

# CA



## **Healing from traumatic experiences:**

the power of creative  
art therapies

## **A vet's call for help**

compassion, fatigue  
and burnout

## **Allostasis**

stress and  
the brain and body

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See page 46 for  
peer-reviewed article  
submission guidelines.

## **Editorial**



Counselling during times of crisis  
**Philip Armstrong**  
Editor

As I write this editorial for the spring edition of *Counselling Australia*, we remain in a period of unprecedented uncertainty – certainly for modern times – as our communities weather the health, social and economic impacts of the coronavirus.

I am trying to visualise how our world will look and feel when, as we all are hoping, our Australian community has the pandemic under control heading into spring and summer. I look forward to embracing the post-pandemic world as a community-wide achievement.

It has been a particularly stressful time for our Victorian members looking after their own wellbeing while remaining dedicated to their clients' mental health in providing essential face-to-face counselling services.

During this period there has been quite a lot of commentary about how we have become adept at using mobile phones, online video conferencing and social media to keep in touch with our work colleagues, family, friends and community. However, I ask everyone to pause and think about those in our community who do not have access to this potentially life-saving technology because of a controlling partner, or who are of a generation that finds digital and online technologies too hard to grasp. There are also many who get frustrated using these technologies because of anger management issues. Sadly, these are often members of our community who are living independently, and difficulties with the communication technologies that the rest of us take for granted means they rely more than ever on their counsellor visiting them regularly to check in on their mental wellbeing.

This typifies how the COVID-19 pandemic is placing strain on psychologists and psychiatrists working in the community to provide mental health management for a growing number of people affected by the impacts and scale of the pandemic.

Counsellors also are a ready workforce providing support, especially in rural areas where there are no readily accessible psychologists or psychiatrists. The work of counsellors also reminds us of the continuing trauma being felt in the aftermath of the 2019-20 bushfires. Many devastated communities

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This is a challenging time and one that has brought our profession, along with all health professionals, to the forefront of community awareness and need. The workloads are high and confronting so it is also important that we look out for each other.

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are still waiting for the promised government help.

It is our frontline counsellors in these communities who are helping the mums and dads with their children trying to make sense of this confusing world that elevates children's anxiety as they also grapple with home schooling and limited or no access to friends.

This is a challenging time and one that has brought our profession, along with all health professionals, to the forefront of community awareness and need. The workloads are high and confronting so it is also important that we look out for each other.



Photo: Unsplash



# UPCOMING EVENTS 2020

## R U OK? Day

**10 September 2020**

R U OK? Day is Thursday 10 September 2020. It is our national day of action when we remind Australians that every day is the day to ask, "Are you OK?" if someone in your world is struggling with life's ups and downs.

For more information, visit [www.ruok.org.au/join-r-u-ok-day](http://www.ruok.org.au/join-r-u-ok-day).

## World Mental Health Day

**10 October 2020**

World Mental Health Day, a program of the World Federation for Mental Health, was first observed on 10 October 1992.

The world is experiencing the unprecedented impact of the current global health emergency due to COVID-19, which has also impacted the mental health of millions of people. We know that the levels of anxiety, fear, isolation, social distancing, restrictions, uncertainty and emotional distress experienced have become widespread as the world struggles to bring the virus under control and to find solutions.

For more information, visit  
<https://wfmh.global/world-mental-health-day-2020>.

## Mental Health Month

**1 to 31 October 2020**

National Mental Health Month is an initiative of the Mental Health Foundation Australia (MHFA) to advocate for and raise awareness of Australian mental health. It is an important time where the Australian community comes together to raise awareness that #MentalHealthMatters.

For more information, visit  
<https://mhfa.org.au/CMS/national-mental-health-month-2020>.

## World Kindness Day

**13 November 2020**

World Kindness Australia is not a governing body, it is a platform for national collaboration designed to encourage and support all sectors of our communities to engage in the global campaign for a kinder world. World Kindness Australia's membership base is not specifically for 'kindness' organisations as it seeks engagements with cities, government departments, business, education, not-for-profit community groups, peak association bodies and individuals of influence.

We welcome you to join with us in this worthy endeavour as we continue to research and explore more opportunities to inspire, engage and influence those with influence to realise a kinder world in our lifetime.

For more information, visit <https://worldkindnessaustralia.org>.

# Technology Update

By Angela Lewis

**D**uring the COVID-19 lockdown phase many of us (particularly those in Victoria) have been in a position where in-person communication has been severely limited. It has meant reliance on other methods such as using our computer or another device to run a video session (for example, via Zoom), using instant messaging or a heavier use of email. With that in mind, email and video are the key topics I would like to talk about today.

## EMAIL

For some people, email is a kind of easy way out – throw it all on the screen and feel we have satisfactorily communicated. However, there is an art to emailing in such a way that we are not embarking on a one-way broadcast, and that we leave room for genuine two-way communication.

### Subject line

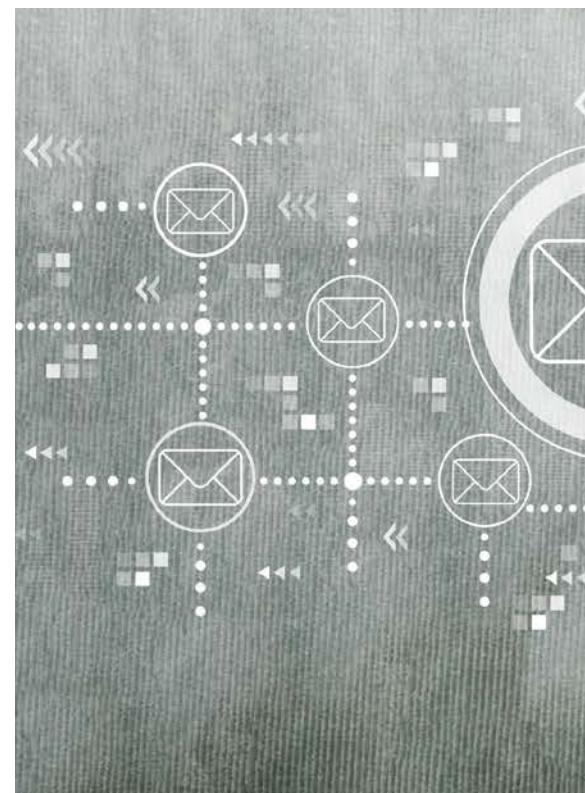
I know this sounds obvious, but make the subject line relevant and indicative of the email contents. This is so when a person opens it:

1. it meets their expectations of the content;
2. they have a reason to open and read it – having something vague takes away from your call to action (that is, why you need for someone to open the email in the first place); and
3. you haven't annoyed the reader with a subject line that is designed to draw them in, while the content is completely different.

A good subject line also makes it easier to go back and find the correct email if needed for reference down the track.

### Length

In an ideal world, we should stick to one point per email; however, given this is the real world, try to make no more than three points per email, designating one paragraph per point. Including more issues generally results in a messy communication where the reader will end up missing or not addressing one of your required points.



### Number of threads

When there are many threads, you have to go back and forth a number of times in reply to sort out the issue. If you can't come to a resolution or understanding in a couple of replies, then you really should pick up the phone and have a conversation, as there is clearly a lack of understanding, poor communication or some clarification needed. This also indicates to the other person that you value their thoughts and opinions – and, perhaps most importantly, ensures they don't lose their patience or desire to resolve the issue (as they keep having to participate in an email communication they feel may never end!).

### Use of cc (carbon copy)

Typically, when a person has been copied into an email they are not generally required to respond; rather, they have been made aware of something. Be aware that most people treat an email received as a cc to be of lesser importance, and it is not unusual for them to 'leave it for later' or not even read it all. If you want



someone to read an email you are better off sending it as a forward so it is directed squarely at their attention, and ensure you put in at least a sentence at the beginning to indicate why you are forwarding the email.

### **Use of the bcc (blind courtesy copy)**

Using the bcc field sends a copy of the message to a third party or parties without the knowledge of the email recipient. In most professional settings this is considered poor form and is not used as it gives the impression of doing something behind another person's back. This becomes worse when the receiver of the email finds out there has been a bcc (please don't for a moment think that because you put bcc that it remains covert – mistakes happen and the bcc recipient may forget it is a blind copy and actually weigh into the conversation verbally or by email). If you need to share the information confidentially, then forward the original email and explain the reason for your secrecy at the very top of the email.

### **Content**

Key points on content:

- Remember the length (as described above) – keep it as short as you can.
- Qualify your content so you don't damage your credibility.
- Keep in mind an email is a written record and evidence that can be used later down the track.
- State your aim at the very beginning and then give a quick summary of the aim at the end (as people often skim-read the start and finish of an email only).
- Write to get a result, not for impression (that is, get to the point and don't waffle).

### **VIDEO**

There are many video apps or programs you can choose to install (for example, Zoom, Google Hangouts or GoTo Meeting), or you may be required to use one mandated by your employer (such as Microsoft Teams or Webex) if you are under work-at-home restrictions. Here are a few tips for getting the best from your online meeting or catch-up. While these suggestions are general, they are more important if you are video conferencing professionally with clients or colleagues.

I know this sounds obvious, but test your equipment before joining any video chat. Does your camera work, is the lens clean, is the audio okay on your device or do you need to consider buying a microphone? Familiarise yourself with the settings of your chosen software (for example, do you know where to find the mute button?). I would even do a quick test-run video conference with a trusted friend or colleague so you can iron out any potential problems before you go live.

Once you've logged into the program, take a good look at how you appear to others. By this I mean, do you need to avoid the 'up the nose, double chin' look (easily fixed for iPad users by lifting the device up and for PC users by adjusting the screen tilt), and is your face nicely framed or is there sunlight or other ambient light in the room reflecting harshly or bouncing off your glasses? Conversely, are

you in shadow and need a lamp or lamps on either side of the screen or to switch an overhead light on or off? You know what your best ‘look’ is, so go and critique how you appear.

While you are doing that, take a look at your background – what others can see when you are video conferencing. Does it show the books you are reading, artwork that others might find offensive, piles of paper, coffee cups, your qualification certificates or simply a blank wall? What you have in the background might be a distraction (welcome or otherwise) and contributes to how people perceive you. And on the subject of having your certifications on display, it really depends on your audience: to some people it can appear boastful, while to others it can give a sense of comfort that they are indeed talking to a professional.

Additionally, think about potential background noise. Consider if there is any building work going on, children playing in the next room, the TV or radio blaring, a cat or dog nearby that is likely to bark or meow to get in or out of the room while you are online (fun when you are with friends, probably not so much when it is an video counselling session or job interview). A good tip is to mute yourself while others are talking, so that way if your partner yells out asking if you want a coffee, the entire meeting doesn’t hear it as well!

Once on a video call, your presence and your voice are your currency. You need to connect with the other person/people by being aware of your own online presence. This means maintaining eye contact with the camera and making sure your voice has energy and that you sound interested. Having said that, a video call is not supposed to be an artificial performance so be natural, show your personality and be sincere.

## ONLINE BANKING AND ABUSE

If you are like me, you probably read the heading ‘Online banking and abuse’ and thought ‘what the ...?’; however, the Commonwealth Bank of Australia (CBA) recently posted an article regarding the practice of online banking abuse. It works like this: most of us move money around online for paying bills or to transfer to a friend or relative. When we do that, it is usual to write a description of what the transaction is for and that appears on the receiver’s statement. For example, if I am sending money to my son for his birthday, I might write something as simple as ‘happy birthday’ or ‘love mum and dad’.

However, the CBA reports that people are using the transaction description to send abusive messages after they have been blocked on social media platforms. In the article, the bank reports being horrified by both the scale and the nature of what was found, and I quote from the statement made by CBA’s general manager of customer vulnerability Catherine Fitzpatrick:

“In a three-month period, we identified more than 8000 CBA customers who received multiple low-value deposits, often less than \$1, with potentially abusive messages in the transaction description – in effect, using them as a messaging service.

“I’ve seen 900 messages over a two-hour period saying things like ‘I want to kill you’. They’re blocked on Facebook so they’re using the app to send intimidating and harassing messages for one cent each,” she said.

“It’s technology-assisted abuse and it can be a precursor to financial abuse,” Ms Fitzpatrick said.

The CBA reports this form of abuse as being more prevalent among younger people.

## DATING APPS FOR OVER 50S

There are dating sites and apps that cater specifically to those over 50 years of age who are single and looking for friendship, relationships or love. They vary in cost and quality, with most offering a basic or trial membership. Regardless of age, it is a good idea for your clients to take the time to make an informed decision; for example, doing an internet search and reading up on any user reviews posted on the dating site and taking the time to read up on expert opinions to help understand the pros and cons of a dating site, as well as its most interesting features. Perhaps the best approach is to register for a free trial period before jumping into a fee-based commitment. Most of the existing sites can be used on a computer as well as through downloading the app version. Here are some to review:

Silver Singles  
[www.silversingles.com](http://www.silversingles.com)  
Lumen  
<https://lumenapp.com> ■

*As is always the case, all website addresses and user instructions supplied were correct at time of submission and neither the ACA nor Dr Angela Lewis receives any payment or gratuity for publication of any website addresses presented here.*

# CONTINUING PROFESSIONAL DEVELOPMENT

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Dr Paul Gibney is a psychotherapist, a family therapist, organisational consultant and a psychotherapy theorist. Since 1988, Paul has conducted a full-time private practice in psychotherapy, couples therapy, family therapy and professional supervision.

Dr Gibney has published over 40 academic papers in journals and book chapters. Paul's 2003 book "The Pragmatics of Therapeutic Practice" has been a set text in five Masters of Counselling courses in universities throughout Australia.

His enduring concerns are with "everyday practice" and "putting therapy to work". Paul has a unique capacity for making complex theory fit the practical problems at hand to produce very pragmatic and workable outcomes.

*"Just brilliant, thank you! It's wonderful to listen to an approach to therapeutic practice, rather than strategies for specific presentations." Kath K.*

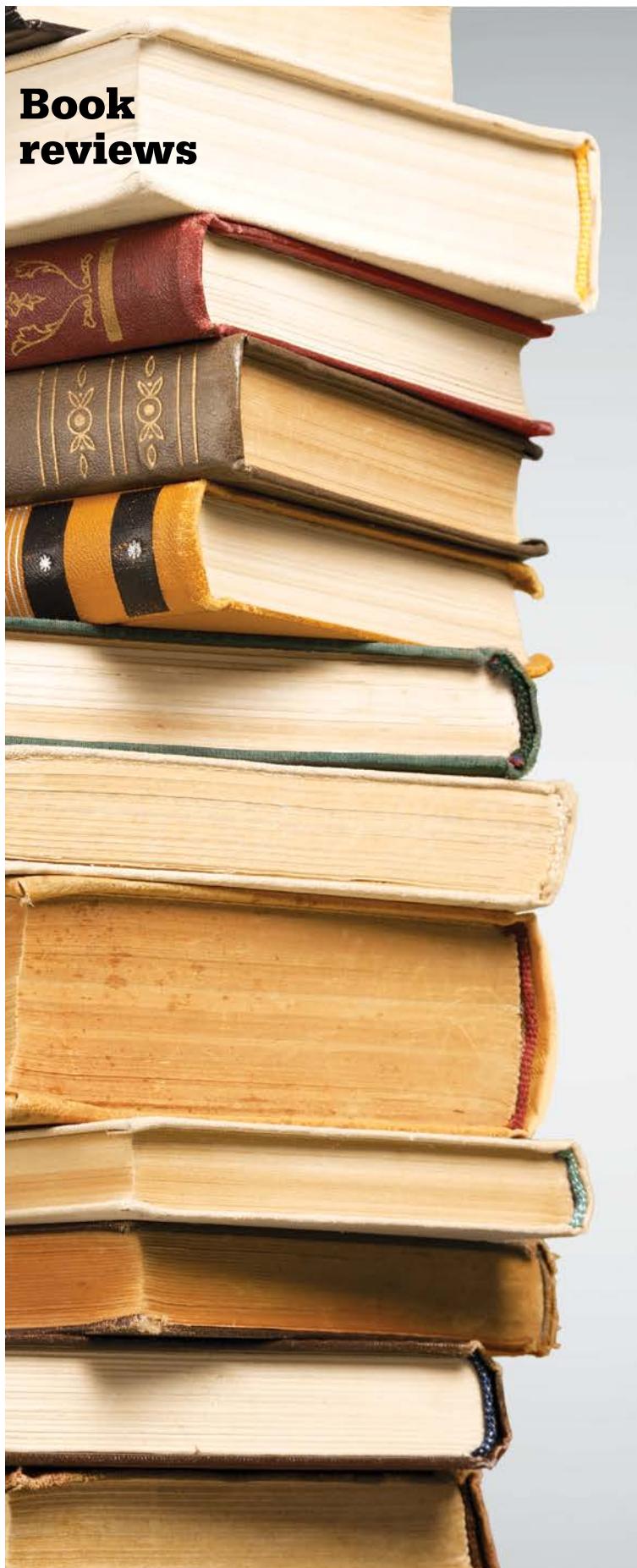
*"The seminars are fabulous and the reflective questions with ability to print them off etc is great!!" Liz S.*

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## NEWS AND EVENTS

### { BOOK REVIEWS }

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#### Unlock your resilience By Dr Stephanie Azri

*Unlock your resilience* assists the reader to implement strategies for dealing with life's challenges. It can help to navigate through strategies to bring understanding, compassion and change. The author, Dr Stephanie Azri, encourages the reader to work within to develop a positive sense of self, to then be able to work with others to create a positive future.

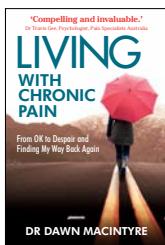
In encouraging the reader to address underlying beliefs and review their life in the context of the domain wheel, Dr Azri provides practical strategies and exercises to help the reader to become accomplished in all areas of life – emotional, physical, spiritual and social, as well as in relationships, hobbies, work and study.

Dr Azri explores the concept that in life people change and behave based on two reasons: they have something to gain or they have something to avoid. Throughout the book, she discusses self-esteem and positive thinking within a holistic framework, addressing body and mind health, social connectedness, and developing meaning and purpose. Practical strategies are taught in regards to managing communication, stress, self-care, anger, and crises and loss. In particular, the section on body–mind connection provides insights and strategies on how to engage all the senses to help bring emotional regulation, whether that

is to help bring a sense of peace or alertness for motivation. Sensory regulation is the key to finding the right balance between being too calm or too alert. There is a comprehensive list of strategies to consider to engage all the senses, including vestibular (movement) to help the reader to develop their own sensory strategies diary – a go-to manual.

This book could be used in conjunction with therapy as it has a great resources section in the appendix where you can download templates to help your client navigate through the strategies to develop understanding, compassion and change.

*Review by Lyn Baird  
Clinical director, Lifebridge Counselling and Psychology, counsellor and family therapist. MA SocSc Cou, Grad Dip BA, General Nursing, Dip CCFT, Cert IV TAE, ACA accredited supervisor level 4.*



### **Living with chronic pain: from OK to despair and finding my way back again**

**By Dr Dawn Macintyre**

It is an honour to be asked to review this book, *Living with chronic pain: from OK to despair and finding my way back again*, written by my friend and colleague, Dr Dawn Macintyre.

I have known Dawn for many years as a strong and positive person. It took years before I came to see how pain had shaped many facets of her life, a common tale for members of the 'pain tribe' – the need to put forward a brave face no matter how bad things are.

In this well-written, well-thought-out book, Dawn intricately balances her personal narrative with reflections, key elements to successful therapy, and ends chapters with valuable exercises that can help her fellow tribe member find some steps in that delicate dance, that balance between the various factors that are affecting their pain today. The sufferer knows what this is about, because there are good days and bad, and often no clear reason for the difference between them – merely the knowledge that some things are predictable and somewhat controllable, and yet often frustratingly uncontrollable. That very uncertainty itself requires a reflective attitude towards the pain, the things that affect it, and the things that it affects,

as with many other conditions.

However, this book is not just for the members of the pain tribe. It is also for families and friends in their lives, and treating professionals. Whilst this book highlights Dawn's story with chronic pain, it has relevance to living with any chronic condition.

For professionals, the interlinked perspectives that the book affords are valuable, because it can become easy to lose sight of the person when managing the pain. Following Dawn's narrative and recognising just how much each member of the tribe has to do to keep their head above water helps the counsellor understand the multifaceted issues relating to this chronic condition.

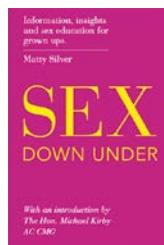
Heinz Kohut (I believe) pointed out that the essence of good psychotherapy lies less in gaining understanding than in feeling understood. By the end of the book, Dawn will have you gaining tools and understanding that help you to give the unwilling members of the pain tribe a feeling that you understand them at a level that informs your pain program.

Pain can take over in devastating ways. Through the nuanced narrative, the reader gains an appreciation for not just these ripple effects of living with pain, but the anxiety about public displays of pain-related dysfunctions and the humiliations involved when pain control fails, not to mention the grief

that can be experienced for the life that had previously been planned.

As a sufferer, seeker, supporter or guide, there is something here for everyone. Understanding the psychosocial impact of chronic conditions (such as pain) means health professionals and all counsellors can work with the whole person, not only the presenting issue of pain. I recommend this book as invaluable for both pain professionals and members of the tribe, as well as their families, to identify and address the unique challenges that pain presents on their journey together.

*Review by Dr Travis Gee,  
PhD (Psychology), Pain  
Specialists Australia*



### **Sex down under By Matty Silver**

Matty Silver's book *SEX Down Under* covers a wide range of topics related to sexual issues she has worked through with her clients over her 10 years as a relationship counsellor and sex therapist. In the book she covers some disorders, as well as a variety of social misunderstandings and cultural taboos. In addition, she has included several chapters that deal with issues that affect sexual performance and satisfaction.

The book has some entertaining anecdotes, plus some insights into sex in the social media and technology age. Silver gives some personal options on a number of areas that are contentious and the subject of much research in recent years, particularly in the areas of porn and open relationships.

It is written with the general public as the target audience, but it will also be a useful resource for therapists starting out in the counselling practice to provide good background information on issues facing their clients.

*Review by Allan Mathews  
ACA registered counsellor  
level 4*

# HEALING FROM TRAUMATIC EXPERIENCES: THE POWER OF CREATIVE ART THERAPIES

By Evelyn Antony

## Abstract

Creative art therapies are an important therapeutic intervention in aiding clients who have experienced different types of trauma. Whilst existing neurological and clinical research have focused on the underlying processes in the brain involved in creative art therapies, there is a need for research to focus on the relationship between therapists and clients in understanding the non-verbal expression of emotions. This discussion paper addresses the role of creative art therapies in trauma-related experiences, specifically highlighting how these therapeutic interventions improve disassociation, emotional and mental health, and how trauma is recounted as part of the process of narrative reconstruction. Limitations in relation to the empirical research are discussed, as well as growing concerns about creative art therapies being disregarded and not utilised due to technological advancements.

## What is trauma: Evidence from psychological literature

Trauma is an umbrella term used to define psychological and emotional responses to distressing events including neglect, abuse, natural disasters, war, illness and death (van Westrhenen & Fritz, 2014). Different forms of trauma exist including acute, chronic, and complex trauma, which are all defined differently depending on the nature of the incident, as well as the frequency of the traumatic experience occurring. According to the DSM-5 (*Diagnostic and Statistical*

*Manual of Mental Disorders*), people who experience trauma are more likely to experience difficulties in self-control alongside other symptoms such as confusion, anxiety, disassociation from others and themselves, and self-blame (American Psychiatric Association, 2013). Although the symptoms differ from person to person, the degree to which emotional and psychological trauma impacts the brain and body depends upon whether the individual is a child or an adult. For example, exposure to violence at a young age can cause long-term and serious issues with memory, cognition and moral development (O'Brien, 2004). This finding is consistent with literature that suggests children are more likely to combine their traumatic experiences with their everyday thoughts and how they view the world. Consequently, these trauma-related experiences play a key role in shaping personalities, and thus are more likely to affect future relationships, friendships and other connections (Meshcheryakova,





Photo:123rf

2012). The topic of trauma has been discussed in neurological and clinical contexts, with a focus on brain areas that are responsible for processing visual and somatosensory information, emotional states and the formation of memories (Lusebrink, 2004).

Recovering from traumatic events can sometimes involve seeing a counsellor or seeking a specific type of therapy, such as cognitive behavioural therapy (CBT), which involves challenging negative thought cycles and improving coping strategies, or psychotherapy. It is an intervention that involves talking openly about mental health problems.

However, there is growing evidence to suggest that creative art therapies – an umbrella term that includes dance, drama, art, music and poetry – is a useful therapeutic intervention that reaps benefits for both clients and therapists. Specifically, these benefits have been discussed in relation to the unstructured sessions therapists have with their clients and how the issue of countertransference can be positive, aiding a client's re-enactments and shaping narrative reconstructions (Jirek, 2017; LaMotte, 2011).

One of the key issues is people

find it harder to express themselves verbally and may seek the assistance of creative art therapists to contextualise their distress visually. Moreover, producing a piece of creative art has the power to break boundaries and reduce insecurities and vulnerability (Pifalo, 2007). This gives clients a sense of empowerment to control the level of exposure with which to cope at any given time.

### Creative art therapies: an intervention for trauma-related experiences

The purpose of creative art therapies has been misconceived as being suitable only for specific age groups, such as children and the elderly. Moreover, individuals who are seeking therapy may be reluctant to approach practitioners who specialise in creative art therapies as they feel that they must be good at art. On the contrary, this form of therapy shapes human experiences by enabling clients to reflect and express their trauma in a safe environment. Having access to this form of therapy gives clients the opportunity to deepen their self-concept by the process of introspection (Davis, 2010).

In the following case study, an art therapist discusses her sessions

with a child who had suffered from abuse. She hypothesises that, by 'making a mess', clients are able to express the trauma they have faced, which in this case was caused by abuse, neglect or fragile attachments (O'Brien, 2004). The author goes on to describe how her sessions with the child involved 'making a mess' as she poured, spilled and smeared paint rather than drawing neat pictures. This highlights that clients are not restricted, nor do they need to conform to a set of rules when they express themselves creatively. Instead, using a range of art materials in different ways can act as a coping mechanism for trauma, as well as highlighting how visual and sensory experiences of paint, water and clay may be linked with damaging early relational experiences.

Freud's theory of repetition compulsion is important in order to understand how trauma is often repressed or disassociated, yet re-experienced in other forms such as nightmares, flashbacks and dreams (Chu, 1991). In the context of creative art therapies, the idea of repetition compulsion can aid the process of re-enactments, whereby clients try to visualise and recount their experiences. The role of the art therapist is not to lead but rather to facilitate the client's creative process, so that they are able to engage with different types of art in a self-nurturing way (Meshcheryakova, 2012). Moreover, creative art therapies have become more important in helping break down language barriers and encouraging group involvement (van Westrenen & Fritz, 2014). This helps clients to gradually relate better to each other within group therapy contexts and, consequently, in their real relationships and connections, with the aim in improving kind and helpful behaviour and being calmer in stressful situations.

(continued page 16)



# Trauma Education

presented by **Dr Leah Giarratano**

Leah is a doctoral-level clinical psychologist and author with 25 years of clinical and teaching expertise in CBT and traumatology

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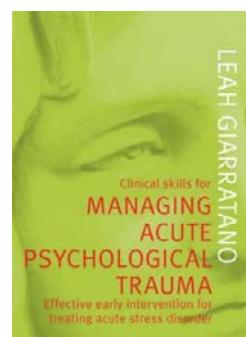
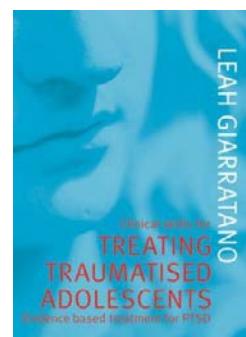
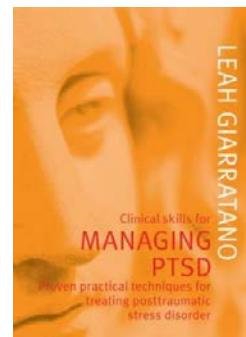
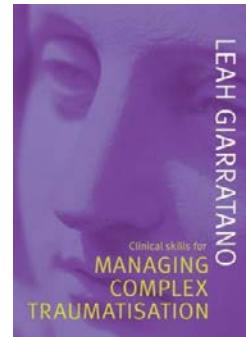




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### What is next for creative art therapies: Limitations and the future

Some of the key limitations discovered in literature are that many art therapists find themselves working as practitioners rather than in academia, as very few are trained in experimental research methods (van Westrenen & Fritz, 2014). The lack of empirical research also stems from there being little funding for facilities and resources in creative art therapy (van Westrenen & Fritz, 2014). Moreover, a better understanding of how the expression of art is linked to the brain, specifically in relation to how areas of the brain responsible for somatosensory and visual processing are enabled in the process of creative expression during therapy, should be investigated further in empirical studies (Lusebrink, 2014). An interesting study on creative art therapies could include neurological research, alongside the practical implications of such research, in the form of a case study example with a therapist and client. By merging theoretical and practical implications of creative art therapies, a broader audience of researchers and academics can be made aware

of this intervention and its impact on improving trauma-related experiences.

Additionally, creative art therapies have implications for educational policies and clinical practice. With regards to educational policies, findings from an empirical study that focused on the implications of school-based art therapy on primary school children (for example, in relation to their emotional, social and mental health) found that the most helpful aspects of art therapy were making and thinking about art, as well as finding the art therapy room safe, happy and a calm place to go to (McDonald, Holtum & Drey, 2019). This highlights that although therapists should have a wide range of materials available for clients, the room in which sessions take place is equally important for them to feel safe and secure. Further studies should investigate the importance of surroundings during therapy on a clients' artistic expression and willingness to open up over a period of sessions with their therapist.

Another aspect of creative art therapies is the process of narrative reconstruction, whereby an individual aims to make meaning and interpret feelings that were once lost, such as from

a traumatic experience, as well as being reflective through personal storytelling (Adler, Skalina & McAdams, 2008). Whilst narrative reconstruction has often been linked to psychotherapy, it arguably has a place in creative art therapies as clients go on a sensory and visually stimulated self-discovery journey of freedom, expression and storytelling.

Overall, whilst creative art therapies have proven to be a powerful therapeutic intervention in cases where individuals have faced traumatic experiences, advancements in technology have caused an impact in how creativity is freely expressed, particularly with the increased prevalence of electronic toys and apps. The concerns about creative expression being hindered must be addressed in the future, including exploring the possibilities of reviving creative art therapies in empirical studies, literature reviews and case studies that involve the viewpoints of therapists. It is important to note that such literature should take into consideration key ethical issues such as anonymising clients and data protection acts. This raises questions as to how this body of research can still make an impact and raise awareness of the benefits creative art therapies bring whilst dealing with such challenges.

Whilst creative art therapies have limitations in ethics and technological advancements, there is a need to evaluate its usefulness and effectiveness in different contexts, particularly in schools, clinical settings and local communities. Although factors such as funding, facilities and resources impact decisions to implement creative art therapies in these settings, taking small steps such as increasing awareness of creative art therapies in non-government organisations can help local funding councils realise the potential for powerful therapeutic

interventions. It is evident that creative art therapies help clients go on a journey to solve deep-rooted, complex psychological issues caused by trauma and, most importantly, it aids people to find their voice when expressing emotions verbally can be too challenging. ■



#### About the author

Evelyn Antony is a fourth year psychology (Master of Arts with Honours) undergraduate student studying at the University of Edinburgh, Scotland, UK, under the School of Psychology, Philosophy and Language Sciences. Alongside her studies, she is an active community volunteer, being involved in her church and a mental health arts charity. She is a student member of the British Psychological Society. Her research interests include fostering creativity in young people and promoting emotional resilience after traumatic experiences.

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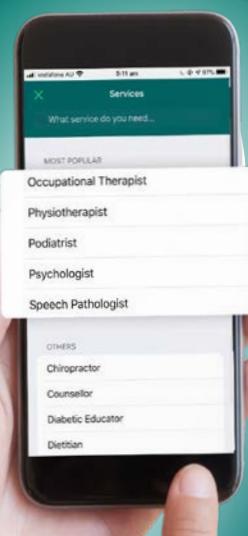


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# A vet's call for help

Context and support for when a vet becomes a counselling client.

**Dr Haidee Gray**

The veterinary profession is in the spotlight for its mental health issues (ABC News, 2020; SBS Insight, 2020). Compassion fatigue, burnout and suicide rates are high, and the reasons for this are multifactorial (Bartram et al., 2010; Hatch et al., 2011). In response to this, ideas about wellbeing and positive psychology are growing, and as the industry destigmatises asking for help, it is likely that counsellors providing Employee Assistance Program (EAP) services will encounter members of the veterinary profession needing help. This article aims to provide an understanding of the background factors influencing the development of mental health issues in the veterinary profession, with a view to improving outcomes.

A veterinary degree provides the opportunity to work in varied roles including government, policy, animal welfare, community organisations, production animal work, research, and pharmaceutical or supply. The majority of veterinarians spend at least some time doing clinical work in private practice, and this article focuses on the factors surrounding this.

In private practice, veterinarians provide animal healthcare services for a fee. Most people will be familiar with this process through personal experience or via (heavily-edited) television representations. This work usually includes a mixture of consultations for preventative care or health issues, and surgery on patients for either routine or preventative procedures or more involved surgical procedures for unwell or injured

Veterinarians are typically academically gifted and high achievers, and entry into the university courses is highly competitive.

animals. There is huge variety in the types of veterinary practices, including mobile, small animal, house-call vets; palliative care and euthanasia services; purpose-built multidisciplinary specialist centres; sole practitioner clinics; and ambulatory large (horses or farm) animal services.

Developing rapport and understanding context is a vital part of the counselling process. Veterinarians seem to have trouble asking for help (Hamilton, 2020). This may be due to stigma, perfectionism, negative attitudes to talking therapies, or other factors. If a veterinarian is able to reach out for help and feel heard and understood, there is a better chance of a positive outcome from the counselling interaction.

Once, in my early days of being a veterinarian, I found myself struggling after a combination of a relationship breakdown and leaving an unhappy workplace. In the doldrums of sadness, self-doubt, failure and fear for the future, I spoke with a counsellor. I found myself spending much of the time detailing the combination of stressors in the industry, including client demands. "Oh you're a vet!" said the counsellor. "My cat does this thing where ..." And with that, I pulled myself out of contemplation and into work mode. Even in a safe space, vets are not safe. We have trouble 'switching off' from work generally, but it does not help that we encounter this nearly everywhere we go if we divulge our vocation. If our counsellor morphs from a warm helpful presence into a pet-owning client who wants something from us, it will inhibit rapport and trust.

### Personality factors

*Questions to ask: Why did the person want to be a vet? How does that sit with their current situation? Do they feel that their work is worthwhile? Do they have a sense of self outside 'being a vet'?*

Veterinarians are typically academically gifted and high achievers, and entry into the university courses is highly competitive. Many have perfectionistic tendencies that can be associated with agreeableness, conscientiousness and neuroticism (Holden, 2020). Perfectionism creates challenges for veterinarians working in clinical practice as they frequently encounter morally or ethically challenging scenarios (Crane et al., 2015), biology does not always behave in a predictable manner, case outcomes are not controllable, and no one is infallible.

Unsurprisingly, neuroticism is associated with increased occupational stress levels and self-criticism (Dorset et al., 2017; Clara et al., 2003). Situations regularly occur where being agreeable and conscientious exacerbate the stress and pressure of working in a busy private practice, with time pressure and conflict between the client, clinical and business expectations. Personal values are often 'caring' or 'helping' based, with kindness, fairness, compassion for animals, and wanting to make a difference regularly cited (Hamilton, 2020). These values, while essential for the 'caring' element of a vet's work, make the business side of private practice challenging. Most veterinary clinics operate as a small business with high overheads and low profit margins. Particularly

for inexperienced veterinarians, valuing and charging for their skills and time induces guilt in scenarios where they feel they could be 'helping' the animal more.

Along with perfectionism, many veterinarians are self-critical and will 'stew' over errors or outcomes, sometimes losing sleep over cases and being unable to mentally move on from cases that have not gone well. Ask any veterinarian about a case they lost sleep over and they will probably have a plethora to choose from, often becoming emotional as they recount what happened. Difficult cases are not always about the animal. Sometimes it is a client complaint over costs or communication – or worse, an actual error, which triggers the self-critical, anxious state familiar to many vets. A difficult case outcome will often be the trigger for a veterinarian to accept they need psychological help, or alternatively, to reach for unhealthy coping strategies.

### Workplace factors

*Questions to ask: How much does the person usually enjoy their work? Is this episode a blip or their way of life? Are they choosing to be there or do they feel trapped? How is their work-life balance? What is their relationship like with their work colleagues?*

Workplace stressors for veterinarians are well documented (Meehan et al., 2007; Meehan 2014). Case overloading, skipping lunchbreaks and unpaid overtime are frequently an ingrained expectation in the industry. It is common for many to feel overwhelmed.

Pay rates are based on the Animal Care and Veterinary Services Award 2020 (Fair Work Award viewer, 2020) and are determined by individual negotiation. There is no organised union movement. The average full-time wage for vets is \$84,240 (*The Guardian*, 2019). According to the Award, 24 hours on

call is worth \$43.64 for each period of on-call duty. Vets graduate with a large debt and earn less than their non-veterinary professional peers (*The Sydney Morning Herald*, 2019). Many clients assume vets are wealthy due to the fees charged, not realising that this mostly goes towards the business overheads rather than to the vets themselves. Pet owner comments about 'how rich vets must be' are common and can add to the sense of frustration and overwhelm.

Managing client expectations is a constant stressor – some clients seem to want immediate answers, with no diagnostics or expense and a guaranteed outcome. This is rarely possible but many vets have trouble with boundaries, communication or confidence, and feel a sense of personal failure that they cannot provide what the pet owner desires. Client complaints

can be a source of great stress for veterinarians, who often have little training in conflict management. It is worth noting that clients can also be a source of joy, connection and positivity. Unfortunately it is often the negative interactions that stick, and it is unlikely that someone will be accessing EAP to discuss how content they are with their job, life or clientele.

Team dynamics are another consideration and vary depending on the clinic. Are you talking to a sole practitioner more prone to isolation and overwhelm, or a member of a large team where politics and group dynamics may be more relevant? Research shows that having a great team and a sense of belonging is a large part of work satisfaction (Moore et al., 2014; Cake et al., 2015).

Working with either companion animals (otherwise known as 'small animals'), farm animals ('large

animals') or a combination of both ('mixed practice'), and the location of the clinic also affect the particular set of stressors to consider. Rural or remote vets may have more safety concerns with potential injury from animals, more time on the road, more on-call work and more understaffing or trouble recruiting staff.

New or recent graduates are provided with specific training during their university studies to help with the transition into the responsibilities of veterinary work. Despite this, it is a difficult time for many as they find their feet. They may also have relocated for a job and may not have personal support systems close to hand.

A veterinary clinic owner has the additional stressors of running a business, managing staff and providing leadership, plus the financial

(continued page 22)

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risk. Clinic owners are sometimes 'just' veterinarians and may have minimal business training when they embark on owning a practice, adding to the challenges.

### Support and resources

Resilience is understandably the latest buzzword in the veterinary world. It gives the ability to bounce back from a hard day and to move on to the next day with energy and positivity. In view of the personality factors above, it is unsurprising that veterinarians benefit from learning resilience strategies. Mindfulness and self-compassion are associated with higher levels of resilience (McArthur et al., 2017), and must be learnt rather than innately present for many vets (Moffett et al., 2017).

Much good work is being done within the industry – research, clinical support groups, coaching options, workplace wellbeing programs, mentor schemes and mental health workplace advocates – however, fragmentation exists and while there are efforts at a cohesive

push toward wellbeing from within the industry, it is a work in progress. However, there are some fantastic veterinary-specific resources available that could be used for counsellor education or as a resource to pass on when encountering a veterinary call for help, both in the literature (Hamilton, 2019; Hamilton, 2016; Goldberg, 2019; Meehan, 2019; Bartram et al., 2007; Cake et al., 2015; Stoewen, 2016) and other services. Many practising veterinarians may be unaware of the availability of these resources. The following is not an exhaustive list but includes names that repeatedly come up in testimonials. For veterinarians who are money or time-poor, many of these websites can be found through a Google search using the service name, and have free resources available as a starting point.

**Dr Nadine Hamilton** has spent her psychology career researching psychological distress in the veterinary profession, and she has developed an effective intervention program. Her book has been well received and useful in the veterinary world, and she has established a charity, Love Your Pet Love Your Vet, to assist with addressing the issues in the veterinary industry associated with poor mental health. Referral for individual sessions via a Medicare mental health care plan is available. Alternatively, there are excellent resources available for free on the website, and Dr Hamilton also intermittently runs a 10-week online program that includes strategies for improved mental health and wellbeing.

**The Australian Veterinary Association (AVA)** has online mental health resources available, although paid membership is required for full access. The AVA also runs training for a Mental Health First Aid certificate, allowing for mental health support people

and advocates within workplaces. Rosie Overfield is the facilitator for the course, and also the founder of Mindpod – "a business dedicated solely to wellbeing in the veterinary industry".

### Cathy Warburton and Cheryl

**Fry** are two veterinary surgeons with lived experience in clinical veterinary work, which prompted them to embark on further training in mental health support and coaching. They have established a coaching business, Make Headway, which is available to provide veterinarians with in-clinic training and individual or group support sessions in a fee-for-service model. Their professional development and Balint groups offer an excellent opportunity for those in clinical practice to debrief in a supportive and constructive environment.

### Global Veterinary Solutions

is a business founded and run by veterinarians that provides career guidance, business solutions, leadership training and individual coaching to veterinarians in a fee-for-service model. Their scope includes non-clinical veterinary work that may be useful for those who feel ambivalent about staying in a clinical setting.

**High Performance Vets** is a coaching and training service with a focus on improving personal performance and enjoyment in clinical practice. The business was founded in 2011 by Natasha Wilks, a veterinarian who is doing fantastic work educating others about personal growth and value, and destigmatising mental health concerns. High Performance Vets operates in a fee-for-service model.

**Pets and People** is a website and operates by fee-for-service that links counsellors and clients. While the main focus of the website is pet loss and grief, some of the counsellors have veterinary backgrounds and are available to support veterinarians when needed.

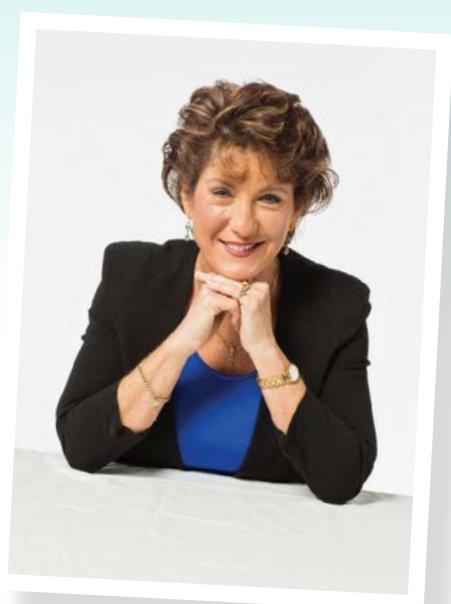
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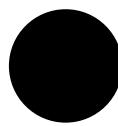


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Rural or remote vets may have more safety concerns with potential injury from animals, more time on the road, more on-call work and more understaffing or trouble recruiting staff.

### Summary

There are challenges to achieving contentment and satisfaction in any industry. The veterinary industry seems to have a unique combination of stressors and common personality traits that can lead to psychological distress. If you as counsellors encounter a veterinary call for help, I hope this article has helped provide additional context and resources for understanding and helping those reaching out. ■

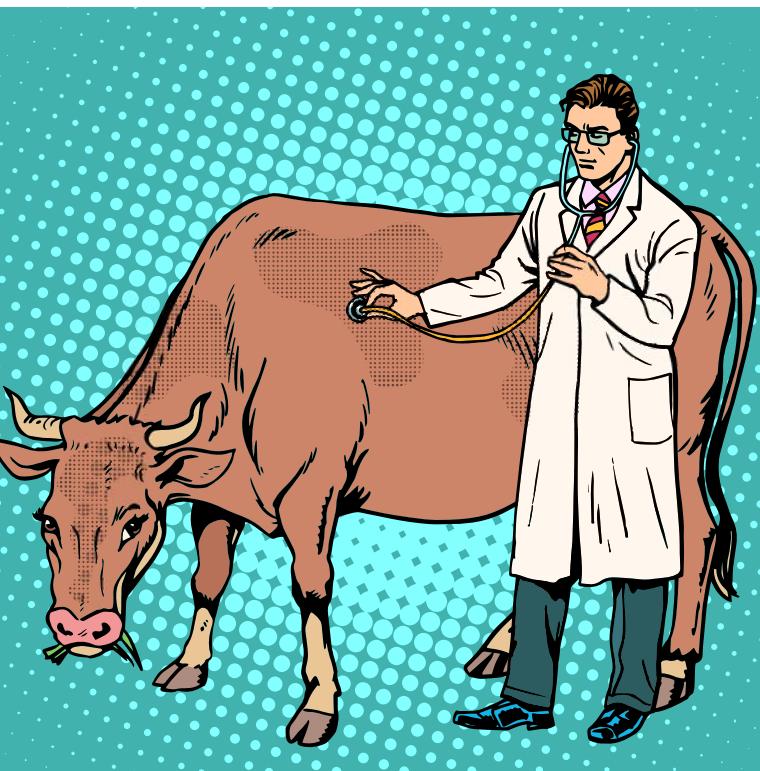


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DARRYL WADE  
Psychology

## Presented by Dr Darryl Wade

Darryl Wade is an internationally recognised and published expert in the field of posttraumatic mental health. He is Australia's only PE trainer and consultant accredited with the Centre for the Treatment and Study of Anxiety, University of Pennsylvania. He recently held the positions of Head of Practice Improvement and Innovation at Phoenix Australia National Centre for Posttraumatic Mental Health, and Associate Professor in the Department of Psychiatry, The University of Melbourne.

\*Phoenix Australia (2013). Australian guidelines for the treatment of acute stress disorder and posttraumatic stress disorder. Phoenix Australia.

# TWENTY NEW CONVERSATIONS AROUND SUICIDE

Existential crisis and end-of-life palliative care discussions have some parallel paths.

**Kim Billington**

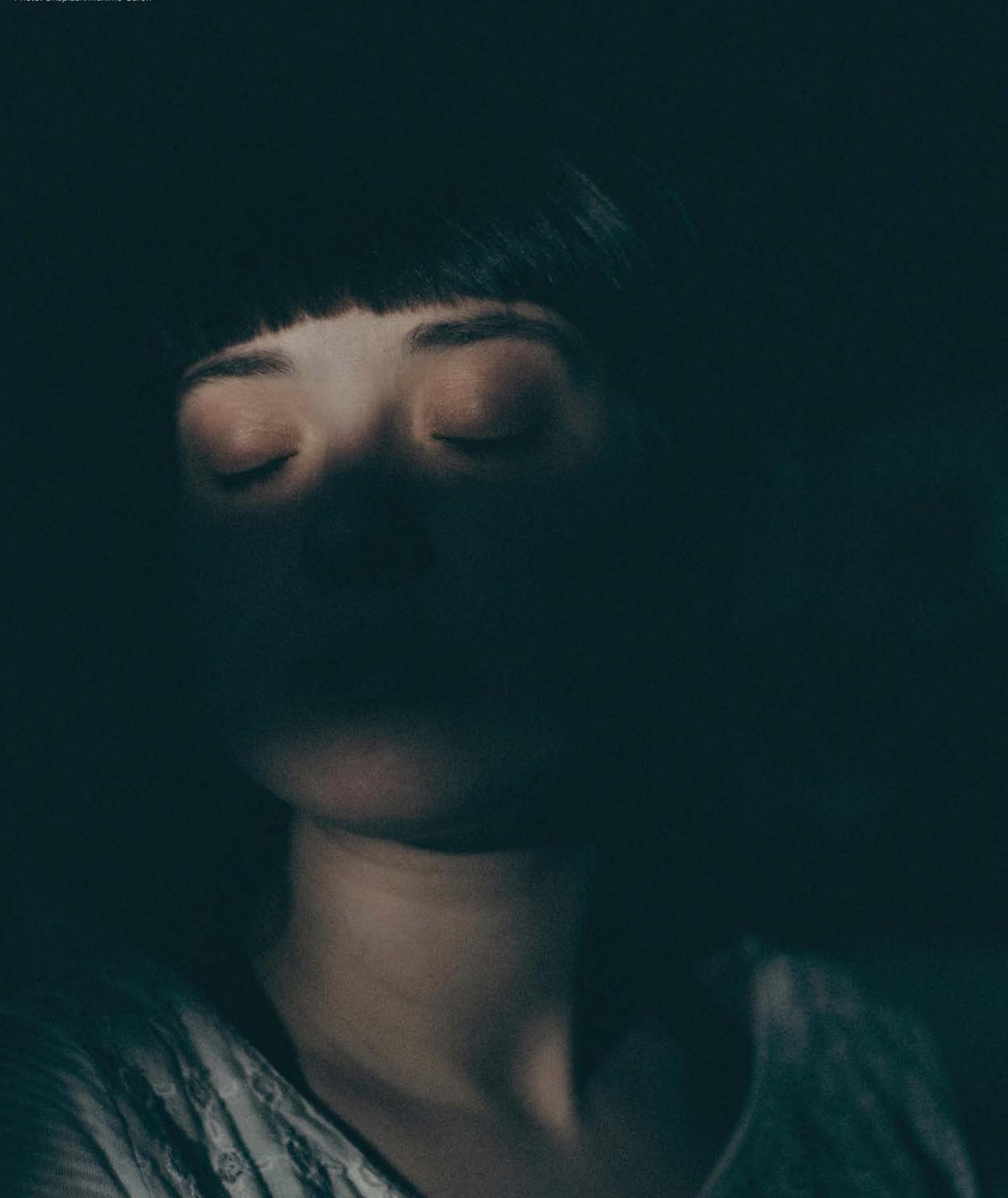
In May 2020, during the COVID-19 pandemic, I attended three Australian-based Zoom webinars and panel discussions. These were:

1. Mental Health Academy – 2020 Suicide Prevention Summit (1500+ attendees);
2. Alfred Health – Integrated Care Communities of Practice (CoP): Having Difficult Conversations (30 attended); and
3. Centre For Existential Practice – A Dialogue with 3 Existential Philosophers about Living Through These Times: how they might expand our therapeutic conversations (21 participants).

In each of these webinars, I noticed a parallel experience in that professionals in mental health and palliative care often found 'end-of-life' conversations 'awkward'. I have documented a few ideas and practical prompts for new conversations with people who suffer distress and existential pain, and those who go to counselling looking for relief from their suffering but talking about ending their lives.

1. A helpful question to ask someone in existential pain might be: 'What do you want people to do or say, that they don't do or say, when you talk about your thoughts or intentions of suicide/self-harm?'
2. Assume there will most probably be adverse childhood experiences and trauma as a backstory: 'Any journey which arrives at this difficult place has often been one through the dark woods of trauma. What metaphor better explains to me your life journey and experiences?'
3. 'Might it be helpful to find time to talk about how past trauma has changed you?'
4. Conversations can be centred around 'what happened to you?' rather than an unspoken 'what's wrong with you?'
5. Distress is a human response to external circumstances and services need to be 'on tap' and not 'on top'.
6. 'How do you see yourself getting through this?'
7. Thoughts about ending one's life indicate a desperate need to change one's situation, and yet feeling a degree of helplessness to do so: 'How do you choose not to act on every thought of ending your life?'
8. 'How do your fluctuating levels of distress effect your directions and decisions? Does it feel like a black-and-white issue? What are your thoughts as you look at the different roads ahead? What can you see along 'the road with me living my life'? What are your hopes when considering this choice?'
9. When professionals start looking at a 'risk' checklist, they often stop listening and disconnect from the person in distress. So, we need to be sensitive to this perceived shift. We may need to create an invitational preamble: "Can I ask you a few questions from a list developed by professionals which might help me assess the risks of where you are at today?"

Photo: Unsplash/Maxime Caron



10. Sensitive, sincere and frank questions, such as 'Why do you want to end your life?', can show we are open to hear their inner thoughts.
11. 'What do you fear when you enter the 'red zone of high distress'?
12. 'If you were dying of some terminal disease, we might be talking about advanced care planning (ACP) and creating an 'end-of-life' (EOL) care plan. What might the 'care and support' look like, that you are hoping to find from yourself and those around you?'
13. 'If you get through this, what advice might you give to us professionals about how to better support people who are having a similar problem?'
14. And before you whip out a safety plan form, ask, 'Do you hope that intervention might help you to survive this crisis? What kind of intervention do you want?'
15. 'I don't know what it might look like, but together we can make a plan.'
16. 'Could you share a story of when you experienced a meaningful time in your life?'
17. 'What do you love to do? What might give you a sense of purpose in your day?'
18. 'If coming to counselling was to be a significant turning point and a shift towards a new direction, what are you picturing and hoping to see ahead in our work, and in your day-to-day changes?'
19. 'What does your safe haven look like?'
20. 'When you leave the room/session today, have you got something you can take away, something you can work on that will help sustain your preferred direction?'

'Mental wellness CPR' includes finding what the person thinks will assist them to improve. That is:

- C – Connectedness
- P – Power to heal
- R – Revitalise the soul

### ACA Guidelines

While it is the client who chooses the counsellor, it is the counsellor (giving consideration to the needs of the client) who chooses whether or not the client's issues fall within the level of their competence (Code of Ethics and Practice Sect 3(a) vii). As a general rule, Australian Counselling Association (ACA) would recommend only level 3 or 4 counsellors should deal with this risk group and then never in isolation. The general principle in these cases is threefold: recognise, assess and refer. Referral should not be seen as abandonment of the client and work with the client should not cease, rather therapy should continue in liaison with an appropriately qualified healthcare professional.

### Examples of rapid suicide-rise assessment questions for triage from Victorian Department of Health:

Duration, intent and history of suicidal ideation:

- Has something very stressful happened to you recently?
- Have you ever thought about harming yourself?
- Have you sought medical or counselling advice in the last six months?
- Have you had thoughts about ending your life recently?
- Have you ever considered ending your life in the past?
- Do you intend to hurt yourself?
- Have you ever attempted suicide?

The patient who has acute thoughts of completing suicide, has attempted suicide in the past, or who expresses a specific intent to end their life is at higher risk.

### Specificity of plan:

- Do you have a plan as to how you would harm yourself, or end your life?
- Have you been drinking or using any substances when you have these thoughts?
- Do you have a method to harm yourself, and access to that method?

The patient who has a detailed, carefully thought-out plan or access to lethal means is at higher risk. ■

*Note: When suicide risk exists, an expert psychiatric opinion should be sought to determine the need for hospitalisation and establish a diagnosis.*

### References

- |  |  |
|--|--|
| Australian Disease Management Association, <a href="http://www.adma.org.au">www.adma.org.au</a>            | Suicide Line Victoria, <a href="https://www.suicideline.org.au">https://www.suicideline.org.au</a>   |
| Centre for Existential Practice, <a href="http://www.cep.net.au">www.cep.net.au</a>                        | Australia Counselling Association, <a href="https://www.theaca.net.au/documents/ACA%20Suicidal%20Client%20Guidelines%20Ver%203.pdf">https://www.theaca.net.au/documents/ACA%20Suicidal%20Client%20Guidelines%20Ver%203.pdf</a> |
| Department of Health, <a href="http://www.health.vic.gov/mentalhealth">www.health.vic.gov/mentalhealth</a> | Mental Health Academy, <a href="http://www.mentalhealthacademy.com.au/suicideprevention">www.mentalhealthacademy.com.au/suicideprevention</a>  |

### About the author

Kim Billington is a counsellor and a consulting supervisor to master's counselling students at Monash University. She has a Master of Counselling from the Australian Catholic University and a Master of Narrative Therapy and Community Work from the University of Melbourne.



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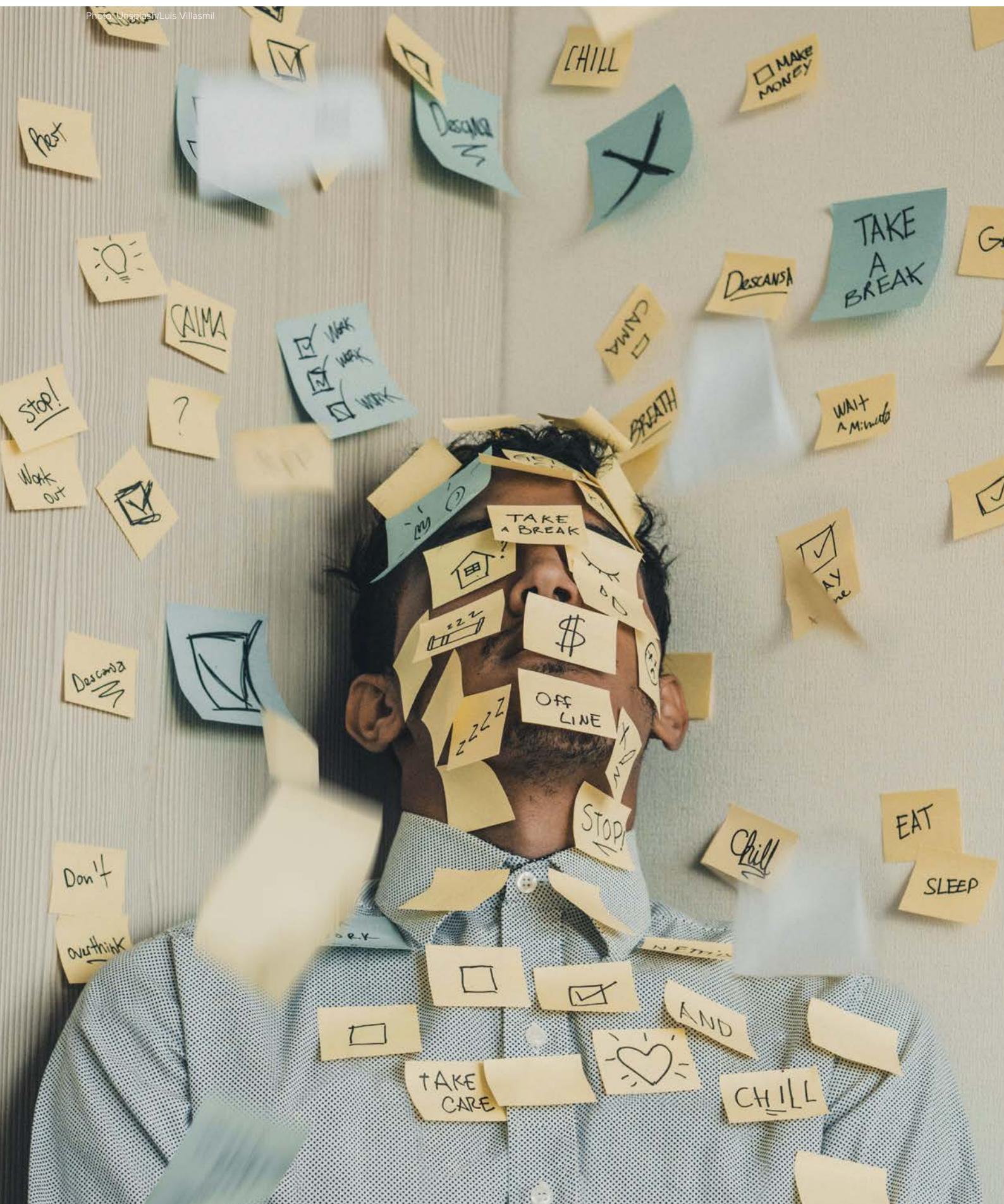


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## ALLOSTASIS

Photo: Unsplash/Luis Vilasmil



# ALLOSTASIS, STRESS AND THE BRAIN AND BODY

## Part I: Counselling, the autonomic nervous system and the microbiota–gut–brain axis

**By Allen E. Ivey and Mary Bradford Ivey**

**S**tress underlies virtually every counselling issue we face, ranging from the results of trauma, poverty, racism and abuse to decisional issues such as college choice, career choice or an argument with a loved one. At the same time, stress is necessary for learning and for positive human development, both mentally and physically. Homeostasis has become a limited concept and leads us to think that we can find a perfect balance. What we all need is a more realistic term – allostasis, as best defined by McEwen and Scott:

“Allostasis is the process of achieving stability, or homeostasis, through physiological or behavioral change. This can be carried out by means of alteration in HPA axis hormones, the autonomic nervous system, cytokines, or a number of other systems, and is generally adaptive in the short-term.”

Appropriate levels of stress, physical and mental, strengthen us and lead to resilience. Negative stress, however, can tear us apart and lead to reduction in the size of our hippocampus (memory) and increased size and negative activity in the amygdala, which is the primary site of the emotions related to fear (sadness, anxiety, anger). We have made the error of only focusing on the results of being overly stressed. Allostasis can also be defined as a healthy balance of calming and activation or stimulation and quiet.

Counselling needs to focus on allostasis and an active, changing balance as a central goal of therapy. We help clients by building intentional self-regulation through improving cognitive, emotional and behavioral skills. Vital in this process is increasing the strength of the prefrontal cortex for executive functioning

and emotional regulation. Psychoeducation in the behavioral life skills is a vital supplement to traditional counselling.

We cannot learn, we cannot develop stronger muscles, we cannot strengthen our heart, and we cannot climb a high mountain (intellectual or physical) without a degree of stress. Change in counselling, particularly through the supportive challenge known as confrontation, builds appropriate stress and motivation for change. When stimulated, our perceptual senses of seeing, hearing, touching, tasting and smelling are the basis of stress – necessary for the good things, but too much negative stimulation from trauma, poverty, abuse, bullying and harassment, plus repeated exposure to racism and other forms of oppression, can lead to enduring brain change and dangerous bodily reactions. Social justice demands awareness, knowledge, skills and action to meet the needs of those who encounter the multiple forms of oppression and trauma.

Recent thinking is leading to what is now called the ‘sixth sense’, sometimes named the ‘second brain’, the microbiota–gut–brain

"Allostasis is the process of achieving stability, or homeostasis, through physiological or behavioral change. This can be carried out by means of alteration in HPA axis hormones, the autonomic nervous system, cytokines, or a number of other systems, and is generally adaptive in the short-term."

axis, which gives special attention to neuroinflammation. Evidence is now clear that emotional as well as physical distress can cause damaging inflammation. We associate the brain with production of serotonin, but 95 per cent of this neurotransmitter is produced in the gut. Bodily stress from illness or other physical dysregulation has a profound impact on our brain, our thoughts and our emotions. Our total body reacts to external stressors and, at the same time, internal cognitions and 'gut feelings' produce our own internal stress.

In our article in *Counseling Today* on 23 October, we focused on the prefrontal cortex (PFC) as the seat of executive cognitive functioning, as well as emotional regulation. We noted that the PFC interacts with the more primitive amygdala, the 'Energizer bunny' that is key in our experience of all types of stress. The amygdala is activated by the events in the external world or from internal bodily stimulation and is particularly sensitive to stress. The hippocampus, one of our memory structures, stores and distributes information throughout the brain. One of the key objectives of counselling is positive memory change with the possibility of brain 'rewiring'.

"Depression is as real a disease as diabetes." This statement by Stanford's neuroendocrinologist Robert Sapolsky is based on considerable research showing that psychological depression has a deep impact on the body. In turn, dysfunction of the body

through diet and obesity, infection, inflammation and illness all lead to depression as well. Our cognitions, beliefs, emotions and behavior can build bodily health, or they can be as toxic as illness or environment pesticides. There is also a bi-directional feedback loop that can increase both depression and body reactions. However, additional research suggests that positive attitudes and beliefs, exercise and lifestyle affect the immune system in healthy ways. For a very clear and practical background about depression and the body, we suggest watching Robert Sapolsky's YouTube presentation ([www.youtube.com/watch?v=NOAgplgTxfc](http://www.youtube.com/watch?v=NOAgplgTxfc)).

### What might this mean for your practice?

The implications of neurocounselling for short-term and long-term daily practice are:

1. Mental health and physical health are closely entwined. We recommend that you consider having a poster of the brain and body readily available for your clients. With some clients point out how the relationship and their ability or willingness to follow up learning in the interview can change them in positive ways. This is for only clients who show interest. Within this, we are not physicians. Our work is counselling, prevention, education and referral.
2. Search to build stress resilience and enable clients to balance inevitable and necessary reactions to stress with the

ability to calm themselves and develop and learn new ways to cope with more demanding stressors.

3. Bi-directionality (also known as crosstalk) is replacing linear thought in neuroscience/neurobiology and counselling. Allostasis reveals the bi-directionality of the interaction between the needed stress of stimulation and the need for calming. Too much emphasis in either direction can be problematic.

### The autonomic nervous system connecting brain and body: key to stress resilience and allostasis

The autonomic nervous system (ANS) regulates the body's unconscious actions of heart, esophagus, lungs, stomach and gastrointestinal system. It consists of two divisions, the sympathetic – focused on response to stimuli and activation, and the parasympathetic – focused on calming and balance. The ANS is connected to the brain stem in a bi-directional pattern. What happens in the brain affects both sympathetic stimulation (for example, stress) or parasympathetic calming. In turn, bi-directional cross-talk means that action in the ANS affects the brain. Note that another way to think about the stress is 'activation' that can be strength building or destructive.

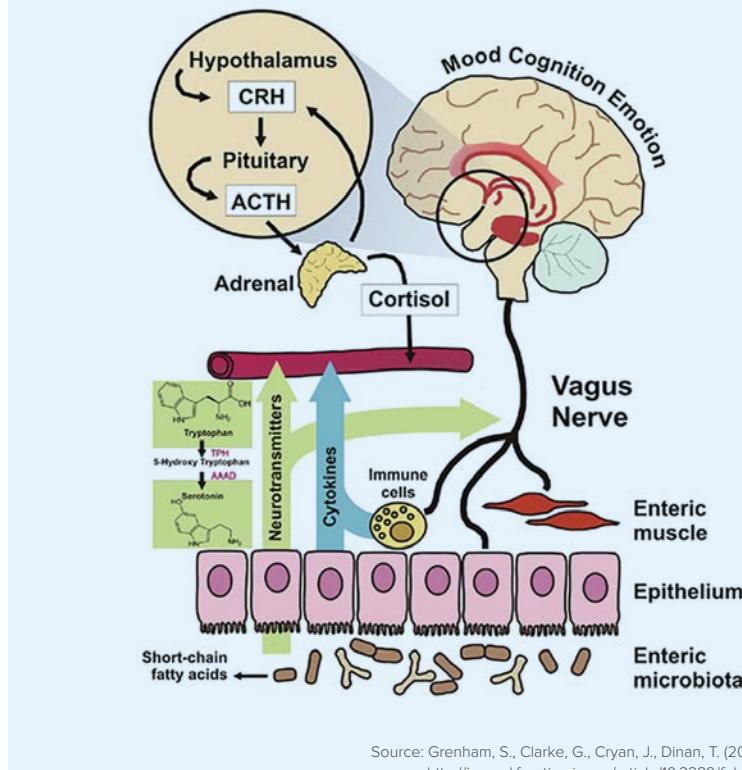
The 'calming and activating' or 'stop and go' actions of the ANS are repeated throughout the entire stress system from our neurotransmitters to every region

and cell of our body. For example, the neurotransmitter glutamate activates and makes learning possible, while GABA (gamma-aminobutyric acid) is necessary for balanced calming. Hormones in the brain and body interact with cytokines in positive and negative ways. Even in our gastrointestinal system, microbiota interactive imbalance of highly diverse microorganisms can lead to poor mental and physical health, but a healthy gut through diet, exercise and a positive attitude improve our mental wellbeing. Through our listening, we tend to calm clients. Through reframing and confrontation of discrepancies in their lives, we seek to activate change. Each of our counselling interventions impacts the holistic body, as well as the mind.

The ANS is also basic to the evolutionary process and thus needs to be considered first as we consider stress. For example, view the embryos of fish, mammals and humans. They all appear quite similar in the early stages of development. All have variations of the vagus nerve. Why? Heart function, eating and lungs are basic to survival and future development. Allostatic resilience, our counselling goal, ultimately impacts the ANS and the entire body, as well as the brain. The higher body processes of allostasis represent later stages in the evolutionary process.

Porges' Polyvagal theory was described by Chapin in the 2014 *Counseling Today* article 'Strategies for self-regulation: rediscovering the physiological basis of behaviour'. He emphasises the importance of sympathetic neural circuits of safety, danger and life threats, as well as the central functions of the amygdala in the brain's limbic system. This is important for protection, but overstimulation can produce serious issues. Research has found that stimulating the parasympathetic vagal links to the

**Figure 1: Brain–gut–microbe communication in health and disease.**



Source: Grenham, S., Clarke, G., Cryan, J., Dinan, T. (2011) *Front. Physiol.*, <http://journal.frontiersin.org/article/10.3389/fphys.2011.00094/full>

amygdala not only calms but also facilitates memory of emotional events ([www.apa.org/monitor/apr04/vagus.aspx](http://www.apa.org/monitor/apr04/vagus.aspx)).

Polyvagal theory provides specific suggestions to help clients cope with flight and fight sympathetic overstimulation. In this body-aware framework we help clients become aware of the power of unconscious body processing and show them how they can calm the vagus nerve (and themselves) through biofeedback, control of heart rate, breathing exercises and the relaxation response, as well as providing neurofeedback. Of course, our relationship and counselling with clients can be calming, but we seldom think of how our words and non-verbal behaviour are potentially therapeutic.

Porges stresses safety needs and emphasises social skills and engagement training as one key route to be comfortable in social relationships. This can be made

more specific. For example with autistic children, working first with gaze and eye contact is a beginning, but this is also true with some of our clients who lack social skills. Listening skills can be useful in calming. Further, Porges' work turns out to be fully in tune with the general emphasis in our Therapeutic Lifestyle Changes columns, which emphasise the importance of diet, exercise, cognitive challenge, cultural health and other healthy behaviors.

### Illustrating the vagal and the microbiota–gut–brain axis

The conclusion of this article provides an introduction to Part II, where we will explore in more depth the importance of ANS, vagus, and the microbiota–gut–brain axis and their implications for our practice.

Figure 1 presents vagal connections from the brain's perceptions, cognitions and emotions to our HPA hormone production of cortisol

Photo: Unsplash/Radu Florin



(hypothalamus, pituitary, adrenals). Cortisol in an allostatic balance facilitates learning, while overabundance can be seriously damaging to the brain and body. This same stimulation reaches down to the heart, lungs and onward to the gut microbiota flora with its 100 trillion microbes.

Grenham and colleagues (2011) summarise: "A stable gut microbiota is essential for normal gut physiology and contributes to appropriate signaling along the brain–gut axis and to the healthy status of the individual as shown on the left hand side of the Figure 1. Conversely, as shown on the right hand side of the diagram, intestinal dysbiosis can adversely influence gut physiology leading to inappropriate brain–gut axis signalling and associated consequences for CNS [central nervous system] functions and disease states. Stress at the level

of the CNS can also impact on gut function and lead to perturbations of the microbiota."

In summary, as we look forward to Part II:

- Counselling not only changes the brain, it also has a meaningful impact on the body and its functioning. Our present skills and theories remain relevant in the new neuroscience/neurobiological world.
- The National Institute of Mental Health is now giving major funding to a brain-based assessment and treatment framework. Thus, our attention to areas that our field has so far mostly ignored will be changing. Counsellor education and counselling and therapy practice will be changing and more scientifically based. Introduce yourself to this coming new world by exploring the

links out of [www.nimh.nih.gov/research-priorities/rdoc/index.shtml](http://www.nimh.nih.gov/research-priorities/rdoc/index.shtml).

- The material here is based on the most current research and we can only expect the connection between brain and body, and onward to key genetic factors, will become increasingly central in the literature. ■

## Part II: The microbiota–gut–brain axis, cytokines and the mitochondria – a system of bi-directionality and necessary allostasis

In Part I of this article, we presented allostasis and the building of stress resilience as central to the counselling profession. Allostasis was defined as a bi-directional balance between quiet and activation, or stimulation and calming. As counsellors, through listening and relationship we can build a calming presence, but at the same time we need to activate and stimulate our clients to action through new ways of thinking, feeling and behaving. Mental health allostasis is a bi-directional balance. Stress management is another term for this, but the concept fails to recognise the complexity of our lives and the possibilities within.

Let us now turn to the second brain, the gastrointestinal system – the microbiota–gut–brain axis. The axis is obviously disturbed by imbalances in the autonomic nervous system (ANS), the brain, the body, and by any external or internal stressor. Our stress system is holistic and the psychic distress reverberates throughout the body just as illness does to our body and brain.

In Figure 1 (Part 1, page 33), we see the reciprocal bi-directional crosstalk interconnections of the brain, the gastrointestinal system and the immune system, all connected by the autonomic nervous system. These bi-directional interconnections are also labelled as ‘the brain to body and the body to brain’ or ‘top down to bottom up’. The HPA (hypothalamus, pituitary, adrenals) axis generates and

passes on hormones throughout the body. Important here is the production of cortisol, which is necessary for learning but is typically dysregulated in serious situations such as war trauma, rape, or the repeated traumas of bullying, poverty, racism and harassment. This disruption of cortisol can lead to damage to key brain structures, as well as increased heart rate, breathing rate change and disturbances to the gut or gastrointestinal system (2015, [www.medscape.com/viewarticle/704866\\_3](http://www.medscape.com/viewarticle/704866_3)).

Nearly every chemical that controls the brain is also located in the stomach region, including hormones and neurotransmitters such as serotonin, dopamine, glutamate, gamma-aminobutyric acid and norepinephrine. The gut produces more of the neurotransmitter serotonin than does the brain. No longer should we think of ‘gut feelings’ as just a passing thought.

In turn, a recycling negative feedback loop can lead from the gut to the brain and to the immune system, with accompanying inflammation. Stress increases inflammation and it has been found that bodily inflammation accompanies depression and other psychological diagnoses. Interacting with the HPA are cytokines, produced in both brain and gut. The cytokines are the proteins and chemicals that are most central in producing inflammation. Inflammation is a central issue to which counselling gives virtually no attention. Yet, depression and other distressing

issues that we discuss with clients are often accompanied by inflammation, which can be dangerous to physical health over time.

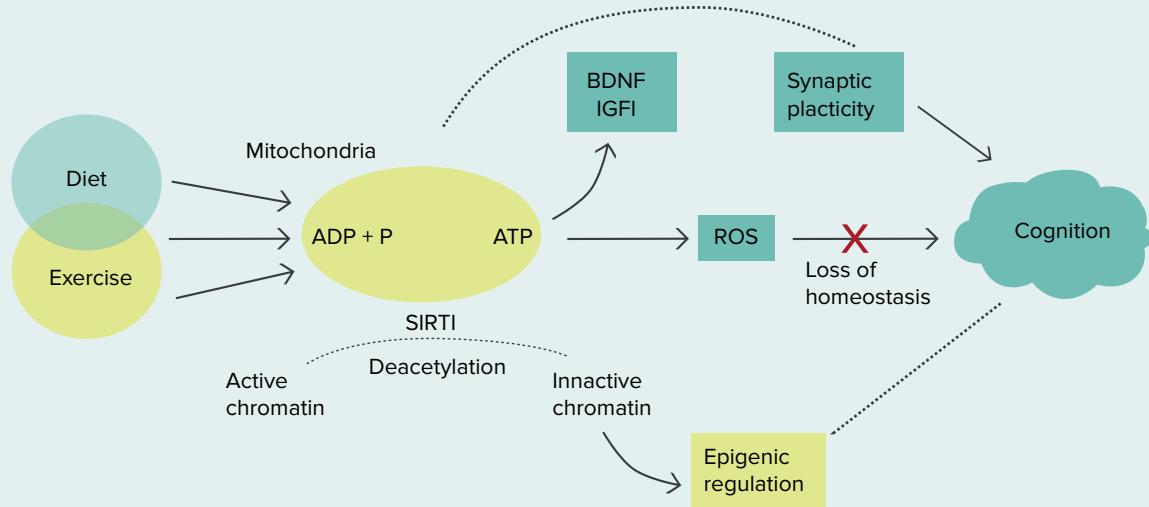
While stress (also known as oxidative stress) is often central in producing inflammation in brain and body, physical illness (cancer, diabetes, severe flu or cold) is also a cause. Chemicals, pesticides, gluten (for some) and other pathogens also produce inflammation. It is important to realise that oxidative stress also comes from interpersonal relations and self-talk – one’s thoughts and beliefs produce inflammation in themselves.

Important in this process, and also not receiving enough attention, is maintaining a balance of our trillions of gut microbiota. An imbalance of too many negative microbes can be the result of external stressors and emotional imbalance, a poor diet (particularly one high in sugar), allergies or environmental toxins, and even genetically modified food for some. The imbalance is another route toward inflammation and has been proven to be an issue in depression and other diagnoses. The inflammatory actions are both caused and activated by cytokines. Diet, of course, is a central cause of body inflammation, which in turn can lead to psychic distress. Interestingly, research shows that a change in lifestyle can move the balance of microbes from negative to positive.

At this point, we also need to consider the mitochondria, found in large numbers within the cells,

## ALLOSTASIS

**Figure 2: The effect of diet and exercise on cognition.**



Source: National Institute of Health.

Reference: Gómez-Pinilla, F. (2008). Brain foods: the effects of nutrients on brain function. *Nat Rev Neurosci*, 7, 568-578.

which produce the energy that powers our brain and moves our body. We now argue that it is basic for all counsellors and therapists to be aware of the role of mitochondria in our lives. While mitochondria enable us to move our muscles and think clearly through the production of the fuel adenosine triphosphate (ATP), they also need strengthening themselves. ATP is the molecular unit that energises our metabolism, enables our muscles to contract and allows us to move and breathe. Among other things, it also is important in nervous system and cell signalling, as well as DNA synthesis. Therefore, we help our mitochondria through exercise, diet and positive health habits – the very same treatment methods we have emphasised throughout our Therapeutic lifestyle Changes columns. Mitochondria are also in continuing bi-directional drama with cytokines as each can destroy or enhance the other.

Cytokines are small, vital proteins released from cells that affect communication among cells and their behaviour. There are over 30 and, possibly, they are growing in number. They have been

found to interact bi-directionally with multiple genes; for example, interferons are produced by T cells and regulate the immune system. Cytokines are closely related to depression. Research is underway progressing through examining cytokines in the blood of clients pre and post-counselling. Another bi-directional aspect of cytokines is their relationship to hormones in the brain. Dysfunction here leads to inflammation in the brain, a factor that we have not yet considered in our practice.

Figure 2 is too detailed to discuss fully, but please note the nature of bi-directional crosstalk and how it relates to allostasis:

- diet and exercise have a profound impact on the energy producing mitochondria;
- mitochondria ATP energy produces BDNF (brain-derived neurotrophic factor, ‘miracle grow’ for the brain); and
- these lead to synaptic plasticity, brain growth and sharper cognition.

Also key is reactive oxygen species (ROS), which speak to oxidation in the body and brain. Illness or poor diet, lack of exercise and depression all can lead to

oxidation, inflammation, cognitive issues and apoptosis (death) of the mitochondria. In addition, throughout the process, epigenetic change to genes can be positive or negative (there actually should be a bi-directional arrow in the epigenetic/cognitive relationship, as cognitions can possibly impact epigenetics).

Mitochondria contain more DNA than the cells within which they live. It is at this foundational level, through epigenetics, that counselling can even be part of enabling genes to turn on or off in ways that lead to more healthy living and a longer life with better health. Similarly, social oppression, trauma, negative experience, depression and illness can all lead to the death of mitochondria and dangerous changes in DNA through epigenetics. A recent article explains this as a full cycle back to the CNS:

“Neuroinflammation and mitochondrial dysfunction are common features of chronic neurodegenerative diseases of the central nervous system. Both conditions can lead to increased oxidative stress by excessive release of harmful reactive oxygen

and nitrogen species (ROS and RNS), which further promote neuronal damage and subsequent inflammation resulting in a feed-forward loop of neurodegeneration" (Fischer & Maier, 2015).

The above discussion includes considerable data and some terms that may be unfamiliar at this point, but they will be central soon in counsellor education. External psychological stressors or pathogens from the environment, or internal physical stressors from illness or the nature of one's inherited genes, can lead to the six senses perceiving stress threat or challenge impacting the autonomic nervous system, the vagus nerve, the flow of neurotransmitters and hormones through the HPA axis. Through this, pro-inflammatory or anti-inflammatory cytokines interact throughout the body at all levels from the HPA axis to the gut microbiota. Particularly important is the impact on the immune system and inflammation.

### An optimistic view of our ability to build allostasis and stress resilience

First, please review our three recommendations early in this article. We are effective in making a difference with our clients. Counselling changes the brain and can impact every one of the bodily systems we mention above. Of

course, caution is central. We are not healers of the body, for that is the role of the physician. With each client we are honoured to work with, we need to be alert as possible to the reality of unseen illness as it manifests itself and have referral sources available. For example, Sapolsky has stated that when we see depression and anxiety, we also need to think of the possibility of thyroid problems. Visit the popular site Everyday Health for a useful discussion of much of what we need to know ([everydayhealth.com/columns/therese-borchard-sanity-break/depression-bipolar-disorder-and-hypothyroidism](http://everydayhealth.com/columns/therese-borchard-sanity-break/depression-bipolar-disorder-and-hypothyroidism)).

It is now virtually a truism – relationship and the working alliance are 30 per cent of effective counselling and therapy. Carl Rogers lives! Now to repeat ourselves and our neurocounseling column colleagues, we highly recommend looking seriously at Therapeutic Lifestyle Changes as a proven way to improve mental and physical health. John Ratey of Harvard Medical School states that it is unethical for a physician not to prescribe appropriate exercise to all patients. The same holds for us as counsellors. Are you also considering the importance of your client's diet, their sleep patterns and their willingness to take on cognitive challenges?

We are rather good at helping clients with their social relations, from basic to calming or activating the autonomic nervous system. Cultural health and social justice action have positive mental and physical health benefits. Beyond these, other Therapeutic Lifestyle Changes based in research in neuroscience and neurobiology are well worth considering to add to your present skills in cognitive behaviour therapy, dialectical behaviour therapy, rational emotive behaviour therapy, narrative and psychodynamic therapy, or other therapeutic systems. ■

**NOTE:** Allen and Mary Ivey are pleased to share their handout Therapeutic Lifestyle Changes with those who are interested ([allenivey@gmail.com](mailto:allenivey@gmail.com), [mary.b.ivey@gmail.com](mailto:mary.b.ivey@gmail.com)). We thank Dr Ted Chapin and Dr Michael Hoffman for their highly useful comments on the two manuscripts.

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"Counselling can even be part of enabling genes to turn on or off in ways that lead to more healthy living and a longer life with better health."

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## MEMBERS' REFLECTIONS



# Why am I doing this?

What I am learning as a counselling PhD candidate.

**By Sophie Lea**

The human condition is undoubtedly complex. We all experience thousands of thoughts and emotions every day as we go about our lives. As a PhD candidate, my life has changed immensely and I recently found myself needing to stop and reflect on what I have actually been experiencing during my pursuit of a doctorate.

## Back to the start

I am in the process of writing up my dissertation of my PhD. It is not lost on me what a privilege it is to be able to do a PhD in Australia; however, moving into academia in the middle of my career has been an enormous challenge, emotionally, financially and personally. I left a solid and respected position as a director of counselling in a highly regarded school to enter a university environment full of clever academics. To put myself at the bottom rung of the professional ladder in my mid-forties was a surprising choice. Why? There was a calling, something pushing me to make further meaning of my life and a passion to teach the next generation of counsellors.

I am in my fourth year of my PhD; I work five jobs to self-fund my ability to do it. I work on average twelve hours a day, seven days a week with no handouts or scholarships, and there will be financial debts to pay at the end. My research field in therapy room design and its impact on the therapy process (see how I snuck that in, always pitching!) is specific and specialised. It is not

widely considered ‘research sexy’ amongst the scientist crowd, but I believe deeply in what I am doing, which really helps when you are up writing at 4am.

PhD supervisors are guiding lights, but at the end of the day the PhD output and completion is on you. Which is as it should be: it is your research, your project.

I struggle most days with anxiety and fear that my decision to embark on this journey was folly and madness. That when I am out the other side, the cutthroat world of academia will have chewed me up and spat me out. Will it be worth it? What will I have gained?

Recently, I forced myself to stop and reflect on how I am feeling and write it down. I think it might be glossier if I wrote about my process at the end, but I wanted to be truthful to myself during the thick of it and maybe my truth might resonate for fellow counsellor PhD students or those of you thinking of embarking on one. I believe we need more counsellors represented in academia – we have a lot to

Amazing things can happen for a PhD candidate, such as the opportunity to share research at conferences, be involved in fascinating projects, collaborate, write content and consult for various organisations ...

offer in the psychology research fields. Here is snapshot reflection on what I have learned so far.

### I am scrappy

Choosing a new career path was not the easy choice. I have had to hustle for work both outside and within the university, prove myself constantly, learn new technology and how to write academically (it's a work in progress), research, teach new content, mark papers and say yes to most opportunities. In truth, it has felt like a four-year job interview, with no guarantee of a job at the end!

### I live and experience life differently

I appreciate the little things and moments of life much more than before. The new growth on my indoor plant, the deep sigh of contentment of my dog at my feet, a client laughing in session – I pay attention and notice.

I have had to strip back my lifestyle, forgo dinners with friends, time with family, travel and hobbies. I have had to learn to budget, cook, manage my time, keep a counselling/supervision business afloat (before and during a pandemic) and accept that, for me, weekends do not currently exist.

### I am courageous

I could have stayed put. I could have remained a school counsellor for the rest of my professional life, continued to go on annual holidays, have disposable income and retired at 62. I did not; I leapt into an unknown abyss. That takes courage. I know that now.

### I am vulnerable

There are days when I doubt it all. Thankfully, they have been few; however, there have been tears, doona days and cake! It does not surprise me that the mental health of PhD candidates is often poor. Some days it feels like we are trying to climb Mount Everest in bare feet. It is isolating. I am more accepting of my fragility than I was at the start. I think this is a good thing.

### My students energise me

I have made a commitment to lifelong learning and, equally, a commitment to being a truth-teller within my profession. I know when I am teaching my students in the Master of Counselling I have years of experience to share. Theory is one thing, the reality of actually working in the counselling professions is another. I am proud to be a professional counsellor and love that my students are passionate about it. I admire their commitment to the counselling

process and that they want to make a difference. They give me energy and insight. We learn from each other, which is the spark that often keeps me going.

### Doors do open

Amazing things can happen for a PhD candidate, such as the opportunity to share research at conferences, be involved in fascinating projects, collaborate, write content and consult for various organisations, and having an admired researcher in your field take the time to respond to your email is awesome!

### I need to back myself

I need to believe I can do this, I am worthy of the opportunity and what other people think does not matter. I recently learned this entering a public speaking competition within my university. It was a challenge to put myself out there and engage with an uncomfortable process. I was unsuccessful in the prestige aspect and that \$2000 would have been a help, but that was not why I did it. I learned I am tenacious. The process from start to finish took a lot of my time – 37 hours in total – but I would not let myself quit. I had to accept it was not a great presentation, it was not perfect and that is fine. I backed myself and I won, because I saw it through.

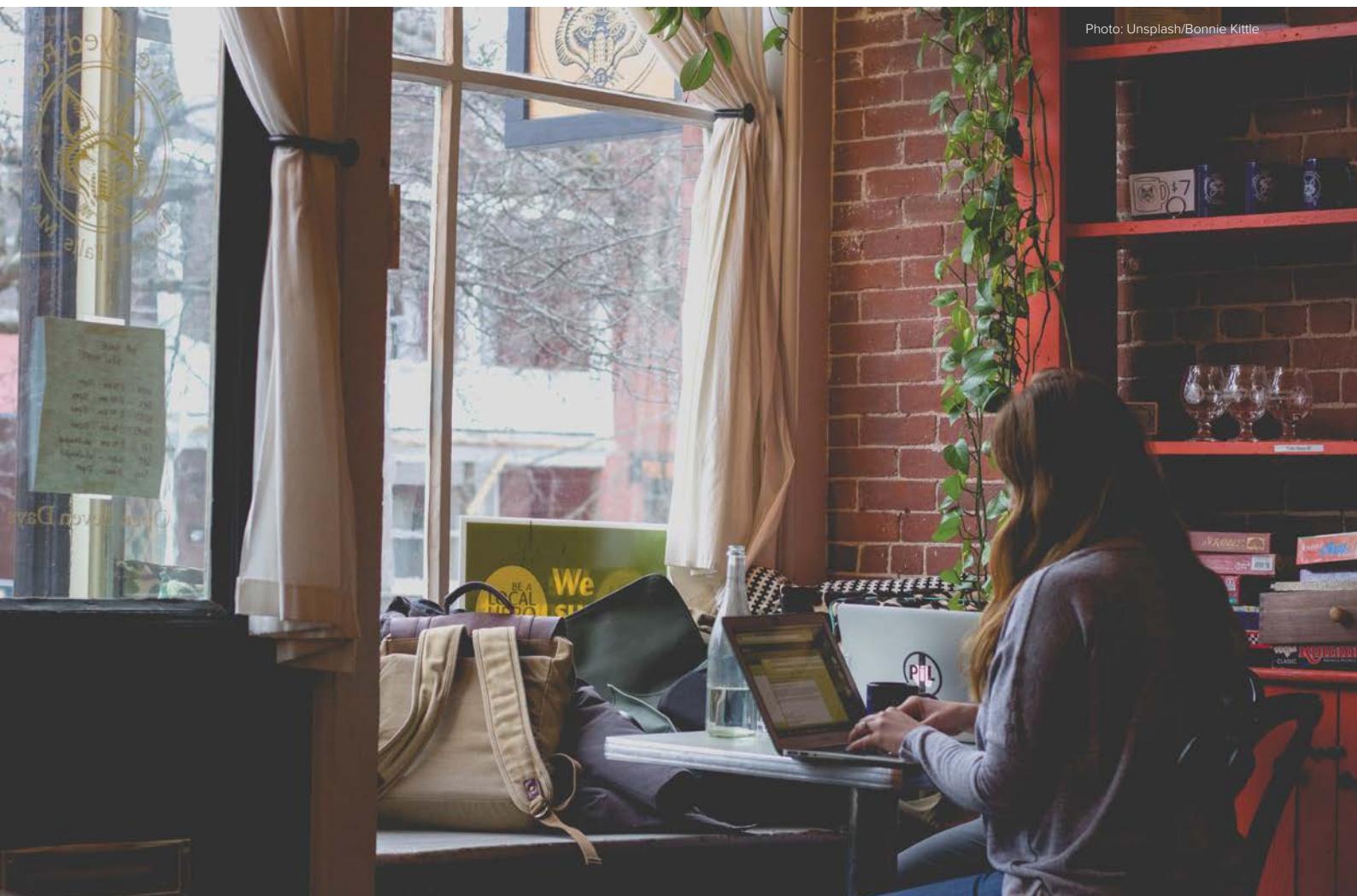


Photo: Unsplash/Bonnie Kittle

### I learned what friendship is

This has been the most important lesson for me so far. It is not lost on me how much harder this process would have been without my family and friendships, both new and old, that have supported me throughout this process.

Knowing who your allies are and who is pretending to be has been eye opening. My skills as a counsellor and being a wise person of a certain age have been helpful in navigating the landscape of competitiveness in academia. It can be brutal, but it also can be extraordinarily uplifting and supportive.

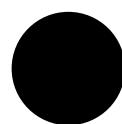
The people who visibly show up for you, champion your cause, give you a chance and are unwavering in the belief that you have something to offer mean everything. Truly. I have made new lifelong

friends and affirmed my older friends are treasured gems and I will be forever thankful.

### It will be okay

If it all does not go my way at the end, I will be okay. My education, experience and hard work have afforded me choices. The cliché of 'it is the journey, not the destination' might reveal itself to be true. The current dream is academia, but who knows what lies ahead in a post-pandemic world. My heart is with my fellow PhD candidates who have had their PhD journey severely disrupted. I am in my final push to submit in 2021. I often wonder what that will feel like to finish, although it still seems so far away. What I do know is that being in PhD-land as a counsellor has given me a deeper personal and professional purpose. It has been

an opportunity to see who I am and what I can do on a completely new level and I will be ready for whatever unfolds. I encourage those of you considering further study to back yourselves and take the leap – who knows where it may lead you. ■



#### About the author

##### Sophie Lea

Sophie Lea is a professional counsellor, educator, clinical supervisor and consultant with over 18 years' experience. She is a director at Kind Schools, advisor for Resilient Youth Australia and a youth wellness content writer.

# Self-care and the COVID-19 crisis

A mental health nurse ponders the challenges and the opportunities he's faced during the COVID-19 pandemic.

**By Christopher Veal**

**D**ue to concerns about the coronavirus, the Aboriginal communities of East Arnhem Land decided it was safer to not allow outsiders into their remote communities. They were concerned about the consequences of the COVID-19 disease infecting these very isolated and contained pieces of Australia.

I was employed as a mental health nurse and used to fly into these communities to ensure the wellbeing and care of those living in the isolated area, including teachers, nurses, police officers, power and water specialists and anyone residing there for long periods of time.

The leaders of East Arnhem Land were worried if the virus took hold on the Aboriginal peoples, the consequences could be devastating. So, travel to Ramingining, Milngibi and Gapuwiyak was restricted. It also happened that my employment contract was not renewed on 1 May, which coincided with the concerns regarding outsiders.

So, here I was, stuck in Nhulunbuy with no job and nowhere to go because all the borders were shut. My father lived in Melbourne but going there was not an option; he would have had to move out of his home while I self-isolated there. He is 84 and I was not going to do that. So, I stayed in town and decided to make the most of it.

I was allowed to stay in my flat for two weeks after my contract ended. All health jobs in Nhulunbuy come with free accommodation, but once the job goes so does the roof over your head. After two weeks, I needed to find a flat, for which I would not be paying rent. I was studying for my Graduate Diploma of Counselling, doing three subjects, so I had plenty of time on my hands to complete my essays.

A stroke of luck happened at this time. The local 50-metre swimming pool had its restrictions eased and opened to the public again. My flat was walking distance to the pool, so I decided to restart my exercise regime.

I had previously swam and used the gym in town on a weekly basis but, due to the pandemic, these establishments had been shut and I had lost a bit of condition. For the next two weeks, I went to the pool at 8am and swam at least 20 laps of the 50m pool. However, I did cheat and use flippers, but I reckon my breaststroke was perfect.

Photo: Unsplash/Stanley Dai





## One of the strategies I used to limit the impact of losing my job was to accept any perceived injustices and focus on my self-care during my period of unemployment.

I enjoy swimming; the feel of the water engulfing me as I propel myself up and down the black line is invigorating, and the feeling of wellness it brings is delightful. Because I was back exercising, I shouted myself to two pies afterwards. (I believed I had earned it and I like pies.) So, for two weeks, my weekday morning consisted of swimming, two pies and the SBS cooking channel, before I got down to my afternoon's studies.

I had five essays and one quiz due in the month of May, so I decided to use my misfortune wisely. Some topics of the essays included: analysing counselling supervision; conducting counselling sessions; counselling case studies; and elements of self-care for counsellors.

One of the subjects discussed in a tutorial for the graduate diploma was the topic of psychological contracts developed by employees. An example given was an employee who believed he had such a contract with his employer that included working hard, not taking sick leave, always following directions and having a good work

ethic. By adhering to the contract, the employee believed he would be rewarded. However, through the loss of this employment the employee believed his employer had breached this contract, which consequently had psychological effects.

I was in the same situation. I was given a promotion and believed that if I worked hard my employer would appreciate this and renew my contract. Unfortunately, this did not happen.

One of the strategies I used to limit the impact of losing my job was to accept any perceived injustices and focus on my self-care during my period of unemployment.

Another event assisted me – the Gove Country Golf Club was opened and a sense of 'the old' came to town. I now had two avenues for exercise and entertainment, and I decided to embrace both to improve my self-care.

I am not a particularly good golfer, but I do enjoy hitting a good shot now and then. The golf club in town has nine holes and is very verdant, so much so that sometimes

your ball lands on the fairway and you cannot find it.

As a bonus, the golf club is right on the beach and the clubhouse is situated with views to the water, the hills and the sunset every night.

But my self-care was not only recreation and exercise; I pushed through the first two weeks of my sabbatical, getting the essays done and wondering where I was to go. With a town that has the majority of its accommodation linked to employment, the rental market is minimal and prices are high.

Eventually, I found a room at the worker's camp outside of town – a single 'donga' room with a desk, a bed and an ensuite. I was all right, at least I would be dry, and I could cook some food in the communal kitchen, but I decided to give the pies up. I moved in on the Monday of the third week into the COVID-19 pandemic.

I continued to play golf and it was during one of the social games (which most Australian golf clubs play, 'The Beer Run') that the local volunteer groundsman said he needed a hand.

The next morning, I was on the Kabota tending to the 'rough'.

I really enjoyed the experience. Out of bed, in the fresh air, cutting grass and working out where I could hit the ball the next time I


 Photo: Unsplash/Stanley Dai

played golf. This was week three and for the next two weeks I undertook tasks such as cutting the fairways (the grass was very long), spraying the weeds round the tee tops, raking and dumping the grass, high-pressure hosing the clubhouse and generally making a nuisance of myself with wanting to help.

The local golf tournament was scheduled for 6 to 7 June, so the golf course needed all the care it could get, and I was happy to help. I think all my friends in the big cities secretly wanted to come and help. By tee off on the Saturday, the course was in ship-shape condition. It felt good.

Now I was working in the mornings at the golf club and going to the local library in the afternoon to write my essays.

Unfortunately, the swimming fell by the wayside, but I believed I had gained the strength in those first two weeks to help me through all this manual labour that I was now doing.

I handed in my last essay on 5 June and set my sights on competing well in the tournament the next morning. It felt good to complete all those essays. Looking back, I do not know how I did all that study and worked full-time as well. Sometimes things just happen and it is best to move on and do something else.

I played in the golf tournament. For the first time in my life I

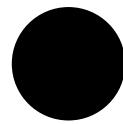
was about to embark on two consecutive days of golf. I played with friends and the Saturday went well – I was in the top ten!

Golf is a funny game. The ball is at your feet and it is up to you hit it. It's not like cricket with a moving ball or like football, soccer, or rugby when you're competing against others. It's just you against the golf course. I went to bed Saturday feeling good and on top of my game, but that only lasted one hole on the Sunday. With an opening score of a nine, my chances for immortality were ruined.

The tournament was a great success, and everyone complimented the volunteers on the condition of the golf course. And to think all this came about for me because of the coronavirus.

I went to the golf club this morning and the head groundsmen told me I wasn't needed as the course is fine at the moment. Having submitted all my essays for this semester and examined what subjects I will be doing next semester, I am sitting in the Nhulunbuy Town Library writing these words.

It feels like the tournament was the pinnacle of my first five weeks of unemployment, and now something else must occur. Not to worry, I think I will go for a swim and stay well clear of those pies. ■



#### About the author

##### Christopher Veal

Masters of Mental Health Nursing (USQ) 2005; Bachelor of Nursing (Honours) (CQU) 2003; Bachelor of Nursing (UNE) 2001; Graduate Diploma of Counselling (USQ) to finish 2020.

Christopher Veal graduated as a registered nurse in 1988 and as a mental health nurse in 2005. He has worked in many different locations, including correctional facilities, community mental health and remote Aboriginal communities.

# Want to be published?

## Submitting your articles to *Counselling Australia*

### About *Counselling Australia*

Why submit to *Counselling Australia*? To get publishing points on the board!

Being published is part of career advancement for most professional counsellors and psychotherapists, particularly those who wish to advance in academia.

All peer-reviewed articles are eligible for OPD points and publishers can claim on their CVs to have been formally published. *Counselling Australia*, a peer-reviewed professional journal that is registered and indexed with the National Library (ISSN 1445-5285), is now calling for articles and papers for publication.

*Counselling Australia* is designed to inform and discuss relevant industry issues for practising counsellors, students and members of the Australian Counselling Association. It has an editorial board of experienced practitioners, trainers and specialists. Articles are invited to be peer-reviewed and refereed or assessed for appropriateness by the editor for publishing. Non-editorial staff may assess articles if the subject is of a nature as to require a specialist's opinion.

The quarterly journal is published every March, June, September and December.

### Editorial policy

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

### Previously published articles

Articles that have been previously published can be submitted as long as permission to reprint accompanies the article.

### Articles for peer review (refereed)

- Articles are to be submitted in MS Word format via email.
- Articles are to be single-spaced and with minimal formatting.
- Articles must be submitted with a covering page requesting a peer review.
- Attach a separate page noting your name, experience, qualifications and contact details.
- The body of the paper must not identify the author.
- Articles are to contain between 1500 and 5000 words.
- Two assessors, who will advise the editor on the appropriateness of the article for publication, will read refereed articles.
- Articles may be returned for rewording or clarification and correcting prior to being accepted.

### Conditions

- References are required to support both arguments and personal opinions and should be listed alphabetically.
- Case studies must be accompanied by a signed agreement by the client granting permission to publish.
- 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, including those that have been published elsewhere, are subject to our editing process. All authors will be advised of any significant 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 25 January, April, July and October. The sooner articles and papers are submitted, the more likely they are to be published in the next cycle. ■



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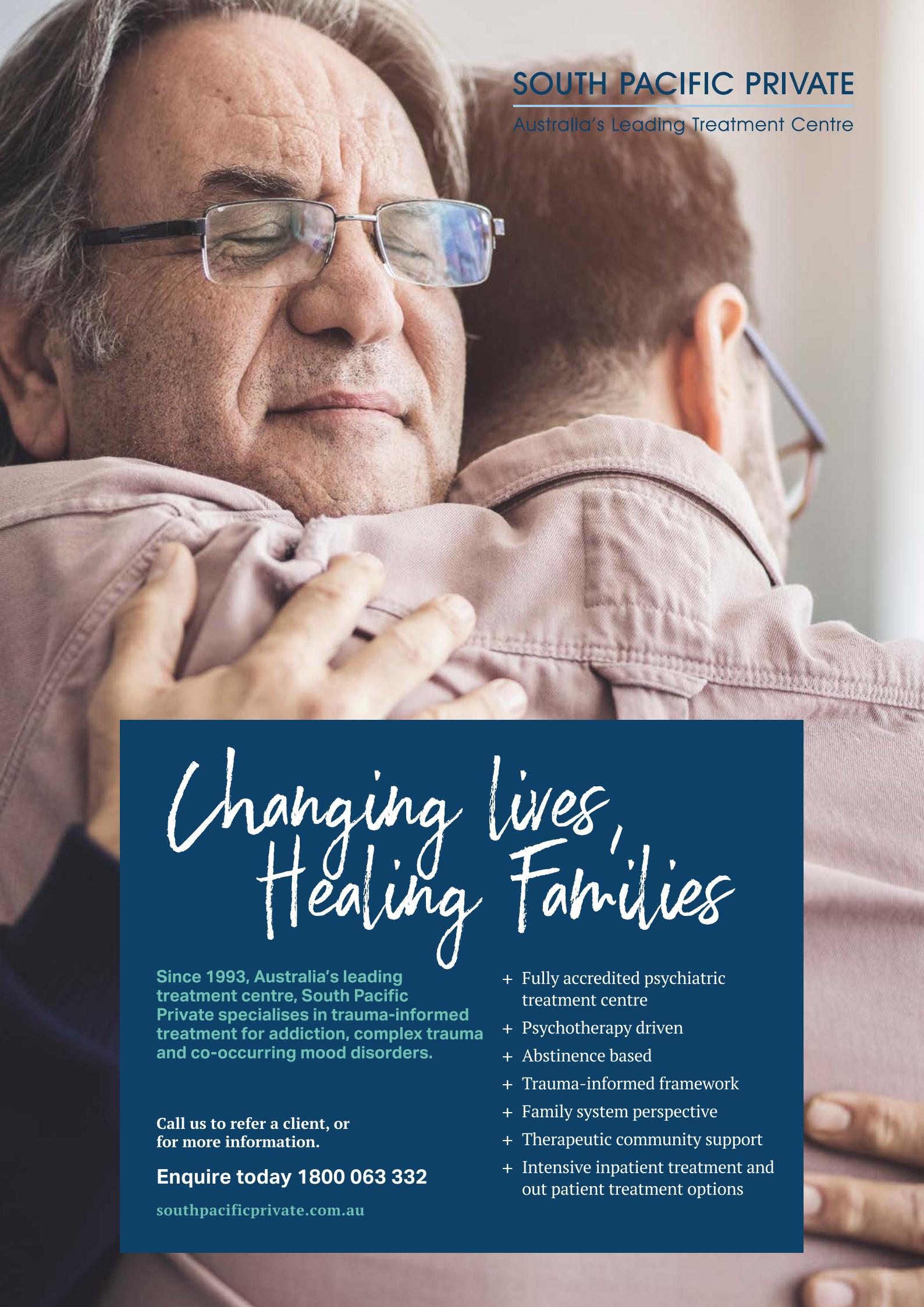
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