COUNSELLING AUSTRALIA JOURNAL

VOLUME 21 NUMBER 4
SUMMER 2020

CA

Student perspectives on online tutorials:
participate 'live' or watch later?

Stories matter:
a narrative practice approach to bereavement through suicide

Making change a gift in disguise
Ten counsellors tell of their experience during Victoria's enforced lockdowns

TECHNOLOGY UPDATE | NEWS AND REVIEWS

AUSTRALIAN INSTITUTE *of* PROFESSIONAL COUNSELLORS

Receive a full semester of credit and save up to $10,000 off the Master of Counselling with a related qualification.

Are you considering upgrading your qualifications with a Master of Counselling?

If so, and you have a degree in a related field, you could receive up to a full semester's credit and ***save up to $10,000.***

AIPC's Master of Counselling is one of the most flexible programs available:

- Learn in highly supported, personal cohorts
- Study externally from anywhere in Australia, even overseas
- Residential Schools available in **Brisbane**
- Start with just 1 subject
- Open up additional employment and career opportunities.

And being **FEE-HELP approved**, you start now and pay later.

What some of our graduates are saying...

"AIPC's course material is excellent; it is structured and is user friendly with information being specific. AIPC tends to meet the needs of people. I believe that study will not end here for me as I am already looking at post graduate work. My difficulty is finding an institution as well structured as AIPC. And yes, guess what, nobody compares! I am in the process of negotiating my next course with AIPC. On a final note, AIPC have made it possible for me to achieve my dream. Thank you."

Angela, AIPC Higher Education Graduate

"When I first found out about the course I was excited at the prospect of doing a degree that was solely focused on Counselling and run by an Institute who specialise in providing counselling training. All in all I have enjoyed my study in the course and would recommend it to others who are looking for a flexible degree that they can do at home."
Claudia, AIPC Higher Education Graduate

"The Institute has been an exceptional institution to study through. I have studied with a few institutions over the years but the Institute has by far been the best. What I particularly like is the fact that the lecturers manage to afford students a great degree of flexibility in terms of fitting their studies into their day to day lives whilst maintaining an extremely high standard of education."
Will, AIPC Higher Education Graduate

Support is always close...

Sydney | Melbourne | Perth | Brisbane | Adelaide | Regional QLD | Gold Coast | NT/Tasmania

Learn more here: www.aipc.net.au/master-of-counselling

ACA AUSTRALIAN COUNSELLING ASSOCIATION Inc

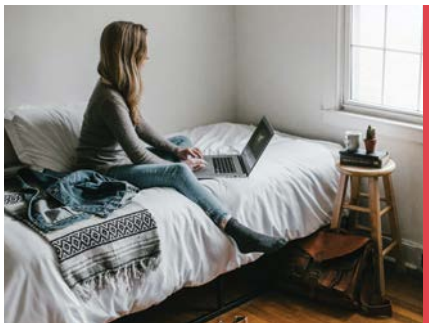
www.theaca.net.au

CONTENTS

FEATURES

10
Making change a gift in disguise

26
Integrating somatic approaches into practice through rhythmic music



32
Student perspectives on online tutorials: participate 'live' or watch later?

46 Stories matter: a narrative practice approach to bereavement through suicide

56 Working with transgender and gender-nonconforming people

REGULARS

04 Editorial

05 Upcoming events

06 Technology update

08 Book reviews

62 Submission guidelines

Production design
coretext.com.au

ISSN 1445-5285

Letters to the editor should be clearly marked and be a maximum of 250 words. Submissions and letters may be addressed to:
The Editor
Australian Counselling Association
PO Box 88
GRANGE QLD 4051
aca@theaca.net.au

See page 62 for peer-reviewed article submission guidelines.

Editorial

The year of living courageously

Philip Armstrong
Editor

2020 has been a year in which resilience, of both individuals and communities, has been tested more than at any period since, arguably, the Second World War of 1939–45.

The most devastating bushfires ever recorded, followed within weeks by the COVID-19 pandemic, has placed enormous stress on people and communities everywhere. This has been compounded exponentially by existing mental health pressures, such as increased family violence and a background sense of unease, even helplessness, evoked by climate change and geopolitical tensions around the world.

It is no overstatement to say plainly: it has been a tough year.

Many of us have experienced significant changes to our daily lives, such as working from home or studying remotely, all of which has reduced normal contact with family, friends and workplaces. This has been particularly severe for our Victorian colleagues living under hard lockdown for an additional four months.

It has posed professional challenges as the need for counselling support has escalated, as have personal challenges as many counsellors themselves became unemployed and isolated by coronavirus control measures.

For this summer edition of *Counselling Australia*, we asked Australian Counselling Association members in Victoria to write about their experiences living and working with the tough COVID-19 restrictions. I am proud to publish their essays that share the impacts on their lives, the lives of their families and the lives of their clients, who have all suffered so much during this time.

With personal movement limited and people confined to their homes, counsellors expressed particular concern about a potential increase in domestic violence. Stay-at-home restrictions, intended to protect the public and prevent widespread virus infection, left many domestic violence victims trapped with their abusers. This situation caused alarming issues for victims as many were unable to safely connect with services. The pandemic reinforced some important truths: seeking help during a health crisis is not always as easy as jumping onto telehealth for counselling services – and this has been magnified during the crisis. The hardships imposed unilaterally on a community do not have an equitable impact; far from it.

Domestic violence, unemployment and business collapses have taken a massive toll on mental health, in particular with Victoria and the situation its communities have endured producing the sort of surroundings-awareness we should dread. Remarkably, the monthly suicide data report released by the Coroners Court Victoria reveals that the number of suicides in the state this year (530) are consistent with the same period for 2019 (534) as at 30 September 2020.

Closing out

As 2020 draws to a close, the final report of the Productivity Commission was released on 17 November. Disappointingly, access to the Medicare Benefits Scheme (MBS) rebates for counselling and psychotherapy is not supported at this time. ACA is currently analysing the contents of the Productivity Commission Inquiry Report on Mental Health. There will be a more detailed response sent to all ACA members by the 30 November.

Also, in the aftermath of the summer 2019-20 bushfires, ACA contributed to the Carbon Neutral Charitable Fund by sponsoring 700 new trees to be planted on various projects around Australia.

And on the crisis that touches all our members constantly – domestic violence – we can only hope that the horrific family violence murder of Hannah Clarke and her three young children, Aaliyah, 6, Laianah, 4, and Trey, 3, in Brisbane on 19 February, proves a turning point in community and political determination to put genuine resources into eradicating this scourge.

I would like to encourage members to support a ‘movement for change’ launched by the Clarke family called ‘Small Steps 4 Hannah’ (https://www.smallsteps4hannah.com.au/). For this grieving family, and many others like them, the system is clearly failing domestic violence victims; the Clarkes are calling for improved support for those subjected to family violence, especially for women.

In conclusion, there is a sparkle of positivity to take from year 2020: mental health and wellbeing has been brought very much into the open. Asking colleagues, family, friends, and even strangers, “Are you OK?”, has almost become part of our vernacular.

That is pretty wonderful … just three words, but powerful enough to dissolve despair and liberate hope. ■

Photo: Unsplah

UPCOMING EVENTS 2020–21

Decembeard

1 to 31 December 2020

Grow a beard and help beat bowel cancer. December is Decembeard for Bowel Cancer Australia.

A hair-raising fundraiser, Decembeard encourages men to grow a beard or chin stubble to raise awareness and much-needed funds for bowel cancer.

So why not challenge yourself to grow a beard for the month of December ('Decembeard') and let your face fur flow for the full final month of 2020. It's up to you whether you want to start getting beardy straight away or wait until 1 December.

No matter when you join the beardwagon, you'll still be raising vital funds for people affected by bowel cancer, who need your support now more than ever.

Beards aren't just for hipsters, grandpas, men who ride motorbikes or people who are too lazy to shave. Anyone can help make real change happen. All you need to do is grow a beard or some chin stubble and promote your facial hair to raise awareness and funds for Australia's second biggest cancer killer: bowel cancer.

No stubble, no trouble. Legs, brows, head – if it's hair, let it grow, let it grow, let it grow!

https://www.bowelcanceraustralia.org/decembeard

febfast

1 to 28 February 2021

What is febfast?

febfast is where individuals call time-out on alcohol, sugar or another vice of their choice, to support disadvantaged youth in Australia. It is the perfect excuse to kickstart the year with a little good health and good will.

Across Australia, thousands of people give up alcohol or sugar for the month of February to raise funds for young people experiencing serious disadvantage to access the resources and support they require to lead healthy and fulfilling lives.

https://febfast.org.au

Ovarian Cancer Awareness Month

1 to 28 February 2021

Each year in Australia around 1500 women are diagnosed with ovarian cancer. In most cases the cancer will be diagnosed at an advanced stage, where it is very difficult to treat.

That is why we're committed to ensuring that every Australian knows more about ovarian cancer and its early symptoms.

We need your support to help us achieve this goal.

https://www.ovariancancer.net.au/page/83/raise-awareness

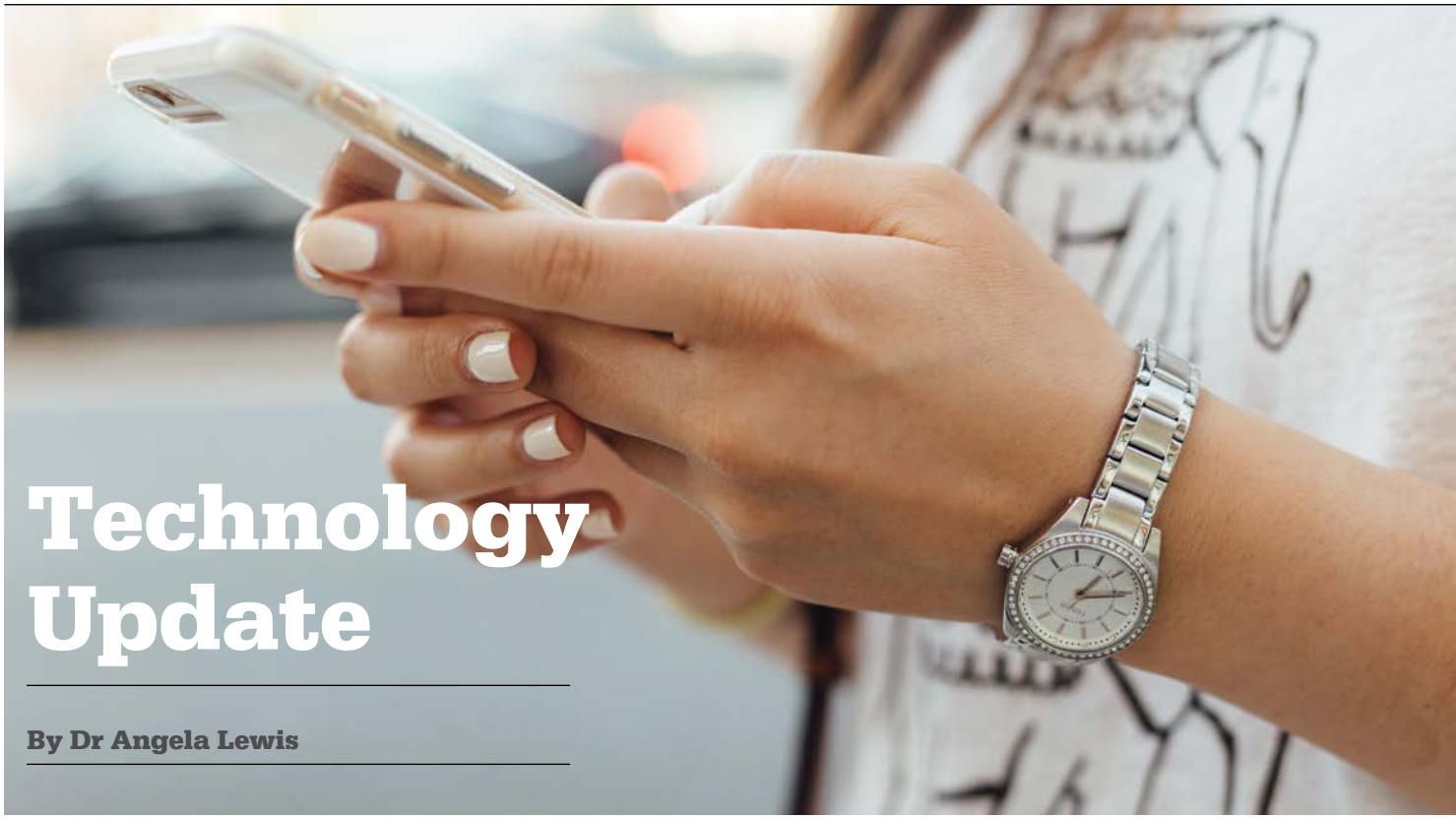
World Cancer Day: I Am And I Will

4 February 2021

This World Cancer Day, the theme is 'I am and I will', and we recognise that our commitment to act will lead to powerful progress in reducing the global impact of cancer. So, on 4 February, whoever you are, your actions – big and small – will make lasting, positive change. We need your commitment to create a cancer-free world.

This World Cancer Day, who are you and what will you do?

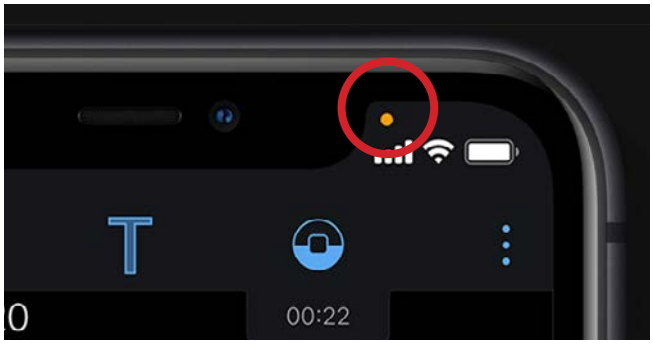
https://www.worldcancerday.org/about/2019-2021-world-cancer-day-campaign



Technology Update

By Dr Angela Lewis

In this issue we take a look at some features of the Apple iPhone that may help in your day-to-day activities, as well as some websites that specialise in erotica for women.



Stop your iPhone from listening

One of the new features in Apple's recently released iOS 14 is a recording indicator that will tell you when the microphone on your device is listening in or the camera is active.

The indicator you are looking for is a small yellow dot in the top right of the screen near your signal strength and battery life icons. If you notice the indicator is active when it should not be, you can investigate by going into the control centre of your iPhone (by swiping down from the top right) to see which apps have recently used your microphone.

If you want to get a complete list of apps using your microphone and turn any of them off, follow these steps:

- Tap the Settings icon on your iPhone.
- Scroll down until you locate Privacy and tap.
- Tap on Microphone.
- You will see a list of every app that has access to your microphone.
- Tap the slide icon next to each one to revoke access – green means it is on and the slide will turn grey when it is off.

If you also want to disable the 'Hey Siri' function, do the following:

- Tap the Settings icon on your iPhone.
- Scroll down to find Siri & Search and then tap.
- At Listen for "Hey Siri", tap the green slide button to revoke access; it will turn grey when it is off.

Swipe to type

Well, here's something I just stumbled on: if you have an iPhone you can just swipe across letters instead of pressing them as you would to type.

Swipe-typing is enabled by default in iOS 13 and higher on your Apple iPhone. All you need to do to get typing is just … start swiping! It is as easy as placing a finger on your screen and dragging it across the letters of the word you want to type. For example, if you wanted to type 'play', you would tap on the 'p' key, then drag your finger over the 'l', 'a', and 'y' keys in that order. The keyboard will then predict the word you're typing.

Online erotica for women

Online erotica and porn aimed specifically at the female consumer is a fast-growing market with podcasts, online books and video offerings that aim to appeal specifically to women with what is considered to be female-friendly sexy stories. I have listed a few of the major players in this genre that you can research further yourself online – subscription and download prices vary, and there are also some free offerings.

Dipsea: "Dipsea is a subscription-based purveyor of original erotic short stories, designed with women in mind, with a hot yet tasteful aesthetic."

Bellesa: "We believe that sexuality on the internet should depict women as we truly are – as subjects of pleasure, not objects of conquest. Bellesa is a platform on which community members can find free and ethically sourced porn videos and read intimate erotic stories."

Fangasm: "We read erotic fan fiction about characters from your favourite books, TV shows, and movies."

Quinn: "What sets Quinn apart is that it keeps an erotic vibe while still maintaining a clean, modern feel" – think less romance novel and more porn minus the visuals (it also happens to be free).

Ferly: "We describe Ferly as your audio guide to mindful sex."

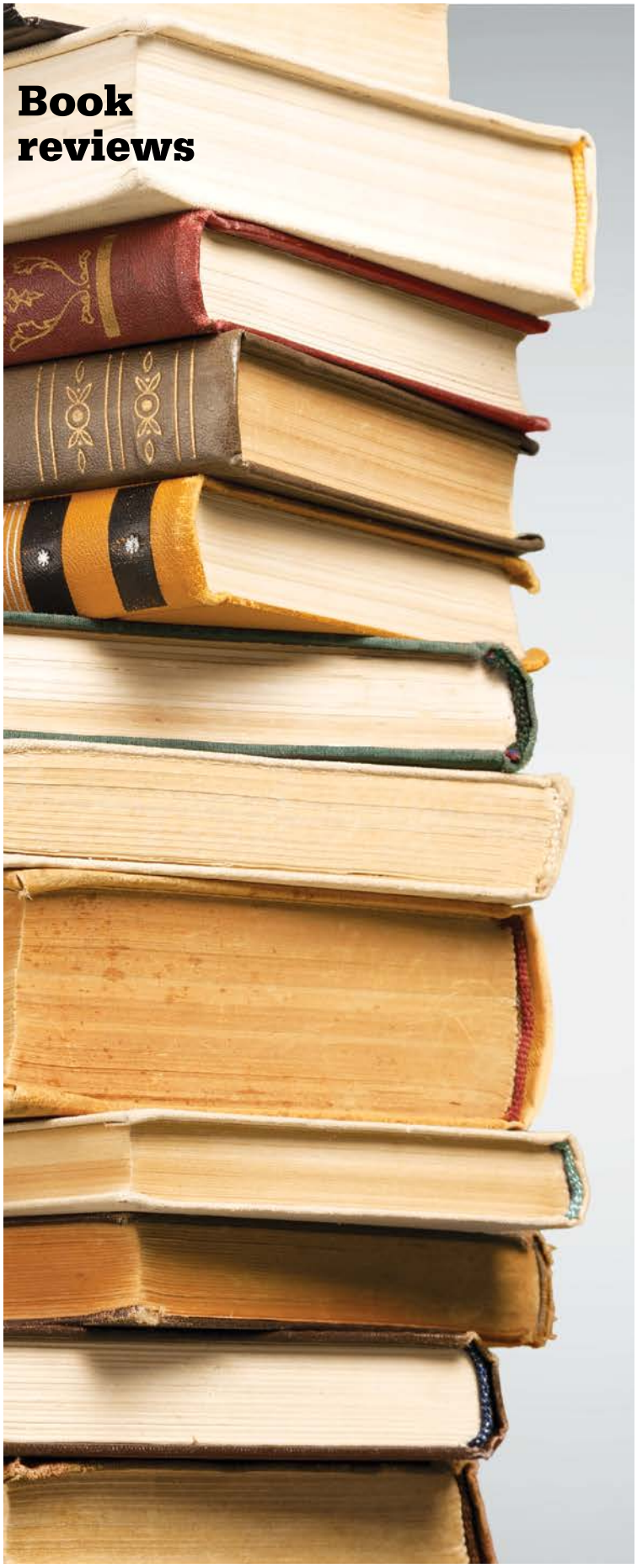
What does CAPTCHA actually stand for?

CAPTCHA is an acronym for 'completely automated public Turing test to tell computers and humans apart', and it is basically a test to see whether the user is a human or an automated software application (known as a 'bot'). Bots are 'bad' when they are programmed to break into user accounts, scan the web for contact information for sending spam, or perform other malicious activities.

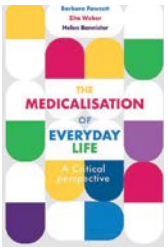
You'll come across a CAPTCHA request when registering new accounts or submitting information on online. CAPTCHA is based on the premise that humans can more easily recognise highly distorted, rotated or skewed characters, can more easily visually separate overlapped characters and are able to draw on context to understand visually distorted characters, for example, identifying a character based on the full word in which it appears.

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 receive any payment or gratuity for publication of any website addresses presented here.

Photo: 123rf



Book reviews



The medicalisation of everyday life
By Barbara Fawcett, Zita Weber, Helen Bannister
Reviewed by Melissa Anderson

Rarely does a book come along that deserves to be read by all those involved in the medical and caring professions.

In *The medicalisation of everyday life*, the authors wisely make the point early on that there will be endemic resistance to the material covered, given it challenges many of the antiquated assumptions, urban legends and unproven biases of the medical treatment models of mental health throughout history – many of which still hold sway today. However, the robust examination is executed with great respect for all the protagonists on the field.

The book describes medicalisation in three broad ways:

- the tendency to pathologise 'normal' behavioural responses and human emotions through extending the diagnostic criteria (evident in the increasing size of each iteration of the *Diagnostic and statistical manual of mental disorders*);
- widening the advertising net to 'sell' the idea that unpleasant emotional states do not have to be endured or accepted; and
- that treatment is only possible external to the body with a commercialised solution.

The authors examine how medicalisation deflects us from looking at structural inequalities, the very nature of society, and our innate coping styles and psychogenetic systems. The book also describes how medicalisation creates disincentives to engaging in personal development (lest I realise, lo and behold, that I already possess the tools to solve my own problems!). There would be no profits in that!

The book examines the engines driving medicalisation, which appear to be the pharmaceutical and biotechnology industries, capably supported worldwide by lobbyist armies, rapid digital technology advances, omnipresent social media advertising and shareholder-driven profit motives.

While a capitalistic society has its merits, the inherent greed, fear and impatience at its foundation demand labels and quick fixes. Tolerance, compassion, understanding and celebrating neurodiversity are de-prioritised, portrayed as sentimental irritants to the overarching power of the medical model.

This book gently uncovers the concerning trend that medicalisation enables humans to avoid taking personal responsibility for their health. A diagnostic label gives the patient a comforting excuse that may also offer a temporary measure of control; however, it concomitantly offers

little hope since they are reduced to being a helpless victim of their biology.

The authors imply that perhaps we have reached a point in our world's maturity where we are resisting blanket diagnostic labels. Our clients are not broken and in need of fixing, they are wounded and in need of healing; our society is in need of healing.

The book boldly opens the Pandora's box of the biopsychosocial model, which recognises how mental distress is, in fact, a complex interplay of genetics, context (environment, social and cultural elements), temperament, family dynamics and luck.

Mental health remains the last bastion of medicine. One cannot 'biologically test' for depression; its diagnosis is subjective. Biomarkers that would enable a reliable and valid diagnosis have remained elusive. Too often the 'diagnosis' is incorrect and clients spiral in to the 'system', flailing in the wake of countless specialists and endless prescription drug experiments.

The authors devote a full chapter to each area currently labelled 'mental illness', including depression, anxiety, ADHD (attention deficit hyperactivity disorder) and PTSD (post-traumatic stress disorder), sensitively and rigorously documenting their evolution through history.

The book offers hope that the global psychotherapy industry is still only in its infancy. A trend is developing across the world where governments, universities and advocacy groups are challenging the dominance of pharmacological treatments by promoting exercise, diet, inclusive social policy, proactive psychosocial education and myriad cognitive therapies as merited alternatives.

Dense and meticulously referenced, this book is not a beach or bedtime read. Concentration and re-reading are required.

For those who enjoyed Johann Hari's pioneering work *Lost connections*, this book would be a stellar complement.

In a world where health-span and wellbeing are now widely lauded, this is a critical and buoyant read for those who care deeply about the evolving shift towards integrated, whole-body healthcare.

Melissa Anderson is a Level 4 ACA counsellor and a pharmacist (retired). She has a music degree (opera) and is the director of SHINE Academy for Girls and LONGFORD & FRASER Leadership Academy for Boys.

My coping skills handbook
By Amanda Dounis
Reviewed by Christine Cresswell

Amanda Dounis has created a masterful, reader-friendly guide to help children between the ages of eight and 12 prevent everyday challenges becoming out of control and unmanageable. In this book Amanda looks at healing the whole wellbeing of the child. The technique captured (C.O.P.E) is a simple and easy way for children to remember to be curious about their thoughts and become the curious detective when faced with many of life challenges; to be the observer, looking at situations from every angle; to visualise positive outcomes and to repeat positive affirmations; and to explore ways to help them change their thinking and be happy with themselves. Amanda has captured a healing process that will help young people become the boss of their own mind and experts in their own life journey. As a children's counsellor working with complex issues and trauma, I find great joy in introducing this amazing book to children and their families, to give them hope that they can cope with their everyday challenges between scheduled counselling appointments. Thanks, Amanda.

Christine Cresswell (ACA Level 4) is a child and youth counsellor, Centre for Women & Co. (specialist domestic and family violence).

Photo: Pexels/Disha Sheeta

Making change a gift in disguise

Ten counsellors tell of their experience during Victoria's enforced lockdowns.
By Brad Collis

David Nugent's career as a counsellor came to a jarring halt in mid-March 2020. As with so many of his professional peers, he was 'closed down' by the rules imposed to try and stem the spread of coronavirus.

Overnight he became a counsellor needing counselling; his life was upended. He remembers sitting on a bench at the school where he had just been stood down, using his training to calm his thinking. As this was happening, his phone rang. It was the wife of a client in his Heavy M.E.T.A.L (Men's Education Towards Anger and Life) program, pleading with him to find a way to keep this activity going.

David's focus switched from himself to the people who needed him – although he still felt lost.

"I was asked to take the program, a counselling service addressing family violence, online … but I'm almost 60. I don't have modern computer skills. I didn't really know how or even where to start. I had to get over that barrier. I was feeling vulnerable enough to go looking for help," he says.

David found an IT specialist; set up a spare room with a whiteboard, camera, lighting and microphone; put the word out that the sessions were continuing, but online; and in weeks despair turned to relief, to opportunity, to excitement for the future. He discovered a new medium that men were actually more comfortable with. He saw the level of commitment and engagement grow. Numbers also increased. One night a week became two, became three … increasing as men joined from interstate and inquires came in from overseas.

COVID-19 rolled David's boat 360 degrees, but when righted, he found himself facing a whole new horizon.

David, from Hallam, Victoria, is among a number of ACA members who have written firsthand accounts in this edition of *Counselling Australia* of the coronavirus impacts, challenges and, in some cases, unexpected opportunities.

The pandemic, especially in Victoria where the lockdowns were among the most severe and prolonged in the world, dropped many counsellors and psychotherapists into challenging territory – rendered unemployed at the same time their services were most needed. The experience has been very difficult for many caring professionals, compounded by the Australian Government's continuing antipathy towards counsellors and psychotherapists and the critical community-wellbeing role they play.

Illustration: 123rf

Medicare frustration

As ACA members know, the battle is still ongoing to have counsellors and psychotherapists added to the list of allied health professions in the Health Insurance (Allied Health Services) Determination 2014, which would allow Medicare bulk-billing under the Commonwealth *Health Insurance Act 1973*. This reluctance remains despite data showing the demand for mental health services and support has doubled over the past decade.

Geelong counsellor Prue Lynch feels her career as a counsellor came to an abrupt end in March when her agency office closed due to the pandemic.

"I find it sad that even during a pandemic, ACA counsellors continued to be denied Medicare provider numbers. Most potential clients, especially those who have lost their jobs, just can't afford counselling. ACA counsellors have been an untapped resource for the government for helping people suffering from mental distress as a result of the pandemic."

Determined initially to fight through her changed circumstance and to be ready to provide counselling, Prue undertook a number of professional development courses, including training and qualifying as a telehealth provider.

Prue also wrote to the Federal Minister for Health, Greg Hunt, and her local member of parliament, Deputy Leader of the Opposition Richard Marles. Their responses were "diplomatic" but nonetheless made it clear that even during the pandemic ACA counsellors were still to be denied Medicare provider numbers.

This has been a determined crusade for Prue. She had previously made submissions to the Productivity Commission into Mental Health and was a speaker at the commission advocating for the provision of Medicare provider numbers for qualified counsellors and psychotherapists.

Adapting to the tumultuous changes brought on by the pandemic, Prue turned her attention during Victoria's two lockdowns to writing. She made use of her academic and counselling experience of cognitive behavioural therapy and post-traumatic stress disorder to write her second novel, a psychological spy thriller set during the Cold War.

Change happens

At the other end of the spectrum, Melbourne-based Dr Robert McQuillan greeted the COVID-19 challenge with his trademark response: "c'est la vie".

For Robert, a retired minister, "change happens" and life is all about working with change. The personal philosophy that guides his counselling is to support people's fundamental need for encouragement and hope – be they clients or fellow counsellors.

"Every day is a new day and we just have to keep moving, knowing there will always be challenges but knowing also that we can get to the other side of those challenges. It is all about sustaining self-belief.

"People think coronavirus has stolen their dreams … so we keep dreaming; build new dreams," he says.

"We don't know what is ahead, with the virus or something else, so making the best of every day needs to be not just a saying but a purposeful goal. Every day there are opportunities to make a mark in life, and these days even saying 'hullo' to a stranger or asking someone how they are doing can have a profound impact."

All of the counsellors who have contributed to this series speak to this ethos – the need to find purpose in facing challenges and identifying opportunities in the self-discovery that comes from managing or navigating change.

As David Nugent said: "My take-home lesson is I learned the value of feeling vulnerable enough to be brave enough to try something new."

Life in Victoria 2020: Experiences of being a counsellor during the COVID-19 pandemic

By Susan Konstantas

Reflecting on my practice as a counsellor during the COVID-19 pandemic has been an interesting experience. I, not unlike many others in the community, found myself initially stuck thinking about the things I had 'lost' during this time and, at times, caught in my grief and anger at the situation we found ourselves in. However, being a counsellor, I knew the best thing I could do to help myself and those I worked with was to "get on with it!" – something my Dad always told us to do when times were tough.

My role as a counsellor in palliative care means that I work every day with dying individuals and with grieving family members of those who have died. Therefore, death, loss and sadness are reoccurring themes in my work practice. So, what impact did the COVID-19 pandemic have on me and my work as a counsellor?

Feelings of grief and loss were amplified for me and for the individuals I engaged with. Individuals who, prior to COVID-19, coped without formal mental health supports began to struggle; those who were struggling found getting out of bed challenging, and the tools and tips I normally used as a practitioner to support individuals in their grief were not readily available to me. No longer was I able to talk to individuals about surrounding themselves with family, engaging in pleasurable activities and heading back to work or volunteering.

Individuals felt helpless, and I noticed a transference of that emotion to my own state and found myself feeling stuck and increasingly useless in my role. Thankfully, a wise co-worker highlighted to me the possibility of the need to lower my expectations of myself during the pandemic, and this, in turn, cchallenged me to consider the most effective way for me to continue my work despite the limitations we were all faced with.

I found myself rapidly learning how to use Zoom and other technologies that previously had been touted by management as "something we will offer in the future". As a service we offered more regular contact with families and individuals to support their mental health and wellbeing and to normalise their lived experience. I noticed that I was 'counting down', like them, to a time when things would be more 'normal' again.

I struggled to alter my expectations of my work practice and, ultimately, needed to accept that by simply contacting each individual I was, in fact, helping. The COVID-19 pandemic taught me to step back and give space to those I work with. I learnt to allow individuals to take the lead and for my role to be more of a support mechanism. It allowed me to not rush or push for outcomes and to embrace the luxury we had of time.

On reflection, it feels strange to say I am grateful to have experienced the COVID-19 pandemic and lockdown in Melbourne, as in a very short period of time I learnt what may have otherwise taken me years to learn – how to be a more patient and self-compassionate counsellor. My personal growth as a counsellor, and learning to adjust my practice to allow me to support and empower those I work with to navigate their grief and loss and strive toward living their best lives in a time of chaos, was my COVID-19 gift.

Life in Victoria 2020 – my story

By Jasneev Bhatia

My name is Jasneev Bhatia and I am currently undertaking placement as a student counsellor. I began placement in 2019, when face-to-face counselling sessions were permitted. Towards March 2020, a majority of my clients requested that I conduct their counselling sessions online due to the COVID-19 pandemic and social distancing. Soon after, it was announced by the government that face-to-

face counselling sessions will be put on hold. It had never crossed my mind that one day I may not physically be permitted to see my clients; thus prior to this, I had no knowledge or training to prepare me for this transition to video and online counselling. With the consent of my supervisor, I began online counselling sessions via Zoom, which I initially found quite challenging. I was struggling to understand how I could engage my clients, especially those who struggle with remote learning.

Art therapy is one of the most common forms of therapy I utilise with my clients, as I have seen it have a positive outcome with clients who are under the age of 18. Therefore, I had to think about how I could deliver this therapy online, whilst also attempting to engage my clients for a full hour. My supervisor and I brainstormed ideas on how I could best meet the needs of each client via Zoom. This involved familiarising myself with all of the features Zoom has to offer, so I could utilise it to the best of my ability in order to deliver engaging sessions online. I discovered that Zoom has the option of sharing your screen with other participants, as well as an annotation feature that could be used to draw on the screen. As mentioned above, art therapy is one of the main forms of therapy I utilise with my clients in face-to-face sessions, therefore I was happy to know I could continue conducting art therapy with my clients via the Zoom annotation feature. I also discovered some educational games that can be played via Zoom by sharing my screen with my clients. Just as counsellors analyse what is best for their clients during face-to-face sessions, I do the same thing via Zoom by ensuring clients are enjoying their remote counselling sessions.

An issue I faced in online counselling sessions is that it is difficult to ensure confidentiality. Prior to beginning online sessions with my clients, I had informed them that during their sessions, they should try to ensure they are alone in a room with a closed door, where nobody may overhear what they discuss. It is difficult to know whether clients are adhering to these rules as I can only see their face during sessions, not their surroundings. Therefore, there are certain factors that are out of my control, and I have to trust that my clients are adhering to rules of confidentiality.

During this pandemic, technology has played a major role for all of us, whether it be through working from home, conducting counselling sessions remotely or simply socialising with friends. Conducting counselling sessions remotely has been a unique experience. However, I look forward to restrictions easing so we can return to face-to-face counselling, as it is easier and more enjoyable to engage with clients face to face and allows for more opportunities for counsellors. With that being said, and the new 'COVID-normal', we may see a rise in clients requesting online services due to flexibility and comfort, which could be the new normal as well.

The unexpected challenges of COVID-19

By David Nugent

I remember the day in March 2020 when anxiety came over me and the sense of panic that COVID-19 was real, and I realised I too was not invincible. On that day, the school I contract my counselling services to told me my services were on hold until further notice, due to the announcement of an immediate government-enforced lockdown.

As a self-employed therapist, my business is dependent on the income from providing my service to the students at the school, and after hours providing my counselling service and men's behaviour change program from the school's premises. Trying to be mindful that good things can come from challenging times, I began thinking this could be the opportunity I have been looking for to finish writing the book I started writing four years ago.

On receiving the news, and feeling lost and overwhelmed, I found a garden bench in the school grounds to sit and slow my busy mind, scrambling for ideas of how I would survive the pandemic, processing the thoughts that COVID-19 had now invaded my life and created agitation and turmoil. I had no idea how the lockdown would change and impact my business practices. Using the skills I teach my clients, I focused on slowing my racing thoughts about what should I do. As I became more centred, I began to prioritise what was in my control and what options

Photo: Pexels/Ketut Subiyanto

Illustration: 123rf

I had for my business to survive these new, challenging times we were all are facing.

At this moment, I received a call from a woman. Her partner had recently joined our men's program, and she asked what would happen to the Heavy M.E.T.A.L (Men's Education Towards Anger and Life) Group. I could tell she was scared and worried the program would cease due to the enforced restrictions. She pleaded for me to find a way to keep running our program classes running during the lockdown, evidently scared her partner would fall back to his old abusive practices if he stopped attending. Without knowing how I would do it, but feeling obliged, I responded, "We are looking into finding a way to deliver our program online."

After saying this out loud and hearing her desperation, I felt morally obligated to find a way. One thing I was sure of: if I was going to run the program online, I would need my whiteboard as an essential tool when facilitating a class. I found myself putting my anxiety and fears behind me and switching into what I describe as survival mode. I had just a few days before the lockdown commenced to source the things I would need to operate remotely.

I asked the school if they had a spare whiteboard they could give me, and – to my surprise – they had a storeroom of old whiteboards that were no longer in use. The school, knowing the work I do in preventing family violence, was more than happy to help me. With my whiteboard in hand, I began the new journey of adapting our counselling business and men's behaviour change program to make them COVID-proof.

I explored various internet platforms for online conferencing. Thanks to YouTube video tutorials and the young IT guy's advice at the school, I discovered Zoom. I could have our class participants break into small groups, just like I do when I have them in the classroom. Knowing I could do this made me think I would be able to make this work. Once registered with Zoom, I learnt how to operate from the perspective of facilitating a men's behaviour change group. I created a home studio to run the classes, quickly securing a second-hand desk, a web camera, a tripod and a computer monitor on Gumtree. I was ready for my first class!

The next step was to brief my team and empower them; we could do this by modifying how we do things to make it work. We ran a practice class using the breakout rooms, sharing video content and projecting our handout notes on the screen. We adjusted how we would facilitate our program online and outlined the changes we needed to make to our policy and procedures. It took us one week, and then we were ready to go.

Before I knew it, I assessed new clients and informed our existing men the program was recommencing online via Zoom on 15 April 2020, just two weeks into lockdown. I am proud that every participant from our term one program was keen to continue and willing to try the new online format.

Now, five months on, I am running the program twice a week on Zoom. I continue to provide a counselling service for private clients, and I have re-engaged with the schools by providing my counselling services remotely; a massive change and success.

Before we launched online, I received a call from a participant who had attended our program four years ago, prior to moving to Queensland. He enquired if

the program was running during lockdown. I was amazed by his excitement when I said we were running online and he was welcome to join. Since we started online 20 weeks ago, he has not missed a session and remains keen to continue.

In the beginning, I had no idea what other services would be doing to deal with the challenges of COVID-19, or how successful our program would be in engaging our participants online. Unfortunately, many men's programs in Victoria came to a stop, but soon word got out that we were still operating. Our numbers have now increased, and my private practice has grown to a three-week waiting list for new clients to see me.

We now have participants attending our Heavy M.E.T.A.L Program from country Victoria, Tasmania, Adelaide and even Queensland. These participants may have never tried to engage with Heavy M.E.T.A.L if it was not for the COVID-19 lockdown.

With the second lockdown and the uncertainty in Victoria, I made the decision to provide our services online until the end of the year. But due to the program's online success, it created another challenge for me. When we eventually go back to the classroom, we would need to empower our interstate participants to continue with their journey of change. This experience has shown there is a need for programs like ours across Australia. I hope it will lead me to train other counsellors and therapists interstate who could run a Heavy M.E.T.A.L Program in their local communities.

COVID-19 has pushed me not to give up when the going gets tough, to think out of the square, to face my fears of stepping out of my comfort zone. As Napoleon Hill once said, "The only limitation is that which one sets up in one's mind." There is no limitation to the desire for change in violent and abusive behaviours.

One day I will find the time to finish that book; who knows, it may just turn out to be a bestseller.

Life in Victoria 2020: reflections of a counselling student

By David Williamson

September 2020

Life in Victoria during the COVID-19 global pandemic has been a challenging and unprecedented period. The enduring Stage 4 lockdown is amongst the longest in the world, with curfews and extreme restrictions, the likes of which were unimaginable a year ago. The isolation and constant media updates have created a climate of angst, anxiety, stress and loneliness. Many Victorians have to had to wear a combination of hats they've never worn before: teacher, computer technician (Zoom scheduler), mask-maker, hairdresser, master chef (or Uber Eats connoisseur) and even counsellor. Throughout this difficult period there have also been a few unexpected silver linings. More time with loved ones, less time stuck in traffic and an amazing opportunity for self-improvement and reflection.

Entering the seventh week of the Stage 4 lockdown, it's now becoming a polarising period where the community is beginning to show signs of fatigue. As the case numbers reach three-month lows, a division is arising between accepting the tough restrictions, knowing they'll be over soon, or showing frustration with the Victorian Government's handling of the crisis.

Friends of mine who have consciously chosen to try and embrace this period and focus on what is within their control have reported they've been breaking negative habits and been engaging in self-reflection and improvement. I really struggled with this at first, as my business in the entertainment industry lost 100 percent of its revenue and I still have no idea when I'll be working again. However, once the JobKeeper payments were announced and I was able to pause my mortgage for six months, I made the decision to embrace this period and continue studying my second year in counselling, full-time instead of part-time. I have no excuses for not doing well this semester, considering nearly everything is closed and I can't legally leave the house after 9pm!

Not everyone has been fortunate enough to be able to experience this period like this though. Understandably, fear and, at times, panic has set in. Who could have guessed that around the start of 2020, toilet paper would be the metric to measure panic? As the case numbers are dropping significantly in Victoria, the fear of oneself or a loved one catching the virus is slowly shifting to the threat and heartache of losing one's job or business. The lockdown has been challenging, as has the tension,

fear, anxiety and stress it has created, but it has also presented another unique opportunity: our ability as counsellors or aspiring counsellors to recognise those suffering in the broader community and to apply our ever-so-relevant skillset. I've noticed many people going out of their way to connect and support others in ways I've never witnessed and, as an aspiring counsellor, I've felt compelled to do the same.

They say the more you look for something, the more it seems to appear in front of you. The same could be said about noticing those struggling during this period and recognising opportunities to help. This year, my birthday happened to fall on the same day as R U OK Day. Friends who used to refer to me as 'D&M Dave' quipped it must have been fate. I rarely update my status on Facebook, but I wanted to thank everyone who had contacted me throughout the day and also reach out to those that might be struggling, so I simply let people know I was "here if they needed a chat or support". I didn't know what to expect, but over the coming weeks a few friends reached out to me. One friend contacted me saying they were suffering from post-traumatic stress disorder and was wondering if I could help. We had never had a serious conversation of this nature, so I felt honoured by his vulnerability in sharing this. Out of all the counselling subjects I've studied, however, I quickly realised I've yet to research or write about this topic. I did some research online and relayed some advice and exercises from trusted sources. I was concerned that my lack of knowledge might hinder my ability to assist him, but what I realised helped more than anything was my friend knowing I genuinely cared and was there to support him during these difficult times.

The next day we had group supervision over Zoom, which provided a great opportunity to ask Julie, my senior lecturer, for further advice and support. She gave some really helpful and relevant advice, which I relayed to my friend, who was very thankful. This experience reinforced to me that there is always an opportunity to help others, especially during a global pandemic, and counsellors have skills that are indispensable right now. I hope it encourages you to utilise your unique skill set, compassion and empathy for those in your 'bubble' and the general community. From such a minor gesture of sharing a Facebook status, to an act of kindness, a phone call, a shopping trip for someone in need, a smile or a listening ear (one we are all great at), the possibilities are endless as the needs of the community are heightened. As counsellors or aspiring counsellors, we are an invaluable resource during this challenging period and in the years to come, both in our professional and personal lives.

Invited to write this by Dr Julie Morsillo, PhD, psychologist and counselling co-ordinator, Eastern College Australia.

A time of confusion and uncertainty: Dr Robert McQuillan encourages taking windows of opportunity

Dr Robert McQuillan

It seems that newscasts share more bad news daily about the worldwide pandemic, increasing crime, rebellion against authorities and government opposition groanings instead of encouraging support … it's rare to hear good news that makes you smile or even laugh. So, I'm urged to begin this article with a simple, good news story …

Courtesy

Evidently, a 93-year-old Italian wept when told his hospital ventilator usage bill for one day was €5000 (approximately A$8100). A doctor kindly advised him, "Don't cry over it." To his surprise, the old man responded, "I not crying because I have to pay. I cry because I've been breathing God's air every day for 93 years and never had to pay anything. But for one day's use of your ventilator, I must pay €5000! I realise now how much I owe God … I've never courteously thanked him before for his free air!" Doesn't that makes you smile – and think?

Civility

It's expected that believers thank God for his kindnesses. But what about missing old-fashioned courtesy of individuals thanking individuals for services

Illustration: 123rf

or kindnesses rendered? So often in conversing with people (both non-churchgoing and churchgoing), including leaders from various backgrounds and industries – whether during shopping trips, phone calls, emails or over Skype – I repeatedly observe individuals hungrily looking for a genuine 'thank you' ... and some meaningful encouragement.

'Encourage' comes from the Old French word *encoragier*, meaning 'make strong, hearten; inspiring with spirit or hope'. In our profession, this is what we do as we attempt to persuade, stimulate and spur on. Again and again I encounter people needing to hear good news and an encouraging word. And, I have to say, even in my literati involvements, through counselling, mentoring and encouraging, I find great personal enjoyment and satisfaction in inspiring people to move ahead.

Contacts

Actually, anyone can encourage someone – but as Dr Philip Armstrong, our CEO, wrote recently: "This is a challenging time ... one that has brought *our* profession ... to the forefront of community awareness and need" (*Counselling Australia* journal, spring 2020. Emphasis is mine). Classed as professional counsellors, we need to be aware of our responsibility to inspire people in these uncertain times. And here I share something personal ... It so happens that I'm a believer and my kickstart morning prayer includes two desires: "Lead me to contact a needy someone whom I haven't contacted lately so I may share encouragement" and "Grant that a needy someone who hasn't contacted me for a while does so." This isn't some grandiose client-seeking ploy for personal gain – I'm an ACA venerable member and don't charge fees – I seek only to inspire and support those in need. And, when such contacts periodically happen, it's interesting who I end up heartening (like the lady mentioned later), even some 'blast from the past' individuals.

Concerns

The COVID-19 pandemic has caused deaths, employment/income loss, ensuing physical/mental problems, loneliness, suicides, depressive negativity, and motivation-less people with a confused sense of uncertainty regarding the future.

Sadly, many are just 'hanging around' aimlessly, some crippled by thoughts of 'what's the use? What future do I have?' and no moving ahead. I've found three major hindrances to individuals moving forward:

- lack of encouragement;
- unawareness that someone cares; and
- missing sense of purpose.

Encouraging

We all need encouragement! Several Facebook readers were surprised when I penned how a very thoughtful lady from my local RSL club regularly phones me enquiring how this 'senior' is, if I have any needs! She's not a professional counsellor (nor my caring, following-up doctor) but she encourages me.

Whether someone contacts us because of our profession, or we contact them, it's imperative that we treat them thoughtfully, listen carefully and take the window of opportunity to speak inspiringly and meaningfully into their life.

Caring
Some people haven't had a call from anyone for ages (friend, family member nor minister). They're feeling lonely, isolated, cut off, depressed. Sadly, they're thinking no one is interested, no one cares and life isn't worth living.

We can give them some 'meaningful kickstart' that assures them we care.

Purpose
Everyone has a purpose in life. Sadly, some individuals are considering giving it all away, having lost their life dream.

However, when a contact eventuates, we have a window to enthuse and inspire such depressed, negative-thinking (even suicidal) individuals to fast-track forward, to get it together again to seek achievement of something in their life … even in lockdown!

Caution
Ensure you don't take on other people's worries and cares. Don't allow anyone to offload heavy burdens on you – otherwise you too might come depressed. (Yes, transference can happen and has happened.) When I was visiting friends interstate one time, I found only a very sad-looking babysitter, a counselling colleague. Sensing something was seriously amiss with 'Lily' (obviously one of my 'prayer-request contacts'!), I enquired accordingly. She shared something extremely dangerous … Heavily burdened about a client, Lily had become so over-concerned she had allowed his distress to become hers. And, wrongly believing she had to personally 'experience' his pain to help, she was completely unaware that a sort of *factitious disorder* had perilously gripped her. Now she was ill through 'symptomatically feeling' that pain. Taking that opportunity window, I straight-talked Lily and freed her from that deceptive belief. She was released of heaviness – no wonder she smiled a huge smile!

Consideration
In this time of confusion and uncertainty, I encourage counsellors to consider the relevance of the three concerns highlighted above and, using both skills and experiences, inspire troubled contacts to regain lost enthusiasm and goals. "Aspire to inspire before we expire" (author unknown).

And think outside the box … there are few clients who consider asking counsellors how we're going! When Philip Armstrong invited me to speak at an ACA conference several years ago, I queried, "What could I possibly share?" Philip's response was: "Robert, who encourages the encouragers?" Guess what my topic was!

Creating opportunities for broader educational outcomes

Yana Wu

Today, I received an email from the co-editor of ACA *Counselling Australia* journal, asking me to write a 1000-word article describing my consulting experience during the pandemic. I am very excited because my mother tongue is Chinese. It is not difficult for me to publish articles in Chinese newspapers and magazines, but I am not so confident in English. However, I decided to give it a try because I really want to improve my expertise and try a lot of things, so I need expert guidance.

I have been working in a school for 10 years. Largely because I speak Chinese, 80 per cent of the students in grades seven to 12 I contact come from families with a Chinese background. They face very daunting challenges: a family with a one-child policy, a foreign culture, different living environments, different languages, different lifestyles and different values.

In 2020, the COVID-19 pandemic has impacted upon school systems around the world. Schools had to reinvent themselves overnight for distance learning – it is crazy. So far, facing such immediate challenges, there has been almost no time for in-depth thinking. In particular, Melbourne's long Stage 4 restrictions and closed state borders have caused unprecedented emotional losses and made people realise their children need to deal with disasters, anxiety, depression, inattention and other mental health issues.

One of my VCE students unfortunately suffered from mental difficulties during this special period. I was unable to visit her because of the five-kilometre travel limit. She didn't want anyone to overhear our conversation, which made life difficult as they lived in an apartment. Except for the doctor's contacts about her medications, she did not have any social support and the doctor's daily visits were translated into Chinese by telephone. The translation of

Photo: Pexels/Ketut Subiyanto

straightforward text is strictly literal and impersonal, which makes the students lose their full trust in the doctor. It's like I'm watching my student sinking to the bottom of the sea while I am trapped on the shore unable save her. I watched her struggling painfully and helplessly and my heart was broken.

For several years, I have been thinking that our twenty-first century modern life, with its pressures, values, complexity, frantic pace, changeability and multicultural interweaving, necessitates every student be guided by counselling in psycho-medical theory after entering school. Also, we should establish a 'register of interpersonal relations and social emotions', while simultaneously tracking school performance. The annual information update will ensure students can be provided with correct guidance and psychology at any time, remediate learning issues at any time, respect new lifestyles, and integrate into the new culture. The social environment allows one to make a difference in one's new life and to maintain a sense of happiness. Considering that, in the long run, building a better education for every child after the pandemic is critically important, this first psychological system should be the top priority!

Crisis usually creates opportunities for broader change. Therefore, in this major crisis and change process, counselling services have been put on top of the agenda (although no school has applied for it, I am willing to try it in my own school), and the school needs to be able to address the totality of each child's life issues and provide them with immediate, effective help. Because students tend to seek help in school, and because most psychological problems can be solved by early intervention before they develop into serious mental problems, correct guidance and early intervention in schools are essential.

We need to integrate school education and psychological counselling to improve students' interpersonal skills and social and emotional awareness. This will allow students to learn from multiple angles:

- if you cannot understand mathematics, you cannot program;
- if you cannot read and write well, you cannot communicate effectively;
- there can be no innovation without knowledge;
- if you lack communication skills, you will be unable to cooperate and share with others; and

Women's wellness is my passion and, therefore, my aim is to provide these women with the courage and tools to overcome the new and challenging experiences and emotions brought on by this pandemic

- if you have no social awareness, you do not understand social responsibility and values.

No matter how the education system changes, the school will continue to exist. More than ever, schools must work on solving mental health issues.

I am calling for government policy to require enrolling junior high school students to have a psychological file to be incorporated into their education record. The education system and the psychological counselling system must jointly cultivate personality traits: enthusiasm, courage, optimism, self-control, gratitude. The aim is to produce effective citizens, parents, workers and managers, fully equipped with social wisdom and curiosity.

Society needs and expects such outcomes from school education, and this will be a leap forward in the psychological and mental health of our country.

Life, work and wellbeing in the pandemic

Vanessa Trangolas

If we could all agree on one thing, I believe it would be that 2020 has been a rollercoaster ride of emotions for us all here in Australia and all around the globe. COVID-19 entered our lives with absolutely no warning and most of us, if not all of us, have been forced into living conditions we have never experienced before. Many of us have been working remotely from home, home-schooling children, no longer socialising or seeing family and friends, and rescheduling or putting plans and goals on hold. A certain level of control over our own lives has diminished. The lives and lifestyles we had become accustomed to were suddenly taken away from us.

As human beings we are reasonably good at adapting, so most of us have done what we have to do with few issues. However, for some, lives and livelihoods have been turned upside down. As time goes on, I believe it is safe to say things have become more and more challenging as we miss our lives prior to COVID-19.

As a counsellor, I am aware that the restrictions, lockdown and this new way of life could have repercussions, particularly for mental health, but also for the physical and social health of the community. I have always been a strong believer in the connection between the mind, body and spirit and, in order to achieve optimal health and wellness, we require a balance between all of these aspects that make up our being.

Health is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (World Health Organization, 1946). Therefore, my concern is how this new way of life, even if for only a temporary period of time, is going to impact the current and future mental health and general health of our community.

My personal experience in my practice shows that stress and anxiety has increased during the course of this year. Statistics by recent research studies indicate rates of suicide, self-harm, alcohol abuse and domestic violence have also increased compared to previous years. The Department of Health and Human Services (DHHS) data shows Victoria has recorded a 33 per cent rise in children presenting to hospital with self-harm injuries compared to a year earlier, and the total number of self-harm presentations to emergency departments across all ages has increased by 9.3 per cent (Clayton, 2020). Research by Biddle et al. (2020, p. 13) also reports that, overall, people have been consuming alcohol more frequently during the pandemic than in the three years prior.

With this in mind, and as a women's counsellor, I want to support my clients as best as possible throughout this time and provide them with the motivation and inspiration required to get through it. Women's wellness is my passion and, therefore, my aim is to provide these women with the courage and tools to overcome the new and challenging experiences and emotions brought on by this pandemic. The challenge is that it is new to us all. None of us have experienced anything quite like this before and, therefore, I find myself in new territory – having to adapt to new restrictions and work regulations such as social distancing, the mandatory wearing of face coverings and quickly adjusting to an online format, where possible, to provide an essential service to my community and clients. My ability to connect with my clients has been tested, as has my capacity to interpret facial expressions and emotions, given my client is covered with a mask or behind a computer screen. I have explored and educated myself on

Photo: Pexels/Viajero

Many of my clients are currently functioning from a highly aroused state, which is also referred to as the ‘fight or flight response’. They are experiencing high levels of anxiety, stress, uncertainty and worry, and this often results in further anxiety, fatigue and lack of motivation that can add to the frustration of our new way of life.

ways to support my clients, and myself as a counsellor, during one of the most difficult times – and I continue to do so.

As a mother of two girls under three, and a stepmother to three boys under the age of 15, I have found one of the most challenging components of this year has been maintaining a somewhat ‘normal’ routine for my children and family. I am concerned about their inability to attend school in a face-to-face setting and its impact on their learning and social development. Screen time has naturally increased, which is a major concern, and habits and routines such as diet, sleep and daily movement are easy to lose track of if we don’t stay motivated and inspired. Therefore, I draw upon my own experience as a woman, wife, mother and stepmother to help my clients who are experiencing very similar challenges.

Many of my clients are currently functioning from a highly aroused state, which is also referred to as the ‘fight or flight response’. They are experiencing high levels of anxiety, stress, uncertainty and worry, and this often results in further anxiety, fatigue and lack of motivation that can add to the frustration of our new way of life. I have found the most important daily activity to implement is self-care. Educating my clients about self-care and the importance of checking in with ourselves and understanding what we are feeling, what we are needing more or less of, and creating time and space for ourselves, is vital if we are going to get through this. Creating space within our day every so often to have a stretch, to practise a

meditation, chat to a friend, get out in the sun, diffuse some essential oils, or whatever it may be that brings us joy, is so important if we want to nourish our mind, body and soul and avoid burnout or extreme levels of anxiety and stress.

This pandemic is causing us to experience many challenges, but it is also reminding us of our ability to adapt to change and our strength, both as individuals and as a collective. It is during these times that our faith in humanity is restored and we see people coming together to support and care for one another. This year is also an opportunity for growth and development, and I believe we will all take something away from this experience. Overall, our role as counsellors has been shown to be exceptionally significant in healthcare, and I am honoured to be able to provide support, guidance and hope to my community alongside fellow counsellors during one of the most difficult times faced on a global level.

A discovery of resilience: students and the pandemic

By Liz O Muganda

2020 will be a year that will go into the books of history, as we have all seen and experienced how the COVID-19 pandemic has been a 'game changer' around the whole world. We have all been affected in different ways; lives have been lost, jobs have gone down the drain and, for those of us still here, we wonder what the next day will look like. We ask ourselves questions: Will we wake up and realise that we cannot leave our doorstep? What could be the worst-case scenario? We have to look at the positive side and order the best outcome from the universe.

This has been a journey that many footprints have endured, nothing in comparison to walking on fire, but my gratitude goes to our students. Many students lacked motivation and some just felt like there was no need to engage in remote learning if they felt it was not real. Some preferred to have that physical guidance from their teachers and some excelled so well. Remote learning was not for all. Parents were left to question their ability to teach, and their ability to parent without putting too much pressure on their older children or nagging or reminding them that school was important. This pressure was felt far and beyond four walls of each family 'classroom'. In a corner of a house or individual bedroom, some fell into the temptation of saying, "I will just have a short nap and I will start again"; but some kept going. The effect of the pandemic was different for everyone, and we can only hope that there will be no 'third wave' or repeat itself.

Our prep students around the country (and the world) were looking forward to being in a 'big' school, only to be there for there for a short time before lockdown. The friendships they made and the teachers they met are now beginning again. The year 12 students, who have had 13 years of schooling and dreamt big dreams, have been left wondering if their vision boards are still valid and if they should keep dreaming. Some dreamt of and planned for a gap year, high ATAR scores, travelling locally or internationally or that dream job.

I give my gratitude to all these students, parents, teachers, siblings, extended family members and essential workers who have been around to offer support in any way possible. Above all, I have so much respect for all the students and admire their resilience. I know each and every one of them possesses levels of resiliency, whether it manifests as wellbeing, solution-focused, stronger inner-selves or counterbalance. They all deserve a pat on their backs for a well-done job. I hope the two-week school holiday gave them time to relax and reflect on the vision boards and dreams they had before 2020 and the COVID-19 pandemic. I hope they keep those dreams alive. It has been a year of trials, but their ability to bounce back and recover from those setbacks will give them a big smile now and in the future.

Photo: Pexels/Jess Bailey

My experience as a counsellor during lockdown

By Prue Lynch

Forever etched in my mind is the day the pandemic was declared in Australia. A few days later I was to have attended a team meeting and to also counsel a client at my Victorian regional counselling agency. Instead, the office was closed. I also learned that a number of family members throughout Australia had lost their jobs; I was concerned for my family's safety but I was unable to visit and hug them.

I was worried about my client's state of mind as a response to the pandemic, but I was unable to make any contact. I was also informed that, as I did not have a Medicare provider number, the agency could not afford my services. Welcome to the pandemic.

Even though I was no longer counselling, in the months after the first Victorian lockdown, I completed a Telehealth Certificate and a certificate in Neuronal Plasticity, as well as undertaking other relevant professional development. I wanted to be ready to serve my country during its time of need. I believe the pandemic will cause mental health issues for a huge number of people for decades, and I felt I could make a positive contribution.

Soon after the pandemic was declared, I spoke to the offices of the Federal Health Minister, Greg Hunt, and sent an email stating that the Australian Counselling Association was "an untapped army" that could be used to contribute to the mental wellbeing of Australians during the pandemic. (I had previously submitted a document to the Productivity Commission into Mental Health and was a speaker at the commission, advocating that we should be granted Medicare provider numbers.)

I have a Master of Counselling, I was awarded a Golden Key for academic excellence, and I have four years of Australian Psychological Society-approved study in psychology. I believe I was an excellent counsellor dedicated to my clients' wellbeing. However, I came to the conclusion that I have been flogging a dead horse and so, during lockdown, as I was no longer counselling, I wrote a sequel to my psychological spy thriller set in the Cold War era. If anything can be learned from the pandemic it is this: adapt to change, and life is short. I know what is truly at the centre of my being – family, friends, community, the planet and a sense of peace. The saying that I often repeated to myself during lockdown was: be the calm in the storm. ■

INTEGRATING SOMATIC APPROACHES INTO PRACTICE THROUGH RHYTHMIC MUSIC

By Simon C. Faulkner

Abstract
This paper discusses the value of integrating drumming as a form of somatic therapy within counselling practice. The limitations of traditional talk-based cognitive therapies have become clearer, with neurological research finding that language-processing skills are directly affected by exposure to traumatic events. Additionally, many client groups find direct questioning challenging. The use of drumming as somatic therapy offers counsellors an accessible medium for working non-verbally to engage resistant clients and address body-related symptoms that manifest from unresolved issues and their associated stressors. In particular, universal rhythms that replicate the lower frequencies and tempo of the maternal heartbeat have been shown to reduce hyper-arousal and anxiety. An ancient lineage and a growing scientific research base point to the multiple benefits of this medium, the drum, to support both individual and community health.

Introduction
Contemporary counselling often requires the practitioner to draw on a range of different approaches in order to meet the varying needs of the clients they support and to develop a trusting therapeutic alliance. Integrating aspects from different therapeutic models has become standard practice for many therapists, as research demonstrates that no single approach can be effective in all contexts (Zarbo et al., 2016). The cognitive, talk-based therapies are still the dominant models taught in counselling courses across the world, with many graduates having little experience of utilising or combining other approaches. This continues, despite it becoming increasingly clear that, for many client groups, talking about their issues is difficult, often intimidating, may be culturally alien and can be potentially retraumatising (Holmes, 2002).

Somatic therapy
One of the major growth areas of therapeutic practice has been in the somatic or body-orientated therapies, particularly in relation to the treatment of trauma. Advances in neuroscience have shown

Photo: 123rf

that the language-processing regions of the brain, Broca's area, shut down in response to severe trauma, often making traditional talk-based therapeutic approaches unworkable (Van der Kolk, 2000). Additionally, there is a significant danger of retraumatisation when people are pushed too early into discussing the circumstances and emotions of the traumatic event itself (Kezelman & Stravropolous, 2019).

There are a range of different approaches to working with the body, including somatic psychotherapy, somatic psychology, sensorimotor psychotherapy (Pat Ogden) and somatic experiencing (Peter Levine), as well as dance and massage therapies. All of these share an understanding that our emotional responses to trauma and other experiences, such as our common fears and anxieties, play out through the body as well as the mind – and, in fact, that there is a self-perpetuating link between the two (Levine, 1997). The modern lexicon is full of phrases that speak to this link – 'gut-wrenching', 'twisted up inside', 'my stomach dropped', and so on. Research has shown a clear link between trauma and a wide range of physical symptoms, including gut complaints such as irritable bowel syndrome, and other issues such as chronic fatigue and fibromyalgia (Stam, Akkermans & Wiegant, 1997).

Our bodies hold on to past traumas, which are reflected in our body language, posture and expressions. We brace for threat, constricting our physical self and sending signals to the brain that the threat persists. These uncomfortable, visceral feelings are relayed back to the brain via the vagus nerve and are party to a chain of reaction that leads both regions to become overreactive to each other and in a state of constant arousal. In order to cope, many people shut down those areas of the brain that transmit

Somatic therapies facilitate the resolution of trauma and its associated physical and psychological markers by increasing our awareness and acceptance of our bodily responses and finding ways to discharge the tension held within.

these bodily feelings, repressing them and consequently ensuring they remain trapped within, long past their use-by date (Van der Kolk, 2000). This form of denial prevents us from healing.

This bidirectional communication between the brain and the gastrointestinal tract, the so-called 'brain–gut axis', is based on a complex system with the vagus nerve at its centre. The vagus nerve carries an extensive range of signals from the digestive system and organs to the brain and vice versa. It is responsible for the regulation of internal organ functions, such as digestion, heart rate and respiratory rate. It is also responsible for monitoring physiological homeostasis and connecting the emotional and cognitive areas of the brain with peripheral functions, such as immune activation (Carabotti et al., 2015).

Drumming within therapy

The drum offers counsellors a simple entry point for working with the body, as well as utilising the social benefits of participatory music. It is particularly useful because it requires no expertise to play, with the simplest rhythms often being the most powerful. This accessibility reduces much of the fear clients may harbour around playing music, particularly if their experience has been one where music has been taught competitively. There are now over 20 peer-reviewed studies bearing witness to the power of this medium to positively impact people's lives (Rhythm Research Resources, 2020). The research on the therapeutic benefits of music more generally is overwhelming (Hallam, 2010; Leubner & Hinterberger, 2017; De Witte et al., 2020); yet, other than registered music therapists, the use of active music-making in therapeutic practice remains relatively rare.

This contemporary use of rhythmic music, and drumming in particular, in our healing practices extends an unbroken line of knowledge dating back to our earliest human communities. This common history across almost all human cultures is another factor that allows the instrument to bridge the barriers that language often creates. There is a universal response to rhythm that can break down the fiercest resistance to engagement. In particular, drumming interventions are now increasingly common in youth services working with hard-to-reach adolescents, with veterans whose warrior culture often precludes outsiders, and in refugee trauma services where language differences often challenge traditional forms of connection (Martin & Wood, 2017; Benisimon, Amir & Wolf, 2008; Orth et al., 2004).

The use of the drum in individual, family and group contexts provides a unique tool for working with the body, and an additional range of physical, psychological and social benefits associated with playing music. Recent studies of drumming therapies with people suffering from depression and other significant mental health diagnosis have shown significant reductions in the detrimental effects of these conditions and their immune response activation markers when compared to control groups on drug regimes (Fancourt et al., 2016; Ascenso et al., 2018). Further studies have shown the potential of group drumming to reduce social isolation and to provide people who struggle socially with a sense of belonging and connection (Maschi & Bradley, 2010; Perkins et al., 2016).

Somatic therapies facilitate the resolution of trauma and its associated physical and psychological markers by increasing our awareness and acceptance of our bodily responses and finding ways to discharge the tension held within. The use of the drum can serve the practitioner in multiple ways in working through these elements with the client. Specifically, the drum provides a vehicle for the release of trapped feelings. Where a cognitive therapist may ask, "How did that feel?" and potentially elicit no response or one that is open to interpretation, an experiential practitioner can use the drum to ask, "Would you like to play how that felt?". The drum provides far greater freedom and a much safer alternative to the narrow range language provides for describing these complex sensations.

The drum is a powerful grounding tool, with the resonance activated by the player seeping from the drum, through the body and connecting and aligning to the rhythms of the natural world. Both mindfulness and grounding exercises can be given additional efficacy through the use of the drum, usually played at a tempo that replicates the mother's heartbeat at rest: 60 to 80 beats per minute. This tempo is associated **(continued page 30)**

Trauma Education

presented by Dr Leah Giarratano

Leah is a doctoral-level clinical psychologist and author with vast clinical and teaching expertise in CBT and traumatology since 1995

Two highly regarded trauma focused programs for all mental health professionals. Offered in Australia and New Zealand and internationally as a self-paced online program or via 2-day livestream

Clinical skills for treating post-traumatic stress disorder

Treating PTSD: Day 1 - 2

This two-day program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. In order to attend Treating Complex Trauma (Day 3-4), participants must have first completed this 'Treating PTSD' program.

1/2/21 to 1/5/21 self-paced online INT
4-5 March 2021 Livestream AU
1/4/21 to 1/7/21 self-paced online INT
3-4 June 2021 Livestream AU
17-18 June 2021 Livestream NZ
1/7/21 to 1/10/21 self-paced online INT

Please refer to our website for capital city event dates resuming in August 2021

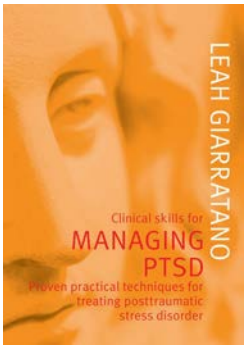
Clinical skills for treating complex traumatisation

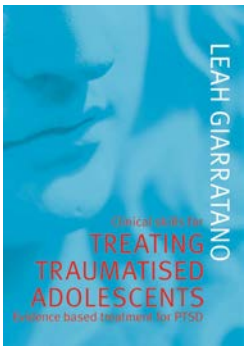
Treating Complex Trauma: Day 3 - 4

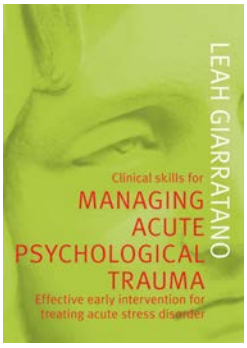
This two-day program focuses upon phase-based treatment for survivors of child abuse and neglect. Applicable to both adult and adolescent populations, incorporating practical, current experiential techniques showing promising results with this population; drawn from Emotion focused therapy for trauma, Metacognitive therapy, Schema therapy, Attachment pathology treatment, Acceptance and Commitment Therapy, Cognitive Behaviour Therapy, and Dialectical Behaviour Therapy.

1/2/21 to 1/5/21 self-paced online INT
11-12 March 2021 Livestream AU
1/4/21 to 1/7/21 self-paced online INT
10-11 June 2021 Livestream AU
24-25 June 2021 Livestream NZ
1/7/21 to 1/10/21 self-paced online INT

Please refer to our website for capital city events resuming in August 2021







Fees: Day 1-2 or Day 3-4 are $795 for online modes or $895 for capital city

Fees: Day 1-4 are $1,390 for online modes or $1,590 for capital city

Livestream: Highly interactive, with breakout groups and includes complimentary access to one-month self-paced online
Self-paced online (over three months). Highly engaging, not just a recording of a past live event. Includes complimentary access to a Livestream during access period
Day 1-4 online modes include complimentary access to a Case-Study Livestream applying skills to more real cases (2hrs + 2 hrs preparation)

Note that attendee withdrawals attract a processing fee of $77. No withdrawals are allowed in the ten days prior to the workshop start date; however, positions are transferable to anyone you nominate (or to an online offering).

Please visit www.talominbooks.com for further details about Leah's books and these training offerings

Photo: Unsplash/Louise Patterton

with the calm and security that accompanies our time in the womb, and is also believed to be the primary stimulus under which the areas of the brain responsible for our stress response are formed. Rhythmic somatosensory activities are regulating and calming and are used both subconsciously and purposefully across all age groups, sexes and cultures to reduce stress (Perry & Hambrick, 2008). We see this in a toddler sucking their thumb, an autistic child's stimming behaviour, and obsessive compulsive behaviours, as well as many of the daily habits of well-adjusted individuals.

These are not new techniques; they date from our earliest healing practices and are found across all cultures. Traditions of chanting in Buddhist and Christian religions utilise a similar principle. Lower frequency vibrations resonate through the body, particularly in the lower stomach and diaphragm region, and have been found to have a direct effect on the parasympathetic nervous system, slowing breathing and activating the vagus nerve (Perry, Polito & Thompson, 2016). Lower frequency rhythms, played on the bass note of the drum, are known to resonate with the body's own physiology and positively impact primal functions such as heart rate, respiratory rate and blood pressure. One recent study addressing children with habitual states of fear showed that rhythm interventions, at 60 beats per minute (bpm), can regulate and induce systemic pacing, reduce repetitive anxiety behaviours and enable focus and calm (Berger, 2011).

The rhythmic nature of drumming also reflects the patterned nature of much of human behaviour. For many clients, the use of the drum is a conduit to additional reflective practice, as musical exercises are linked through analogies to real-life events or scenarios that expand perspective. In many of the research papers exploring the efficacy of drum-related therapies, an increase in trust resulted from the connection made through the music, which led in turn to increased communication between therapist and client (Wood et al., 2013; Martin et al., 2014).

Summary

Somatic therapies and drumming sit side by side as evidence-based approaches to supporting people through the release of trauma held in the body. They offer a safe and accessible form of engagement, connection and catharsis, and often complement the cognitive models. Our biological responses need to remain fluid and these therapies assist us in loosening the rigidity of those maladaptive responses that continue to allow the trauma and pain to dominate people's lives. As well, they provide a safe way to increase the connection and trust so necessary for an effective clinical alliance. For the counsellor interested in adding this option to their toolkit, there is a growing range of books and accredited training courses to help guide your journey. ■

References

Ascenso, S., Perkins, R., Atkins, L., Fancourt, D., & Williamon, A. (2018). Promoting well-being through group drumming with mental health service users and their carers. *International Journal of Qualitative Studies on Health and Well-being*, 13(1), https://doi.org/10.1080/17482631.2018.1484219

Benisimon, M., Amir, D., & Wolf, Y. (2008). Drumming through trauma: music therapy with post-traumatic soldiers. *The Arts in Psychotherapy*, 35(1,) 34-48.

Berger, D.S. (2011). Pilot study investigating the efficacy of tempo-specific rhythm interventions in music-based treatment addressing hyper-arousal, anxiety, system pacing and redirection of fight-or-flight fear behaviours in children with autism spectrum disorder (ASD). *Journal of Biomusical Engineering*, 2. doi:10.4303/jbe/M110902

Carabotti M., Scirocco A., Maselli, M.A., & Severi, C. (2015). The gut-brain axis: interactions between enteric microbiota, central and enteric nervous systems. *Annals of Gastroenterology*, 28:203–9.

De Witte, M., Spruit, A., Van Hooren, S.,

Moonen, X., & Stams, G-J. (2020). Effects of music interventions on stress-related outcomes: a systematic review and two meta-analyses. H*ealth Psychology Review*, 14:2, 294-324, DOI: 10.1080/17437199.2019.1627897

Fancourt, D., Perkins, R., Ascenso, S., Carvahlo, L.A., Steptoe, A., and Williamon, A. (2016). Effects of group drumming interventions on anxiety, depression, social resilience and inflammatory immune response among mental health service users. *PLoS ONE* 11(3): e0151136. https://doi.org/10.1371/journal.pone.0151136

Hallam, S. (2010). The power of music: its impact on the intellectual, social and personal development of children and young people. *International Journal of Music Education*, 28 (3).

Holmes J. (2002). All you need is cognitive behaviour therapy? BMJ (Clinical research ed.), 324(7332), 288–294. https://doi.org/10.1136/bmj.324.7332.288

Kezelman, C., & Stravropolous, P. (2019). *Practice guidelines for clinical treatment of complex trauma*, Blue Knot Foundation, https://www.blueknot.org.au/Resources/Publications/Practice-Guidelines/Practice-Guidelines-2019

Leubner, D., & Hinterberger, T. (2017). Reviewing the effectiveness of music interventions in treating depression. *Frontiers in Psychology*, 8, 1109. https://doi.org/10.3389/fpsyg.2017.01109

Levine, P. (1997). *Waking the tiger: healing trauma*. North Atlantic Books.

Maschi, T., & Bradley, C. (2010). Recreational drumming: a creative arts intervention strategy for social work teaching and practice. *Journal of Baccalaureate Social Work*, 15(1), 53–56.

Martin, K.E., Wood, L.J., Tasker, J.S., & Coletsis, C. (2014). *The impact of Holyoake's DRUMBEAT Program on prisoner wellbeing in Western Australian prisons.* The University of Western Australia, Crawley, Western Australia.

Martin, K.E., & Wood, L.J. (2017). Drumming to a new beat: a group therapeutic drumming and talking intervention to improve mental health and behaviour of disadvantaged adolescent boys. *Children Australia*, 42(4), 268-276.

Orth, J.J., Doorschodt, L., Verburgt, J., & Drozdek, B. (2004). Sounds of trauma: an introduction to methodology in music therapy with traumatized refugees in clinical and outpatient settings. In J. P. Wilson & B. Drozdek (Eds.). *Broken spirits: the treatment of traumatized asylum seekers, refugees, war and torture victims*. (pp. 443-481). New York and Hove: Brunner-Routledge.

Perkins, R., Ascenso, S., Fancourt, D., & Williams, A. (2016). Making music for mental health: how group drumming mediates recovery. *Psychology of Well-Being*, 6(11). https://doi.org/10.1186/s13612-016-0048-0

Perry, B.D., & Hambrick, E. (2008), The neurosequential model of therapeutics (NMT). *Reclaiming Children and Youth*, 17 (3) 38-43.

Perry, G., Polito, V., & Thompson, W. (2016). Chanting meditation improves mood and social cohesion. *Proceedings of the 14th International Conference on Music Perception and Cognition*.

Rhythm Research and Resources (2020). https://www.rhythmresearchresources.net

Stam, R., Akkermans, L. M., & Wiegant, V. M. (1997). Trauma and the gut: interactions between stressful experience and intestinal function. *Gut*, 40(6), 704–709. https://doi.org/10.1136/gut.40.6.704

Van der Kolk, B. (2000). Posttraumatic stress disorder and the nature of trauma. *Dialogues in Clinical Neuroscience*, 2(1), 7–22.

Wood, L., Ivery, P., Donovan, R., & Lambin, E. (2013). To the beat of a different drum: improving the social and mental wellbeing of at-risk young people through drumming. *Journal of Public Mental Health*, 12(2), 70.

Zarbo, C., Tasca, G. A., Cattafi, F., & Compare, A. (2016). Integrative psychotherapy works. *Frontiers in psychology*, 6, 2021. https://doi.org/10.3389/fpsyg.2015.02021

About the author

Simon Faulkner, B.SocSc (Psychology/Addiction) M.Coun, is the founding director of 'Rhythm2Recovery', an organisation specialising in the delivery of evidence-based rhythmic interventions for the health and education sectors.

Faulkner is a Churchill fellow and a leader in the development of rhythm-based therapeutic interventions. In 2003 he authored the multi-award-winning 'DRUMBEAT' program and therapeutic computer game 'DRUMBEAT Quest', used in schools across 12 different countries. This program is a recognised unit of curriculum for social and emotional learning across Australia, has a five-star evidence rating and in 2017 won the most outstanding program award at the Florida, USA Music Education Awards.

He is the author of the book *Rhythm to recovery* and has contributed to numerous research articles and book chapters on rhythm-based therapies, with a specific focus on the neuro-scientific research linking rhythmic interventions to improvements in emotional regulation.

A practicing counsellor specialising in group work, Faulkner has worked with youth in schools and behavioural centres, trauma centres, refugee services for adults and children, juvenile detention centres and prisons, and both inpatient and outpatient mental health services. He has also worked with Aboriginal people in communities across Australia and North America.

Faulkner is a sought-after keynote speaker at international conferences, delivers training, presentations and workshops internationally to fellow professionals, and continues, to do clinical work. He is also a father of three young men and a passionate advocate for the rights of young people.

For further information visit http://www.rhythm2recovery.com/

Photo: Pexels/Andrew Neel

STUDENT PERSPECTIVES ON ONLINE TUTORIALS: PARTICIPATE 'LIVE' OR WATCH LATER?

With COVID-19, online classes for hands-on courses such as counselling may become the norm. What keeps students attending and engaged?

By Claire Hutton and Dr Hazel Tan

Abstract

This study examines postgraduate counselling students' participation in live online tutorials, and the factors they identify as important in choosing whether to participate in the classes or watch the recorded version later. Qualitative and quantitative techniques, including an anonymous online survey, were employed to investigate whether students attended online classes and the reasons for this. Students were asked about their choice to participate in the 'live' online class or to later view a recording of the class, and what they found to be the benefits and limitations of each. The majority of the 51 respondents attended at least some live classes, and several themes were identified in their explanations for choosing to do so, the strongest of which was the perceived importance of the interactive nature of live classes. The ability to participate, the immediacy of responses and a stronger sense of engagement with both the material and with fellow students and the teacher were all highly valued. The timing of the class, and students' lack of flexibility (due to non-study-related factors) were the strongest reasons for both non-attendance and for choosing to watch the recording later. The need for online teachers to be better trained was also highlighted. Given the COVID-19 pandemic has forced the widespread adoption of online teaching, and this may remain the case for some time yet, the study highlights some key factors in increasing online class attendance and participation.

Introduction

One of the many significant worldwide impacts of the COVID-19 pandemic has been the transformation of tertiary education teaching and learning. While the number and range of online university courses have increased exponentially over the past two decades (Allen & Seaman, 2016; Lee, 2017), improving equity of access and opening up tertiary education opportunities to many students who would otherwise experience significant difficulty studying, the pandemic has resulted in almost no face-to-face learning, requiring a substantial number of educators to very quickly adapt to online delivery.

Many subject areas are well-suited to online learning, but those teaching both theory and applied skills, such as counselling, face particular challenges.

Online courses have generally used a range of both asynchronous teaching methods, where there is a gap between contributions and a response to those contributions (for example, discussion forums, reflection questions and quizzes), and synchronous teaching methods (such as chat rooms, live lectures and tutorials), which

Photo: Pexels/Cottonbro

allow for immediate response in real time. Synchronous teaching addresses, more effectively, one of the most obvious differences between face-to-face and online learning – that students and teacher are not physically in the same location (Salter & Conneely, 2015). In particular, live tutorials, via platforms such as Adobe Connect, allow students and teachers to interact in real time, and as such provide the closest experience to being in a classroom.

Online counselling programs

Online courses teaching the theory and skills of counselling face particular pedagogical challenges. The concept of social presence, as defined by Short et al. (1976, as cited in Cobb, 2009), is a construct composed of two elements: intimacy and immediacy. These are both qualities fundamental to the provision of effective counselling (Yalom, 2009).

Effective counselling takes place in an environment in which a client feels safe to be vulnerable and share difficult and painful aspects of their lives. To create such an environment, the student-counsellor needs to develop a range of communication skills, the learning of which is much more effective when immediate feedback is available (either from their peers or teacher). The experience of learning situations in which intimacy and immediacy are present is also a key factor in developing in the student-counsellor an awareness and appreciation of the importance of these factors.

Both the concept of social presence and the development of skills are more likely to be experienced during synchronous (as opposed to asynchronous) online activities (Carr, 2014). So, it is important for courses teaching counselling online to provide synchronous learning opportunities, with live interaction both among the students themselves and between the students and the teacher.

The present study

The first author has lectured for 11 years in a Master of Counselling (MoC) program in a large Australian university. The MoC is a two-year program delivered in both on-campus and online modes. In 2017, live weekly online tutorials via the Adobe Connect platform were introduced in all MoC online units, with recordings of these classes uploaded to the units' virtual learning platform (Moodle) sites. On average, less than 20 per cent of online students attended these classes live (compared to 70 to 80 per cent attendance for the equivalent classes for on-campus students), but Adobe data showed these recordings were being viewed many times. Viewing a recording can be an effective way of reinforcing learning from the tutorials, and it is also a convenient alternative when students cannot attend a particular online class.

However, it seemed likely that many students were, in fact, choosing to watch the recordings rather than attend the live classes, significantly reducing their level of interaction with both the teacher and other students. We were

curious to know if students believe that watching a recording of a class is as effective as attending a live one, or if they are making the choice to not attend a live class for other reasons. Additionally, previous studies (Chen et al., 2008; Robinson & Hullinger, 2008; Phillips, 2013) have shown conflicting findings about the impact of age on online participation.

The present study aimed to identify student perspectives on the factors that affect attendance at online classes, by addressing the following questions:

1. What reasons do students give for choosing to attend or not to attend a live online class?
2. For students who view the recorded class later instead of attending the live class, what factors influence this decision?
3. Is attendance related to student age?

Literature review

Online class interaction

Interaction (defined here as 'reciprocal action or influence') contributes to learning, as students learn more when they are more actively involved in the process (Grunert, 1997) and meaning is constructed from interaction with others (Wdowik, 2014). In a meta-analysis of studies investigating factors promoting students' satisfaction in online environments, Trespalacios and Lowenthal (2019) found that the degree of interaction was a factor in almost all of the studies. Similarly, Desai et al. (2009) found that students reported a more positive attitude and greater satisfaction with their course when there were high levels of interaction present. Boling et al. (2011) also found that students expressed greater satisfaction with more interactive online courses and saw them as better learning experiences.

Using the categories first devised by M. Moore (1989), Rovai and Downey (2016) identified three dimensions of online interaction: student–student, student–teacher and student–content interaction. A literature review by Misopoulos et al. (2018) concluded that most studies found these three dimensions of interaction to contribute positively to students' satisfaction with their course. J. Moore (2014) in particular found student–student interaction was a strong predictor of success and satisfaction in online courses.

Student–teacher interaction (both general communication and feedback) is critical in an online environment. Online students whose instructors used video messages (for regular course announcements) (continued page 36)

were significantly more likely to report that they got to know their instructor well, compared to students whose instructors only used text messages (Kushnir & Berry, 2017). Mullen and Tallent-Runnels (2006) compared experiences of on-campus and online graduate students, looking at differences in perceptions of lecturers' affective support (defined as showing care through listening, encouragement, use of humour and personal examples), and found that while on-campus students ranked this support higher, the variable was more significant in online students' overall satisfaction ratings. Young (2006) also found that students highly valued instructor involvement in online discussions. More recently, Wai and Seng (2015) found that students feel less engaged when the teacher's presence is lacking, and O'Shea et al.'s (2013) students also talked about the impact of the 'disappearing lecturer', who responds to a few online questions early on but then goes quiet.

Asynchronous versus synchronous interaction

Earlier studies focused primarily on asynchronous learning, as the technology for running live online classes was still developing. Carr (2014) found that the most effective method of increasing student engagement in educational leadership courses was instructor visibility through interactive sessions and video conferencing (both synchronous activities). Similarly, Willis et al. (2013) found the interactivity of synchronous online peer discussions was highly valued by students, as responses to questions or comments were immediate. However, they also found that the lack of time and flexibility were barriers to synchronous participation. Students found the need to log in at a specific time onerous, and they valued opportunities for asynchronous participation (blogs, discussion boards, recordings). Interestingly, Bernard et al. (2009) found a positive relationship between the frequency of interactions in an online course and student achievement, irrespective of whether those interactions were synchronous or asynchronous. Devine and Hurst (2017) argued that asynchronous interactive activities benefit students with language barriers, as they have more time to construct responses. Viewing the recordings later also gives these students the option to watch repeatedly if needed (Robinson & Hullinger, 2008).

An interesting study by Hood (2013) looked at a buffet-style course (where all students are enrolled on-campus but can choose to attend both lectures or tutorials either face-to-face [f2f], online live or watch the recordings later) and examined the predictors of students' intentions to access f2f or online options. She found students of lower past performance in the subject, and higher extrinsic motivation, were more likely to express intent to access the asynchronous tutorials. And Hood reports that "students who engaged in deeper processing of material and who recognised the importance of peer discussion and interaction to their learning … had stronger intentions to attend the virtual tutorials" (p.770).

Past studies mainly investigated students' intentions; this study looks at what they actually did. If interaction is highly valued by students, and when given the choice of attending live (high-potential-interaction) tutorials versus watching those same tutorials as a recording later (viewing the interaction but not playing a part in it), what would they say about why they would choose the latter?

Methodology

Participants, recruitment and data collection

Following University Ethics Committee approval, all 163 online MoC students from semester one 2018 were given an Explanatory Statement, which clearly stated that they were under no obligation to participate. Students were asked to complete an online Qualtrics (Provo, Utah) questionnaire via a survey link. The survey was anonymous to address possible concerns of both confidentiality and coercion, and to encourage candid responses. Fifty-five students clicked on the survey link, a response rate of 30%. Four responses with less than 10% completed were removed, leaving a sample of 51 students. Data were collected in the two weeks after semester one ended. Learning analytics in the form of Adobe Connect data were collected from the MoC online platform following permission of the course leader.

Methods

Method 1: Questionnaire with both fixed-choice and open-ended response options.

The fixed-choice options were educated guesses as to what students might say **(continued page 38)**

Do you see clients with PTSD and Complex PTSD?

Be part of an experiential program that will equip you with effective therapy skills that you can immediately put into practice for lasting impacts on your clients' lives.

Did you know?

Individuals who receive trauma-focussed therapy halve their risk of having PTSD after treatment.*

One of the most effective trauma-focussed therapies is Prolonged Exposure therapy - a treatment designed to help clients emotionally process traumatic experiences and improve day-to-day functioning. PE therapy can be adapted to meet the needs of individual clients, including those with previous trauma of child abuse, rape, assault, combat, accidents and disasters.

Join Our 3 Day PE Therapy Training Program

Melbourne | Sydney | Brisbane in 2021

LIVE Web-based Training also available!

The 3 day program covers the essentials of PE therapy AND advanced topics including working with clients with developmental, prolonged or repeated trauma and Complex PTSD.

Face-to-Face Training

3 Day Training Program
SUPER Early Bird $1020
Early Bird $1110
Regular $1200

2 Day Workshop
SUPER Early Bird $860
Early Bird $900
Regular $960

LIVE Web-based Training

3 Day Training Program
SUPER Early Bird $715
Early Bird $780
Regular $840

2 Day Workshop
SUPER Early Bird $600
Early Bird $630
Regular $670

All prices incl. GST

See full training and booking details: www.darrylwade.com.au/training

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.

about their reasons for attending or not. Open-ended questions for each variable were included, to allow for responses not covered by these fixed choices. While time limitations prevented a pilot study, face validity of the instrument was addressed by seeking feedback from MoC colleagues and ex-students.

The questions addressed were:

- how many live tutorials students had participated in;
- if they attended less than half, or none at all, reasons why;
- what they found useful (and less useful) about the classes they did attend live;
- whether they had watched the recording of the class and, if so, in what circumstances; and
- for students who had done both, how they compare the experience of attending live versus watching later.

The text-entry responses to the open-ended questions were coded into categories, following reflexive thematic analysis (TA), a school within the broader TA approach (Braun et al., 2019). The term 'reflexive' emphasises "the active role of the researcher in the knowledge production process" (p. 6), and the process of coding is inductive, rather than using set categories from the start.

Method 2: Adobe Connect data, providing an objective measure of:

- the number of students logging into the live tutorials. For consistency, the number of students logged in 20 minutes after the scheduled start was used; and
- the number of views of the recorded session. This does not necessarily equate to the number of students viewing it, but provides an approximate figure for comparison with tutorial attendance.

This data was primarily used to triangulate findings, seeing if what was learned through the surveys supported or contradicted the Adobe analytics.

Table 1: Attendance at online classes by age group (*N*=48, missing=3)

Age group	No classes attended	At least one class	Average number of classes (of those who attended at least one)
Up to 34 (*n*=19)	8	11	5.2
35–44 (*n*=13)	3	10	4.4
45+ (*n*=16)	4	12	6.4
All age groups	*n*=15, missing=1	*n*=33, missing=2	5.4

Results

Questionnaire participants

Of the 51 respondents, 43 per cent were full-time students and 57 per cent were part-time. Preliminary analysis showed an almost identical attendance rate, so the groups were combined for all further analysis. Females accounted for 90 per cent of respondents, as expected, given the gender breakdown of MoC online enrolment (89 per cent female to 11 per cent male). The age spread of respondents was similar to the general MoC population, but fewer under-25s and more over-45s responded than might be expected.

Attendance at online classes

Thirty-five students (69 per cent) had attended at least one online class live, and 16 (31 per cent) had not attended any classes.

In Table 1 (above) the two youngest age groups were combined, due to the very small number of students in the 'under 25' group. A chi-square test for independence indicated no significant association between age groups and whether or not students attended any online classes, χ^2 (2, *n*=48)=0.42, *phi*=.019. While the eldest age group (45+) attended the highest average number of classes over the semester (6.4), a

Table 2: Reasons chosen (*n*=35) and most important reason (*n*=22) for attending less than half of classes, with explanations

Category	Number who chose (%)	Most important reason (%)	Typical explanations given
Timing of class wasn't suitable	14 (40%)	10 (45%)	Time differences for overseas students Time clashing with family responsibilities (mainly children)
I didn't find the ones I attended useful	4 (11%)	4 (18%)	Sessions unengaging Competency of the facilitator
I found it too challenging/anxiety-provoking to participate	3 (9%)	3 (14%)	Challenging to participate, or not comfortable with how the lecturer ran the sessions
I preferred to watch the recordings later	12 (34%)	2 (9%)	Great to be able to watch it, pause for note-taking, and then restart …
Lack of time	2 (6%)	1 (5%)	
Other	3 (9%)	1 (5%)	

one-way between-groups analysis of variance found no statistically significant difference in the number of classes attended by different age groups ($F(2, 29)=1.1$, $p=0.35$). In conclusion, older students were not more likely to attend classes than younger ones, and did not, on average, attend more classes than younger students.

The final column of Table 1 indicates that many students attended considerably less than the maximum number of classes available to them (usually 10 to 11 per semester). Students were asked to say why, first by choosing as many as applicable from a list of options, then by answering, via an open text box, which they would choose as the *most* important reason.

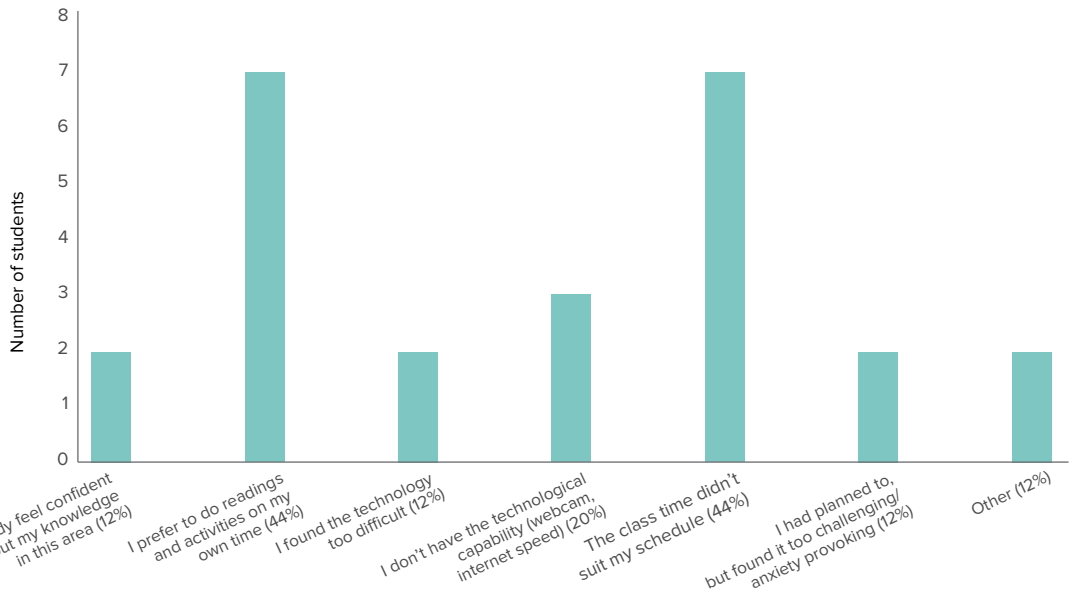
Table 2 (above) shows the most frequently cited reason (*n*=14, 40 per cent), and most important reason (*n*=10, 45 per cent), was that the timing of the classes was not suitable. While 'preferred to watch recording later' was chosen by 34 per cent (*n*=12) of respondents, only two of those chose it as their most important reason. Four students chose 'I didn't find the classes I attended that useful'. These are students who initially attend but are discouraged by what they see, so they are an important group to understand better. The final notable category referred to anxiety about participating. While the number was not high (four respondents), it seems an area worth exploring further, especially as these were students who did actually attend some classes (only one student who never attended classes chose this category as the reason why).

Students who stated that they had not attended any of the classes were asked to indicate their reasons from a list of fixed choices, as well as an option to provide their own reasons. The frequency distribution of the various reasons is shown in Figure 1 (page 24).

From Figure 1, out of the 16 students who did not attend any online classes, scheduling problems (44 per cent) and the wish to do self-driven study (44 per cent), were the reasons most often chosen. Technological challenge was the third most common reason, whether due to lack of knowledge (12 per cent) or capacity (20 per cent).

For the scheduling/timing option ('the class time didn't suit my schedule'), typical comments again highlighted either location/time difference issues or family commitments. The other most chosen reason for students to

Figure 1: Reasons chosen for not attending any online classes (*n*=16)



not attend any classes was the category of 'I prefer to do the readings and activities in my own time' (44 per cent), indicating they are choosing to not attend because they prefer solitary learning, rather than because the timing is inconvenient. Contributing to discussion forums and other asynchronous forms of interaction (assuming these students do so) is indeed a form of interaction, albeit one which lacks the immediacy of a live discussion. As a counsellor, the ability to respond thoughtfully and appropriately in the moment is an important skill, and one that is not necessarily developed through forums where a student can take as long as they want to prepare their responses to questions. With post-hoc insight, the choice of language in the option ('I prefer to do the readings and activities in my own time') may have produced a social desirability effect, since it might be the most 'acceptable' reason to not attend class (as it implies 'I am still a dedicated student').

Viewing the recordings of the class at a later time

All online classes are recorded and available for later viewing. Both groups of students (online class attenders and non-attenders) were asked if they had watched any of these recordings, and whether they had ever watched a recording more than once.

Of students who attended at least one online class (*n*=39), 33 had viewed at least some of the recordings (70 per cent said "to make up for missed classes", 15 per cent said "even for those I attended", and smaller numbers of students indicated they watched for revision/assignment clarification). Eleven of those 33 had viewed some of the recordings more than once, indicating this was either to aid content comprehension or for assignment clarification.

Of students who did not attend any online classes (*n*=16), 37 per cent (*n*=6) also did not view any recordings. And only three of these students said they viewed 'most or all' of the recordings. Of those who attended at least one live class, 85 per cent also watched at least some recordings (mostly to make up for missed classes, but 15 per cent said they would watch even for classes they had attended), compared with 63 per cent of the students who did not attend any online classes. Students who attended live classes were also more likely to re-watch recordings than students who attended no live classes (33 per cent, compared with 20 per cent).

Thematic analysis of text responses regarding reasons for attending (or not)

A reflexive thematic analysis procedure (Braun et al., 2019) was then applied to participants' text responses, eliciting some key concepts. The data was first coded, then collated into meaningful groups from which themes were derived. As an inductive study, these themes are strongly linked to the data themselves, rather than using a pre-existing framework. The code (for example, R29) after each response is an identifier, indicating that the response came from the 29th respondent to the survey. As the survey was anonymous, no other information was known about individual respondents.

Table 3 highlights what students who attended at least some online classes considered the

Table 3: What students found useful (and not so useful) in their online classes (*n*=33)

Theme	Sub-theme	Examples
Immediacy (instant connection and response)		It has been useful to ask specific questions and to explore the content in more detail (R50) [.....] I enjoyed being able to add my thoughts and questions in the chat (R15)
Interaction	With the lecturer	The tutor facilitated some useful discussions. It would have been helpful if she'd provided more feedback and direction as well as concrete information about current evidence base in relation to issues raised (R7) It's great to have some contact with the staff. It improves the learning environment and helps to feel that we are noticed in some way and not just forgotten (R34)
	With both lecturer and other students	The conversations have been interesting and just feeling that you aren't so isolated in study has been excellent (R12) I love the face-to-face interaction with teachers and other students (R18)
	With other students	I love the contact with the other students (R16) Attendance keeps me motivated and connected with other students, which enhances the university experience and increases social participation (R4)
Learning	Learning from other students	The lecturers do a great job of providing interactive opportunities for online students to work together and learn from each other (R1) I really haven't learned much from the online tutorials. I got a few tips about assignments, but the questions asked were too simple (R10) Having full interactive tutorials would be great. When students can use their mics – I learn a lot from fellow students and their point of view or experience. It is eye opening to hear from others (R38)
	Applying content to practice	I have appreciated the anecdotes the tutors shared, which allows a chance to see how the academic content can be applied to practice (R50) Applying skills taught in the lecture to feel more confident in using techniques and tools etc (R45)
Staff factors	Lack of preparation by the lecturer	Not useful when lecturer is not organised/has not viewed lecture or read readings themselves (R32) The class was quite boring. I also feel like the instructor is not very well prepared (R26)
	Technology skills	I have found some of the technical issues from this semester a bit annoying, but apart from that I have found them to be overall really good (R49) Ensure that staff are given professional development and mentoring in use of online class facilitation – certainly a skill to be embraced and does not come naturally to all (R5)

most important benefits of these classes. The opportunity to interact with both the lecturer and fellow students, and the ability to ask questions and get answers in real time, were the most common themes.

The 27 respondents who had both attended online classes and watched at least some class recordings were then asked a) to compare the two modes, and b) if they were able to do either, would they choose one over the other? Eighteen said they would prefer live, four chose viewing the recordings, and five said they saw benefits in both and liked the flexibility of having both available to them. This is where it became clearer what students found valuable in a live class and what stops others attending. See Table 4 (page 27).

Discussion and conclusion

This study aimed to better understand why students do or do not attend their online tutorials. The proportion of responders who were non-class-attenders was relatively small (*n*=16). Much more was learned about the 35 respondents who did attend at least one live class.

In Table 3, participants identified convenience/flexibility and interaction/immediacy as the most salient factors in their decision to attend live classes or view the recording later. The importance of this second theme strongly supports previous findings (for example, Boling et al., 2011; J. Moore, 2014; Owston et al., 2019), particularly as the term 'interaction' was deliberately not referred to in any of the survey questions.

Interaction during class

The responses of students who attended online classes show that they highly value the interactive nature of the classes, both the interaction between students and teacher, and among the students themselves. More than 50 per cent of online students highlighted the importance of being able to interact with other students within the live classroom. This seemed to be one of the strongest ways of feeling a sense of being connected to the course and to the university.

While there are other ways for online students to interact (for example, discussion forums with set content and more informal chatrooms), the nature of live immediate interaction seems to work better to foster this sense of connection.

Table 4 shows that students who prefer to attend live class over watching recordings do so primarily because they are seeking interaction. The main reasons given for this are: (a) the ability to participate and the feeling of belonging this brings, and (b) the impact on learning.

Previous studies (Hood, 2013; Robinson & Hullinger, 2008) have found that some students believe they learn better through asynchronous viewing of the material. While other advantages of asynchronous viewing

Table 4: Comparing live online class to viewing the recording later

Theme	Sub-theme	Examples
Interaction	Contributing to a sense of belonging	I would much rather be in live tutorials due to the presence of having a teacher there I find much more engaging than rather on screen (R2) Participating live was as much a social experience as a learning one and this is important for online learning which can be quite lonely at times [...] The classes add structure (R4)
	Contributing to improved knowledge and skills	Attending online as I [...] will also learn more if I contribute (R33) Definitely watch live [...] role plays are so important! We read and read so much, but I find I really stumble when putting my knowledge into words [....]. Having the opportunity to use phrases and thought out knowledge is a valuable step. We can stop to consider what we will write, but we don't have the luxury of that time in real life, so it is so valuable to practise before being sat before a client (R38) I guess live is probably preferable, but I still think watching it later is fine as all the information and student conversation is still there (R21)
Immediacy		I enjoyed being able to add my thoughts and questions in the chat. Sometimes when I'm watching the recording I go to type my thoughts in the chat and then remember it's the recording! (R15) I found it easy to watch later as I could concentrate on what was being said rather than worrying about what I should say to contribute (R22)
Convenience/ flexibility		The benefit of watching the recording though is that if I get called on by my kids or husband I can just pause and resume at my leisure (R15) The recorded option is excellent for those who can't attend or who have scheduling conflicts as it is wonderful to hear the thoughts of your peers (R1)

(convenience and flexibility) were noted in this study, no one mentioned learning more effectively through asynchronous attendance at tutorials.

Previous findings of the importance of student–teacher interaction (Cho & Lim, 2015; Young, 2006) are supported by this study, which emphasises the importance of this factor for online teachers. However, several students emphasised the importance of having competent and knowledgeable teachers, some even preferring these qualities over personality.

Accessibility/immediacy

Respondents echoed Boling et al.'s (2011) findings, identifying easy access to an instructor as a key benefit of attending online classes. As with the theme of interaction, the perceived impact on students' learning was frequently mentioned. When those students who accessed both live classes and watched recordings were asked which they preferred, a number of responses referred to improved learning as a key reason for attending live. In particular, they note the value of being able to ask questions ("even if they seem dumb!"), as even a 'dumb' question will often promote further discussion, leading to greater clarity.

Challenges in attending (and teaching) 'live' classes

Boling et al. (2011) found that many students were frustrated by the technological difficulties and set times of online live classes. While the participants in this study listed 'timing of class' as the most common reason for not attending, most were philosophical about this, with only a few voicing frustration.

Photo: Unsplash/Andrew Neel

The overall picture included an acknowledgement of the challenges of meeting the needs and wishes of all. Nevertheless, given that students chose 'timing of class' as both the most frequent and the most important reason for not attending live, there may be value in consulting with students about the best times to run these live classes (especially with small student cohorts).

Technology continues to be a challenge for some students; in some cases it is a lack of familiarity, in others it is limited internet access. Suggestions from respondents about how teachers could increase the level of interaction within the online class included reinforcing the importance of participation when using activities like breakout rooms, and giving specific advice and encouragement to students around microphone and camera use, and, where possible, locating oneself away from other household members during class.

Technological limitations do not just apply to students. Similar to previous research (Allen & Seaman, 2016; Deschaine & Whale, 2017; Wingo et al., 2017), respondents identified the need for staff to have more training in engaging students and transmitting course content online. This training ideally would take place close to the commencement of online classes, and staff also need ongoing support. On-call technological help is important but made more difficult by many university online classes running in the evening, when there is often very limited technology support.

Limitations and future directions

The sample is weighted in favour of students who attended online classes. Students who had never attended an online class may have been reluctant to respond to the questionnaire, as it would mean answering questions about what they might perceive to be their 'bad student' behaviour. This may well have been exacerbated by the study having been conducted by a staff member. Conversely, it is possible that familiarity with many of the students played some part in the large number of open-text responses.

The decision to allow respondents to be anonymous restricted the ability to look at variables like class size and the impact this might have on the level of interaction. Several studies (Carr, 2014; Kebble, 2017; Kim, 2012) have found that, at least for asynchronous activities, small groups work better and promote a high level of interactivity. It would be interesting to explore whether this also applies to live online classes.

The question of why students choose to do an online course may well be a moderating variable: those students who study online because their circumstances do not allow them to attend on-campus classes may value a high degree of interaction, whereas those who could study on-campus but still chose online study may well place less value on its importance. As O'Shea et al. (2015) found in their narrative study of online student's experiences, some students are not seeking interaction with or support from others and see themselves as studying effectively on their own. But in 2020, virtually all students have been forced into an online learning mode. A greater understanding of what students find useful during online classes increases the likelihood that we improve both participation and learning.

References

Allen, I. E., & Seaman, J. (2016). *Online report card: tracking online education in the United States*. Babson Park, MA: Babson Survey Research Group and Quahog Research Group. http://onlinelearningsurvey.com/reports/onlinereportcard.pdf

Bernard, R. M., Abrami, P. C., Borokhovski, E., Wade, C. A., Tamim, R. M., Surkes, M. A., & Bethel, E.C. (2009). A meta-analysis of three types of interaction treatments in distance education. *Review of Educational Research*, 79(3), 1243–1289. https://doi.org/10.3102/0034654309333844

Boling, E. C., Hough, M., Krinsky, H., Saleem, H, & Stevens, M. (2011). Cutting the distance in distance education: perspectives on what promotes positive online learning experiences. *The Internet and Higher Education*, 15, 118–126. https://doi.org/10.1016/j.iheduc.2011.11.006

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. In P. Liamputtong (Ed.), *Handbook of research methods in health social sciences* (pp. 844–861). https://doi.org/10.1007/978-981-10

Carr, M. (2014). The online university classroom: one perspective for effective student engagement and teaching in an online environment. *The Journal of Effective Teaching* 14(1), 99–110. Retrieved October 16, 2020 https://www.learntechlib.org/p/161213/

Chen, P. D., Gonyea, R., & Kuh, G. (2008). Learning at a distance: engaged or not? *Innovate: Journal of Online Education* 4(3), 7. https://www.learntechlib.org/p/104252/

Cho, C. W., & Lim, E. K. S. (2015). Measuring the effectiveness of blended learning environment: a case study in Malaysia. *Education and Information Technologies*, 20(3), 429–443. https://doi.org/10.1007/s10639-013-9293-5

Cobb, S. (2009). Social presence and online learning: a current view from a research perspective. *Journal of Interactive Online Learning*, 8(3), 241–254. http://www.ncolr.org/ jiol/issues/pdf/8.3.4.pdf

Desai, M., Hart, J., & Richards, T. (2009). E-learning: paradigm shift in education. *Education*, 129(2), 327–334. https://link.gale.com/apps/doc/A190331807/AONE?u=monash&sid=AONE&xid=0f8df671

Deschaine, M., & Whale, D. (2017). Increasing student engagement in online educational leadership courses. *Journal of Educators Online*, 14(1). https://www.thejeo.com/archive/2017_14_1/deschaine_whale

Devine, K., & Hurst, D. C. (2017). Online engagement and success in graduate studies. In A. Khare & D. Hurst (Eds.), *On the line – business education in the digital age*, (pp. 97–109). https://doi.org/10.1007/ 978-3-319 27762_9

Grunert, J. (1997). *The course syllabus: a learning-centered approach*. Bolton, MA: Anker Publishing Co, Inc.

Hood, M. (2013). Bricks or clicks? Predicting student intentions in a blended learning buffet. *Australian Journal of Educational Technology*, 29(6), 762–776. https://doi.org/10.14742/ajet.415

Kebble, P. (2017). Assessing online asynchronous communication strategies designed to enhance large student cohort engagement and foster a community of learning. *Journal of Education and Training Studies*, 5(8), 92–100. https://doi.org/10.11114/jets.v5i8.2539

Kim, J. (2012). Influence of group size on students' participation in online discussion forums. *Computers and Education*, 62, 123–129. https://doi.org/10.1016/j.compedu.2012.10.025

Kushnir, L.P., & Berry, K. (2017). Saving face in online learning: new directions in teaching and e-learning. In *Student engagement and participation: concepts, methodologies, tools, and applications* (pp. 630–650). Ed. Association, Information Resources Management, IGI Global, 2017. https://doi.org/10.4018/978-1-5225-2584-4.ch032

Lee, K. (2017). Rethinking the accessibility of online higher education: a historical review. *The Internet and Higher Education*, 33, 15–23. https://doi.org/10.1016/j.iheduc.2017.01.001

Misopoulos, F., Argyrepoulou, M., & Tzavara, D. (2018). Exploring the factors affecting student academic performance in online programs: a literature review. In A. Khare & D. Hurst (Eds.), *On the line – business education in the digital age* (pp. 235–250). https://doi.org/10.1007/9783-319-62776-2_9

Moore, J. (2014). Effects of online interaction and instructor presence on students' satisfaction and success with online undergraduate public relations courses. *Journalism & Mass Communication Educator*, 69(3), 271–288. https://doi.org/10.1177/1077695814536398

Moore, M. G. (1989). Editorial: three types of interaction. *American Journal of Distance Education*, 3(2), 1–7. https://doi.org/10.1080/08923648909526659

Mullen, G., & Tallent-Runnels, M. K. (2006). Student outcomes and perceptions of instructors' demands and support in online and traditional classrooms. *The Internet and Higher Education*, 9, 257–266. https://doi.org/10.1016/j.iheduc.2006.08.005

O'Shea, S., Stone, C., & Delahunty, J. (2015). "I 'feel' like I am at university even though I am online." Exploring how students narrate their engagement with higher education institutions in an online learning environment. *Distance Education*, 36(1), 41–58. https://doi.org/10.1080/01587919.2015.1019970

Owston, R., York, D., & Malhotra, T. (2019). Blended learning in large enrolment courses: student perceptions across four different instructional models. *Australasian Journal of Educational Technology*, 35(5), 29–45. https://doi.org/10.14742/ajet.4310

Phillips, M. (2013). *Instructor and student perceptions of online courses: implications of positioning theory* (Order No. 3577830). ProQuest Central; ProQuest Dissertations & Theses Global; Social Science Premium Collection. (1492364383). Retrieved from https://search.proquest.com/docview/1492364383?accountid=12528

Robinson, C., & Hullinger, H. (2008). New benchmarks in higher education: student engagement in online learning. *Journal of Education for Business*, 84(2), 101–109. https://doi.org/10.3200/JOEB.84.2.101-109

Rovai, A., & Downey, J. (2016). Why some distance education programs fail while others succeed in a global environment. *The Internet and Higher Education*, 13, 141–147. https://doi.org/10.1016/j.iheduc.2009.07.001

Salter, N. P., & Conneely, M. R. (2015). Structured and unstructured discussion forums as tools for student engagement. *Computers in Human Behavior*, 46, 18–25. https://doi.org/10.1016/j.chb.2014.12.037

Trespalacios, J., & Lowenthal, P. R. (2019). What do they really like? An investigation of students' perceptions of their coursework in a fully online educational technology program. *Australian Journal of Educational Technology*, 35(5), 60–78. https://doi.org/10.14742/ajet.4364

Wdowik, S. (2014). Using a synchronous online environment to promote and enhance transactional engagement beyond the classroom. *Campus-Wide Information Systems* 31(4), 264–275. https://doi.org/10.1108/CWIS-10 2013-0057

Willis, J., Davis, K., & Chaplin, S. (2013). Social cultural affordances of online peer engagement. *Journal of Learning Design*, 6(1), 34–45. https://www.jld.edu.au/article/ view/102.html

Wingo, N. P., Ivankova, N. V., & Moss, J. A. (2017). Faculty perceptions about teaching online: exploring the literature using the technology acceptance model as an organizing framework. *Online Learning,* 21(1), 15–35. https://doi.org/10.10.24059/olj.v21i1.761

Yalom, I. D. (2010). *The gift of therapy*. London: Piatkus.

Young, S. (2006). Student views of effective online teaching in higher education. *The American Journal of Distance Education*, 20(2), 65–77. https://doi.org/10.1207/s15389286ajde2002 2

About the author

Claire Hutton has taught postgraduate Master of Counselling programs at both Monash University and Victoria University for the past 12 years. She is currently undertaking a PhD in the area of doctors' health, and also has a small private psychology practice.

Dr Hazel Tan is an academic at the Monash University and part of the mathematics, science and technology academic community. Her areas of research and teaching interest are in secondary mathematics education, educational technology and international comparative studies.

Stories matter: a narrative practice approach to bereavement through suicide

By Marnie Sather

Abstract

The bereaved by suicide are rapidly catapulted into not only making sense of the death of their loved one but also dealing with the multiple social prescriptions about what can and cannot be discussed. This presents those bereaved by suicide with special problems unique to the method of death. This paper discusses a narrative practice approach to therapy that has been specifically developed to counter the effects of marginalisation and stigma attached to certain forms of life experience. The founders of narrative therapy were both social workers, committed to challenging operations of power and privilege in mental health services and psychiatry. Four modes of narrative practice are reviewed – re-membering practices, multi-storied tellings, collective narrative practices and reclaiming histories – and how they assist people who are bereaved by suicide is described.

Narrative approach to suicide bereavement

Suicide is a significant public health concern. According to the World Health Organization (WHO), nearly one million people worldwide die by suicide each year (WHO, 2013). For each person who dies by suicide, many are affected. As with any death, those bereaved by suicide can be defined as any person greatly saddened[1] by the suicide death of a loved one. It is important that all people who feel the loss of a loved one have a voice and are not excluded by traditional kinship definitions.

Suicide is not a 'typical' death. The bereaved must contend with the centuries-old social stigmas, taboos and fears that surround suicide. Creating contexts for the bereaved to speak free from cultural taboos is an important contribution that therapy can make. Therapy can help a person find the specific meanings the death had for them, as independent as possible from received meanings. Marsh (2010) makes clear: "Descriptive variety becomes possible when a number of terms are available within a language, and these terms can allow for apparently similar acts to be given different meanings" (p. 79).

There is an abundance of research and resources devoted to the prevention of suicide. Less attention has been paid to those bereaved by suicide. The field of suicide postvention remains relatively immature in terms of the current knowledge base. The focus on research is often on the family searching for reasons behind the suicide. (Maple et al., 2014).

Many people have written about clinical practice with people bereaved by suicide (Chapple, Zeitland & Hawton, 2015; Neimeyer, 2000; Sugrue, McGilloway & Keegan, 2014). Narrative practice arose specifically to counter discourses that marginalise and stigmatise people, thus being particularly suited to assist those who have been negatively affected by bereavement by suicide. Michael White and David Epston, the founders of narrative therapy, were both social workers and were committed to challenging operations of power and privilege in mental health services and psychiatry. White and Epston are most associated with the early writings and clinical practices related to narrative therapy. Epston brought a narrative metaphor to the field of therapy (Epston, 1986; M White, 1988b). White's interest in Foucault drew attention to the clinical importance of addressing the client's particular sociopolitical/historical location (Foucault & Gordon, 1980).

Another feature of narrative practice that makes it particularly appropriate for people who are bereaved by suicide is that therapists include clients in identifying what they know about their problems and ways to ease them. This is called 'co-research' (Epston 2014; Epston & White, 1990). In this method, narrative practitioners and their clients discover together what is and is not helpful at every step of the therapeutic process.

This paper explores the rationale and ethics of 'elevating' the lived experience of people bereaved by suicide. Elevating the knowledge of those bereaved by suicide promotes a greater sense of agency and a reduction in shame. It is these very effects that seem most appropriate to grief counselling with those bereaved by suicide.

Historical perspectives on the meanings of suicide taboos and the implications for the bereaved

Responses to suicide and suicidal behaviours are deeply embedded in particular social, political, ethical, and historical contexts (White, 2016). The bereaved are rapidly catapulted into having to make sense of suicide while also experiencing socially prescribed censorship in the conversations available to them. The bereaved inherit a variety of degrading assumptions (for example, suicide is 'selfish', a 'violent' act, or an 'easy

option') applied to their loved ones' actions by the 'cultural community'. Hjelmeland (as cited in Marsh, 2016, p.34) writes:

"Suicidal behaviour always occurs and is embedded within a cultural context and no suicidal act is conducted without reference to the prevailing normative standards and attitudes of a cultural community."

There are diverse interpretations of suicide throughout history, from the chillingly harsh to the quite pragmatic and even honouring:

"... people who attempt to end their lives, people who do end their lives, and those who are bereaved as a result, are in relationship with ideas from earlier centuries. When we consider this relationship in a Western context, we are aware that very often there have been some very harsh ideas. Although some have changed over time, the past still haunts us today." (Sather & Newman, 2016, p. 117).

In past times, suicide was considered to be a moral, theological and criminal issue. In more recent times, suicide is more often understood and explained by reference to psychopathology and mental illness (Marsh, 2010). Attitudes towards suicide bereaved have also changed over time. They were once punished harshly, their goods were confiscated, and their loved ones were denied a Christian burial (Marsh, 2010). In contemporary times, the bereaved are scrutinised by authorities. Alexander (1991, p.41), after her mother's suicide, described:

"I was angry at my exposure, at having my open wounds and those of my family available for inspection by police, by the medical examiner, neighbours and passers-by. Their spectacle was my nightmare."

An honourable or noble meaning of suicide is possible when the suicide is seen as a form of resistance to power, for example, if someone is forced to live in a way that does not fit with their values.

In working with those affected by suicide, it is important not to homogenise all experiences into one kind; instead, inviting people to create a variety of descriptions for 'apparently similar acts'. In narrative practice, this is linked to the principle of drawing out the client's specific experience, rather than assuming that it fits with the normative meanings usually attributed to the act of suicide.

Suicide forces friends, family, therapists and communities to 'think about the unthinkable'. Suicide attracts attention as it violates many taken-for-granted truths, the most sacred being that the role of human existence is to protect, value and treasure life.

Taboos and stigma: the way bereavement by suicide is different

The bereavement process after suicide is different from other bereavements; one of the distinguishing factors is stigma (Cvinar, 2005).

"Stigma is an attribute that is discrediting of the person. Those stigmatised are often seen as less

of a person than others are, usually those doing the labelling. Stigma can act as a form of social control." (Goffman, 1963)

The bereaved are left to make sense of the loss, often in isolation, given the stigma surrounding suicide. The discovery of the death is often traumatic. Family members sometimes find their loved one dead in the house, receive the bad news over the phone from authorities, or wait while their loved one is missing.

Families often endure an investigation into what happened. These features of bereavement are intimately related to taboos and stigma. Taboos represent persons, things, qualities and activities deemed so sacred or privileged as to be beyond discussion. They can also reflect entities considered so dangerous, unfit and unclean that they cannot be discussed. The result is that those entities deemed taboo are removed from the circulation of meaning that language – and conversation – provides, silencing the past, the present and the future.

Chapple et al. (2015) documented the stigmatising of the suicide bereaved. Taboos operate at a societal level, while stigma and shame are experienced both individually and collectively. One of the bereaved interviewed described the effects of the societal taboo as follows:

"People don't know what to say, I mean we're not good at dealing with death in our modern day society ... people will walk across the other side of the street sometimes to avoid talking to you." (Chapple et al., 2015, p. 617)

Narrative practice

A narrative approach to counselling and community work takes into account power relations and the societal/historical context of hardship. Narrative therapy was pioneered during a time of radical social change. As C. White (2011, p.158) describes: "Along with many others, Michael [White] became determined to challenge and put forward alternatives to the taken-for-granted authorities within mental health services and psychiatry".

In the 1980s, White and Epston began to challenge established ways of working with individuals and families. Epston brought his experience of anthropology and co-research to narrative practice. By consulting with those who consulted him, he created a two-way working relationship, allowing more opportunities (continued page 50)

to identify culturally based 'blind spots' (particularly in relation to language and culture) that would otherwise marginalise those involved in therapy, and preventing a 'one-size-fits-all' understanding of suicide-bereavement experiences. White and Epston were clear about not wanting to talk on behalf of others but, rather, wanted to create the most felicitous conditions for people to speak for themselves.

At the same time, they resisted the idea of 'individualism'. Madigan (2012, p. 29) has described the central role of 'individualism' in modernist psychological culture: "Individualism is the dominant hegemonic philosophical position that influences how we come to know ourselves as persons … Individualist assumptions rest at the very centre of psychology's project". Marsh (2016, pp. 16–17) outlines three particular assumptions that dominate research and practice in contemporary suicidology; all three derive from the paradigm of individualism and have particular implications for clinical practice in general:

1. Suicide is pathological (people who kill themselves are mentally ill).
2. Suicide is science (we will come to the best understanding of suicide through studying it objectively, using the tools of Western medical science)
3. Suicide is individual (suicidality arises from, and is located within, the 'interiority' of a separate singular, individual subject).

Narrative practice is adept at circumventing these assumptions, as it emanates from a different paradigm than the one on which they are based. Individualist assumptions invite the bereaved into having to formulate one singular 'truth' about the self-accomplished death, a headline to explain events to the wider community. The bereaved have to explain why their loved one suicided and why they did not see it coming. Marsh (2010, p.219) argues that an "individualised, internalised, pathologised, depoliticised and ultimately tragic form of suicide has come to be produced, with alternate interpretations of acts of self-accomplished death marginalised or foreclosed".

These particular unitary and individualistic accounts can affect how the bereaved come to know themselves and their loved one after the loss. Narrative frameworks give practitioners ways of supporting people affected by suicide in ways that do not locate the problem in the individual.

Insider knowledge

'Insider knowledge' is another key concept of narrative practice that can assist those bereaved by suicide. Epston has recently drawn on the writings of the philosopher Polanyi to refer to insider knowledge as "tacit knowledges" that demonstrate that we "all know more than we can tell" (M. Polanyi, 1958, in D. Epston, personal communication, October 2009). Two major social developments that have influenced the understandings of insider knowledge are the political actions taken by mental health consumers and those taken by indigenous communities worldwide (Chilisa, 2012; Hornstein, 2009; Smith, 2012; Wingard & Lester, 2001).

Narrative practice values people gaining access to expertise in their own lives and believes this is where expert knowledge lies. Thus, the person who has lived experience holds a wealth of knowledge. Insider knowledge is not simply a story or account of things as they happened. Rather, it is a deliberate rescuing of the skills and knowledge of living that we assume everyone holds, but that can so often be difficult to recognise (Sather & Newman, 2015). Narrative practitioners use particular interviewing methods that manifest the belief that the bereaved holds the keys to the undoing of their suffering. With this belief in place, questions enable the 'rescuing' of knowledge.

The concept of insider knowledge is commonly used in narrative practice. It is similar to Webb's "first-person knowledge". Webb (2003, p. 25) suggests there is no accidental oversight but a very deliberate and systematic exclusion of this critically important first-person knowledge for people who commit suicide:

"There is a fundamental flaw at the core of contemporary thinking about suicide; which is the failure to understand suicidality as it is lived by those who experience it."

Webb (2003) describes suicidology as the "science of self-destructive behaviours", and it is precisely this inherent judgement that limits understanding the lived experience of suicidality. He writes: "Constrained by a conceptual framework and empirical methods that demand observable objects, it is blind to the subjective reality of the suicidal dilemma" (Webb, 2003, p. 25). He calls for innovative methods that capture the more subjective, "soulful" meaning of

Table 1.
Re-membering questions and responses (Sather & Newman, 2015).

Ongoing Relationship	
Questions	**Responses**
• Does the person live on with you in some way?	• *"I wear my Dad's watch, this helps him be close to me every day. Sometimes I think about the places he may have gone wearing the watch."*
• If your loved one was still here, what would stand out to them most in how you have carried on?	• *"My mom would notice that I held onto hope after she died, and that I am in my first meaningful relationship with a man. She would be proud that I didn't let despair get the better of me day-to-day."*
• What would you imagine the person would want to say to you when speaking about these things?	• *"I'm proud of you, Dad."* • *"I miss you."* • *"I'm sorry times a million."*
Legacy	
Questions	**Responses**
• What would you say has shaped your life?	• *"We started an Asperger's awareness campaign and resource website with donations that came in honour of my brother."* • *"He lives on when I can feel my own gentleness and kindness because that's the man he was."*

lived experience, empathising first-person accounts, and capturing and honouring the original voice of the person who commits suicide.

Innovations in narrative practice for the bereaved by suicide

Re-membering conversations

Narrative practice with the bereaved has been influenced by Myerhoff's (1982) concepts of "re-membering" and membership. She describes a particular type of recollection:

"... the term re-membering may be used, calling attention to the reaggregation of members, the figures who belong to one's life story, one's prior selves, as well as significant others who are part of the story. Re-membering, then, is a purposive, significant unification, quite different from the passive, continuous, fragmentary flickerings of images and feelings that accompany other activities in the normal flow of consciousness." (Myerhoff, 1982, p. 111)

M White (1988a) introduced the "saying hullo again" metaphor as a concrete representation of Myerhoff's re-membering notions, a shift away from the presumption that successful grieving requires saying goodbye and passing through linear, prescribed stages of grief. "Saying hullo again" enables the reincorporation of the deceased person into the client's life.

In working with people bereaved by suicide, Sather and Newman (2015) compiled a resource, 'Holding our heads up: sharing stories not stigma after losing a loved one to suicide'. In keeping with the practices of narrative therapy and community work, questions were developed to help generate responses and stories from the bereaved. Some of the re-membering questions and responses are shown in Table 1.

Multi-storied tellings

A basic assumption in narrative work is that people's lives are multi-storied. This means that as we listen to any story, we believe that many other stories are possible (Freedman & Combs, 2009). This is different from listening for symptoms or 'gathering information'. We listen and ask questions in order to generate meaningful stories, which will create alternate, and more helpful, experiences (Freedman & Combs, 1996). White and Epston (1989) called these "re-authoring conversations". When people have been subjected to trauma, they often speak of a single-storied account, one that predominantly features a sense of hopelessness, futility, emptiness, shame, despair and depression. Alternate stories represent other 'territories of living' where people are able to speak of their particular knowledge and wisdom, and that could help heal them from the trauma they have been subject to.

A narrative, multi-storied approach allows the bereaved to speak about all their lived experiences, without the limiting lens of gender, culture or political context. For instance, multi-storied, remembering practices have

been used to assist women in the transition after a male partner's suicide; the women were able to speak of the complexity of the meanings to them of losing their partners. Here, one woman sums up the experience of many women in the group:

"Together we acknowledged horrific events and their vast effects. We also acknowledged that we women are more than these events, not merely passive recipients, and that we had responded in particular meaningful ways. Acknowledging multiple stories provided a chance for us to revise our relationships with our histories, and in doing so created a space for new possibilities in our current day-to-day lives." (Sather, 2015, p. 45)

Guntarik, van de Pol and Berry (2015) observe: "Some stories are hard to swallow. They contain material that is taboo, and some would say that the taboo is forbidden territory. Most of us want the fairy tale ending."
In working with the bereaved by suicide we can explore transdisciplinary and imaginative works that have historically given voice to the marginalised. These works can help narrative practitioners find ways to engage 'hard-to-swallow' stories. Narrative practitioners can provide ways to have conversations that acknowledge the effects of guilt, shame, secrecy and blame but also 'excavate' and archive skills and knowledge. Capturing responses that elude guilt and shame and that express, for example, caring and compassion, helps people take back things that are important to them and create identities that are more robust.

Collective narrative practice: responses to stigma and taboo

Collective narrative practice is an emerging field. Building on the conceptual and practice foundations of narrative therapy, it seeks to respond to groups and communities who have experienced significant social suffering. Collective practices can include narrative documentation, definitional ceremonies (the telling and retelling of the stories of people's lives) and performance that can contribute to social-historical healing (Denborough, 2008, 2011; Denborough, Freedman & White, 2008; Myerhoff, 1982).

Sather (2015) used collective narrative practices to reveal and challenge shaming discourses, exploring the complex experiences of women who had lost a male partner to suicide after experiencing violence from that partner. These circumstances often resulted in women trying to rise from the 'double stigma' of violence and suicide. Multi-story re-membering practices created space for women to speak of a whole range of experiences, which were then documented and shared among the women. By listening with understanding and compassion to the experiences of others, they were able more easily to free themselves from the double taboo affecting them. One woman wrote:

"As women we are finding ways to untangle ourselves from some of the taboos of suicide. Society has ideas about how we should grieve. We are judged for staying in abusive relationships and for leaving. Family, strangers, teachers and the church all tell us how we should bury the father of our children." (Sather, 2015, p. 48)

In the above example, the excavation of knowledge requires legitimation through various forms of witnessing, documentation and subsequent circulation (Denborough, 2008; Lobovits, Maisel & Freeman, 1995). It is not just the documenting of insider knowledge that is important in narrative practice; it is the art of 'double listening'. Wingard and Lester (2001, p. 11) explain:

"Not only are we telling our stories differently, but we are listening differently too. We are listening for our people's abilities and knowledges and skills. We've been knocked down so many times that we often don't think very well of ourselves. But we are finding ways to acknowledge one another and to see the abilities that people have but may not know they have."

When women who are bereaved by suicide come together and are helped to do double listening, to respect what they know and to respect what others tell them, then they are much more able to overcome the perilous times the suicide places them in. Together, in community, with the help of collective narrative practices, they are more able to forge a preferred identity.

Truth and fact: story and family histories

So far, this paper has addressed ways of working with an individual who faces the social stigma, taboo and subsequent marginalisation that accompany the death of a loved one by suicide. However, there are also challenges faced by the family as a whole. The particular stigma that these families face can lead to distortions in how the family creates its history: facts may be altered; the stigma

may lead to secrecy about the circumstances of the death; and sometimes the death is renamed an accident or covered up. The burden of shame can cut off families from their own histories. Minh-Ha (1989, p. 119) writes, "when history separated itself from story, it started indulging in accumulation and facts". A family's ability to engage in storytelling and to endorse its own history is compromised by stigma and taboo. Narrative practice endeavours to interrupt families' loss of their history by helping them to resurrect the actual story of what happened and the many other stories that comprise the family's life together. The stories that are gathered weave the contributions their loved ones made to their lives before the suicide occurred. Often the therapist must help families notice what is absent. It requires imagination to do so. Dening (2009, p. 64) describes the relationship between imagination and history: "Imagination is seeing what is absent; hearing the silence as well as the noise".

Alexander (1991) chose to write memoirs as a way of rescuing their family history after the suicide of her mother: "I was searching for some way to make sense of the incomprehensible thing that she had done, and I wanted to know whether I would ever again have a life that felt whole, whether other people had survived this kind of loss and been able to put their lives back together again."

Alexander found little written except for a few clinical articles on the 'pathological' effects of parental loss in early childhood. She notes: "The silence on the subject was unsettling" (Alexander, 1991, p. 1).

Alexander discusses the connection between language and taboo; obituary notices 'tiptoe' around the subject and loved ones end up using evasive phrases such as "died suddenly". In one anecdote, she shows the positive effect a clergy person at a funeral had on the bereaved when he suggested retrieving an important memory unclouded by the pain of suicide. A woman at the funeral was then helped to recall a fond memory.

Alexander provides narrative practitioners with 'insider knowledge' stories based on valuable lived experience that would otherwise be hidden. She re-authored her family's history.

Conclusion: there is no end

While suicide is never going to be seen as a 'typical' death, and negative discourses are likely always to be present for those bereaved by suicide, narrative practice offers clinical options that can help people resist stigmatisation and marginalisation by critically engaging with the dominant ways of constructing taken-for-granted truths about bereavement.

Societal taboos that make it necessary for those who are bereaved by suicide to keep private about the death of their loved ones make it difficult for the bereaved to hold on to rich stories of their lives with the deceased. It also makes it more complex to find the most fitting meanings to the way they ended their lives. Narrative practice does not encourage the bereaved to gloss over the hurtful actions of those who committed suicide; rather, it assists in creating full accounts. Even memories of hurtful moments can be treasured. To constantly be told that your loved one purposely tried to hurt you forecloses possible healing conversations. People have found it helpful to reconnect with the values, hopes and dreams that shaped the life purposes of their loved ones before these were eclipsed by the suffering that produced the suicide.

Stewart (as cited in Pipyrou, 2014, p. 189) speaks to the power of the "alternate plot being publicly circulated": "Suicide stories allocated alternative plots and publicly circulated are eventually adopted as memory, a pool of inspiration from where people create novel historicisations". Sather and Newman (2015) collected stories about the ways people coped with the suicide of a loved one. The bereaved spoke of their own "novel historicisations". One woman described how important it was that she was given a simple cup of tea and a plant:

"My mother's friends checked in with me after she died. One day unexpectedly, her best friend turned up to my flat. I had been hibernating and she brought me a plant. This was symbolic. I held onto the plant and we had tender conversations over a cup of tea. My mum did a lot in the community and was well-respected. Hearing stories of how she has helped so many people gave me the strength on difficult days to keep going." (Sather & Newman, 2015, p. 29)

My own son has connected to his father's love of writing and works hard at keeping an ongoing relationship despite his father's suicide. He thinks his father would be proud of him and this gets him through hard times.[2] As my son has remained proud of his father, I am proud of my son for taking this stance. As a family we have been silenced by an array of societal attitudes, but we are committed to escaping shaming discourses and writing our own history. ■

Notes

[1] Saddened is only one part of the complex experience people bereaved by suicide may feel. After the loss of my husband by suicide, I felt many things, from deep despair to relief that my children and I were safe.

[2] My son wanted me to include these observations in my paper as a way of helping other children know they can stay proud of their parents.

References

Alexander, V. (1991). *In the wake of suicide: stories of people left behind*. San Francisco, CA: Jossey-Bass.

Chapple, A., Ziebland, S., & Hawton, K. (2015). Taboo and the different death? Perceptions of those bereaved by suicide or other traumatic death. *Sociology of Health and Illness*, 37(4), 610–625. doi:10.1111/1467-9566

Chilisa, B. (2012). *Indigenous research methodologies*. Thousand Oaks, CA: SAGE.

Cvinar, J. (2005). Do suicide survivors suffer social stigma: a review of the literature. *Perspectives in Psychiatric Care*, 41(1), 14–21.

Denborough, D. (2008). *Collective narrative practice: responding to individuals, groups, and communities who have experienced trauma*. Adelaide, Australia: Dulwich Centre Publications.

Denborough, D. (2011). Special knowledge and stories about dementia. *International Journal of Narrative Therapy & Community Work,* 1, 65–71.

Denborough, D., Freedman, J., & White, C. (2008). *Strengthening resistance: the use of narrative practices in working with genocide survivors*. Adelaide, Australia: Dulwich Centre Foundation.

Dening, G. (2009). Writing: praxis and performance. In A. Curthoys, & A. McGrath, (Eds.), *Writing histories: imagination and narration* (pp. 6.1–6.10). Clayton, Australia: Monash University ePress.

Epston, D. (1986). Writing your history. *Family Therapy Case Studies*, 1(1), 13–18.

Epston, D. (2014). Ethnography, co-research and insider knowledges. *Australian & New Zealand Journal of Family Therapy*, 35(1), 105–109.

Epston, D., & White, M. (1990). Consulting your consultants: the documentation of alternative knowledges. *Dulwich Centre Newsletter*, 4, 25–35. Reprinted in D. Epston, & M. White (Eds.), *Experience, contradiction, narrative and imagination: selected papers of David Epston and Michael White*, 1989–1991 (pp. 11–26). Adelaide, Australia: Dulwich Centre Publications.

Foucault, M., & Gordon, C. (1980). *Power/ knowledge: selected interviews and other writings*, 1972–1977. Brighton, Sussex, UK: Harvester Press.

Freedman, J., & Combs, G. (1996). *Narrative therapy: the social construction of preferred realities*. New York, NY: Norton.

Freedman, J., & Combs, G. (2009). Narrative ideas for consulting with communities and organizations: ripples from the gatherings. *Family Process*, 48(3), 347–362.

Goffman, E. (1963). *Stigma: notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.

Guntarik, O., van de Pol, C., & Berry, M. (2015). Breaking with taboo: writing about forbidden things. *New Writing: The International Journal for*

the Practice and Theory of Creative Writing, 12(1), 4–13. doi:10.1080/14790726.2014.956121

Hornstein G. A. (2009). *Agnes's jacket: a psychologist's search for the meanings of madness*. New York, NY: Rodale Books.

Lobovits, D. H., Maisel, R. L, & Freeman, J. C. (1995). Public practices: An ethic of circulation. In S. Friedman (Ed.), *The reflecting team in action: collaborative practice in family therapy* (pp. 223–256). New York, NY: The Guilford Press.

Madigan, S. (2012). Anti-individualistic narrative practice: listening to echoes of cultural histories. *International Journal of Narrative Therapy & Community Work*, 1, 27–33.

Maple, M., Cerel J., Jordan J. R., & McKay K. (2014). Uncovering and identifying the missing voices in suicide bereavement. *Suicidology Online*, 5, 1–12. Retrieved from http://www.suicidology-online.com

Marsh, I. (2010). *Suicide: Foucault, history and truth*. Cambridge, UK: Cambridge University Press.

Marsh, I. (2016). Critiquing contemporary suicidology. In J. White, I. Marsh, M. Kral, & J. Morris (Eds.), *Critical suicidology: transforming suicide research and prevention for the 21st century* (pp. 15–30). Vancouver, Canada: UBC Press.

Minh-Ha Trinh, T. (1989). *Woman, native, other: writing postcoloniality and feminism*. Bloomington: Indiana University Press.

Myerhoff, B. (1982). Life history among the elderly: performance, visibility, and re-membering. In J. Ruby (Ed.), *A crack in the mirror: reflective perspectives in anthropology* (pp. 99–117). Philadelphia: University of Pennsylvania Press.

Neimeyer, R. (2000). Searching for the meaning of meaning: grief therapy and the process of reconstruction. *Death Studies*, 24(6), 541–558. doi:10.1080/07481180050121480

Pipyrou, M. (2014). Narrating death: effective re-working of death in rural Greece. *Social Anthropology*, 22(2), 189–199. doi:10.1111/1469-8676.12069

Sather, M. (2015). Saying hullo, goodbye, or both? Multi-storied remembering practices to assist women in the transition after the loss of a male partner to suicide. *International Journal of Narrative Therapy & Community Work*, 2, 42–50.

Sather, M., & Newman, D. (2015). Holding our heads up: sharing stories not stigma after losing a loved one to suicide. *International Journal of Narrative Therapy & Community Work*, 2, 13–41.

Sather, M., & Newman, D. (2016). "Being more than just your final act": elevating the multiple storylines of suicide within narrative practices. In J. White, I. Marsh, M. Kral, & J. Morris (Eds.), *Critical suicidology: transforming suicide research and prevention for the 21st century* (pp. 115–132). Vancouver, Canada: UBC Press.

Smith, L. T. (2012). *Decolonizing methodologies: research and indigenous peoples* (2nd ed.). New York, NY: Zed Books.

Sugrue, J. L., McGilloway, S., & Keegan, O. (2014). The experiences of mothers bereaved by suicide: an exploratory study. *Death Studies*, 38(2), 118–124.

Webb, D. (2003). The search for self and spirit in suicidology. In E. Martin, & J. Booth (Eds.), *Courageous research* (pp. 25–44). Altona, Australia: Common Ground.

White, C. (2011). Epilogue: continuing conversations. In M. White, *Narrative Practice: Continuing the conversations* (D. Denborough, Ed., pp. 157–179). New York, NY: W.W. Norton.

White, M. (1988a). Saying hullo again: The incorporation of the lost relationship in the resolution of grief. *Dulwich Centre Newsletter*, Spring, 7–11. Reprinted in M. White (1989), *Selected papers* (pp. 29–35). Adelaide, Australia: Dulwich Centre Publications.

White, M. (1988b). The process of questioning: A therapy of literary merit? *Dulwich Centre Newsletter*, Winter, 8–14. Reprinted in M. White (1989), *Selected papers* (pp. 37–46). Adelaide, Australia: Dulwich Centre Publications.

White, M., & Epston, D. (1989). *Literate means to therapeutic ends.* Adelaide, Australia: Dulwich Centre Publications.

White, J. (2016). Reimagining youth suicide prevention. In J. White, I. Marsh, M. Kral, & J. Morris (Eds.), *Critical suicidology: transforming suicide research and prevention for the 21st century* (pp. 244–263). Vancouver, Canada: UBC Press.

Wingard, B., & Lester, J. (2001). *Telling our stories in ways that make us stronger*. Adelaide, Australia: Dulwich Centre Publications.

World Health Organization (WHO). (2013). *Suicide prevention*. Retrieved from http://www.who.int/mental_health/prevention/suicide/suicidedeprevent/en

About the author

Marnie Sather
MA (MarriageFam Therapy), MA (NarrativeTherapy & ComWork), MACA (Level 4), Narrative Therapist

WORKING WITH TRANSGENDER AND GENDER-NONCONFORMING PEOPLE

Recommendations for counsellors

By Cindy E. Donald

Abstract

Transgender and gender-nonconforming people experience more psychological distress, including suicidal ideation and attempts, than their peers, and they are more likely to be diagnosed with a mental health disorder. However, they are less likely to seek mental health support due to a fear of discrimination. To meet the growing mental health needs of transgender and gender-nonconforming people, counsellors need to be aware of how their practice can impact the client, as well as the specific mental health challenges they face. Through reviewing research by mental health professionals and surveys hosted by transgender and gender-nonconforming allies, an investigation was conducted into what transgender and gender-nonconforming people experience and how to adapt your practice to serve this community better. The result of this review was a set of guidelines for counsellors to ensure they provide competent and inclusive care for people who identify as transgender and gender nonconforming.

Introduction

Over the years there has been an increase in social tolerance, and transgender and gender-nonconforming (TGNC) people are becoming more visible with their numbers increasing; but along with rising numbers comes a need for competent mental health care. In basic terms, according to the American Psychological Association (2015), TGNC people identify as not being fully aligned with the gender assigned to them at birth. This essay will attempt to assist counsellors who intend to, or currently, work with TGNC people by making recommendations for how to interact and build effective counselling relationships from the commencement of the relationship.

This work will also guide counsellors in how to ensure they remain non-judgemental, gender-affirming and empathetic. It also encourages remembering that many TGNC people do not have a wide range of supports available to them, and counsellors have the opportunity to be that support for them (Yarborough, 2018). There are three main areas in which counsellors can develop to ensure they provide competent care for TGNC people, namely, educating themselves on what being transgender and gender nonconforming is, embedding inclusion into all of your practices, and understanding the unique mental health issues relating to being a TGNC person.

The need for guidelines in counselling transgender and gender-nonconforming people

In 2009, the American Psychological Association (2015) found that less than 30 per cent

Photo: Unsplash/Delia Giandeini

of mental health professionals were familiar with the needs of TGNC people, and that this lack of knowledge could cause further harm, leading to a recommendation that guidelines be created for working with TGNC people. Strauss et al. (2017) found that TGNC young people experience mental health issues at higher rates than older TGNC people or cisgender young people. Strauss et al. (2017) learned, in their study of TGNC individuals aged 14 to 25, that 74.6 per cent of respondents had been diagnosed with depression, 72.2 per cent had been diagnosed with an anxiety disorder, 79.7 per cent had self-harmed, and 48.1 per cent had attempted suicide at some point. Strauss et al. (2017) also found that while mental health issues were common among TGNC people, they were mainly caused by external factors, such as discrimination and micro-stressors.

Yarborough (2018) believes that the mental health challenges faced by TGNC people today is largely due to growing up gender-diverse in a cisgender world, and TGNC people need TGNC-competent counsellors because their care is specific. TGNC young people present with mental health issues that coincide with puberty, with psychological distress more likely in younger age; this is alongside 43.9 per cent of parents realising their children are TGNC from ages 13 to 18 (Strauss et al., 2017). Another consideration in caring for TGNC people is that 70.2 per cent help other TGNC people going through similar issues as themselves; this is causing them more stress and leading to their mental health declining, resulting in a real need for competent mental health support for TGNC people.

Counsellor education into gender identity and gender expression

Many TGNC people's experience with mainstream health services has been a refusal or reluctance to treat, and transphobic treatment paradigms such as pathologising their TGNC status as a symptom of mental illness or, in the case of young people especially, calling it a 'phase' (Rosenstreich, 2013). Smith et al. (2014) revealed TGNC people had better mental health care experiences when the provider was knowledgeable about TGNC-specific issues, as well as the dynamic spectrum of gender identities. Rosenstreich (2013) found TGNC people felt they needed to educate the health professional on what TGNC is before being able to receive adequate health care, which placed a burden on their already-compromised psyche.

Photo: Pexels/Sharon McCutcheon

Counsellors also tended to focus on their client's gender identity as a way of explaining their mental health symptoms instead of trying to find the root cause (Rosenstreich, 2013).

Veltman and Chaimowitz (2014) indicated some professional mental health organisations felt that the inclusion of gender dysphoria within the *Diagnostic and statistical manual of mental disorders,* fifth edition (DSM-5) pathologises transgender identities, while others thought it should remain so that TGNC people can access the necessary medical interventions. Rosenstreich (2013) found, because TGNC people were considered to have a psychological disorder and a diagnosis was a requirement to access medical interventions, it caused a lot of stress for TGNC people. To be able to change gender on legal documentation, TGNC people are required to have medical interventions; however, counsellors need to be aware that not all TGNC people want to have invasive medical interventions to affirm their identity – they are content with being able to express themselves as the gender they align with (Rosenstreich, 2013).

Counselling TGNC people is, in some ways, no different to counselling others, especially in terms of building trust and showing empathy; however, many TGNC people have been rejected or experienced negative societal judgements, so counsellors need to ensure they provide a safe, non-judgmental environment so effective therapy can occur (LGBTI Health Alliance, 2014). The counsellor's role will be to assist the TGNC person in developing stories and scripts for living that validate their experiences and identities, differing from common cisgender narratives, and will involve working with the conflict of distress and resilience which is common among TGNC people (National LGBTI Health Alliance, 2014).

Yarborough (2018) found that being TGNC creates thoughts, emotions and experiences that are not common to most counsellors. Your initial evaluation will communicate to the TGNC client your level of knowledge, comfort and competence with TGNC concerns (Yarborough, 2018). The role of the counsellor working with TGNC people will not be to encourage or discourage transition, but to help them identify what they want out of life and how their decisions regarding transitioning will impact their life goals (Yarborough, 2018). Part of that process will be helping the TGNC client to tolerate the anxiety that unfolds as they make their decision and ensure that all interventions are made through a gender-diverse lens (Yarborough, 2018). Counselling TGNC people may require you to be more explicit about your empathy and support

Counsellors need to ensure the environment in which they see clients helps them feel comfortable immediately, especially as many TGNC people are used to judgement and may be reticent to self-disclose early on, so the visibility of gender-affirming posters and resources is recommended

for your client; however, the counsellor needs to be mindful of interpersonal dynamics and potential transference (National LGBTI Health Alliance, 2014).

Embedding inclusion into everyday practices

Counsellors play a critical role in empowering and validating TGNC people and increasing positive life outcomes for them (APA, 2015). This means counsellors need to start building an effective therapeutic relationship with their client from their first interaction with the counsellor and the office environment. The Psychotherapy and Counselling Federation of Australia Code of Ethics (PACFA, 2017) states counsellors need to "respect diversity by being competent to work with clients if they come from diverse groups or have special needs". Smith et al. (2014) ascertained that 23 per cent of TGNC young people were made to feel uncomfortable or angry because of questions they were asked by counsellors, especially relating to confidentiality, consent and autonomy, highlighting the need for ongoing counsellor development.

Counsellors need to ensure the environment in which they see clients helps them feel comfortable immediately, especially as many TGNC people are used to judgement and may be reticent to self-disclose early on, so the visibility of gender-affirming posters and resources is recommended (National LGBTI Health Alliance, 2014). The availability of gender-inclusive bathrooms contributes to an environment of inclusion (Torres et al., 2015).

Yarborough (2018) advised ensuring client documentation was not built on gender stereotypes and included processes which could record name and gender changes readily. Documentation used as a screening instrument should be specifically designed to incorporate appropriate questions pertinent to TGNC people; however, non-disclosure due to confidentiality fears should be taken into account as it may impair the reliability or validity of the instrument (Adelson et al., 2016).

Torres et al. (2015) stressed the importance of counsellors addressing clients by their preferred name and pronouns to ensure culturally competent care. National LGBTI Health Alliance (2014) reminds counsellors that TGNC people label themselves in many different ways and it is critical to honour the client's wishes, as a cisgender lens may lead to a misunderstanding of the specific client's expression of their gender identity.

Smith et al. (2014) found a mental health professional's lack of knowledge sometimes caused them to ask questions that may be deemed inappropriate, curious or dismissive. National LGBTI Health Alliance (2014) encourages counsellors to take the lead from their clients concerning what transitioning means for them, and promotes direct conversations with your client to understand the nuances of the many terms used interchangeably by TGNC people.

Rosenstreich (2013) views inclusive practice to be multidimensional and that it should encompass all areas of mental health business, including human resources, approaches, tools, organisational structure, marketing, evaluation and resources. Only once a counsellor embeds true inclusive practices into all areas of their professional life will they be adept at providing inclusive therapeutic care for TGNC clients.

Understanding unique transgender mental health issues

Rosenstreich (2013) found that in Australia 20 per cent of TGNC people had suicidal ideation and 50 per cent had attempted suicide, meaning that they have the highest rate of suicidality in Australia of any sector. Counsellors working with TGNC people need to be aware of this to ensure they are assessing TGNC clients and implementing safety plans as necessary;

Photo: Unsplash/Sharon McCutcheon

however, suicide attempts by TGNC people are normally made before they engage in any form of treatment, either medical or psychological, for their gender identity (Rosenstreich, 2013).

Another challenge facing TGNC people is their own internalised transphobia from being socialised in the same environment as their peers, as well as a lack of visible, positive role models for them to aspire (Rosenstreich, 2013). High rates of discrimination, threats of physical violence, homelessness, substance abuse and eating disorders are prevalent among TGNC people, especially young people, and the fear of being involuntarily 'outed' causes ongoing psychological stress (Rosenstreich, 2013). TGNC people may be unaware of how this chronic low-level stress may contribute to their overall mental and physical health until the stress is removed (National LGBTI Health Alliance, 2014).

Counsellors need to understand how a client's gender identity relates to their cultural identity, as not all clients' experiences will be the same (APA, 2015). TGNC people's lived experiences and identities within certain ethnic communities in Australia can impact not just the individual but also their entire extended family (National LGBTI Health Alliance, 2014). An understanding of the developmental needs of children and teens will also inform the care your client receives, because not all TGNC children and adolescents will continue to identify as TGNC as adults (APA, 2015). However, careful consideration needs to be made in how you counsel young people, as you do not want to dismiss their feelings. With increased societal understanding in some communities about TGNC people, the desire to 'come out' at an earlier age can have both positive and negative effects, by building a resilient identity in the wake of peer bullying or abuse (National LGBTI Health Alliance, 2014). Families play a large role in TGNC people's wellbeing, and counsellors may need to play a role in helping families navigate their new relationship with their TGNC family member (Torres et al., 2015).

Counsellors who work with TGNC people should familiarise themselves with how hormone therapy will change their client's appearance and moods, as they should be mindful not to over-pathologise small behavioural or emotional changes (Yarborough, 2018). Part of counselling TGNC people is understanding that the process they undergo to transition can be arduous and expensive,

so their clients may feel frustrated and disappointed (McCann, 2014). Counsellors who can provide information or resources on the practical matters of transitioning will be seen as an ally of the TGNC community (National LGBTI Health Alliance, 2014).

Conclusion

In conclusion, if a counsellor does not feel able to provide informed, competent and compassionate mental health care for TGNC people, they need to have enough self-awareness to refer the client to a practitioner who can, because the most important consideration for counsellors is to do no harm. National LGBTI Health Alliance (2014) asks mental health practitioners to remember that gender is only one part of a person life, regardless of how they present to you, and that you should look at the person as a whole and not just focus on their gender identity. It is more important for counsellors to show their knowledge and understanding of TGNC issues than for them to identify as TGNC themselves.

Smith et al. (2014) found when a counsellor admitted they were out of their depth and needed to refer their client on to someone else, the TGNC person felt more respected and acknowledged. A lack of understanding and education of mental health practitioners was hypothesised by Torres et al. (2015) to lead to a lack of competent practitioners within the TGNC space, as they were concerned with being sued if a client changed their mind about transitioning later. If a counsellor would like to begin working with TGNC people, then having an experienced supervisor and ongoing education into TGNC issues, challenges and latest research, as well as constant self-reflection, will ensure success for their clients and themselves. ■

References

Adelson, S. L., Stroeh, O. M., & Ng, Y. K. W. (2016). Development and mental health of lesbian, gay, bisexual, or transgender youth in paediatric practice. *Paediatric Clinics of North America*, 63(6), 971–983. https://doi.org/10.1016/j.pcl.2016.07.002

American Psychological Association. (APA). (2015, December). *Guidelines for psychological practice with transgender and gender nonconforming people*. https://doi.org/10.1016/j.pcl.2016.07.002

National LGBTI Health Alliance (2014). *Working therapeutically with LGBTI clients: a practice wisdom resource*. https://www.lgbtihealth.org.au/working_therapeutically_lgbti_clients

McCann, E. (2014). People who are transgender: mental health concerns. *Journal of Psychiatric and Mental Health Nursing,* 22, 76–81. https://onlinelibrary.wiley.com/doi/abs/10.1111/jpm.12190

Rosenstreich, G. (2013). *LGBTI people mental health and suicide* (2nd Ed.). National LGBTI Health Alliance. Sydney. https://www.lgbtihealth.org.au/sites/default/files/LGBTI%20Mental%20Health%20and%20Suicide%202013%202nd%20Edition.pdf

Psychotherapy and Counselling Federation of Australia (PACFA). (2017). *PACFA Code of Ethics Melbourne: PACFA*. https://www.pacfa.org.au/wp-content/uploads/2017/11/PACFA-Code-of-Ethics-2017.pdf

Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A. & Hillier, L. (2014). From blues to rainbows: the mental health and wellbeing of gender diverse and transgender young people in Australia. Melbourne. https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0268-from-blues-to-rainbows-report-final-report.pdf?sfvrsn=2

Steever, J., Francis, J., Gordon, L. P., & Lee, J. (2014). Sexual minority youth. *Primary Care: Clinics in Office Practice*, 41(3), 651–669. https://doi.org/10.1016/j.pop.2014.05.012

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D. & Lin, A. (2017). Trans pathways: the mental health experiences and care pathways of trans young people. Summary of results. Perth. https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathways_easy-print.pdf

Torres, C. G., Renfrew, M., Kenst, K., Tan-McGrory, A., Betancourt, J. R., & López, L. (2015). Improving transgender health by building safe clinical environments that promote existing resilience: results from a qualitative analysis of providers. *BMC Pediatrics*, 15(1). https://doi.org/10.1186/s12887-015-0505-6

Veltman, A. & Chaimowitz, G. (2014). Mental health care for people who identify as lesbian, gay, bisexual, transgender, and (or) queer. *Canadian Journal of Psychiatry*, 59(11), 1–8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4244881/

Yarbrough, E. (2018). *Transgender mental health* (1st ed.). American Psychiatric Publishers Inc.

About the author

Cindy E. Donald has a Bachelor of Training and Development (UNE), Graduate Certificate in Counselling (Mental Health) (USQ), a Graduate Diploma in Counselling (Mental Health) (USQ), and she is currently studying Master of Counselling (Mental Health) (USQ). She works professionally as a program counsellor at Raise Foundation.

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.

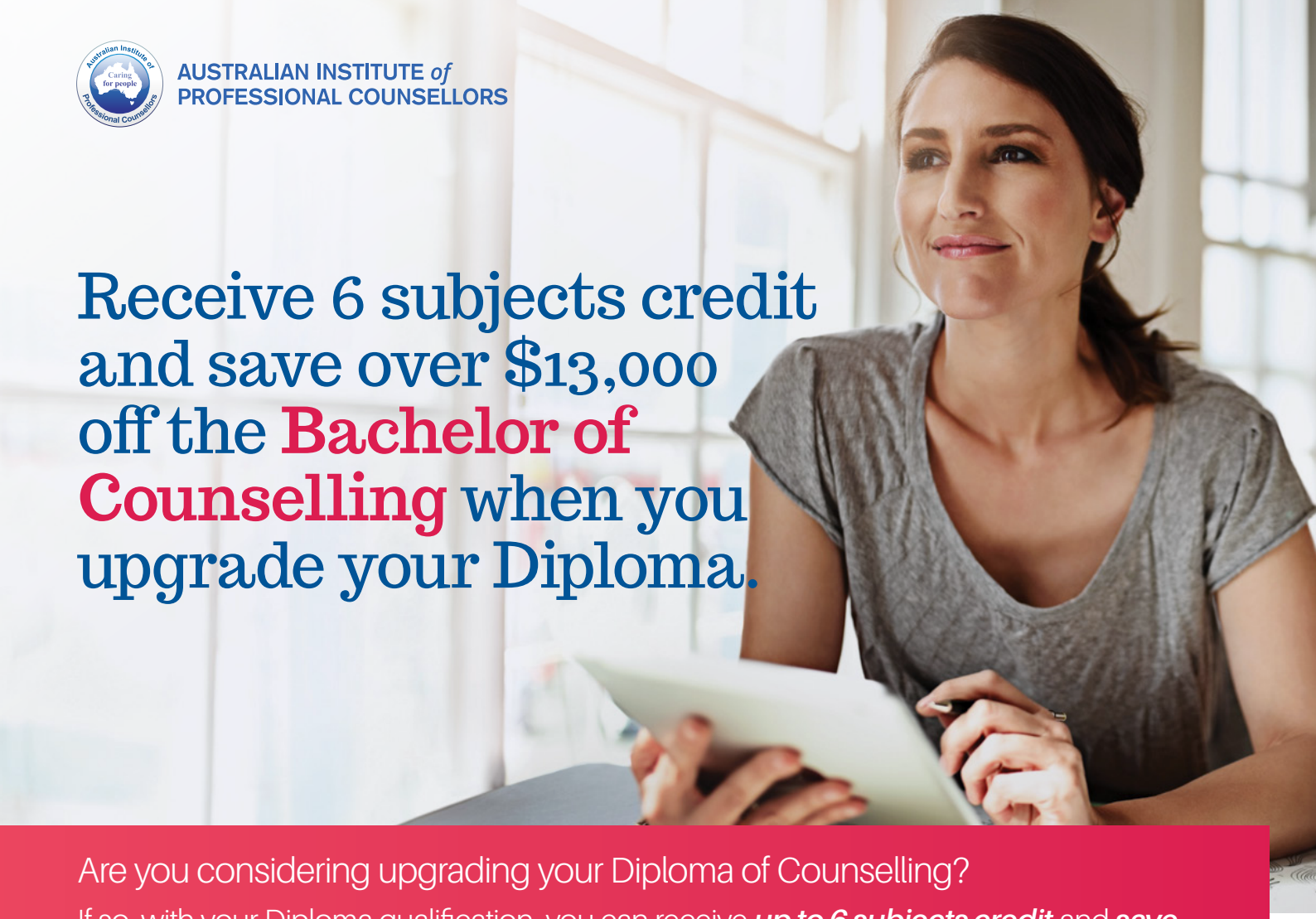
Conditions

- 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. ■

AUSTRALIAN INSTITUTE *of*
PROFESSIONAL COUNSELLORS



Receive 6 subjects credit and save over $13,000 off the Bachelor of Counselling when you upgrade your Diploma.

Are you considering upgrading your Diploma of Counselling?

If so, with your Diploma qualification, you can receive ***up to 6 subjects credit*** and ***save over $13,000*** off your Bachelor of Counselling.

AIPC's Bachelor of Counselling is one of the most flexible programs available:

- Learn in highly supported, personal cohorts
- Study externally from anywhere in Australia, even overseas
- Residential Schools available in **Melbourne, Sydney, Brisbane and Perth**
- Start with just 1 subject
- Receive 6 subjects credit from a Diploma of Counselling (CHC51015, CHC51712 or CHC51708)
- Move up to Level 3 ACA membership with a Bachelor of Counselling
- Open up additional employment and career opportunities.

And being **FEE-HELP approved**, you start now and pay later.

What some of our graduates are saying...

"Studying with AIPC is a really good thing to do because of the flexibility you have when choosing courses and you are very limited with the amount of time you have to stay away from work or family to attend residential schools. It is a very practical and specific course tailored for counselling to give you all the practical skills you need to be successful when you embark on your career."

Michael, AIPC Bachelor of Counselling Graduate

"If you are thinking about considering studying I would definitely go through AIPC. They have helped nurture me, made it easy to keep progressing and it is really rewarding."
Danielle, AIPC Bachelor of Counselling Graduate

"The tutors are wonderful. You can contact them at anytime during business hours or via email. If you have any issues the tutors will help you through and support you to find the solution."
Lois, AIPC Bachelor of Counselling Graduate

"I really enjoy doing the degree because it allows me to study at home. Having children also at home, I have been able to work my study around other things I need to do which has given me a lot of flexibility."
Colette, AIPC Bachelor of Counselling Graduate

Support is always close...

Sydney | Melbourne | Perth | Brisbane | Adelaide | Regional QLD | Gold Coast | NT/Tasmania

Learn more here: www.aipc.net.au/degree

SOUTH PACIFIC PRIVATE

Australia's Leading Treatment Centre

Changing lives, Healing Families

Since 1993, Australia's leading treatment centre, South Pacific Private specialises in trauma-informed treatment for addiction, complex trauma and co-occurring mood disorders.

- + Fully accredited psychiatric treatment centre
- + Psychotherapy driven
- + Abstinence based
- + Trauma-informed framework
- + Family system perspective
- + Therapeutic community support
- + Intensive inpatient treatment and out patient treatment options available
- + Covered by Private Health Insurance

Call us to refer a client, or for more information.

Enquire today 1800 063 332

southpacificprivate.com.au