing concepts relevant to stepfamilies, utilising a strengths-based perspective in counselling is most therapeutically helpful (Howden 2007). The strengths-based



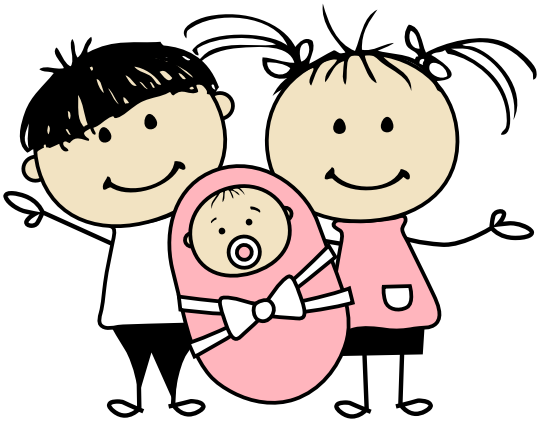
perspective is largely informed by the tenets of positive psychology. Positive psychology is a psychology of wellness and flourishing that is comprised of five key elements: positive emotion, meaning, engagement, relationships and achievement (Seligman 2011). Similarly, research has shown that promoting competency in stepfamilies has the potential to prevent future problems (Masten 2009; as cited Ellis 2011).

A strengths-based therapeutic perspective is an alternative to the traditional deficits-focused model of treatment, which has typically included family systems or psychodynamic modalities that have proven to serve stepfamilies poorly and given rise to perceptions of being a problematic, dysfunctional or atypical family(Browning, 2012). While it has been observed that family systems therapy can offer may insights to stepfamilies, especially in terms of boundary and attachment issues, it is perhaps not adaptive enough to encompass their complexity and could easily become very confusing for both therapist and the stepfamily members (Koerner 2003). Alternatively, strengths-based interventions focus on the practicalities of stepfamily realities by identifying and building client strengths, capacities, resources and skills to address their challenges (Williams 2012).

A strengths-based approach is not a set of specific rules or interventions; rather it is a way it is a way of responding that is grounded in the belief that people have the capacity to live their lives well and learn new skills that address their concerns (Ellis 2011). Therefore a key focus for therapists working from a strengths-based perspective needs to be promoting strength and resilience in areas of key competence such as communication, power sharing and identifying and responding to individual and family needs. While there are numerous ways of defining resilience from a broad range of factors including biology, ecology, community and individual, a relevant understanding of resilience for stepfamilies is from psychology – consider resilience as the ability to thrive, mature and increase competence in the face of adverse circumstances, which may be chronic and consistent or severe and infrequent, in such a way as to thrive, mature, and increase competence (Gordon Rouse, Longo, & Trickett, M).

The Stepfamily Association of Victoria strongly supports both an early intervention and strengths-based approach, working for prevention of stepfamily breakdown, as it pays huge dividends for the wider community by strengthening family values and relationships. It also avoids the huge social, legal and economic costs of further separation and divorce for children, adults, communities and government (Martin 2000). Ellis (2011) advocates for therapists to begin with an identification of strengths and resources that already exist within the stepfamily and how these skills and capabilities might be used to overcome current challenges. In order to create a shared sense of family, research indicates that communication is a vital aspect of successful stepfamily functioning, as all the relationships are constantly being negotiated and renegotiated (Balswick & Balswick 2007).

Pasley, Rhodden, Visher & Visher



(1996) recommend therapists share non-patholgising information with stepfamilies to allow members to depersonalise their family experiences by being aware their family type is a different type to first families, so that realistic expectations can be set and alternate ways of defining rules, roles, functioning and traditions can be explored and adapted intentionally.

Another key finding in stepfamily research is that therapists who are knowledgeable about stepfamily issues and respectful of stepfamily life are perceived as helpful and resilience-promoting to the family (Pasley, Rhodden, Visher & Visher 1996). So counsellors choosing to work with stepfamilies can enhance their work by doing specific research into stepfamily issues including grief and loss, boundaries, attachment and stages of development. Additionally, Piper (1996) encourages counsellors working with stepfamilies to assist by being a clarifying agent, enabling clients to assess their values and set priorities for families in the wake of what they have suffered and lost in the past and what they have now gained in their new family. Similarly, White (2005) suggests counsellors can also assist clients to recognise their strengths and acts of resilience in the face of challenges and see how they are courageously guarding the aspects of their family that are precious and valuable to them.

From the research it is evident a strengths-based approach has the potential of being both a purveyor of hope and respect that promotes both reparative and protective power for stepfamily members, enabling the rebuilding of their lives post-divorce and remarriage (Pipher 1996). Counsellors who promote a culture of openness that fights secrets and shame about being a stepfamily and undermines culturally biased messages can support resistance to narrowly defined stepfamily parameters that are often based on nuclear family experiences (Brown 2007).

Howden (2007) advocates counsellors making clients aware of the differences in the stepfamily life cycle and the need to foster the marriage relationship intentionally whilst navigating family development. Carr-Gregg (2011) concurs with promoting a developmental view and also encourages counsellors to highlight research to stepfamilies indicating that stepfamilies tend to fall into 'types' and will tend to address their issues according to their type. These types have been divided into neo-traditional (most like the Brady bunch, where the new couple significantly share values and quickly develop strong marital bonds), matriarchal (which involves the woman taking the dominant role after a prolonged season of single-motherhood prior to the new marriage) and the romantic type (clings most tightly to the ideal of instant love and harmony). Bray (1999, as cited Carr-Greg 2011) suggests that understanding these types helps counsellors normalise with remarried couples, especially their experiences, and helps them work through their experiences in a way that allows for understanding and growth. Further, by adopting a strengths approach, counselling interventions can focus on building negotiating skills within families that allow for the expression of strong emotions as needed and the development of relationships based on respect rather than love (Howden 2007). Therapists can also be a voice and advocate and can foster the telling of good stories of stepfamilies at all levels of community (Brown 2010; Howden 2007). Such stories leave all family members feeling healed, loved and capable of living within their family more intentionally and from a place of being heard and valued (Pipher 1996).

Conclusion

In conclusion, this article has sought to explore the current experiences of stepfamilies within the broader context of family therapy. It has investigated ways that counsellors can work with stepfamilies that are relevant and responsive to specific stepfamily needs and provide counselling interventions that promote resilience and thriving for members within stepfamilies. The purpose of this review has been to gain a clear understanding of the current experiences of stepfamilies in terms of challenges, limitations, strengths and capacities; to identify effective ways counsellors can respond to the challenges stepfamilies face; and to highlight the strengths and resilience they often demonstrate. This has been achieved through reviewing a wide range of current literature on stepfamily issues and through exploring the significant way a strengths-based counselling approach can assist counsellors to respond effectively when working with stepfamilies.

It can be seen that stepfamilies are a deeply personal experience, with relational consequences, that tell a bigger story of community connectedness and disconnectedness. Further, it can be seen that while forming a stepfamily is not without its challenges, it can be chosen to be interpreted through the lens of strengths in terms of how all these experiences can strengthen, deepen and inform all family members in many ways. A stepfamily can be deeply valued as it is has been forged out of difficult times and can continue being fostered through the collective efforts of all its members. May (1989) has commented that the only way for a counsellor to engage authentically with people is to learn to love others without judgement and this can only be achieved by embracing one's own imperfections. Therefore, counsellors can best serve stepfamilies by being aware of the broad range of family experiences, including their own, and being responsive to what is happening within a family at that particular time and space.

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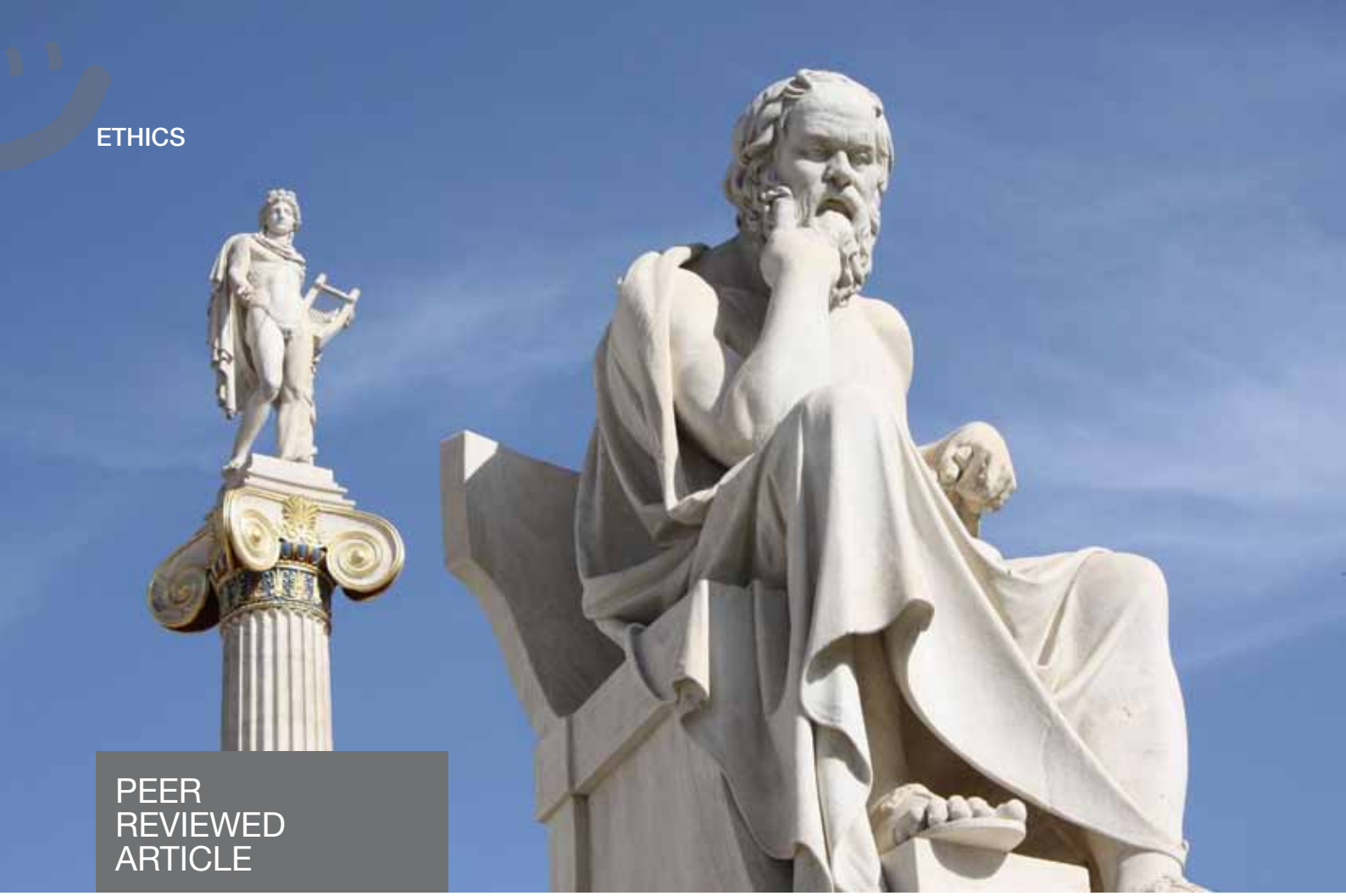

PEER REVIEWED ARTICLE

Practical Ethics

The ancient philosophers, including Socrates (above), developed moral theories about the ways in which people in society could act.

by Paul Kremer

The term 'ethics' is derived from the Greek *ethos* and is the philosophic study of "doing the right thing" (Sondheimer, 2010) or Moral Science (Samson, 1861). The ancient philosophers developed moral theories about the ways in which people in society could act; these theories included several important concepts including 'the virtues' (Parry, 2009). The term 'virtue' is derived from the Greek word arête, which sometimes is translated into English as 'excellence'. A virtue can thus be defined as a "settled disposition to act in a certain way" (Parry, 2009, para. 3). An example of a moral virtue from the ancient world, however, one that still holds great value and relevance in today's society, is 'justice', or the act of being fair and impartial and to give a deserved response (VirtueScience, 2013).

Virtues are developed through learning and practice. The ancient philosopher Aristotle believed that an individual can develop his or her character through self-discipline and a good character can be corrupted by continuous self-indulgence (Velasquez, Andre, Shanks & Meyer, 1988). Virtues become habituated over time through engaging in proper conduct (Kemerling, 2011). A person who has developed the virtue of generosity is often referred to as a generous person as they are generous in all circumstances (Velasquez, Andre, Shanks & Meyer, 1988).

A central tenet of a virtue approach to ethics is 'community wisdom' (Schaffer, 2009). Individual character traits are not developed in isolation, they are often developed within the communities in which individuals belong, starting with the family and broadening as wide as professional industry associations, such as the Australian Counselling Association (ACA). An important aspect of being a professional counsellor is the dyadic interactions between practitioner and their supervisor in which the development and integration of moral rules and lessons are put into practice (Velasquez, Andre, Shanks & Meyer, 1988).

Typically when counselling professionals discuss ethics, two primary questions arise. They are "what should I do?" and "how should I act?" Moral principles focus on individual action and applying them through self-reflection and asking, "what do these principles require of me given the current circumstance," (Velasquez, Andre, Shanks & Meyer, 1988) is considered a good starting point. Kitchener (1984) identified five moral principles regarded as the cornerstones of ethical guidance for the counselling profession. They are autonomy, justice, beneficence, nonmaleficence, and fidelity (Forester-Miller & Davis, 1996).

Autonomy is the concept of independence. In essence, this principle allows an individual the freedom of choice and action. Autonomy is about client independence allowing them to

make their own decisions and be responsible for their own actions. It is a counsellor's responsibility to help clients understand the context in which their decisions and actions impact on their role in society (Forester-Miller & Davis, 1996).

Nonmaleficence means we should act in ways without causing harm to others and is considered by many to be the most critical of the five principles (Kitchener, 1984). The principle refers not only to the notion of not inflicting intentional harm, but also to not engaging in actions that place others at risk of harm (Forester-Miller & Rubenstein, 1992).

Beneficence is about a counsellor's responsibility to support the welfare of clients (Kitchener, 1984). In simple terms it means to 'do good' and prevent harm whenever possible (Forester-Miller & Rubenstein, 1992).

Justice refers to "treating equals equally and unequals unequally but in proportion to their relevant differences" (Kitchener, 1984, p.49). If a client is treated differently a counsellor would have to offer an explanation, a rationale, for the necessity and appropriateness for doing so (Forster-Miller & Davis, 1996).

Fidelity concerns the concepts of loyalty, faithfulness and honouring commitments. Clients should be able to trust and have faith in their counsellor's ability to ensure that care is taken throughout the therapeutic process.

Forester-Miller and Davis (1996) incorporated the work of Van Hoose and Paradise (1979), Kitchener (1984), Stadler (1986), Haas and Malouf (1989), Forester-Miller and Rubenstein (1992), and Sileo and Kopala (1993) and constructed a seven step ethical decision-making model.

The seven step ethical decision-making model at a glance:

1. Identify the problem.
2. Apply the ACA code of ethics.
3. Determine the nature and dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options and choose a course of action.
6. Evaluate the selected course of action.
7. Implement the course of action.

1. Identify the problem.

In identifying the problem, attempt to gather as much specific information about the circumstances of the situation as possible. Remain objective and professional throughout this information gathering process. It may assist you to write down ideas about the situation in order to gain clarity. Outline only the facts in the case and separate out any innuendo, assumptions, hypotheses or suspicions. Determine if the nature of the problem is ethical, legal, professional or clinical, or maybe it is a combination of multiple conditions. If the problem is legal in nature, seek suitable legal advice.

Take a few moments to think about the role you play within the situation. How does the situation relate to the client/s and other significant parties? Does the organsation you work for have operating procedures or policies that require action within a specified period? Do you need to make a report concerning the situation?

Viewing the problem through several viewing points, or frames of reference, may also assist in highly complex situations. The usefulness of well-kept and well maintained client records and case notes will serve practitioners well in times in which problems arise.

2. Apply a relevant code of ethics.

With the problem now clearly defined and all available information at your fingertips, read through the most relevant code of ethics and try to find if the issue is addressed there. If matters are addressed within the code of ethics there may be a set of specific actions to follow and typically this will lead to a resolution of the issue. In order to apply the ethical standards, it is essential that a thorough understanding of the implications for all parties concerned be achieved.

Should the problem be more complex and a resolution is not clear, then you may be faced with a true ethical dilemma and need to continue with the following steps 3 to 7.

A copy of the ACA Code of Ethics and Practice can be found at http://www.theaca.net.au/documents/ACA Code of Ethics and Practice Ver 10.pdf.

3. Determine the nature and dimensions of the dilemma.

Several avenues may be followed to ensure you have maximum understanding of the various dimensions in the matter.

Consider the moral principles of autonomy, nonmaleficence, beneficence, justice and fidelity. Decide which principles apply to the specific situation and determine which principle takes priority for you in this case. In theory, each principle is of equal value, which means that it is your challenge to determine the priorities when two or more of them are in conflict.

Review the relevant professional literature to ensure that you are using the most current professional thinking in reaching a decision.

Consult with experienced professional colleagues and/or supervisors as they will review the information you have gathered and may see other issues that are relevant or provide a perspective not yet considered. They may also be able to identify aspects of the dilemma that you are not viewing objectively.

Consult your state or national professional associations to see if they can provide help with the dilemma.

4. Generate potential courses of action.

The creation of 'mind maps' or brainstorming ideas to determine possible courses of action may assist in developing a course of action. Remember to be creative and enlist the support of others in generating options.

5. Consider the potential consequences of all options and determine a course of action.

Considering all the information you have gathered and the actions and priorities you have set, make a list of the possible consequences arising from each course of action you have proposed. Consider all parties, including yourself, in this process. Remove any options that you believe will not provide the desired result and may in fact exacerbate the problem further.

6. Evaluate the selected course of action.

Review the course of action you have chosen. Stadler (1986) suggests applying three simple tests to ensure

the appropriateness of the selected course. Apply the test of justice, assessing the fairness by determining how you would treat others in the same situation. Apply the test of publicity, ask yourself whether you would want your behaviour reported in the press, and finally the test of universality, ask yourself whether you could recommend that same course of action to another professional in a similar situation.

If, when assessing the course of action you wish to pursue raises more ethical concerns, then starting the entire process over carefully, reevaluating each step, may be required. If you believe that you have arrived at a solution that ticks all the boxes then you are ready to move to implementation.

7. Implement the course of action.

The last step in the ethical decision-making model is often difficult and sometimes requires great courage and strength. After the implementation process, it is often a good idea to follow up on the situation to assess if your actions had the anticipated effect and consequences.

Van Hoose and Paradise (1979) suggest that a counsellor "is probably acting in an ethically responsible way concerning a client if (1) he or she has maintained personal and professional honesty, coupled with (2) the best interests of the client, (3) without malice or personal gain, and (4) can justify his or her actions as the best judgment of what should be done based upon the current state of the profession" (p.58).

Paul Kremer is a member of the ACA and Counsellors Victoria. He holds three degrees in psychology/counselling and recently completed an MBA with a research thesis in organisational psychology. Paul received a scholarship to undertake a PhD at Monash University. His area of research explores malpractice and regulation in the Australian counselling industry.

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Neoclassical Academy of Athens in Greece.

ACA College of Supervisors (COS) register

ACA Supervisor College List				
Name	**Suburb**	Contact number	Per person hourly rate	Medium
AUSTRALIAN CAPITAL TERRITORY				
Karen Rendall	**Barton**	0431 083 847	Upon enquiry	Face to face
Brenda Searle	**Canberra region**	02 6241 2765 0406 376 302	Upon enquiry	Face to face
NEW SOUTH WALES				
Yvonne Aldred	**Albury**	02 6041 1941	Upon enquiry	Face to face
Elizabeth Allmand	**Queanbeyan**	0488 363 129	Upon enquiry	Face to face
Lyndall Briggs	**Kingsgrove**	02 9024 5182	Upon enquiry	Face to face
Leon Cowen	**Lindfield**	02 9415 6500	Upon enquiry	Face to face Group Phone Long distance Skype
Lorraine Dailey	**Maroota**	0416 081 882	Upon enquiry	Face to face
Karen Daniel	**Turramurra**	02 9449 7121 0403 773 757	Upon enquiry	Face to face
Karen Davey-Phillip	**Lake Munmorah**	0418 216 836	Upon enquiry	Face to face
Brian Edwards	**Forresters Beach**	02 4385 1773	Upon enquiry	Face to face
Linda Elsey	**Wyee**	02 4359 1976	Upon enquiry	Face to face
Wendy Gibson	**Koolewong**	02 4342 6746	Upon enquiry	Face to face
Kim Michelle Hansen	**Putney**	02 9809 5989 0412 606 727	Upon enquiry	Face to face
Brian Lamb	**Newcastle** **Lake Macquarie**	0412 736 240	$120 (contact for sliding scales)	Face to face Group Phone Long distance
Anne Larcombe	**Wagga Wagga**	02 6921 22 95 0448 212 295	Upon enquiry	Face to face Group Phone Skype
Gwenyth Lavis	**Albury**	0428 440 677	$95	“Face to face Phone
Heide McConkey	**Bondi Junction**	02 9386 5656	Upon enquiry	Face to face
Kathryn Quayle	**Hornsby**	0414 322 428	$90	Face to face Phone Skype
Deborah Rollings	**Grays Point /** **Cronulla**	02 9525 6292 0404 884 895	Upon enquiry	Face to face
Megan Shiell	**Tweed Heads**	0417 084 846	Upon enquiry	Face to face
Grahame Smith	**Singleton**	0428 218 808	$66	Face to face Group Phone Long distance Skype
Kirilly Smitheram	**Newtown**	0411 550 980	Upon enquiry	Face to face
Dawn Spinks	**Clunes**	0417 633 977	Upon enquiry	Face to face
Rhondda Stewart	**Leichhardt**	0419 698 129	Upon enquiry	Face to face
Carol Stuart	**Bondi Junction**	0293 877 752	$80 $50 discount rate for early graduates	Face to face Group Phone Skype”

ACA Supervisor College List				
Name	**Suburb**	Contact number	Per person hourly rate	Medium
David Warner	**Peakhurst**	0418 283 519	Upon enquiry	Face to face
Kevin Webb	**Griffith**	02 6964 4927	Upon enquiry	Face to face
Michella Wherrett	**Lake Macquarie/ Newcastle**	0414 624 513	$80	Face to face Phone
NORTHERN TERRITORY				
Margaret Lambert	**Darwin**	08 8945 9588 0414 459 585	Upon enquiry	Face to face Group Phone Long distance Skype
Rian Rombouts	**Millner**	0439 768 648	Upon enquiry	Face to face
QUEENSLAND				
Lynette Baird	**Maroochydore, Sunshine Coast**	07 5451 0555	$90 Individual $30 Group	Face to face Group
Maartje Barter	**Wakerley**	0421 575 446	Upon enquiry	Face to face
Elaine Bartlett	**Toowoomba**	0431 304 970	$90	Face to face
Christie Boulter	Coolum Beach	0417 602 448	Upon enquiry	Face to face
Judy Boyland	**Springwood**	0413 358 234	$100	Face to face Phone Long distance Skype
Jennifer Bye	**Victoria Point**	0418 880 460	Upon enquiry	Face to face
Myra Cummings	**Inala**	0412 537 647	$66	“Face to face Group
Catherine Dodemont	**Grange**	0413 623 162	$100 Individual $40 Group	Face to face Group Phone Skype
Patricia Fernandes	**Emerald/Sunshine Coast**	0421 545 994	$30-$60	Face to face Phone
Rev Peter Gee	**Eastern Heights/ Ipswich**	0403 563 467	$65	Face to face Phone Skype
Nancy Grand	**Surfers Paradise**	0408 450 045	Upon enquiry	Face to face
David Hamilton	**Beenleigh**	07 3807 7355 0430 512 060	Upon enquiry	Face to face
Valerie Holden	**Peregian Springs**	0403 292 885	Upon enquiry	Face to face
Beverley Howarth	**Mitchelton**	07 3876 2100	Upon enquiry	Face to face
David Kliese	**Sippy Downs/ Sunshine Coast**	07 5476 8122	$80	Face to face Group Phone
Kaye Laemmle	**Helensvale**	0410 618 330	Upon enquiry	Face to face
Stacey Lloyd	**Mount Gravatt**	07 3420 4127	Upon enquiry	Face to face
Sharron Mackison	**Caboolture**	07 5497 4610	Upon enquiry	Face to face
Neil Mellor	**Pelican Waters**	0409 338 427	Upon enquiry	Face to face
Ann Moir-Bussy	**Sippy Downs**	07 5476 9625 0400 474 425	Upon enquiry	Face to face Group Phone Long distance Skype
Judith Morgan	**Toowoomba**	07 4635 1303	Upon enquiry	Face to face
Diane Newman	**Bundaberg**	07 4159 3383	Upon enquiry	Face to face
Kate Oosthuizen	**Worongary**	0411 469 222	Upon enquiry	Face to face Skype
Christine Perry	**Beerwah**	0412 604 701	Upon enquiry	Face to face Group Phone
Brenda Purse	**Sunshine Coast**	0402 069 827	Upon enquiry	Face to face

ACA Supervisor College List				
Name	**Suburb**	Contact number	Per person hourly rate	Medium
Frances Taylor	**Redland Bay**	0415 959 267 07 3206 7855	Upon enquiry	Face to face
Pamela Thiel-Paul	**Pacific Fair**	0411 610 242	Upon enquiry	Face to face
Menaka Thomas	**Moorooka**	0421 345 699	Upon enquiry	Face to face
Virginia Roesner	**Kawungan**	07 4194 0240	Upon enquiry	Face to face
Yildiz Sethi	**Hamilton**	07 3268 6016	$90 Individual $45 Group	Face to face Group Phone Skype
SOUTH AUSTRALIA				
Adrienne Jeffries	**Stonyfell**	08 83325407	Upon enquiry	Face to face
Pamela Mitchell	**Burnside**	0418 835 767	Upon enquiry	Face to face
Pamela Mitchell	**Waterfall Gully**	08 8338 6960	Upon enquiry	Face to face
Carol Moore	**Old Reynella**	08 8297 5111 0419 859 844 (SMS only)"	$99 Individual $35 Group"	Face to face Group Phone
TASMANIA				
Michael Beaumont-Connop	**Newstead**	0429 905 386	$60	Face to face Phone Skype
David Richard Hayden	**Howrah North**	0417 581 699	Upon enquiry	Face to face Group Phone
VICTORIA				
Joanne Ablett	**Phillip Island**	0417 078 792	$100	Face to face Group Phone Long distance Skype
Anna Atkin	**Berwick**	0432 331 361	Upon enquiry	Face to face
Anna Atkin	**Cheltenham**	0403 174 390	Upon enquiry	Face to face
Judith Ayre	**Bentleigh**	0417 105 444	Upon enquiry	Face to face
Nyrelle Bade	**Geelong**	0402 423 532	Upon enquiry	Face to face
Marie Bajada	**Ballarat**	0409 954 703	Upon enquiry	Face to face
Veronika Basa	**Chelsea, Moorabbin**	03 9773 3487 0418 387 982	$85–$160 Indivual/group ranges	Face to face Group Phone Long distance Skype
Zohar Berchik	**South Yarra**	0425 851 188	Upon enquiry	Face to face
Sandra Bowden	**Lysterfield**	0438 291 874	Upon enquiry	Face to face
Sheryl Brosnan	**Carlton North/ Melbourne**	03 8319 0975 0419 884 793	Upon enquiry	Face to face Group Phone Skype
Sandra Brown	**Frankston, Mount Eliza**	03 9787 5494 0414 545 218	$90	Face to face Group Phone Skype
Molly Carlile	**Inverloch**	0419 579 960	Upon enquiry	Face to face
Rosemary Carracedo-Santos	**Ocean Grove**	03 5221 2767	Upon enquiry	Face to face
Tim Connelly	**Healesville**	0418 336 522	Upon enquiry	Face to face
Roselyn Crooks	**Brookfield**	0406 500 410	$60	Face to face
Patricia Dawson-Davis	**Mooroolbark**	0424 515 124	$80 Individual $60 Group (one and half to two hours)	Face to face Group Phone Skype
Lisa Derham	**Camberwell**	0402 759 286	Upon enquiry	Face to face Skype

ACA Supervisor College List				
Name	**Suburb**	Contact number	Per person hourly rate	Medium
Theodore Dimopoulos	**Altona**	0421 256 214	Upon enquiry	Face to face
John Dunn	**Colac/Mtgambier**	03 5232 2918	Upon enquiry	Face to face
Sara Edwards	**Dingley**	0407 774 663	Upon enquiry	Face to face
Vicki Gekas	**Mill Park**	0403 004 710	Upon enquiry	Face to face
Jenni Harris	**Kew**	0406 943 526	$90 Group (small group only, three hour session)	Face to face
Melissa Harte	**Pakenham/South Yarra**	0407 427 172	$132–$143	Face to face
Graham Hocking	**Park Orchards**	0419 572 023	Upon enquiry	Face to face
Keith Hulstaert	**Belgrave**	0409 546 549	Upon enquiry	Face to face
Paul Huxford	**Prahran**	0432 046 515	$100 (one and half hours)	Face to face Group Phone Long distance Skype
Beverley Kuster	**Narre Warren South**	0409 938 397	Upon enquiry	Face to face
Keren Ludski	**Malvern**	03 9500 8381 0418 897 894	Upon enquiry	Face to face Phone Skype
Barbara Matheson	**Narre Warren**	03 9703 2920	Upon enquiry	Face to face
Peter Mauger	**Bairnsdale**	0412 141 340	Upon enquiry	Face to face
Robert McInnes	**Wheelers Hill**	0408 579 312	Upon enquiry	Face to face
Paul Montalto	**Thornbury**	0415 315 431	$75 Individual Group negotiable	Face to face Group Phone Skype
Jennifer Reynolds	**Lower Templestowe**	0425 714 677	Upon enquiry	Face to face
Graeme John Riley	**Gladstone Park**	03 9338 6271 0423 194 985	$85	Face to face Skype
Lynne Rolfe	**Berwick**	03 9768 9902	Upon enquiry	Face to face
Claire Sargent	**Canterbury**	0409 438 514	Upon enquiry	Face to face
Kenneth Scott	**Bunyip**	03 5629 5775	Upon enquiry	Face to face
Gabby Skelsey	**Elsternwick**	03 9018 9356	Upon enquiry	Face to face Phone Skype
Cheryl Taylor	**Port Melbourne**	0421 281 050	Upon enquiry	Face to face
Suzanne Vidler	**Newport**	0411 576 573	$110	Face to face Phone
Helen Wayland	**St Kilda**	0412 443 899	Upon enquiry	Face to face
Cas Willow	**Newport/Traralgon**	03 9327 2293 0428 655 270	$130	Face to face Phone Skype
Rosslyn Wilson	**Knoxfield**	03 9763 0772 03 9763 0033	$70 Individual $40 Group	Face to face Group Phone Long distance Skype
Michael Woolsey	**Seaford/Frankston**	0419 545 260 03 9786 8006	Upon enquiry	Face to face
Joan Wray	**Mobile Service**	0418 574 098	Upon enquiry	Face to face
WESTERN AUSTRALIA				
Amanda Lambros	**East Victoria Park**	0423 151 743	Upon enquiry	Face to face Group Phone Skype
Eva Lenz	**South Fremantle**	0409 405 585	Upon enquiry	Face to face
Salome Mazikana-Mbenjele	**South Headland**	“08 9138 3000 08 9172 2212”	Upon enquiry	Face to face

ACA Supervisor College List				
Name	**Suburb**	Contact number	Per person hourly rate	Medium
Carolyn Midwood	**Duncraig**	08 9448 3210	$110 Individual $44 Group	Face to face Group Phone Skype
Patricia Sherwood	**Boyanup**	08 97261505	Upon enquiry	Face to face
Lillian Wolfinger	**Yokine**	08 9345 0387 0401 555 140	$60.00	Face to face Phone
INTERNATIONAL				
Ruby Murty	**Malaysia**	+60 166809499	Upon enquiry	Face to face
Deborah Cameron	**Singapore**	08 97261505	$100	Face to face Group Phone Long distance Skype
Eugene Chong	**Singapore**	+65 6397 1547	Upon enquiry	Face to face
Jeffrey Gim Tee Po	**Singapore**	+65 9618 8153	$100.00	Face to face Group Phone Skype
David Kan Kum Fatt	**Singapore**	+65 9770 3568	Upon enquiry	Face to face
Cecilia Lee Ching Hoon	**Singapore**	+65 9029 6543	Upon enquiry	Face to face
Nadia Rahimtoola	**Singapore**	+65 9647 1864	Upon enquiry	Face to face
Gan Su Keng	**Singapore**	+65 6289 6679	Upon enquiry	Face to face
Robert Tai Lee Lieh	**Singapore**	+65 9631 8622	$95	Face to face Phone
Emilia Yee	**Singapore**	+65 9183 5007	Upon enquiry	Face to face

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

Deadline

Deadline for articles and reviewed articles is the 7th of February, May, August and November. The sooner articles and papers are submitted, the more likely they are to published in the next cycle.

AIPC

Gain Entry Into An ACA Professional College

With An ACA Accredited Specialty Vocational Graduate Diploma

At the 2011 ACA Annual General Meeting ACA publicly launched its Professional Colleges. ACA Professional College membership is available to members that have specialist training, skills and experience in specialty areas of practice. The benchmark training standard for most Colleges (all except Hypnotherapy) is an ACA Accredited Vocational Graduate Diploma in the area of specialty practice.

Currently the Professional Colleges include: Addictions (Alcohol And Other Drugs), Grief And Loss, Family Therapy, Supervision, Counselling Hypnotherapy and Creative Arts.

The Professional Colleges will serve to establish national standards for specialty areas of practice within Australia – something that has been substantially missing for some time.

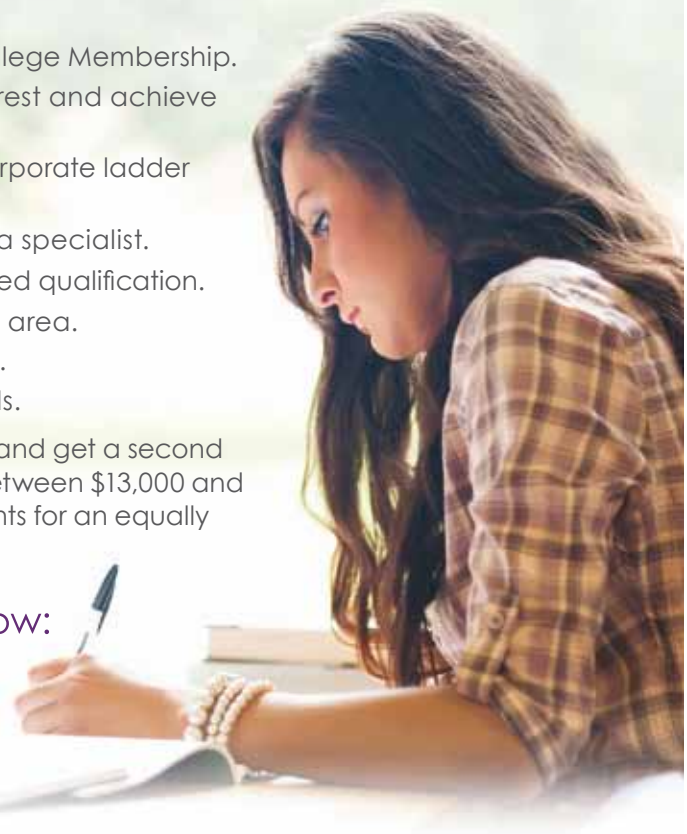
Get Direct Entry Into A Professional College

AIPC currently delivers a Vocational Graduate Diploma of Counselling with a choice of 3 specialty areas that provide you with direct entry to a Professional College upon graduation. The specialties cover the following fields: 1. Addictions 2. Family Therapy 3. Grief & Loss

Flexible And Cost Effective

Each of the VGD's can be undertaken externally at your own pace. Here's how a graduate qualification can advance your career:

- Demonstrate your specialty expertise through ACA College Membership.
- Develop a deeper understanding of your area of interest and achieve more optimal outcomes with your clients.
- A graduate qualification will assist you move up the corporate ladder from practitioner to manager/ supervisor.
- Make the shift from being a generalist practitioner to a specialist.
- Formalise years of specialist experience with a respected qualification.
- Maximise job opportunities in your preferred specialty area.
- Gain greater professional recognition from your peers.
- Increase client referrals from allied health professionals.



PLUS, you'll **save almost $9,000.00** (63% discount to market) and get a second specialty FREE. A Graduate Diploma at a university costs between $13,000 and $24,000. BUT, you don't have to pay these exorbitant amounts for an equally high quality qualification.

Learn more and secure your place here now: www.aipc.edu.au/vgd

Alternatively, call your nearest Institute branch on the FreeCall numbers shown below:

Sydney	1800 677 697	Brisbane	1800 353 643	Reg QLD	1800 359 565
Melbourne	1800 622 489	Adelaide	1800 246 324	Gold Coast	1800 625 329
Perth	1800 246 381	Reg NSW	1800 625 329	NT/Tasmania	1800 353 643

AIPC

Become A Counsellor Or Expand On Your Qualifications

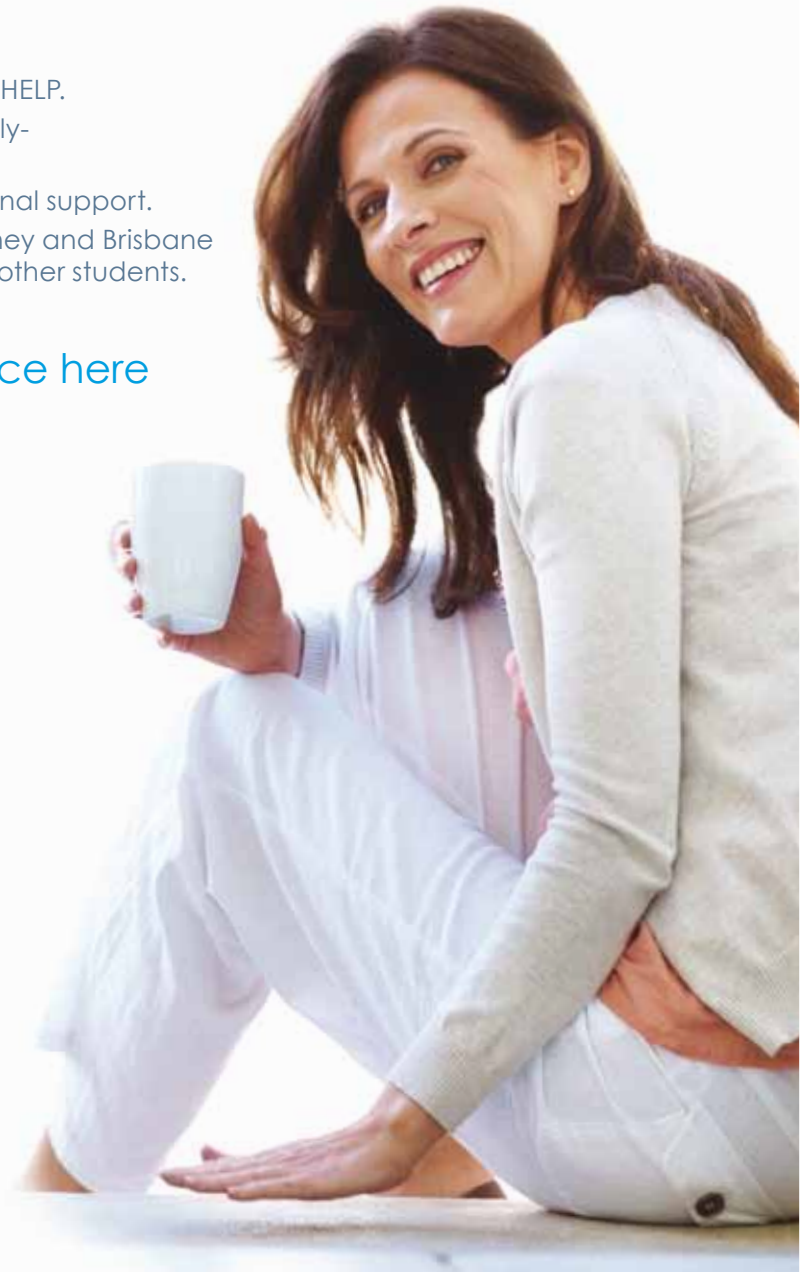
With Australia's Most Cost Effective & Flexible Bachelor of Counselling

We are accepting enrolments and expressions of interest into our Bachelor of Counselling. If you want to gain a Bachelor of Counselling qualification you should act now as places are being filled very fast.

You can gain up to a full year's academic credit (and save up to $8,700.00 with RPL) with your Diploma qualification. And with Fee- Help you don't have to pay your subject fees upfront.

Here are some facts about the course:

- Save up to $26,400.00 on your qualification.
- Get started with NO MONEY DOWN using FEE-HELP.
- You will be supported by a large team of highly-qualified counselling professionals.
- Can study externally with individualised personal support.
- Attend Residential Schools in Melbourne, Sydney and Brisbane to hone your practical skills and network with other students.



Learn more and secure your place here now: www.aipc.edu.au/degree

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