

# CA

## **Reframing autism**

Understanding the female autism phenotype

## **Expressive arts therapy**

An intervention for war veterans

## **Farming families**

Mental health challenges and needs during drought



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See page 47 for peer-reviewed article submission guidelines.

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## Editorial



Community recovery will come from more than a jab in the arm

**Philip Armstrong**

Editor

With all our lives and work continuing to be backdropped by the COVID-19 pandemic, the role of counsellors and psychotherapists can't be understated – particularly our provision of personal, local counselling support as part of the broader health services response.

While hopes are high that vaccinations will provide medical and economic relief, the pandemic casts a long mental health shadow into the future. The emotional trauma stemming from it can't be assuaged with a 'jab' in the shoulder.

Recent media reports of a sharp rise in paramedic call-outs to deal with alcohol-fuelled distress and injury among adults – particularly parents struggling with lockdowns, homeschooling and loss of jobs – show the toll being taken on mental wellbeing.

This context makes Mental Health Week (4–10 October) particularly timely. It is hoped that this opportunity to raise awareness of the importance of mental health and personal wellbeing in the community will encourage more people to seek professional assistance before they reach crisis point. Education about mental health and its many guises is, however, on the improve and it is heartening to see young, healthy, elite athletes being prepared to bring this issue into the light and challenge some of the cultural stigmas that have for so long kept mental health from public view or stereotyped mental health issues.

Physical activity is part of the wellbeing matrix, but lifestyle change is easier said than done. Counsellors and psychotherapists often need to be their clients' 'training wheels'.

### **New Scope of Practice**

ACA has developed an evidence-based Scope of Practice for Registered Counsellors, which provides a clear understanding and consistent interpretation of what a registered counsellor's/psychotherapist's roles, functions, responsibilities, activities and decision-making capabilities are.

This Scope of Practice is the outcome of ACA consulting with decision-making and key stakeholder groups within private enterprise, the non-government sector, and state and federal governments. This document demonstrates how registered counsellors and psychotherapists can respond to the evolving

demands of the mental health sector. The second edition (2021) of Scope of Practice is available now. You can download a copy from the ACA website or visit the shop to purchase it for \$30 (including GST and postage within Australia). Go to [www.theaca.net.au/shop](http://www.theaca.net.au/shop).



### **Select Committee on Mental Health and Suicide Prevention**

The ACA was invited to give evidence to the Select Committee on Mental Health and Suicide Prevention. You can watch the full session here: <https://youtu.be/8v8pDaheQPk>.

The opportunity to give evidence came after months of lobbying all eight members of the committee, meeting with them individually to discuss issues faced by registered counsellors, and how the mental health system will benefit as a result of greater inclusion.

Please share this video with your networks and by using the hashtags #counsellors, #psychotherapists and #mentalhealth. You can also follow us on LinkedIn ([www.linkedin.com/company/australian-counselling-association](http://www.linkedin.com/company/australian-counselling-association)) and Instagram (@auscounsellingassociation).

### **Failing to report sexual offences against children (Queensland)**

All Queensland counsellors/psychotherapists need to take note of changes to their legal responsibilities to report child sex offences. This also applies to those who may be based interstate but supervise Queensland counsellors or deliver services in Queensland via telehealth or similar.

From 5 July 2021, a new law makes it an offence for any adult not to report to police sexual offending against a child by an adult. Previously, only certain adults had legal obligations to report suspected harm to children (including suspected sexual abuse). The law now requires all adults to report sexual offences against children to police, unless they have a reasonable excuse not to.

For this law, a child means a person under 16 or a person under 18 with an 'impairment of the mind'. For further details see <https://www.qld.gov.au/law/crime-and-police/types-of-crime/sexual-offences-against-children/failure-to-report>.

Photo: Unsplash



### Breast Cancer Awareness Month

**1–31 October**

Australia's Breast Cancer Awareness Month provides people with the chance to focus on breast cancer and its impact. Share stories, speak to family members and get important information out to family, friends and colleagues.

### October

**1–31 October**

Ocober is a fundraising initiative that encourages people to give up alcohol for the whole of October.

### World Mental Health Day

**10 October**

World Mental Health Day raises public awareness of mental health issues and promotes greater understanding of how mental health issues affect individuals and the wider community.

### World Sight Day

**14 October**

World Sight Day raises public awareness about blindness and low vision, and provides an opportunity to better educate people about the causes of blindness and about preventative measures.

### National Week of Deaf People (NWDP)

**18–24 October**

In this week in October, Deaf Australia organises events that celebrate the deaf community in Australia.

### Headspace Day

**21 October**

#headspaceday is about ensuring young people have access to mental health services no matter where they live in Australia.

### November

**1–30 November**

November raises awareness of men's health issues and is a fun way to raise money for a good cause.

### Lung Cancer Awareness Month

**1–30 November**

Lung Cancer Awareness Month helps raise awareness about lung cancer, which is the leading cause of cancer deaths in Australia. The month sees a range of community events and activities taking place to raise funds.

### World AIDS Day

**1 December**

World AIDS Day is a globally recognised event. It raises awareness about the issues and concerns surrounding HIV and AIDS. It's also a day for people to show their support for people living with HIV and to remember those who have died.

### Decembeard

**1–31 December**

Decembeard Australia encourages men to grow a beard in December to raise awareness of bowel cancer. The disease affects one in 10 Aussie men, making it Australia's second biggest cancer killer.

### International Day of Persons with Disabilities (IDPwD)

**3 December**

On 3 December every year, Australia celebrates IDPwD to acknowledge the incredible contribution people of all abilities make to the community.



# Technology Update

With Dr Angela Lewis

## What's a Finsta?

Well, that was my question too! After a quick google I discovered that the term 'Finsta' is shorthand for 'Finstagram', an amalgamation of the words 'fake' and 'Instagram'.

Instagram is a popular social media platform, used by many people as an outlet for presenting their 'best life' to the world, which might include parents, relatives, employers or strangers.

A Finsta is a secondary Instagram account. It is intended to allow the user a private, more relaxed space where they can feel free to be more authentic, post less-than-perfect images or make comments or jokes appreciated by a special selection of their contacts.

As this account is intended to be anonymous and private, it can only be accessed by followers who have been given the account owner's fake username. While most celebrities, public figures and politicians have a public Instagram account, many also take advantage of the

anonymity that a Finsta offers and share their lives with selected friends or family, avoiding public scrutiny.

Having a secret Instagram account is also a well-known ruse of teenagers, who create a Finsta to share with their peers and close friends in-jokes and personal photos not intended for the eyes of parents or teachers. At the same time, they will also maintain a public account with innocuous posts such as shots from holidays, school trips or of the family dog.

Some social media influencers (folks who utilise social media to sell themselves, brands or products) have also been known to use a Finsta as a marketing tool. They do this by setting up what is actually a fake Finsta and inviting people into their supposed private account. The followers believe they are being given a peek into the 'real life' of the influencer, who is in reality simply using it as clever way to promote brands or products under the guise of reality. ■

## Contenance support

World Contenance Week was recently held in June, bringing attention to an area of health that is rarely spoken about by those who live with it. Contenance is the ability to control your bladder and bowel, while incontinence is the involuntary loss of bladder and bowel control. Incontinence is something that can be experienced by men and women of any age, as well as by children and teenagers, and can cause stress, anxiety and mental anguish for those living with it.

To help us better understand and support people living with incontinence, visit [www.continence.org.au](http://www.continence.org.au). This site is hosted by the Contenance Foundation of Australia, a not-for-profit, peak national body for incontinence prevention, management, education, awareness, and information and advocacy. It provides a wealth of information, support and resources for individuals, carers and professionals. ■



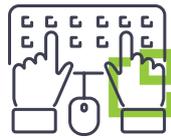
Contenance  
Foundation  
of Australia

NATIONAL  
CONTINENCE  
HELPLINE

1800 33 00 66



Photo: Pexels



### Taking screenshots on a Windows PC

A screenshot is an image of your computer screen at a given moment in time. Taking a screenshot allows you to keep that image and if required insert into other programs or documents. To take screenshots on a Windows PC, you have four options:

**Option 1:** Have the required screen open and then press the **Print Screen** button on the keyboard (it may be labelled as **PrtScr**, **Print Screen** or **Prt Scr**, depending on your keyboard). This captures whatever you have on the screen; however, the screenshot is not saved, only stored in the system clipboard, so paste it into a graphics program or word processor if you wish to use it in the future.

**Option 2:** To capture your entire screen and automatically save the screenshot, press the **Windows logo + PrintScreen** keys. Your screen will briefly go dim to indicate that you've taken a screenshot and the screenshot will be saved to the **Pictures>Screenshots** folder on your PC.

**Option 3:** Press the **Windows logo + Shift + S** keys, which allows you to use the cursor to select a specific area of the screen. The result is not saved to a folder, but to your clipboard. Use **Ctrl + V** to insert the image into a document or file as needed.

**Option 4:** In Windows 10, click the **Search** icon to the left of the taskbar, then type **Snipping Tool**. This activates the **Snipping Tool** window, which allows you to select specific portions of the screen after clicking the **New** button at the top of the Snipping Tool window. Once you have selected the portion of

the screen you want, if required you can click **File** then **Save As** in the Snipping Tool window to save your selection as a picture file.

**Tip!** To keep a **Snipping Tool** button on the taskbar, search for Snipping Tool in the **Search** box and once you have found it, right-click on it and select **Pin to taskbar**.

#### For Mac users:

- Press **Command + Shift + 3** to screenshot your entire screen.
- Press **Command + Shift + 4** to turn the cursor into a crosshair, allowing you to select which portion of your screen you would like to capture.

#### PS

By now you would all know I love discovering new words and phrases that are always springing up online, so to finish, here's a few that are currently being considered for inclusion in the Macquarie dictionary:

**Cheugy** (pronounced 'chew-gee') – used to describe someone considered untrendy, out of date or to be trying too hard.

**Teenior** – a senior citizen who acts like a stereotypical teenager.

**Serotonin donor** – someone you turn to when you're sad as they make you feel better. ■

### Reopen a closed browser tab

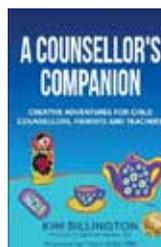
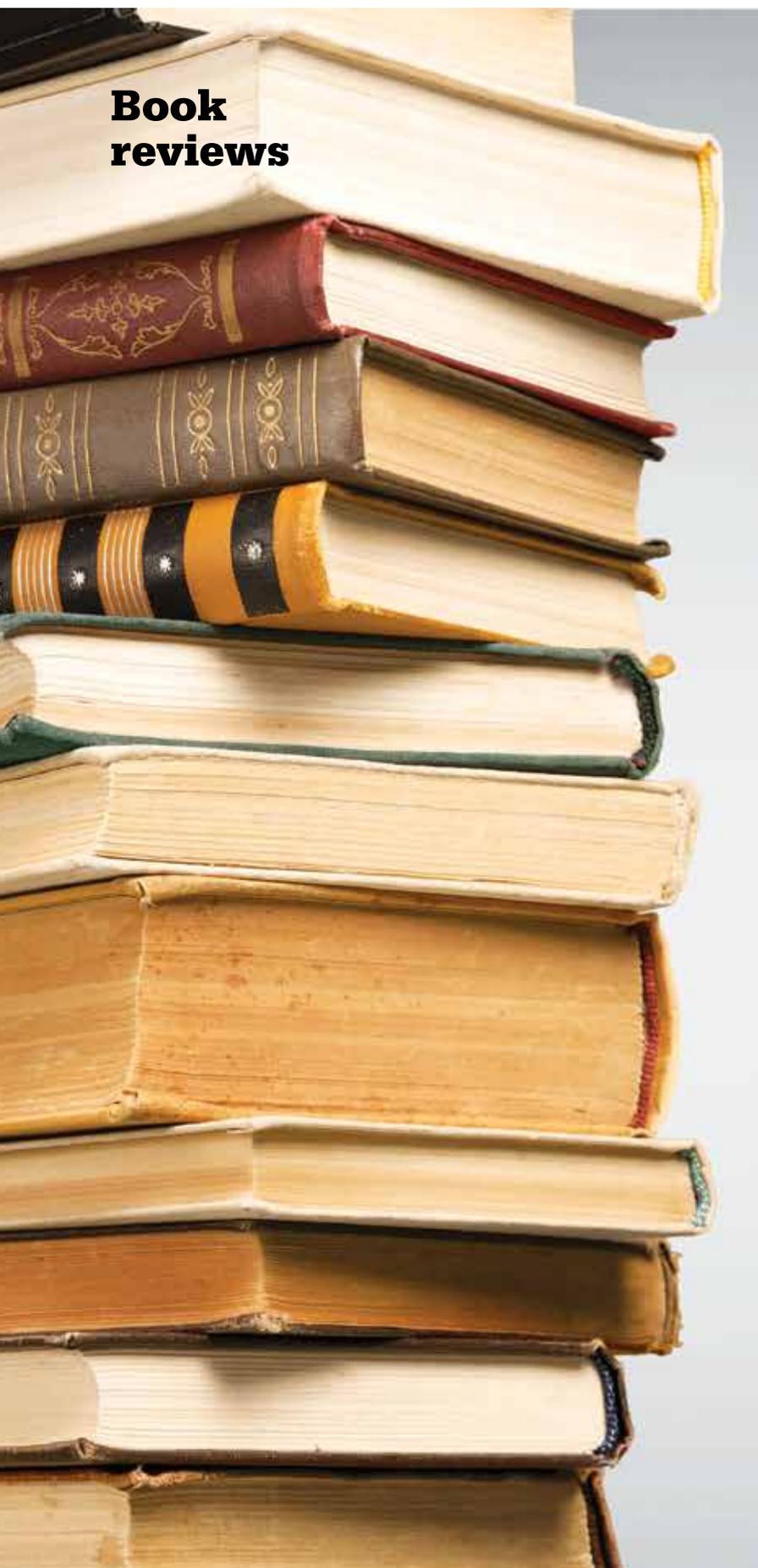
You had a number of tabs open in your browser and accidentally closed the wrong one? Reopening a closed browser tab is easily done. One option is going to your browser's history and reopening the tab from there – or, you can do it with a couple of keystrokes: hold down the **Ctrl + Shift + T** keys on your PC or the **Command + Shift + T** keys on a Mac and this will quickly reopen the last tab closed.



*As always, 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



**A counsellor's companion**  
By Kim Billington  
Reviewed by Loretta Bennett,  
ACA Level 4 member

Kim Billington's *A counsellor's companion* provides valuable insights and is a must-read for new counsellors working with children and experienced counsellors wanting to refresh their approach. It is easy to read and full of practical examples to get counsellors motivated and prepared for great sessions. Kim utilises case studies and suggested questions to open up conversations and new perspectives. She brings therapy sessions to life in a way that balances theory and practical knowledge and puts the child in focus. This approach highlights children's strengths and abilities rather than focusing only on 'fixing the problem'.

The book is well laid out and the chapters are sectioned to ensure each topic is properly considered. For example, a chapter may have a discussion topic, a section for working with parents, case studies, theory and suggested reflection and actions to follow up. Kim also recommends other websites, resources and information to build on what she has written. The conversational style of writing made me feel that she was personally coaching me throughout the book.

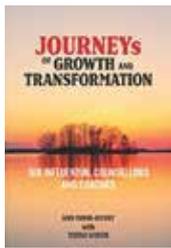
Kim focuses on how to support the child but also on how to engage parents in the process so that they have a greater understanding of how to support their children using a strengths-based approach. Her integrated approach weaves together aspects of creative art therapy, compassion-focused therapy,

narrative therapy, play therapy, neurosequential processing, therapeutic storytelling and trauma informed therapy to meet the needs of each child and their family.

The simple and thoughtful illustrations by Tamar Dolev add a joyful and unifying element to the book.

*A counsellor's companion* delivers an arsenal of activities, questions, ideas and stories to utilise in sessions. This is a great resource and I highly recommend it.

*Please note that the book is also available as an ebook via Amazon ([www.amazon.com.au](http://www.amazon.com.au)), where it achieved a #1 Amazon Bestseller award in several categories.*



**Journeys of growth and transformation: Six influential counsellors and coaches**  
 Ann Moir-Bussy  
 Reviewed by Simon Hinch

It is always a privilege to be invited to witness another's life story, and *Journeys of growth and transformation* by Ann Moir-Bussy is a book that allows readers to do just that. It is an opportunity to hear, in intimate detail, the stories of six of today's most influential counsellors and coaches from across the globe: Catherine Tien-Lun, Jeffrey Po, John McLeod, Ken Mellor, Sharon Pearson and Rob McNeilly. This group of therapists is as diverse as its members have been influential.

The book is not only a touching recounting of the therapists' stories, but it is also about the relational contexts, both constructive and destructive, that influenced their personal and professional lives. The stories highlight the way that these experiences, regardless of their valence, were transformed into rich, vivid and impactful lives. The stories also highlight what some might say is the work of all therapists: finding ways to transform one's own life experiences into a resource that can support our relationships with those we are tasked to serve and, subsequently, motivate a passionate desire to engage in therapeutic practice. This is highlighted by the author when she asserts that "imperfect beings are perfectly placed to help others". That assertion seems correct, as imperfect beings appear to be all we've got.

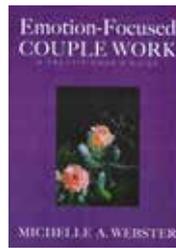
The stories in the book come from across the globe, from Hong Kong to Singapore, to suburban Australia, to working

class Scotland, and pull on shared threads of experience that highlight the powerful influence of sociocultural context, a desire to be of service to others, and a touch of serendipity on one's personal and professional life path. Yet despite the diverse life situations and sociocultural influences that have played a role in the stories, when they are read together, a shared intelligence emerges. As the author summarises in her concluding remarks, "Each Journey is unique, yet there is a collective Wisdom and pattern that unfolds as we read their self-reflections and the steps that led them to an ongoing growth and professional identity that cannot be separated from their personal identity." Here she illuminates the inextricable link between the personal and professional and that these often-parallel stories are both woven and cut from the same cloth.

These inspiring and at times courageous stories invite readers to reflect on their own personal and professional journeys and to explore how their own relational and sociocultural context shapes, and will continue to shape, their life paths. *Journeys of growth and transformation* has relevance for the new student and seasoned professional alike – reading it is most certainly worth your time.

*The book is available in both Kindle and Print versions on Amazon: [www.amazon.com.au](http://www.amazon.com.au).*

Simon Hinch is a practicing counsellor, supervisor and educator, the director of the QUT Counselling and Family Therapy Clinic and a Faculty member of the QUT School of Psychology and Counselling.



**Emotion-focused couple work**  
 Dr Michelle Webster  
 Reviewed by Ella Shannon Morter, ACA Level 4  
 Counsellor and Supervisor

*Emotion-focused couple work* is a wonderful resource for counsellors who work with couples. Authored by Dr Michelle Webster, an Australian psychologist who created the Annandale approach to emotion-focused therapy, Michelle shares both her personal and professional journey into couple work. The book provides an insight into her personality and warmth, which carry the reader through the technical as well as the relational aspects of this modality. Readers are introduced to the therapists who pioneered emotion-focused work and the theories that underpin it, such as attachment, object relations and trauma. How the Annandale approach differs from other emotion-focused work is revealed. One of these is the addition of 'emotional signatures' – the visible playing out of a person's emotional schemes.

Couple work is described as helping partners discover and experience primary feelings and communicate these in an authentic way. Michelle provides a step-by-step process for doing this work, including considerations of what preliminary work is needed for couples if moving straight to primary emotion is not emotionally safe. Practitioners are guided through assessment and shown how to get a sequence of the couple's emotional experience, then assess their negative interactional patterns. Explanations of how to do this (and subsequent steps) are supported with diagrams, examples,

session transcripts and other tips.

Michelle gives practitioners a lovely level of detail, such as about conducting the first session. This includes how practitioners can introduce the room, make referrals, gather information and reflect about their response to the couple. Subsequent sessions help the couple communicate authentically with empathy, trust and compassion, and Michelle gives clear protocols for working on couple communication and emotional experience, and for addressing the many issues that might arise in therapy such as issues with intimacy, commitment and decision-making.

My favourite chapter is the one about using creative interventions with couples to help them express themselves non-verbally. Drawing, cushion and sculpturing work are explained, again with excellent examples, transcripts and step-by-step protocols.

Couple counsellors will also find that the chapter on working individually will help them navigate what to do when it becomes clear that one person needs some individual sessions, when a client's partner wants to attend a session of individual counselling, when clients come with unhealed issues from the past or where mental health concerns become apparent. Everything you need to get started is provided and clearly outlined, although practitioners new to emotion-focused therapy would be wise to do background reading into the theoretical foundations of this modality by consulting the references Michelle provides. *Emotion-focused couple work* is

not a book to flick through before trying a few new things with the couples you work with; rather, it is a detailed textbook and beautiful insight into the sophisticated, yet uncomplicated approach Michelle and the Annandale therapists use when working with couples.

*This book is available in print and digital formats: [www.annandale.net.au/publications](http://www.annandale.net.au/publications).*



Photo: Unsplash /Matthieu Comoy Koo

# 'A picture paints a thousand words':

## using expressive arts therapy as an intervention for combat-PTSD among war veterans

By Evelyn Antony

### Abstract

Post-traumatic stress disorder (PTSD) is a severe psychological disorder that has not always been recognised as a clinical condition, leading to an increase in stigma and discrimination against those it affects (APA, 2013; Walker et al., 2016). PTSD is often referred to as 'shell shock', 'nostalgia' and 'battle fatigue', particularly among war veterans (Kemp & Bossarte, 2013; Walker et al., 2016). Furthermore, an average of 22 American veterans commit suicide every day, reflecting the high levels of depression, grief and post-traumatic stress experienced by this population following combat (Kemp & Bossarte, 2013; Walker et al., 2016). Extensive literature demonstrates that expressive arts therapy – an umbrella term that incorporates a variety of art-based approaches (e.g. open art studios) – is an effective intervention in treating military populations with physical and psychological battle scars (Artra, 2014; Harris, 2009; Kaimal et al., 2019). This article will argue that expressive arts therapy is the most effective evidence-based intervention in treating combat-PTSD among war veterans, using evidence from open art studios and group art therapy, as well as critically evaluating neuroscientific research (Artra, 2014; Cappas et al., 2005; Haagen et al., 2015; Kaimal et al., 2021). There will be a brief discussion on why alternative therapies for combat-PTSD, including cognitive behaviour therapy (CBT) and eye-movement desensitisation and reprocessing (EMDR), are less effective in attaining the broad range of positive outcomes, in comparison to expressive arts therapy (Haagen et al., 2015; Smith 2016). Finally, areas for future research will be addressed, with a focus on reaching untreated military populations (Levy et al., 2018).

### Key interventions in expressive arts therapy

The use of art-based research methods for studying topics related to combat-post-traumatic stress disorder (PTSD), including grief and stress, is relatively novel (Artra, 2014). Therefore, to understand the efficacy of expressive arts therapy, it is important to turn to key interventions offered within its scope, including open art studios and group art therapy (DeLucia, 2016; Haagen et al., 2015; Kaimal et al., 2021). A focus on specific interventions, as opposed to a broad discussion, allows for greater variety in treatment outcomes. This, in turn, not only helps war veterans to make meaning of their experiences, but also critically informs the practice and efficacy of research. Taking the example of open art studios, one of the main benefits reported in the literature is the ability for war veterans to 'drop in', rather than having to make a long-term commitment to therapy (DeLucia, 2016; Lobban, 2016). In a literature review evaluating the efficacy of 'drop-in' art studios, war veterans who participated in drop-in art studio interventions reported better feelings about transitioning

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## Expressive arts therapy is able to access non-verbal areas of the brain that aid the expression of emotions, visual imagery and body sensations.

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back home following combat, showing signs of post-traumatic growth (DeLucia, 2016). This is a particularly important finding, as many war veterans have previously reported difficulties in defining what 'home' feels like following completion of military service and the return to normal life (DeLucia, 2016). From this literature review, it appears that open art studios play an important role in rewiring challenging thoughts, enabling veterans to regain a sense of self and experience positive identity transformations. The efficacy of expressive arts therapy has been addressed by identifying the transition period as one of the key barriers that veterans face following combat. However, what kinds of barriers do war veterans come across during rehabilitation, and more importantly, how can research and practice address these difficulties?

Treatments should seek to address the barriers that war veterans may face, including the inability to engage with the therapeutic process actively and efficiently, to increase the efficacy of expressive arts therapy (Lobban, 2016). For example, a key barrier identified in the literature is stigma surrounding PTSD, and the subsequent reluctance to seek support (Lobban, 2016). Research has previously investigated experiential avoidance among war veterans attending therapy and found that veterans have

difficulties in sharing emotions and traumatic experiences in a group setting (Lobban, 2016). Open art studios mitigate the issue of sharing experiences openly, as veterans engage with a range of art materials (e.g. collages, memory sticks), and are under no expectation to communicate verbally with other group members (DeLucia, 2016). Furthermore, veterans have reported that 'being present' in a group art therapy setting enabled better bonding with fellow veterans, reducing feelings of social isolation and anxiety around sharing experiences (Lobban, 2016). This highlights that when war veterans involve others in the process of rehabilitation, they find the therapeutic process more thought-provoking and effective. Evidently, expressive arts therapy is effective in overcoming key barriers that war veterans face while engaging in the therapeutic process. To continue to improve the efficacy of this treatment, future research should address the impact of involving others (e.g. family members) to aid rehabilitation and recovery from traumatic experiences.

As well as addressing the similarities and differences among expressive arts therapy interventions, it is also imperative to assess whether the length of treatment determines outcomes for military populations (Kaimal et al., 2019, 2021). A study comparing short and long-term art therapy

(four group sessions and six weeks of sessions respectively) in a large sample of 204 military members with PTSD found that long-term art therapy led to higher satisfaction with treatment (Kaimal et al., 2019). Moreover, participants reported the following positive outcomes: developing a sense of self after injury; developing an ability to process trauma; and reduced feelings of guilt, grief and loss (Kaimal et al., 2019). This highlights that long-term art therapy can improve various areas of psychological functioning among war veterans who were previously negatively affected by traumatic experiences. The findings from Kaimal and colleague's (2019) study were further supported in recent research, where long-term art therapy (up to four years) resulted in improved perceived outcomes, compared with outcomes of a short-term three-week intervention (Kaimal et al., 2021). Looking into the demographics of the study, time in service and gender differences were also related to perceived outcomes, as more women expressed positive emotions, including feelings of resilience and personal insight, compared to men (Kaimal et al., 2021). Therefore, being aware of gender differences as a possible limitation in future research will enable findings to be more conclusive and expressive arts therapy to be evaluated more fully as an appropriate intervention.

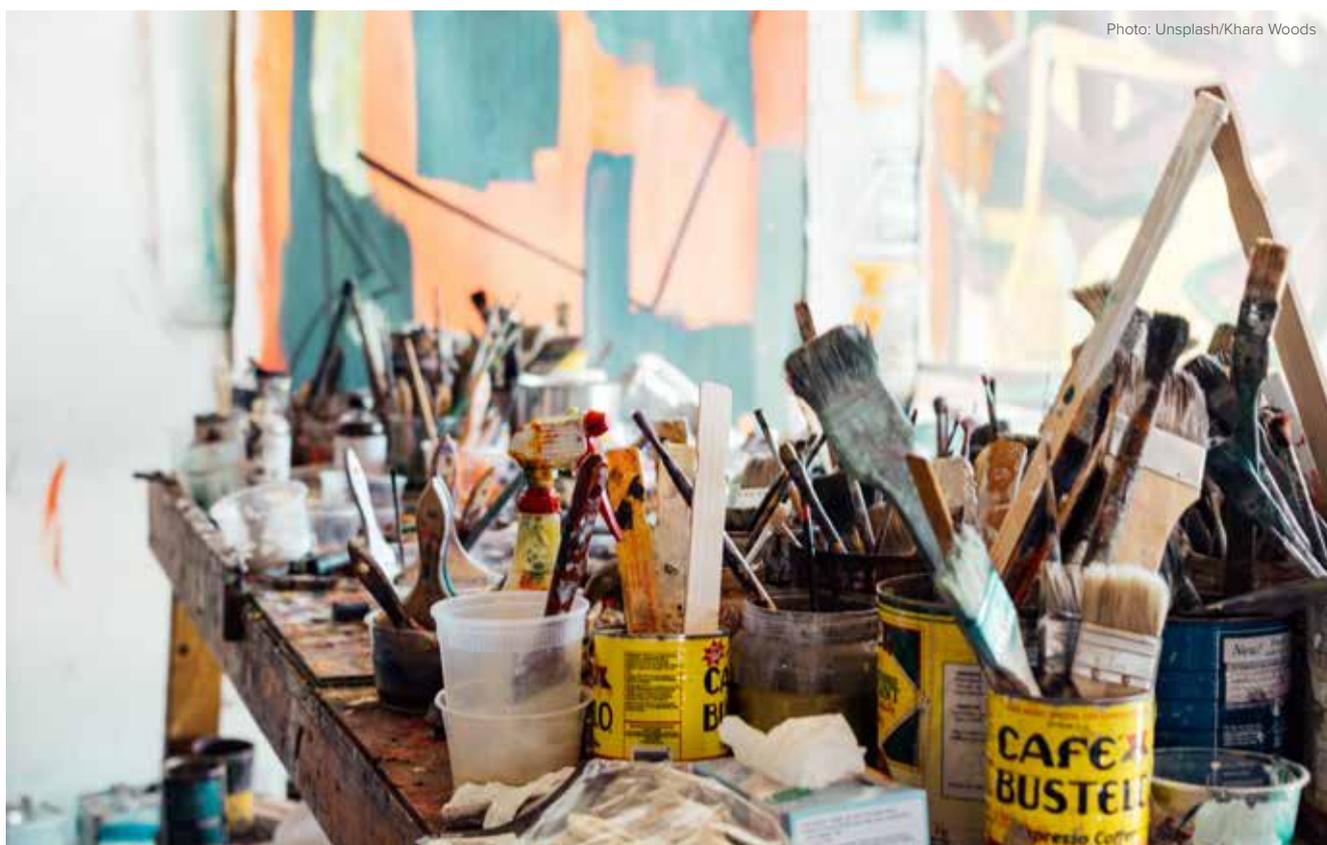


Photo: Unsplash/Khara Woods

### The neuroscience behind expressive arts therapy

Expressive arts therapy is able to access non-verbal areas of the brain that aid the expression of emotions, visual imagery and body sensations (Lobban, 2016; Smyth et al., 2008; Talwar, 2007). For example, in an article exploring the seven key principles of neuroscience and its associations with therapy, an important point was raised regarding experiences transforming the brain (Cappas et al., 2005). This is particularly relevant for war veterans experiencing PTSD, as areas of the brain associated with emotions and memories, including the prefrontal cortex, the amygdala and the hippocampus, are highly plastic (Cappas et al., 2005; Davidson et al., 2000). In light of this, research suggests that expressive arts therapy fosters neurogenesis (i.e. new neurons are formed in the brain), which is a crucial part of the recovery process and leads to improvements in spatial navigation

and post-traumatic growth (Cappas et al., 2005; Smyth et al., 2008). By turning to neuroscientific research, there have been revelations about creativity, expression and associated brain areas that have led to a better understanding of emotion regulation in combat-PTSD. To continue to improve the efficacy of expressive arts therapy, neuroscientific research should further explore how plasticity fosters the range of positive outcomes experienced by war veterans following treatment.

Expressive writing interventions have previously been reported to be associated with changes in brain activity in war veterans (Smyth et al., 2008). For example, in a study conducted by Smyth and colleagues (2008), 25 volunteers affected by PTSD were randomly assigned to either a control group (in which participants were asked to write about a neutral topic) or an expressive writing group (in which participants wrote about traumatic experiences).

Additionally, participants provided narratives of PTSD experiences and saliva samples were taken to measure changes in cortisol activity to provide an indication of re-experienced trauma (Smyth et al., 2008). Exploratory analyses detailed some post-traumatic growth following expressive writing, when compared to the control group (Smyth et al., 2008). Specifically, veterans reported being open to new possibilities, gaining personal strength and appreciation from trauma, and experiencing less anger and depression during the re-exposure to trauma (Smyth et al., 2008). Findings from this study support previously discussed empirical evidence, which indicated that post-traumatic growth was a key positive outcome of expressive arts therapy interventions (DeLucia, 2016; Lobban, 2016). Smyth and colleagues (2008) also suggested that expressive writing is a feasible option for high-risk groups (including those suffering from



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PTSD). However, this intervention should be used in conjunction with other treatments to lead to sustained positive outcomes in the long term (Smyth et al., 2008). This study suggests that expressive writing is a cathartic process for veterans, despite re-exposure to traumatic experiences being a significant challenge. To continue strengthening the efficacy of expressive arts therapy, future research should consider pairing open art studios or group art therapy with expressive writing to increase the sustainability of positive outcomes.

### **Alternative therapies for combat-PTSD**

As previously discussed, the efficacy of expressive arts therapy in treating military populations is evident from literature focusing on key interventions within this chosen therapy, alongside support from neuroscientific research. However, it is important to consider why alternative therapies, specifically cognitive behaviour therapy (CBT) and eye-movement desensitisation and reprocessing (EMDR), do not lead to the same broad range of positive outcomes as

expressive arts therapy (Artra, 2014; Smith, 2016). CBT is one of the recommended therapies to treat combat-PTSD: its aim is to break vicious cycles of negative thoughts by working through harmful perceptions and beliefs associated with traumatic experiences (Smith, 2016). Research suggests that CBT leads to improvements in social engagement and interpersonal functioning among war veterans (Smith, 2016). Yet, these improvements do not extend to other areas of psychological functioning, such as meaning-making and positive identity transformations (Kaimal et al., 2019, 2021). Evidence suggests that art-based therapy appears to be more clinically effective than CBT, with fewer noticeable issues being identified (e.g. avoidance and emotional numbing) (Artra, 2014). Additionally, CBT is not necessarily effective with all groups, with one study suggesting successful outcomes as low as 50 per cent being reported by populations experiencing complex social and health issues (Kar, 2011). Furthermore, expressive arts therapy provides military populations with the opportunity to

explore narratives associated with the traumatic experiences that led to PTSD (Smith, 2016). Evidently, while CBT targets cognitive distortions associated with trauma, it is not as effective in treating other symptoms. For example, it does not enable meaning-making of narratives and identity transformations like expressive arts therapy can.

Another therapeutic intervention that is commonly used to treat military populations is EMDR. EMDR is a non-verbal approach in which war veterans are re-exposed to traumatic experiences and their eye movements are redirected by the therapist, thus diverting the client's attention (Haagen et al., 2015; Smith, 2016). A meta-analysis evaluating the efficacy of recommended treatments for war veterans with PTSD found that EMDR negatively impacted treatment outcomes (Haagen et al., 2015). Furthermore, the study concluded that EMDR is less effective than exposure therapy and cognitive processing therapy, with the lack of efficacy being attributed to clients only being briefly exposed to traumatic experiences

(continued page 16)

# South Pacific Private:



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**“We tell clients it is the most profound and life-changing program, but I can also flip that and tell my team it can be the most profound professional and personal experience.”**

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“I thought I knew a lot about addictions and mental health trauma before working here, however nothing quite prepares you for the intensity of what we offer here at South Pacific Private,” says Alyssa Lalor, Program Director at South Pacific Private. “We tell clients it is the most profound and life-changing program, but I can also flip that and tell my team it can be the most profound professional and personal experience.”

Walking through the doors at South Pacific Private on Sydney’s Northern Beaches to start her new role as Program Manager in late 2016, Lalor says she felt right at home.

“This is a workplace where you are allowed to be authentically yourself - the good, the bad and the ugly,” she explains. Lalor says it’s refreshing to come to work and not have to be anyone other than yourself. “There is an acceptance and understanding that we all come in with a story and we do not need to hide from our stories - it makes up who we are.”

Although Lalor agrees that the work at South Pacific Private can be intense, she says it pushes you to become a better counsellor and

person. “South Pacific Private is known in the counselling circles for its immense learning opportunities professionally,” she says. “We are hugely interpersonal and trauma-informed - what you will learn here in a very short space of time may take you five to 10 years in private practice. We are a teaching hospital, many people come and work for us for a time and then take all their new found knowledge and continue to grow professionally within our organisation, while others may start a private practice,” she adds.

Lalor says the non-traditional medical model approach was what first attracted her to apply for the role. “South Pacific Private is not your traditional medical model approach to treatment - psychiatrist and psychotropic led treatment approach,” she explains. “We are of course a fully accredited psychiatric hospital and every client is under psychiatric care - clients also have their own Multi-Disciplinary Staff (MDS) team which consists of their psychiatric, primary therapist, GP, nurse and continuing care case manager. We are very much psycho-

therapeutically driven facility - one of the key differences is that the voice of the primary therapist (counsellor/ psychotherapist/psychologist) is a dominant voice in the MDS team and the clinical direction of the client’s treatment journey.”

There are also no distractions at South Pacific Private, which initially many clients find either shocking or a relief. Lalor says the purpose of being removed from day-to-day life is to allow the client to focus on themselves and have reflective time - a rare luxury in our busy world.

“South Pacific Private is also trauma-informed and desires to be in its practice and delivery for both staff and clients,” says Lalor. “We utilise the most profound and succinct model to conceptualise the impact of developmental trauma, abuse and neglect, and a less than nurturing environment on the development of addictive processes and other mental health disorders,” she adds.

“It is a hugely supportive environment if you are willing to engage and reach out for support as needed. It is also one the few hospitals in Australia that really values abstinence and the 12 step philosophies and the spiritual component of recovery - all of which aligns well to my own values and understandings of the treatment of trauma, addiction and mental health disorders.”

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Considering the literature around CBT and EMDR, there is strong evidence to suggest that expressive arts therapy is more effective in treating a wide range of symptoms experienced in combat-PTSD.

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(Haagen et al., 2015). Moreover, a systematic review of six empirical studies evaluating the effectiveness of art therapy found a significant decrease in psychological trauma symptoms among treatment groups, when compared to alternative treatments including CBT and EMDR (Schouten et al., 2015). Considering the literature around CBT and EMDR, there is strong evidence to suggest that expressive arts therapy is more effective in treating a wide range of symptoms experienced in combat-PTSD.

### **Telehealth expressive arts therapy: areas for future research**

Despite the evident efficacy of expressive arts therapy, 36 per cent of American veterans with a service-related disability live in rural areas, leading to difficulties in accessing appropriate mental health care and rehabilitation (Levy et al., 2018). To address this key challenge, telehealth expressive arts therapy has been introduced recently as an intervention to reach untreated military populations (Levy et al., 2018). For example, Miller and McDonald (2020) found that technology-based therapy is important in strengthening resilience and forming a sense of belonging through shared art experiences online. This may be particularly important during the COVID-19 global pandemic, where more military members are unable to access expressive arts therapy. In another study addressing the use of distance technology in delivering expressive arts therapy to veterans, the researchers found that family members can be integrated into treatment (Spooner et al., 2019).

Additionally, this study showed that war veterans receiving telehealth expressive arts therapy became more receptive to engaging with other forms of technology, such as videos and social media groups (Spooner et al., 2019). Telehealth expressive arts therapy bridges the gap between clinical practice and integration from local communities, enabling veterans to engage more fully in the process of exploring art and healing from previous trauma.

However, ethical and security issues associated with delivering therapy online have not yet been addressed in this area of research. For example, according to the British Psychological Society ethics guidelines for internet-mediated research, one of the key challenges to address is respecting clients' autonomy, privacy and dignity (Hewson & Buchanan, 2013). For example, researchers gathering and processing data may store copies of information remotely, using third-party software providers (Hewson & Buchanan, 2013). However, the risk of security breaches may be higher, as researchers cannot control the networks in which information is stored (Hewson & Buchanan, 2013). It is therefore important to consider ways to safely store confidential information, by using appropriate data archives and password-protected software, to prevent any security breaches.

### **Conclusion**

In conclusion, the evidence presented in this article has argued that expressive arts therapy is the most effective treatment for war veterans with PTSD. It is important to acknowledge research from various key interventions

associated with expressive arts therapy, particularly in identifying patterns in findings and differences in treatment outcomes. Open art studios are one way to mitigate issues such as war veterans' reluctance towards receiving treatment, as unstructured and calm environments foster more positive outcomes. Group art therapy enables war veterans to feel more supported through the process of rehabilitation, reducing feelings of loneliness and improving post-traumatic growth. However, future research is required to ensure better generalisability and diversity in samples used to compare short and long-term art therapy treatments, by considering gender differences in samples and considering war veterans' time of service. Alternative treatments, including CBT and EMDR, show low successful outcomes and less efficacy in areas including post-traumatic growth and meaning-making, when compared to expressive arts therapy. Recent research highlights that telehealth expressive arts therapy for untreated military populations enables better involvement of family members during rehabilitation. Yet, ethical issues underpinning the delivery of telehealth expressive arts therapy, including how to store data securely, are yet to be addressed, highlighting a gap in the literature. In light of existing literature, future research is warranted to validate findings from the plethora of empirical evidence and to address key issues that underpin the evaluation and delivery of expressive arts therapy to military populations. ■

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Artra, iishana P. (2014). Transparent assessment: Discovering authentic meanings made by combat veterans. *Journal of Constructivist Psychology, 27*(3), 211–235. <https://doi.org/10.1080/10720537.2014.904704>
- Cappas, N. M., Andres-Hyman, R., & Davidson, L. (2005). What psychotherapists can begin to learn from neuroscience: Seven principles of a brain-based psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 42*(3), 374. <https://doi.org/10.1037/0033-3204.42.3.374>
- Davidson, R. J., Jackson, D. C., & Kalin, N. H. (2000). Emotion, plasticity, context, and regulation: Perspectives from affective neuroscience. *Psychological Bulletin, 126*(6), 890–909. <https://doi.org/10.1037/0033-2909.126.6.890>
- DeLucia, J. M. (2016). Art therapy services to support veterans' transition to civilian life: The studio and the gallery. *Art Therapy, 33*(1), 4–12. <https://doi.org/10.1080/07421656.2016.1127113>
- Haagen, J. F. G., Smid, G. E., Knipscheer, J. W., & Kleber, R. J. (2015). The efficacy of recommended treatments for veterans with PTSD: A metaregression analysis. *Clinical Psychology Review, 40*, 184–194. <https://doi.org/10.1016/j.cpr.2015.06.008>
- Harris, D. A. (2009). The paradox of expressing speechless terror: Ritual liminality in the creative arts therapies' treatment of posttraumatic distress. *The Arts in Psychotherapy, 36*(2), 94–104. <https://doi.org/10.1016/j.aip.2009.01.006>
- Hewson, C., & Buchanan, T. (2013). *Ethics guidelines for internet-mediated research*. The British Psychological Society. <http://www.bps.org.uk/system/files/Public%20files/inf206-guidelines-for-internet-mediated-research.pdf>
- Kaimal, G., Jones, J. P., Dieterich-Hartwell, R., & Wang, X. (2021). Long-term art therapy clinical interventions with military service members with traumatic brain injury and post-traumatic stress: Findings from a mixed methods program evaluation study. *Military Psychology, 33*(1), 29–40. <https://doi.org/10.1080/08995605.2020.1842639>
- Kaimal, G., Jones, J. P., Dieterich-Hartwell, R., Acharya, B., & Wang, X. (2019). Evaluation of long- and short-term art therapy interventions in an integrative care setting for military service members with post-traumatic stress and traumatic brain injury. *The Arts in Psychotherapy, 62*, 28–36. <https://doi.org/10.1016/j.aip.2018.10.003>
- Kar, N. (2011). Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: A review. *Neuropsychiatric Disease and Treatment, 7*, 167–181. <https://doi.org/10.2147/NDT.S10389>
- Kemp, J., & Bossarte, R. (2013). *Suicide data report 2013*. Washington, DC: United States Department of Veterans Affairs: Mental Health Services, Suicide Prevention Program.
- Levy, C. E., Spooner, H., Lee, J. B., Sonke, J., Myers, K., & Snow, E. (2018). Telehealth-based creative arts therapy: Transforming mental health and rehabilitation care for rural veterans. *The Arts in Psychotherapy, 57*, 20–26. <https://doi.org/10.1016/j.aip.2017.08.010>
- Lobban, J. (2016). Factors that influence engagement in an inpatient art therapy group for veterans with post-traumatic stress disorder. *International Journal of Art Therapy, 21*(1), 15–22. <https://doi.org/10.1080/17454832.2015.1124899>
- Miller, G., & McDonald, A. (2020). Online art therapy during the COVID-19 pandemic. *International Journal of Art Therapy, 25*(4), 159–160. <https://doi.org/10.1080/17454832.2020.1846383>
- Schouten, K. A., de Niet, G. J., Knipscheer, J. W., Kleber, R. J., & Hutschemaekers, G. J. M. (2015). The effectiveness of art therapy in the treatment of traumatized adults: A systematic review on art therapy and trauma. *Trauma, Violence, & Abuse, 16*(2), 220–228. <https://doi.org/10.1177/1524838014555032>
- Smith, A. (2016). A literature review of the therapeutic mechanisms of art therapy for veterans with post-traumatic stress disorder. *International Journal of Art Therapy, 21*(2), 66–74. <https://doi.org/10.1080/17454832.2016.1170055>
- Smyth, J. M., Hockemeyer, J. R., & Tulloch, H. (2008). Expressive writing and post-traumatic stress disorder: Effects on trauma symptoms, mood states, and cortisol reactivity. *British Journal of Health Psychology, 13*(1), 85–93. <https://doi.org/10.1348/135910707X250866>
- Spooner, H., Lee, J. B., Langston, D. G., Sonke, J., Myers, K. J., & Levy, C. E. (2019). Using distance technology to deliver the creative arts therapies to veterans: Case studies in art, dance/movement and music therapy. *The Arts in Psychotherapy, 62*, 12–18. <https://doi.org/10.1016/j.aip.2018.11.012>
- Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy, 34*(1), 22–35. <https://doi.org/10.1016/j.aip.2006.09.001>
- Walker, M. S., Kaimal, G., Koffman, R., & DeGraba, T. J. (2016). Art therapy for PTSD and TBI: A senior active duty military service member's therapeutic journey. *The Arts in Psychotherapy, 49*, 10–18. <https://doi.org/10.1016/j.aip.2016.05.015>



## About the author

**Evelyn Antony** recently graduated from the University of Edinburgh with a Master of Arts (with Honours) degree in Psychology. In her undergraduate dissertation, where she leveraged data from the UK Millennium Cohort Study, she investigated whether emotional dysregulation explains the association between ADHD and internalising emotional problems among young children. Throughout her degree, she has acquired valuable and meaningful experiences working with young people who have profound mental health issues and additional needs, and has worked in events management and higher education settings. Evelyn also enjoys writing blogs, where she addresses key issues facing the profession of psychology and reflects upon her academic journey to date.

# REFRAMING AUTISM AND UNDERSTANDING THE FEMALE AUTISM PHENOTYPE

**Dr Jillian Stansfield**

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The *Diagnostic and statistical manual of mental disorders* (DSM-5), published in 2013, refers to autism spectrum disorder (ASD) as an umbrella term and is based on a deficit medical model. The DSM-5 diagnosis of ASD includes the previously separated diagnoses Asperger's syndrome, Rhetts syndrome, pervasive developmental disorder and pervasive developmental disorder not otherwise specified (PDD-NOS), and focuses on traits most often associated with males. The criteria to be met for an ASD diagnosis under the DSM-5 are persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following: social-emotional reciprocity; non-verbal communicative behaviours; and developing, maintaining and understanding relationships (APA, 2013). These symptoms are present from early childhood and limit or impair everyday functioning (APA, 2013). A diagnosis of ASD is also assigned a severity specifier of level 1, 2 or 3, depending on the support required. Therefore, the terms 'high-functioning' and 'low-functioning' are redundant and are not included in either of the diagnostic manuals DSM-5 or *International Classification of Diseases* (ICD-11) (World Health Organization, 2018). As there is no definitive biological test for determining autism, a process is followed that relies on multiple sources of information, including tests and observations to assist medical professionals with making a diagnosis (APA, 2013).

Diagnoses of females are predicated on the same narrow ASD criteria, which is geared towards the male presentation of autism and is one reason why girls may not receive an autism diagnosis, also referred to as a 'missed diagnosis' (Fields, 2020; Stansfield, 2020). A 'misdiagnosis' can occur when someone is diagnosed with a mental disorder based on a cluster of traits that overlap with autism. The lack of understanding and research about the female-typical presentation or female autism phenotype is reflected in the disparity of diagnoses between males and females, a ratio of 4:1 (Hull et al., 2020).

However, the use of one term, 'autism', has resulted in confusion about where people diagnosed under the range of autistic-like conditions should be placed along the autism spectrum (Bennett & Goodall, 2016). This is particularly problematic when individuals are overlooked or misdiagnosed, particularly females, or when the



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preconceived view is that the overarching diagnostic term is 'Kanner-type' or 'classic' autism traits.

The words 'disability' and 'disorder', both of which are used in social discourse, indicate a deficit in ability or that something is wrong. However, some autism deficits could be viewed as strengths or advantages (Goodall, 2015). There is an inconsistency in language about and definitions of autism (Cleaton & Kirby, 2018).

Instead of being considered a disability or disorder, as the formal terms suggest, autism is regarded by some as more of a neurological difference (Goodall, 2015). Throughout this paper, the terms 'autistic' and 'on the autism spectrum' are preferred when referring to a person diagnosed with an autism spectrum disorder. Neither a 'person-first' nor an 'autism-first' approach is used because some people in the autism community prefer one term over the other and

it is essential for the terms adopted to respect the autistic community (Kenny et al., 2015).

### History of autism

The history of autism is confronting, with an evolving line of thought that includes many misconceptions and perspectives: from perceptions that people on the autism spectrum have 'refrigerator mothers', to people being labelled as 'rain man' or as having an 'extreme male brain' (Silberman, 2015). Due to the pathologising of traits and to stigma, today's knowledge and understanding of autism is still in its infancy and it appears people are some way off from understanding and accepting this different way of thinking (Stansfield, 2020).

Child psychiatrist Leo Kanner identified the 'classic' model of autism towards the middle half of the last century (Kanner, 1943, 1944; Silberman, 2015; Singer, 2017). Kanner used the term 'autism' from the Greek word for self (autos) to describe this cluster of traits, as these children "seemed happiest in isolation" (Silberman, 2015, p. 5).

At the same time, Asperger's syndrome, commonly known as Asperger's, was first identified by Dr Hans Asperger, who noted some similar characteristics among children in his paediatric practice (Attwood, 2004; Silberman, 2015). Although Asperger referred to his patients as "little professors" due to their abilities in math and science (Silberman, 2015, p. 6), this more positive aspect of his work is tainted by his link to the Nazi era: he is said to have been among the doctors who had the power to decide the fate of children who did not meet certain physical and mental abilities (Sheffer, 2018; Szalai, 2018). Although the origin of autism and the term 'Asperger's syndrome' are tainted by this unsavoury narrative, Asperger's work was the starting point for discourse on autism (Stansfield, 2020).



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When Lorna Wing, a psychiatrist, had a daughter who was diagnosed with Kanner's classic autism in the 1960s, it was almost unheard of for a female to receive an autism diagnosis. Following the realisation that her daughter had autism, Wing made it her quest to seek out the supports available to families of children like her own (Silberman, 2015). Wing (1981) found that many children did not fit the mould of Kanner's rigid traits and set out to expand the definition of autism, proposing that it was a 'continuum' and later adopting the term 'spectrum' (Silberman, 2015, p. 353). Despite Wing's work, several decades later the connection between autism and girls remains relatively undiscovered and far more is known about autism in males (Tomlinson et al., 2020).

### Background of autism spectrum disorder

The DSM-5 is becoming a somewhat outdated source for determining a diagnosis, and controversy surrounds the umbrella term 'autism spectrum disorder' in the last update. One point of contention is the use of the word 'disorder', because autism is becoming more accepted, particularly in the autistic community, as a neurotype or condition rather than as a mental disorder (Stansfield, 2020). The view that autism is a disorder that can be cured is reflective of the medical model approach, and lags behind anecdotal and clinical observations of the female autism phenotype (Marshall, 2014). No specific changes appear to have been made to DSM-5 diagnostic criteria to reflect this in the foreseeable future.

Silberman (2015) posed the question, "[A]fter 70 years of research on autism, why do we still seem to know so little about it?" (p. 15). People on the autism spectrum are beginning to demonstrate that "'neurotypical' is not the only way to be, or even the best way to be" (Singer, 2017, p. 1195). Over time, autism has become recognised more as a neurotype (neurological type) that differs from a 'neurotypical' brain, which is a dominant neurotype, and which Singer observes is "a term coined to sideline [people, like] the word 'normal'" (2017, p. 404). Neither one is better or worse than the other; the neurotypical brain is "designed to facilitate socialisation" and the autistic brain is designed "to focus on understanding the world around us" (Castellon, 2020, p. 31).

The cluster of deficit-based traits for ASD identified in the

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DSM-5 are oriented toward males (Ranson & Byrne, 2014), leaving girls undiagnosed or misdiagnosed when their collective autistic traits are misinterpreted and categorised as a mental illness rather than as autism (Carpenter et al., 2019). According to the traditional definition of autism, identified as a male syndrome, the number of children diagnosed with ASD has risen over the last decade (Sproston et al., 2017). The higher rate of diagnoses does not mean the number of people who have been born with the condition has risen; rather, it is illustrative of a better understanding of autism due to ongoing research, education and awareness (Carpenter, 2017). Further research on girls and autism is likely to see the number of female diagnoses increase, shrinking the gap between males and females.

The lack of knowledge about girls and autism due to a dearth of research leaves many girls unsupported, misdiagnosed and misunderstood, even though they may receive a diagnosis as an adult (Carpenter et al., 2019; Cook et al., 2017; Mademtzi et al., 2017). The later diagnoses of women may be one reason why ASD is, according to statistics, diagnosed four times more often in males than in females. Other reasons include ASD presenting differently in males (APA, 2013; Mademtzi et al., 2017; Moyse & Porter, 2015) and diagnostic tools derived from the DSM-5 being skewed towards male traits and characteristics of autism (Ranson & Byrne, 2014). A further reason frequently cited for missed or late diagnoses in females is their

ability to mask traits associated with autism (Cook et al., 2017; Ranson & Byrne, 2014). Females are better at masking or camouflaging their symptoms through strategies such as mimicking and scripting (Myles et al., 2019). Due to being able to mask their inadequacies and mimic others, females on the autism spectrum are perceived as 'normal', with the result that many autistic girls 'fly under the radar' and suffer in silence during their primary years (Attwood, 2006).

### Social model and medical model of disability

The medical model versus social model debate is frequently highlighted in the literature on autism (Alsharif, 2019; Liu et al., 2018; Manago et al., 2017; Pickard, 2019; Singer, 2017) and is included in this overview to acknowledge how far our thinking has come in terms of what autism is or is not and how it presents in everyday life. The medical model, with a deficit focus on ASD according to the DSM-5, insinuates a stigma associated with the term 'disorder': that it is something 'wrong' that requires 'fixing', even when the perceived negatives could be strengths or unique abilities (Angulo-Jiménez & DeThorne, 2019).

The social model proposes more than one perspective, but essentially asserts that autism is a social construct whereby society determines what is a disability and ability and how they are approached (Mitra, 2006). The social and medical models are in opposition to one another – the latter focuses purely on disability, whereas the social model draws

attention to autism as a spectrum and showcases abilities. Although the social model exposes the social inequalities encountered by people on the autism spectrum, it acknowledges that it is not the person with the disability who needs to change, but society that needs to change its perspectives on autism (Shakespeare & Watson, 2002). The neurodiversity paradigm for understanding autism is sometimes considered an 'out-growth' of the social model in that it acknowledges the need for support (Angulo-Jiménez & DeThorne, 2019, p. 570).

Disassociating autism from the notion of being a mental disorder and moving towards a more holistic view of how it manifests in the real world means that the strengths inherent in this different way of thinking are not ignored. A different way of thinking simply means autistic people will learn about the world in a different way (Sherratt, 2005).

What the medical model identifies as deficits, the social model may identify as strengths. Focusing on a social model, whereby autism is identified as a neurology, will enable a better understanding of autism in females, not only in a schooling context, but also in the medical milieu where diagnosis takes place. This holistic view of autistic strengths and challenges, rather than just deficits, will allow for better understanding and earlier identification of females on the autism spectrum.

Mediation is needed between the social and medical models to reframe how society views disability, reduce stigma and



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promote acceptance. One model that is emerging from this binary view is the neurodiversity paradigm, which stems from the social model (den Houting, 2019). Singer (2017) is credited with coining the term ‘neurodiversity’, and did so in the belief that “we need to go beyond the dichotomy of the medical model vs. social model” (p. 615).

Given the history of autism, the medical and social models, people’s lived experiences and the adoption of the term ‘neurodiversity’ within autism discourse, Silberman’s (2015) modern view of autism as a “different operating system” is a favourable one (p. 471). The neurodiversity paradigm began to emerge in the late 1990s (Angulo-Jiménez & Dethorne, 2019; Silberman, 2015) to explain the concept that there is not just one type of ‘normal’ brain.

### Identifying the female autism phenotype

As girls on the autism spectrum grow older, they are more likely to be misdiagnosed with mental health issues (Myles et al., 2019). Misdiagnosis can have devastating long-term effects, as undiagnosed females may be medicated, develop limited survival strategies and are often left to navigate a challenging world as ‘misunderstood’ individuals, leading to a plethora of problems in their adulthood (Holliday Willey, 2012). Teachers are often the first to recognise when a student may need a referral to a specialist health professional so that these students receive the appropriate support and intervention in the early years.

As autistic females are under-represented in the research, ‘female stories’ are often shared

to gain insights (Jarman & Rayner, 2015). Jarman and Rayner presented themselves as case studies and shared their personal stories and knowledge of being on the autism spectrum. Temple Grandin’s *Asperger’s and girls* (2006) and Wenn Lawson’s *Girls and autism: Educational, family and personal perspectives* (2019) are examples of the autistic voice. They highlight the importance of listening to the voices of autistic females by adding an element of authenticity to the academic discourse. There are also well-known autistic women presented in the media, Greta Thunberg (Swedish environmental activist), Susan Boyle (Scottish singer) and Hannah Gadsby (Australian comedian) who openly share their diagnosis and talents, and challenge ideas of what autism ‘looks like’. Jarman (2013) proposed further case studies on school-aged

There are many anecdotal and clinical observations on the female profile of autism in the form of checklists and online stories about 'lived experiences'. These can be a resource for females who have been misdiagnosed, have a missed diagnosis or are seeking answers to explain their differences.

females on the autism spectrum to enhance understanding and recognise their unique challenges and characteristics. As research often lags behind clinical and anecdotal observations (Marshall, 2015), Jarman's (2013) work was important for advancing our understanding of the relatively new medical term ASD.

There are many anecdotal and clinical observations on the female profile of autism in the form of checklists and online stories about 'lived experiences'. These can be a resource for females who have been misdiagnosed, have a missed diagnosis or are seeking answers to explain their differences (Craft, 2016; Marshall, 2016; Starlight and Stories, 2018; The Little Black Duck, 2018). Tania Marshall is an Australian psychologist, specialist and prolific writer on autistic girls and women, who has published numerous books and blogs on the female presentation of autism, including *I am Aspie Girl* and *I am Aspie Woman*. Marshall (2019) explored the many traits of girls on the autism spectrum, as well as themes such as masking, anxiety, perfectionism, emotion and high achievement, acknowledging that many of these traits make it difficult to identify and support autistic females.

A communication tool, CASSIE, was recently developed from evidence-based research, and focused on the female autism phenotype in the early years of

schooling (5–8 years of age). The CASSIE tool, which is presented in the form of a wheel, can assist with identifying autistic girls in the early years' classroom and help teachers to better manage girls' learning and social experiences (Stansfield, 2020). The CASSIE tool further informs the literature about the traits and characteristics that pertain to the female autism phenotype. There is no single way to categorise the traits and characteristics of girls on the autism spectrum, and CASSIE incorporates communication, academic, sensory, social and identity aspects (Stansfield, 2020). Stansfield (2020) found several reasons why girls are 'invisible', meaning fewer girls are diagnosed than boys: they have masking traits; they are social, but more so with adults; traits vary between males and females; they are capable but this is not always shown in their work; there are misconceptions that autism is a 'boy' condition; and deficits are seen as strengths and vice versa. These reasons support the DSM-5 (2013), which states that females go unrecognised due to "subtler manifestations of social and communication difficulties" (APA, 2013, p. 57). The development of the CASSIE tool is beneficial not only to teachers and parents, but also to the wider support network. It can help identify autistic females and support them, regardless of whether they are diagnosed (Stansfield, 2020). Ongoing research on the

female autism phenotype, such as the contributions of Jarman (2013) and Stansfield (2020), may assist in reducing the number of missed diagnoses or misdiagnoses of autistic females.

### **Conclusion**

There is a continuing need for acceptance of autism in the general community. Sharing knowledge brings about greater understanding, and highlighting the female autism phenotype with a focus on strengths is a positive way of reducing stigma and increasing acceptance. Over time, education will change community perspectives on autism and how it presents in females. People on the autism spectrum are beginning to demonstrate that "neurotypical" is not the only way to be, or even the best way to be" (Singer, 2017, p. 1195). Over time, autism has become more recognised as a neurotype that differs from a neurotypical brain, a dominant neurotype (Singer, 2017). Neither one is better or worse than the other. ■

**References**

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Alsharif, H. N. (2019). The model of disability in Saudi Arabia. *Indonesian Journal of International and Comparative Law*, 6(1), 3–23.
- Angulo-Jiménez, H., & DeThorne, L. (2019). Narratives about autism: An analysis of YouTube videos by individuals who self-identify as autistic. *American Journal of Speech-language pathology*, 28(2), 569–590. [https://doi:10.1044/2018\\_AJSLP-18-0045](https://doi:10.1044/2018_AJSLP-18-0045)
- Attwood, T. (2004). Strategies to reduce the bullying of young children with Asperger's syndrome. *Australian Journal of Early Childhood*, 29(3), 15–23.
- Attwood, T. (2006). The pattern of abilities and development of girls with Asperger's Syndrome. In T. Attwood., T. Grandin., T. Bolick., C. Faherty., L. Iland., J. McIlwee Myers., R. Snyder., S. Wagner, & M. Wrobel (Eds.), *Asperger's and girls*, (pp. 82–172). Future Horizons.
- Bennett, M., & Goodall, E. (2016). A meta-analysis of DSM-5 autism diagnoses in relation to DSM-IV and DSM-IV-TR. *Review Journal of Autism and Developmental Disorders*, 3(2), 119–124. <https://doi.org/10.1007/s40489-016-0070-4>
- Carpenter, L. (2017). Supporting students with Autism Spectrum Disorder. In M. Hyde., L. Carpenter., & S. Dole (Eds.), *Diversity, inclusion and engagement* (3rd ed., pp. 284–307). Oxford University Press.
- Carpenter, B., Happé, F., & Egerton, J. (2019). Where are all the autistic girls? In Carpenter, B., Happé, F., & Egerton, J. (Eds.), *Girls and autism. Educational, family and personal perspectives* (p. 3–9). Routledge.
- Castellon, S. (2020). *The spectrum girls' survival guide*. Jessica Kingsley Publishers.
- Cleaton, M., & Kirby, A. (2018). Why do we find it so hard to calculate the burden of neurodevelopmental disorders? *Journal of Childhood and Developmental Disorders*, 4(3:10), 1–20.
- Cook, A., Ogden, J., & Winstone, N. (2017). Friendship motivations, challenges and the role of masking for girls with autism in contrasting school settings. *European Journal of Special Needs Education*, 33(3), 302–315.
- Craft, S. (2016). *Females with Asperger's Syndrome checklist by Samantha Craft*. <https://everydayaspie.wordpress.com/2016/05/02/females-with-aspergers-syndrome-checklist-by-samantha-craft/>
- den Houting, J. (2019). Neurodiversity: An insider's perspective. *Autism*, 23(2), 271–273. <https://doi.org/10.1177/1362361318820762>
- Fields, L. (2020). Adult autism: Hidden in plain sight. *Readers Digest Magazine, April 2020*, 46–49.
- Goodall, C. (2015). How do we create ASD friendly schools? A dilemma of placement. *Support for Learning*, 30(4), 305–326. <https://doi:10.1111/1467-9604.12104>
- Holliday Willey, L. (2012). *Safety skills for Asperger women: How to save a perfectly good female life*. Jessica Kingsley Publishers.
- Hull, L., Petrides, K. V., & Mandy, W. (2020). The female autism phenotype and camouflaging: A narrative review. *Review Journal of Autism and Developmental Disorders*. doi:10.1007/s40489-020-00197-9
- Jarman, B. C. (2013). *The school experiences of females with Asperger's Syndrome: The recollection of adults and perspectives of parents* [Master of Education with Honours Dissertation, University of Tasmania]. TROVE database.
- Jarman, B., & Rayner, C. (2015). Asperger's and girls: What teachers need to know. *Australian Journal of Teacher Education*, 39(2), 128–142. <https://doi:10.1017/jse.2015.7>
- Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism*, 20(4), 1–21.
- Liu, M. J., Ma, L. Y., Chou, W. J., Chen, Y. M., Liu, T. L., Hsiao, R. C., Hu, H.F., Yen, C. F. (2018). Effects of theory of mind performance training on reducing bullying involvement in children and adolescents with high-functioning autism spectrum disorder. *PLoS ONE*, 13(1). <https://doi:10.1371/journal.pone.0191271>
- Mademtz, M., Singh, P., Shic, F., & Koenig, K. (2017). Challenges of females with autism: A parental perspective. *Journal of Autism and Developmental Disorders*. doi:10.1007/s10803-017-3341-8
- Manago, B., Davis, J. L., & Goar, C. (2017). Discourse in action: Parents' use of medical and social models to resist disability stigma. *Social Science and Medicine*, 184, 169–177. <https://doi.org/10.1016/j.socscimed.2017.05.015>
- Marshall, T. (2019). *Teaching girls with autism*. <https://senmagazine.co.uk/home/articles/senarticles-2/teaching-girls-with-autism>
- Marshall, T. (2014). *I am Aspie girl*. Tanya A. Marshall.
- Marshall, T. (2013, 2016). *First signs of Aspergers in bright young girls pre-school*. <https://taniaanmarshall.wordpress.com/2013/06/22/first-signs-of-asperger-syndrome-in-young-girls-pre-school/>
- Mitra, S. (2006). The capability approach and disability. *Journal of Disability Policy Studies*, 16(4), 236–247.
- Moyse, R., & Porter, J. (2015). The experience of the hidden curriculum for autistic girls at mainstream primary schools. *European Journal of Special Needs Education*, 30(2), 187–201. <https://doi:10.1080/08856257.2014.986915>
- Myles, O., Boyle, C., & Richards, A. (2019) The social experiences and sense of belonging in adolescent females with autism in mainstream school. *Educational and Child Psychology*, 36, 8–21.
- Ranson, N., & Byrne, M. (2014). Promoting peer acceptance of females with higher-functioning autism in a mainstream education setting: A replication and extension of the effects of an autism anti-stigma program. *Journal of Autism and Developmental Disorders*, 44(11), 2778–2796. <https://doi:10.1007/s10803-014-2139-1>
- Sheffer, E. (2018). *Asperger's children: The origins of autism in Nazi Vienna*. Norton, W.W. & Company, Inc.
- Shakespeare, T., & Watson, N. (2002). The social model of disability: An outdated ideology? *Research in Social Science and Disability*, 2, 9–28.
- Silberman, S. (2015). *Neurotribes: The legacy of autism and the future of neurodiversity*. Penguin Random House LLC.
- Singer, J. (2017). *Neurodiversity: The birth of an idea*.
- Sproston, K., Sedgewick, F., & Crane, L. (2017). Autistic girls and school exclusion: Perspectives of students and their parents. *Autism and Developmental Language Impairments*, 2, 1–14. <https://doi:10.1177/2396941517706172>
- Stansfield, J. (2020). *Alannah, Bree and CASSIE: The ABC of girls on the Autism Spectrum in early years classrooms*. <https://ro.ecu.edu.au/theses/2376>
- Starlight and Stories. (2018). *Girls with autism: How do we spot them?* Starlight and Stories. <https://starlightandstories.com/2018/02/01/girls-autism-spot/>
- Szalai, J. (2018). Once viewed as a saviour of children, Hans Asperger is now called a Nazi collaborator. *The New York Times*. [www.nytimes.com/2018/05/09/books/review-aspergers-children-autism-nazi-vienna-edith-sheffer.html](http://www.nytimes.com/2018/05/09/books/review-aspergers-children-autism-nazi-vienna-edith-sheffer.html)
- The Little Black Duck. (2018). *Females on the autism spectrum*. [www.thelittleblackduck.com.au/product/females-on-the-autism-spectrum-new/](http://www.thelittleblackduck.com.au/product/females-on-the-autism-spectrum-new/)
- Tomlinson, C., Bond, C., & Hebron, J. (2020). The school experiences of autistic girls and adolescents: A systematic review. *European Journal of Special Needs Education*, 35(2), 203–219. doi:10.1080/08856257.2019.1643154
- Wing, L. (1981). Asperger's syndrome: A clinical account. *Psychological Medicine*, 11(1), 115–129. doi:10.1017/S0033291700053332
- World Health Organization (WHO). (2018). *Classifications: ICD-11 is here*. [http://classifications/icd/en/](http://classifications.icd/en/)



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Dr Jillian Stansfield is a counsellor in private practice. She specialises in supporting autistic adults and parents of autistic children as well as working with men and women who have trauma from divorce, family court and domestic violence. Her practice is based in Redcliffe, Queensland and she offers both in-person and virtual counselling.

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# Exploring farming families' challenges and needs during drought in Australia

By Jessica Beneke and Justine Campbell

## Abstract

Farming families have been experiencing drought throughout the history of Australia. Major government reports have identified that more research is required into their health and wellbeing. This literature review is a preliminary study that explores the significant factors that impact farming families. It aims to encourage open conversations and communication about how families function and about whether support from counsellors is needed from the family's perspective. It used a mix of qualitative and quantitative research methods and was conducted via an online survey where participants were voluntary and remained anonymous. Descriptive and thematic analysis was used to evaluate the data by identifying codes and themes. Results conclude that all levels of family members are undertaking dual roles, causing enormous pressures and distress. Inadequate funding and access to appropriate support services such as counselling was limited. Financial barriers were the largest contributing factor, followed by mental health, which included apprehension to seek assistance for grief and loss as well as for family relationships. Issues of mental health are debilitating and destroying families, which is a real concern; however, counselling services are struggling to meet the demand. Limitations of this study were extensive due to the nature of the farming industry. These included exhaustion, a lack of time, and mental health

concerns. In further research it is recommended that there be an increase in funding for research activities such as personal, face-to-face interviews; focus groups collaborating with other support services; or initiating educational workshops for counsellors.

## Exploring the challenges and needs of farming families during drought in Australia

"Living with a sick feeling in your belly over the long term does not help any aspect of family life – relationships, harmony and physical health, supporting each other and neighbours and friends." – female farmer, South Australia (Commonwealth of Australia, 2008, p. 32).

Drought has been impacting farming families throughout history (Stehlik et al., 1999) and most farming families will experience it during their lifetime. According to Heard (2019), there have been a number of well-known droughts throughout history such as the Federation drought, the World War II drought and the Millennium

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These findings suggest that there is an increased risk to farming families' health and wellbeing that, coupled with the avoidance of helping services, only adds to the greater pressure they experience.

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drought. A report by Stehlik and colleagues (1999) refers to the drought in the 1990s in Central Queensland and the western rangelands of New South Wales and indicates that the impact on families is often severe during times of severe drought. However, defining drought can be difficult and challenging according to Mishra and Singh (2010), and depends on its severity and impact. Mishra and Singh (2010) define drought under four categories: meteorological, hydrological, agricultural and, finally, socio-economic drought. The lack of precipitation over an extended period of time increases the pressures on families in the agricultural industry. There are conflicting research results about how to measure the effects of global warming and drought. However, Trenberth and colleagues (2014) identify that there is undeniably a powerful connection. When global warming occurs, the earth generates heat over time, drying out the soil and increasing the chances of drought. However, controversially, at times it can mean the complete opposite. Rain can also cause the earth's temperature to increase, creating moisture and, ultimately, extensive rain. The effects of drought are very distressing and overwhelming and this creates a flow-on effect on the health and wellbeing of farming families (Edwards et al., 2015). Humphreys (2000) discovered some alarming statistics in his study of 112 rural families: in times of difficulty and hardship, 60 per cent of families did not inquire about health and wellbeing services,

while a further 50 per cent of families experienced various levels of ill health for periods exceeding at least three weeks.

These findings suggest that there is an increased risk to farming families' health and wellbeing that, coupled with the avoidance of helping services, only adds to the greater pressure they experience. Further evidence suggests there are multiple barriers to seeking services such as cost, the need to travel long distances and spend time away from the farm, services not being accessible, and the inability to seek appropriate services (Humphreys, 2000). According to a government report (Commonwealth of Australia, 2008), there are several concerning factors associated with the impact of drought on family life. These include increased pressure on young people, and the increased demands of farming life and how this might affect specific gender roles. For example, a female farmer might extend her chores away from the household and assist with the difficult laborious work on the farm, or she may work away from the family due to high unemployment rates in rural communities (Stehlik et al., 2000). This puts extra strain on personal relationships and family dynamics. Financial strain is a significant factor that contributes to the increased pressure on farming families and this is often linked to decreases in their mental health and wellbeing (Edwards et al., 2015). There is insurmountable pressure put on farming families, which often leads to feelings of distress, grief and loss, post-

traumatic stress, low self-esteem, and feelings of unworthiness. These emotions can often be a precursor to, or comorbid with, post-traumatic stress and depression (Austin et al., 2018). Edwards and colleagues (2009) found that at least half of drought-affected farming families had experienced financial hardship, suggesting an elevated level of distress and mental health issues within the local community. Suicide statistics state that "male suicides are increasing as [weather] conditions deteriorate" (Alston, 2012, p. 517). Furthermore, research has shown that farmers are at an increased risk of suicide in Australia (Kunde et al., 2017). Men often lean towards suicidal behaviours for various reasons; however, relationship breakdowns arising from the stress brought about by drought are often linked to suicide (Kunde et al., 2017). Greenhill and colleagues (2009) identified that in the horrendous 1990s drought, the National Drought Policy, which was designed to provide families with relief, was difficult to understand and access.

Fuller and Broadbent (2006) strongly argued that rural financial counsellors are not equipped with the necessary psychological skills to support these families suffering through a drought, and that support needs to come from local agencies as they seem to better understand the culture within the rural communities. A government report prepared by an expert panel on dryness put forward a recommendation that backs up this study's conclusion that additional research is required into the health

and wellbeing of farming families (Commonwealth of Australia, 2008). Building and maintaining personal relationships between family members is the glue that holds families together. Fuller (as cited in Dean & Stain, 2007) emphasised that resilience is created by feeling “a sense of belonging and feeling connected” and involves a strong sense of self belief. “Maintaining a sense of humour” also lifted spirits among family members in times of hardship (p. 362). However, more recently, statistics indicated that 66.1 per cent of Queensland was drought declared (Queensland Government, 2019) and in 2019, 99.9 per cent of New South Wales was experiencing various forms of drought (Department of Primary Industries, 2019). A recent article by Heard (2019, n.p.) on Farm Online National stated that

“the Murray–Darling Basin [had experienced] the worst drought on record”. This implies distress is widespread across farming families and their communities. The research mentioned above demonstrates that there is a need for further research that explores farming families’ challenges and needs during periods of drought in Australia.

The purpose of this study is to explore how, in times of drought and hardship, family functioning and relationships are affected. Gavazzi and Sabatelli (1990) define family dynamics as patterns and interactions between family members, and that these depend on the developmental level of the individual family members. This definition will be adopted for the purpose of this study. Geldard and Geldard (2009) refer to the key

aspects of building a positive family network. This is created by opening up communication networks and creating conversations about “relationships, processes, boundaries, alliances, coalitions and interactions” (p. 108). This study aims to encourage open conversations and communication about how families function during drought in Australia and about whether support from counsellors is needed from the perspective of families. The expected outcome of the current study is to bring more awareness and understanding of how farming families relate and communicate with each other despite the adversity of their situation. This study will provide counsellors with a more in-depth understanding of what family dynamics mean from farmers’ perspectives and what challenges

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Community events play a pivotal role in rural areas; they help strengthen the community spirit, bringing hope and building resilience.

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or barriers families have faced. The study will also explore what positive advice they would give to other families about how to keep family dynamics healthy during drought. And finally, it will explore whether there is a way to make counselling support more helpful. It is anticipated that counsellors will then be able to contribute to the counselling industry and tailor their approaches and skill sets to address the needs of farming families. It is hoped this skill set will assist counsellors to support families to work together to improve their individual personal development and psychological wellbeing. In turn this will provide more farming families with support and assist them with building a more sustainable rural community. The counselling industry uses one of the many forms of family therapy as it is considered best practice to support families. However, Larner (2004) emphasised that this is debatable. Other authors cited in Larner's article asserted that family therapy does work, yet there is controversy about whether there is enough evidence-based practice. It is also unclear whether family therapy should follow a systematic approach (Larner, 2004).

This study will now focus on the previous literature surrounding farming families. This will provide more in-depth knowledge and understanding about the pivotal role mental health, employment, education, financial security and, more significantly, resilience play within family dynamics. Following the literature review, the study will further describe the research method used. The final results will then be presented, followed by

discussion, recommendations and an overall summary.

### Literature review

A review of the literature suggests there is a wealth of knowledge about how poor mental health, high suicide rates and social isolation affect farming families during drought. Hanigan and colleagues (2012) indicate that suicide rates have escalated in rural and remote areas of Australia. Further evidence suggests there is a strong link between longer periods of drought and increased suicide rates. This warrants increased concerns for the health and wellbeing of farming families. Although suicide has many complexities, it appears the risks increase around spring and early summer each year (Hanigan et al., 2012). Further, the lack of resources and poor accessibility of services have ongoing mental health implications (Sartore et al., 2008). Momentous stress levels are the major cause of mental health issues, as farms are often the core of family businesses. The link between personal relationships and businesses is multifaceted. Mixing work and family can often create tension within the family unit (Fraser et al., 2005). Increased stress levels may exacerbate feelings such as grief and loss, post-traumatic stress, low self esteem and feelings of unworthiness, which may lead to a state of depression or to suicide. Business decisions also create financial stress (Austin et al., 2018). There are indications that adolescents often bore the brunt of the drought as they were often seen as the next generation to run the family farm. They were concerned about what their future

would hold (Carnie et al., 2011). They were the forgotten family members when it came to dealing with mental health issues. Quite often during childhood they had witnessed hardship, yet had learnt to persevere through such difficulties. However, Dean and Stain (2010) believe additional interventions are required, with the main focus being on family and community engagement. Children are quite resilient, although how their relationships with parents, friends and family affect them is at times missed and not understood. Children appear to understand the cause and effect of drought; however, their psychological state is not developed enough to fully grasp the impact of the drought. However, according to Dean and Stain (2007), children and adolescents do identify with the impact of social isolation from friends and family. There is a vast amount of previous research that tends to focus on the resilience of farming families during drought. According to Fuller (as cited in Dean & Stain, 2007) family resilience during drought remained high providing that children and their families participated in community gatherings; however, this was not always possible. Community events play a pivotal role in rural areas; they help strengthen the community spirit, bringing hope and building resilience. These social interactions with others help boost the local economy and promote the health and wellbeing of farming families within the community (Gibson & Connel, 2015).

Edwards and colleagues (2009) raised concerns about the



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financial and economic impact of drought within rural and remote communities. Farming families suffering financial hardship accounted for up to 50 per cent of the farmers in drought-affected areas. Households struggled to afford electricity, food and water. There are also the additional ongoing costs associated with maintaining farming equipment, feeding livestock and purchasing livestock when they can. These costs often flow on to impact farmers and their families psychologically. Unfortunately, the financial status of farming families can improve and decline in waves depending on the climate conditions. Furthermore, Alston (2010) found that levels of social isolation within rural areas are underestimated. The financial impact caused by drought has created mental strain on the farmers ability to communicate

with others. This includes signs of depression and loss of self-esteem. Farming families spend a vast amount of time and energy keeping their livestock or crops alive. Families become exhausted in extreme heat and they struggle to ask for help as their fear of failure becomes overwhelming. Some droughts have been so severe they have financially restricted parents to the extent that they can no longer afford to drive their children to school and afford school fees (Commonwealth of Australia, 2008). Children often have limited time in education because they need to assist on the family farm. In some circumstances, children's education is affected to the point that they start to become somewhat illiterate. In particular, children are forced to attend boarding school where they can have a more stable education. Children become increasingly disassociated within the family unit

and parents tend to lose focus on themselves due to working on the land. At times families may choose to homeschool their children, which puts extra strain on family dynamics (Dean & Stain, 2007).

Nearly half of all farming families became very resistant to seeking mental health support services due to the stigma that is attached to mental health. It was perceived that if assistance was sought, it was a sign of weakness or the inability to cope. Living in a rural and remote area meant travelling extensively to seek support services, which was difficult due to the lack of finances (Maddox et al., 2019). Financial counsellors were often the first on the scene to provide families with financial assistance; however, financial counsellors were often left feeling powerless when families required personal or relationship support (Fuller & Broadbent, 2006). According to Alston (2007),



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financial counsellors were not adequately trained to support the personal needs of farming families. It has been recognised that financial counsellors are under enormous pressure to support families; however, this results in professionals being left with minimal support to help them. It was acknowledged that counsellors needed to be trained locally with local service providers, as living in rural and remote areas is a particular cultural phenomenon. Mental health first aid training, community forums and information booklets (Mental Health Glove Box Guide) could provide the extra resources required (Tonna et al., 2009). Furthermore, Fragar and colleagues (2008) noted that prevention and early intervention was the key to reducing any further risks associated with mental health. The authors discussed above have identified that funding is aimed more towards social workers and

not counsellors; however, there is a movement towards a more collaborative partnership between the two. By providing access to extra training and resources, it is hoped that mental health support will be more accessible to farming families in need. On an optimistic note, in 2019, the Rural Adversity Mental Health Program received further funding to support the mental health of farming families within New South Wales. The program's report identified four major strategies of significance. Firstly, better informing the community and effectively distributing and promoting mental health services and resources within the community; secondly, personalising support services by linking families with appropriate services; thirdly, further training community members to link people with support services and resources; and finally, working with relevant stakeholders or agencies to enhance families' health and wellbeing (Maddox et al., 2019).

Recent research by Perkins and colleagues (2019) cited the Orange Declaration, where researchers and mental health providers came together to identify problems and possible solutions for poor access to mental health services and care.

### Summary

The current literature review has reflected upon the multitude of concerns associated with the impacts of the drought on farming families, including the negative effects on mental health, education, employment, community engagement, as well as on personal and family relationships. Many authors have touched on the need for further research about the wellbeing of these families, despite particular studies such as 'Drought in the 1990s' and the 'Drought review policy' having made similar recommendations for supporting farming families. As previously mentioned, farming families are at the frontline in dealing with the drought, trying to both combat

The literature overwhelmingly suggests that farming families struggle mentally, physically and financially during periods of drought.

the severity of the drought and maintain their mental health. It is particularly difficult when financial hardship forces families to make decisions about their home and their businesses (Fraser et al., 2005). However, in research conducted for the Australian Institute of Family Studies, Edwards and colleagues (2008) interviewed 8000 rural families across 400 Australian postcodes and came up with controversial results. The researchers concluded that there was not enough substantial evidence to suggest that there was a strong link between drought and farming families' mental health and wellbeing. Despite this finding, the literature overwhelmingly suggests that farming families struggle mentally, physically and financially during periods of drought. The suicide rates, severe grief and loss, post-traumatic stress and social isolation that is currently being reported suggests a growing problem for these individuals, and there is fear that this will only worsen. Edwards and colleagues (2008) state there are very few large-scale research studies that have focused on drought and the wellbeing of farming families and their communities. This literature review hopes to highlight that drought in rural and remote areas has many facets. However, there remains a significant gap in knowledge about the impact drought has on the roles of family members and on family dynamics. It is hoped that future research will shed light on and bring awareness of the issues faced by rural families, service providers and the community in order to provide immediate and necessary support.

**Method**

This study had a mixed method approach, using qualitative and quantitative research methods. Thematic analysis was used as the qualitative method. Thematic analysis is described as "identifying, analyzing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). A descriptive quantitative method was also used. This can be defined as collecting some form of numerical data through polls, questionnaires or surveys (University of Southern California, 2021a). These data are usually measured once on one topic then they are used to look for associations between variables. Both these methods were used to determine the outcome of the data. Braun and Clarke (2012) state that there are two different approaches to analysing data: inductive and deductive coding. A combination of both was used in this study due to its nature. Induction, which is a bottom-up approach, was used to analyse the existing data by coding it. A deductive approach, which focuses on what the researcher already knows about the topic (University of Southern California, 2021b) was used to map patterns in the data. Through this approach, the researcher was able to identify codes, key themes and sub themes (see Appendix 1, Thematic Mapping). The researcher remained as a objective as possible and maintained a non-biased perspective by keeping the literature review in mind. Data were collected via the internet using a variety of Facebook groups and pages that relate to farming families; for example, 'One

day closer to rain.' A recruitment post was shared through these pages, and included a link to Survey Monkey. Upon entering the survey, participants gained detailed information about the research study. Participants were asked for their informed consent to use their non-identifiable data before continuing with the survey. The survey consisted of both structured questions and semi-structured ones, where participants were given the opportunity to expand on their stories and provide a more detailed, personalised response. Online surveys took approximately five to 10 minutes to complete depending on the participants' depth of response to the open-ended questions. Survey questions covered topics such as marital status, support services, roles each family member played on the farm, what challenges or barriers they may face, and what skills/knowledge counsellors should know about (see Appendix 2, Questionnaire). Following ethics approval by the University of the Sunshine Coast, the recruitment post was dispatched. The duty of care for all participants was taken into consideration by ensuring a list of support networks such as Lifeline and Beyond Blue was provided to support distressed families through the survey process.

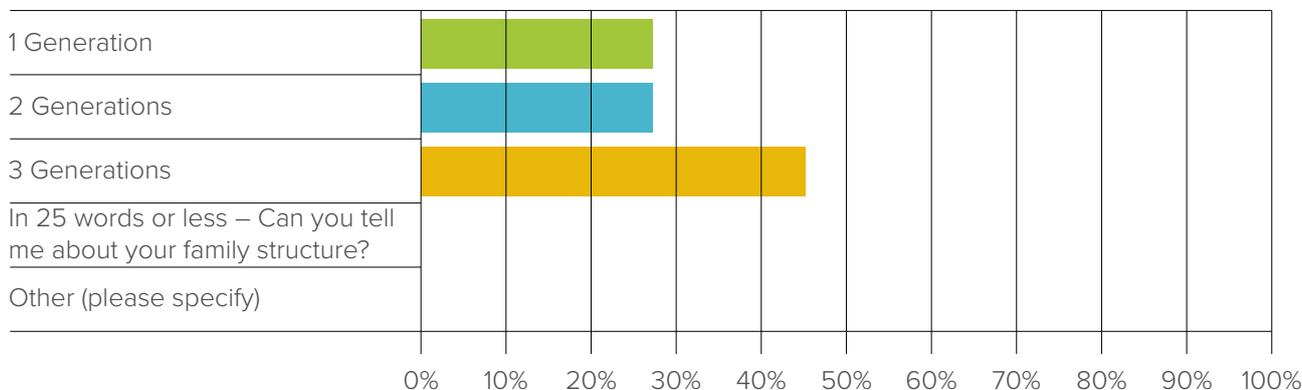
**Participants**

Participants were identified through social media Facebook groups and pages that related to farming families; for example, 'One day closer to rain'. To participate, people needed to be experiencing drought within Australia. They could be either a parent or a person

**Table 1: Family generations**

**Q5 How many family generations has the farm supported?**

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
1 Generation	27.27%	3
2 Generations	27.27%	3
3 Generations	45.45%	5
In 25 words or less – Can you tell me about your family structure?	0.00%	0
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>11</b>

over the age of 18. The researcher gathered data from a small sample size of 11 farming families via an online survey. From the online survey process, the researcher hoped to obtain rich and in-depth raw personal data about how families functioned during drought.

**Data collection**

The raw data were downloaded in detail from Survey Monkey before they were analysed. The researcher was aware of their own reflexivity in this process, which may have uncovered personal thoughts and feelings. Prior to analysing the data the researcher was aware that the data may interfere or cause them to question their own bias, values and beliefs.

**Data analysis**

The quantitative data was measured using descriptive analysis. This was orchestrated via Survey Monkey, which provided numbered summaries and percentages. Downloaded data were also analysed using thematic

analysis, which looked for naturally occurring language in a social context and looked to identify meaning in and understanding of the human experience. The data were analysed using Braun and Clarke’s (2006) six phases of thematic analysis. The first two phases focused on becoming familiar with the dataset. This consisted of reading and re-reading the data to get a feel for what was actually being said. This was an important aspect in moving towards the second phase: generating initial thoughts or comments, otherwise known as creating initial codes. During this phase, the researcher documented any key points of interest. Codes began to emerge based on similarities, and in the third phase these were developed into themes. In the fourth phase, the codes and themes were explored in detail to create a thematic map (see Appendix 1, Thematic Mapping). The thematic mapping assisted with identifying and redefining the themes, sub themes and codes. Continuous analysis occurred

across all phases until codes and themes became clearer. The final clarification of codes and themes was the fifth phase. Once the codes and themes were clearly identified, it was time to name them so that they reflected the research question. Finally, in the sixth phase, a report was produced that consisted of the final analyses with the themes, sub themes and codes named. The identification of patterns and key themes was determined through a thematic mapping process that used an inductive approach. The researcher also used a deductive approach to compare the data with what was already known about the subject. The next section will report the results from the research.

**Results**

The results of the descriptive analyses revealed a total of 11 responses. Eighty per cent of participants were female and 20 per cent were male. The majority of participants were married, at 90 per cent. When participants

were asked what sort of support they were currently receiving, answers varied. Friends and family were those who most often gave support, sitting at 33.3 per cent, closely followed by counselling and government assistance at 22.2 per cent. A further 11.11 per cent of participants noted that they received financial and drought relief packages. In terms of job positions on the farm, property owners were the top category, at 72.7 per cent, and 45.5 per cent of participants noted that there were three or more family generations that had supported the family farm (see Table 1).

This is a summary of the thematic analysis results. There are six key themes: drought and lack of water; financial stress; pressure on families and relationships (dual roles); mental health; current help and uncertain future; and poor understanding of help/support.

Here are examples of the development of coding and themes.

**1.1. Key challenge (theme):  
drought and lack of water**

Drought (or lack of precipitation) was the main challenge for all participants.

**Example 1:** “Father; Feed, check water & cows[,] Mother; pays accounts, feeds orphan calves, medicate calves, BAS[,] Children x 4; care of hens, collect eggs, water plans with bath water, fill dogs water bowls[,] Grandparents x 2 care of children when parents are away at work, assist with odd jobs.” – Participant 6

**Initial codes:** lack of water, juggling dual roles, financial costs, families under pressure, ongoing check, physically and mentally exhausted, feeding, time consuming, limited family time

**Theme:** drought and lack of water

**1.2 Key challenge (theme):  
financial stress/expenditure**

The majority of participants noted ongoing expenditure to purchase water, stock and feed; to maintain fences and machinery; and to cover daily household expenses. This clearly demonstrated farmers’ financial pressures\*.

**Example 1:** “The cost of running machinery on a farm is also very expensive so we cannot keep farm maintenance up. For example, when pumps break down, water

cannot be pumped from other areas (i.e. water bores) which further impacts the livestock.” – Participant 3

**Example 2:** “Irrespective of the amount of money earned off farm, most is spent to prop up their farms[. ]It could be said that producers that earn most of their income on farm do the same – the bias to where that money is sourced should not be questioned.” – Participant 5

**Initial codes:** income verses expenditure, inequity of access to funds, grants local/ federal government criteria, water, feed animals, maintaining stock, household, fuel, maintenance

**Themes:** financial stress, pressure on families

\* Furthermore, participants commented about the continuous expenditure on the farm/household while others stated that high taxes, and policies and red tape made it difficult to obtain government assistance.

**1.3 Sub challenges (themes):  
pressure on families and  
relationships (dual roles)**

It was evident that men, women and children undertook dual roles, which put extra strain on farming families.

**Example 1:** “Father – checks cattle, feeds cattle, checks water, opens gates to move cattle, orders cattle feed, sprays cattle, farm maintenance, pays bills[,] Mother – helps around the farm, takes care of house and small animals, helps with farm maintenance, meal preparation[,] Daughter – helps with cattle and small animals, farm maintenance, helping around the house, helps paying the bills and accounts, gardening.” – Participant 8

**Initial codes:** checking, feeding, farm maintenance, household chores, babysitting, transporting, shopping, admin/accountant, ordering, gardening, mental health

**Themes:** dual roles/farm duties/workload

**1.4 Sub challenge (theme):  
mental health**

Participants indicated that mental health concerns such as grief and loss and the impacts on relationships within the family unit were the largest barrier followed by financial challenges.

**Example 1:** “Medical issues for my husband has meant that a lot more pressure and

farm responsibilities have been placed on to me which has impacted on my stress and mental health. My husband also suffers from bouts of depression due to illness and the concern of the drought's impact on the farm." – Participant 2

**Initial codes:** access to services, health and wellbeing, isolated/lonely, suicide/depression, pressure on families, financial pressure, increased workload

**Themes:** mental health/stigma

### 1.5 Sub challenges (themes): current help/uncertain future

Families had similar advice for each other, including trying to keep positive, working together as a family unit, and maintaining communication by keeping in contact with family and friends.

**Example 1:** "Keep a positive attitude as there is (hopefully) a light at the end of the tunnel. You have to be resilient during difficult times to keep the family unit together." – Participant 1

**Initial codes:** staying connected with local charities, volunteer support, friends, family/families, local economy, stock, weather conditions, struggle to keep families together, mental health, afraid to seek help

**Themes:** current help and uncertain future

### 1.6 Sub challenges (themes): inefficient understanding of help/support

A key theme was that counsellors need to have better knowledge of the farming industry and more awareness of the struggles families face during drought. All participants acknowledged that there was an increased need for counsellors to have greater knowledge of family struggles and support services.

**Example 1:** "They should have a good knowledge of the country and farm management to understand the difficulties experienced by the

graziers and farmers. Counsellors from the city are not experienced in the day to day running of rural properties. Just as we wouldn't head to the city and tell city folk how to do their jobs, we don't expect uninformed counsellors to tell us how to manage our business." – Participant 2

**Initial codes:** lack of understanding, lack of knowledge, city vs. rural divide, frustration about funding from local/federal government, support/services (counsellors, social workers, financial), referral options, financial pressure, pressure on families

**Themes:** inefficient understanding of help/support

### Discussion

This study aimed to explore and identify the challenges for and needs of farming families during periods of drought in Australia. The results from this study clearly confirm that families are in distress and are at the frontline in dealing with these drought conditions, with financial concerns being the most common cause of this distress (Botterill, 2007), followed by poor mental health. During the Western Australian drought of 2019, the continuous drought and lack of precipitation challenged farming families the most. It has been reported by Prendergast (2019, n.p.) that this [was] one of the "worst droughts in living memory".

This study confirms previous literature (Commonwealth of Australia, 2008) that there is a need to focus more on people, families and relationships during periods of drought. It is evident that these families are crying out for help as family members of all ages are suffering various forms of stress and distress because they have to take on enormous workloads and dual roles. To tackle the extra strain put on families and relationships, an increase in research funding would be useful as it could support more



research activities within this area. Families' needs are overwhelming, especially in conjunction with the lack of funding, resources and services previously mentioned. To address families' needs, an increase in funds is also required to further bridge the gap between support services such as social workers, financial counsellors and counsellors. Without this funding and liaison between service providers, families' distress will only grow deeper and there will be more implications for counsellors. These may include burn out due to long hours and time spent travelling, which may risk their own mental health. Due to the rural locality and the nature of the farming sector, during drought, counsellors need to be given the time to undertake self-care measures and be enabled to regularly offload to supervisors (Baruch, 2004). One recommendation is



Photo: 123rf

to hold networking workshops for counsellors in rural areas. This would provide counsellors with a support network as well as help them gain increased knowledge about referral options with professional organisations within rural areas. It was interesting to note the perspective of a few farmers that counsellors are not educated enough about rural communities and basic knowledge about farm life. Holding farming family forums to better educate counsellors on farmers' perspectives is recommended. This would enhance counsellors' skill sets and equip them to assist. This would also increase the community's awareness that counsellors are available to help and, in turn, assist with building a more sustainable community.

This research study was limited in its capacity to obtain sufficient willing participants due to the

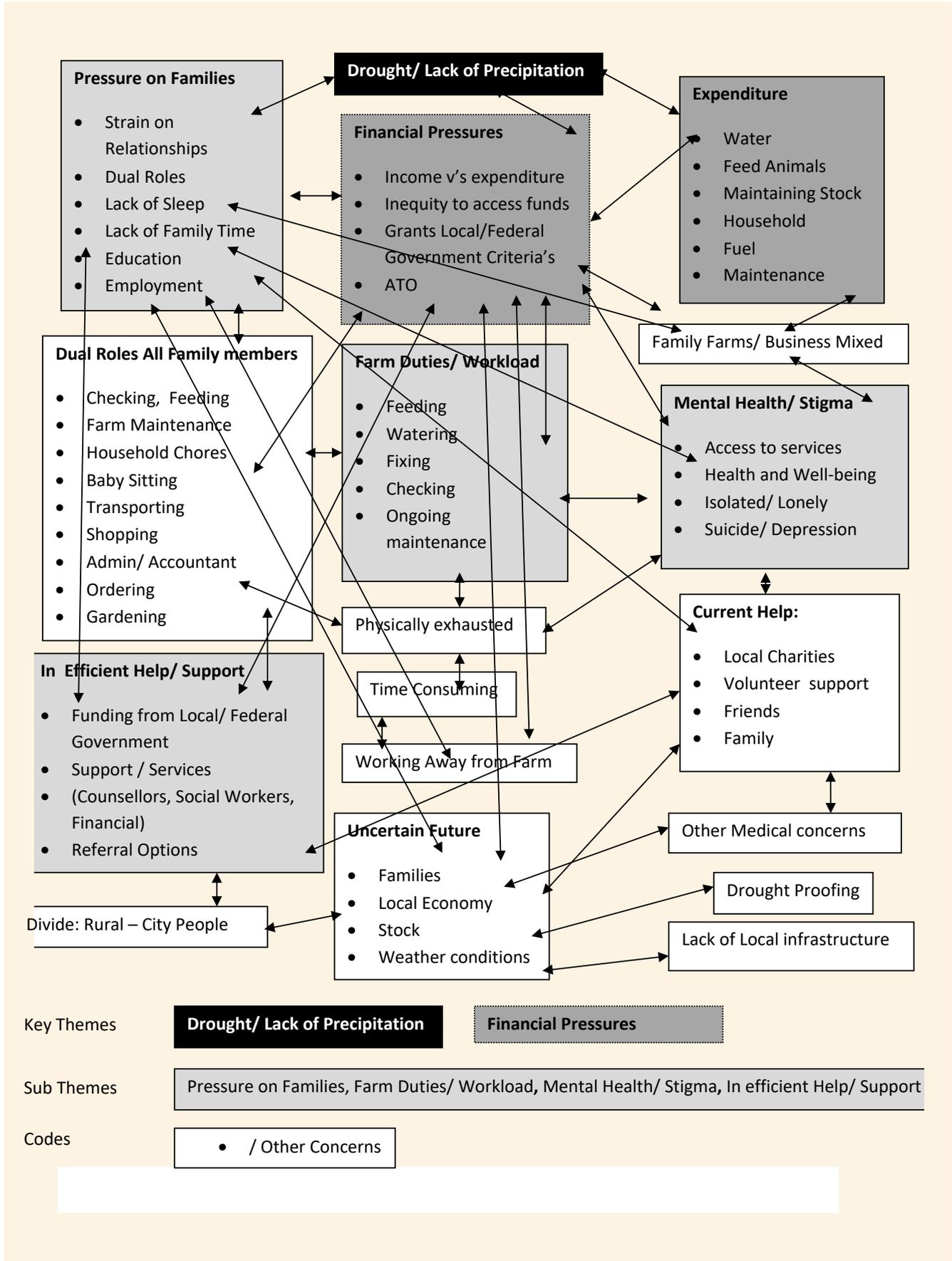
current state of the farming industry. Unfortunately, the researcher was unable to obtain in-depth knowledge about how families function as a family unit and about the relationships between farming family members.

Because the expenses involved in maintaining a farm – such as the costs of mending fences, fixing equipment and feeding stock – are ongoing, financial pressures on families will only continue (Calus, 2010). It is recommended that further research be better funded so that researchers can personally interview farming families face to face in order to gain rich data and more in-depth knowledge of the relationships between family members.

In conclusion, there is a variety of challenges facing farming families. These challenges are fundamentally affecting the health and wellbeing of family units and their capacity to function. This has

a flow-on affect on the individuals' functioning and mental health. It is obvious that counsellors need extensive training and increased understanding of family life in the farming industry to better support families in crisis. These research recommendations may not address the immediate distress of families; however, implementing them would be a starting point. This would open up communication channels and build more awareness by reducing the stigma associated with poor mental health. This research hoped to contribute towards the counselling industry by acknowledging the importance of counsellors within rural areas and their need to improve their skill set and knowledge about farming families. Finally, we can only hope this contributes to the health and wellbeing of individuals and family members and helps give them a sense of optimism for the future. ■

**Appendix 1: Thematic Mapping**



## Appendix 2: Survey Questions

1. What is your gender?
2. What is your marital status?
3. Are you currently undergoing or receiving some sort of support? For example, financial support. Please tick all that apply.
4. What is your job position on the farm?
5. How many family generations has the farm supported?
  - 1 generation
  - 2 generations
  - 3 generations or more
  - In 25 words or less, can you tell me about your family structure?
6. For the day-to-day tasks such as feeding stock, preparing meals, etc., what role does each family member play on the family farm? For example, father – checks water supply, orders stock, moves the cattle.
7. Can you tell me about any challenges or barriers you've faced as a family unit? Please tick all that apply.
8. Would you have any advice for other families about how to keep the family dynamics positive during drought?
9. What sort of skills/knowledge do you believe counsellors should have to better support families?
  - increased knowledge of support services
  - mixed skill set of financial/counselling support
  - increased knowledge of family struggles through drought
  - other: please state ...
10. Is there anything else you would like to add? There is no word limit.

## References

- Alston, M. (2007). It's really not easy to get help: Services to drought-affected families. *Australian Social Work*, 60(4), 421–435. doi: 10.1080/03124070701671149
- Alston, M. (2010). Gender and climate change in Australia. *Journal of Sociology*, 47(1), 53–70. doi: 10.1177/1440783310376848
- Alston, M. (2012). Rural male suicide in Australia. *Social Science and Medicine*, 74(4), 515–522. doi: 10.1016/j.socscimed.2010.04.036
- Austin, K. E., Handley, T., Kiem, S. A., Rich, L. J., Lewin, J. T., Askland, H. H., Askarimarnani, S. S., Perkins, A. D., & Kelly, J. B. (2018). Drought-related stress among farmers: Findings from the Australian rural mental health study. *The Medical Journal of Australia*, 209(4), 159–165. doi: 10.5694/mja17.01200
- Baruch, V. (2004). Self care for therapists: Prevention of compassion fatigue and burnout. *Psychotherapy in Australia*, 10(4), 64–68. doi: 546921640174841
- Botterill, C. L. (2007). Responding to farm poverty in Australia. *Australian Journal of Political Science*, 42(1), 33–46. doi: 10.1080/10361140601158534
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi: 10.1191/1478088706qp0630a
- Braun, V., & Clarke, V. (2012). APA handbook of research methods in psychology. *The American Psychological Association*, 2, 57–71. doi: 10.1037/13620-004
- Calus, M. (2010). The persistence of family farming: A review of exploratory socio-economic and historical factors. *Journal of Comparative Studies*, 41(5), 639–660. doi: 10.3138/jcfs.41.5.639
- Carnie, T., Berry, L. H., Blinkhorn, A. S., & Hart, R.C. (2011). In their own words: Young people's mental health in drought-affected rural and remote NSW. *The Australian Journal of Rural Health*, 19(5), 244–248. doi: 10.1111/j.1440-1584.2011.01224.x
- Commonwealth of Australia. (2008). It's about people: Changing perspective, a report to government by an expert social panel on dryness (Report No. ISBN 978-0-9803714-7-5). [www.agriculture.gov.au/ag-farm-food/drought/drought-policy/history/dryness-report](http://www.agriculture.gov.au/ag-farm-food/drought/drought-policy/history/dryness-report)
- Dean, J. G., & Stain, H. J. (2007). The impact of drought on the emotional well-being of children and adolescents in rural and remote new South Wales. *Journal of Rural Health*, 23(4), 356–364. doi: 10.1111/j.1748-0361.2007.00113.x
- Dean, J. G., & Stain, H. J. (2010). Mental health impact for adolescents living with prolonged drought. *Australian Journal of Rural Health*, 18(1), 32–37. doi: 10.1111/j.1440-1584.2009.01107.x
- Department of Primary Industries. (2019). High temperatures and limited rain – drought continues across NSW. [www.dpi.nsw.gov.au/about-us/media-centre/releases/2019/high-temperatures-and-limited-rain-drought-continues-across-nsw](http://www.dpi.nsw.gov.au/about-us/media-centre/releases/2019/high-temperatures-and-limited-rain-drought-continues-across-nsw)
- Edwards, B., Gray, M., & Hunter, B. (2008). Social and economic impacts of drought on farm families and rural communities: Submission to the productivity commission's inquiry into government drought support. *Australian Institute of Family Studies*. <http://inform.regionalaustralia.org.au/population-and-people/family-community-and-disability/item/social-and-economic-impacts-of-drought-on-farm-families-and-rural-communities-submission-to-the-productivity-commission-s-inquiry-into-government-drought-support-4>
- Edwards, B., Gray, M., & Hunter, B. (2009). A sunburnt country: The economic and financial impact of drought on rural and regional families in Australia in an era of climate change. *Australian Journal of Labour Economics*, 7(12), 109–131. <https://search-proquest-com.ezproxy.usc.edu.au/docview/204093319?accountid=28745>
- Edwards, B., Gray, M., & Hunter, B. (2015). The impact of drought on mental health in rural and regional Australia. *Social Indicators Research*, 121(1), 177–194. doi:10.1007/s11205-014-0638-2
- Fragar, L., Kelly, B., Peters, M., Henderson, A., & Tonna, A. (2008). Partnerships to promote mental health of NSW farmers: The New South Wales farmers blueprint for mental health. *Australian Journal of Rural Health*, 16(3), 170–175. doi: 10.1111/j.1440-1584.2008.00968.x
- Fraser, C. E., Smith, K. B., Judd, F., Humphreys, J. S., Fragar, L. J., & Henderson, A. (2005). Farming and mental health problems and mental illness. *International Journal of Social Psychiatry*, 51(4), 340–349. doi: 10.1177/0020764005060844
- Fuller A. (2002). *Raising real people: Creating a resilient family*. ACER Press.
- Fuller, J., & Broadbent J. (2006). Mental health referral role of rural financial counsellors. *Australian Journal of Rural Health*, 14, 79–85. doi: 10.1111/j.1440-1584.2006.00768.x
- Gavazzi, M. S., & Sabatelli, M. R. (1990). Family system dynamics, the individuation process,

and psychosocial development. *Journal of Adolescent Research, 4*(5), 500–519. doi: 10.1177/074355489054008

Geldard, K., & Geldard D. (2009). *Relationship counselling for children, young people and families*. Sage Publications.

Gibson, C. & Connel, J. (2015). The role of festivals in drought-affected Australian communities. *Ingenta Connect Platform, 19*(4), 445–459. doi: 10.3727/152599515X14465748512560

Greenhill, J., King, D., Lane, A., & MacDougall, C. (2009). Understanding resilience in South Australian farm families. *Rural Society, 19*(4), 318–325. doi: 10.5172/rsj.35119.4.318

Hanigan, I. C., Butler, C. D., Kocic, P. N., & Hutchinson, M. F. (2012).

Suicide and drought in New South Wales, Australia, 1970–2007. *Proceedings of the National Academy of Sciences of the United States of America, 109*(35), 13950–13955. doi:10.1073/pnas.1112965109

Heard, G. (2019). Drought now officially our worst on record. *Farm Online Nation News*. www.farmonline.com.au/story/6281386/drought-now-officially-our-worst-on-record

Horridge, M., Madden, J., & Wittwer, G. (2005). The impact of the 2002–2003 drought on Australia. *Journal of Policy Modeling, 27*(3), 285–308. doi: 10.1016/j.jpolmod.2005.01.008

Humphreys, J., S. (2000). Rural families and rural health. *Journal of Family Studies, 6*(2), 167–181. doi: 10.5172/jfs.6.2.167

Kunde, L., Kolves, K.,

Kelly, B., Reddy, P., & De Leo, D. (2017). Pathways to suicide in Australian farmers: A life chart analysis. *International Journal of Environmental Research and Public Health, 14*, 352–368. doi: 10.3390/ijerph14040352

Kunde, L., Kolves, K., Kelly, B., Reddy, P., & De Leo, D. (2018). The masks we wear: A qualitative study of suicide in Australian farmers. *The Journal of Rural Health, 34*, 254–262. doi: 10.1111/jrh.12290

Larner, G. (2004). Family therapy and the politics of evidence. *Journal of Family Therapy, 26*(1), 17–39. doi: 10.1111/j.1467-6427.2004.00265.x

Maddox, S., Read, D. M., Powell, N. N., Caton, T. J., Dalton, H. E., Perkins, D. A. (2019). Reorientation of the rural adversity mental health program: The value of a program logic model. *Rural and Remote Health, 19*(3), 1–7. doi:

10.22605/RRH5217

Mishra, A. K., & Singh, V. P. (2010). A review of drought concepts. *Journal of Hydrology, 391*(1), 202–216. doi: 10.1016/j.jhydrol.2010.07.012

Perkins, D., Farmer, J., Salvador-Carulla, L., Dalton, H., & Luscombe, G. (2019). The Orange Declaration on rural and remote mental health. *Australian Journal of Rural Health, 00*, 1–6. doi: 10.1111/ajr.12560

Prendergast, J. (2019). Truck convoy hauls hay to pastoralists struggling with one of their worst droughts in memory. www.abc.net.au/news/rural/2019-04-01/murchison-pastoralists-enduring-drought-relief/10946354

Queensland Government. (2019). The long paddock. www.longpaddock.qld.gov.

au/drought/drought-declarations

Sartore, G., Kelly, B., Stain, H., Albrecht, G., & Higginbotham, N. (2008). Control, uncertainty, and expectations for the future: A qualitative study of the impact of drought on a rural Australian community. *Journal of Rural and Remote Health, 8*, 1–15. www.rrh.org.au

Stehlik, D., Gray, I., & Lawrence, G. (1999). *Drought in the 1990s: Shaping the future*. Rural Industries Research and Development Corporation.

Stehlik, D., Gray, I., & Lawrence, G. (2000). Gender and drought: Experiences of Australian women in the drought of the 1990s. *Disasters, 24*(1), 38–53. doi: 10.1111/1467-7717.00130

Tonna, A., Kelly, B., Crockett, J., Greig, J., Buss, R., Roberts, R., & Wright, M. (2009). Improving the mental health of drought-affected communities: An Australian model. *Rural Society, 19*(4), 296–305. doi: 10.5172/rsj.35119.4.296

Trenberth, E. K., Dai, A., Schrier, V. G., Jones, D. P., Barichivich, J., Briffa, R. K., Sheffield, J. (2014). Global warming and changes in drought. *Nature Climate Change, 4*(1), 17–22. doi: 10.1038/nclimate2067

University of Southern California (2021a, July 27), *Organizing your social sciences research paper: Quantitative methods*. https://libguides.usc.edu/writingguide/quantitative

University of Southern California (2021b, July 27), *Organizing your social sciences research paper: Qualitative methods*. http://libguides.usc.edu/writingguide/qualitative



**About the author**

**Jessica Beneke**, Master of Counselling, University of the Sunshine Coast

My name is Jessica. I have recently graduated from USC with my master's degree in counselling. Becoming a counsellor has been a lifelong journey and I couldn't be more proud. I've had my fair share of personal health challenges along the way. I'm working towards private practice specialising in children and family dynamics as this has been an interest of mine.



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# CONFESSIONS OF A STUDENT COUNSELLOR

**Andrew Dib**

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**A**t the time of writing, I have one semester to go before completing my Master of Counselling degree and I am 65 hours into the 100 required counselling contact hours of my student placement. I am still unsure as to who has received the lion's share of therapy during these 65 hours – my clients or me?

My current studies are not my first exposure to the rudiments of counselling; however, I had some years of experience in addictions counselling and case management and no shortage of support work in various fields to ease me into the relative displacement of a professional counselling placement. At 47 years of age, I have undergone many transitions and life experiences.

Nevertheless, the master's has been quite a proficient primer in and reminder of the all too many things I didn't (and still don't) know about counselling practice; and in the myriad things that I need to know to provide effective and ethical therapy for a range of concerns and to a broad demographic.

Having had experience in various counselling settings – and being quite familiar with both sides of the counsellor's chair – together with the fact that I consider myself an avid collector of knowledge, particularly in this field, when my placement started I still felt a strange cognitive dissonance. I felt both excited and prepared, and completely inadequate to the task at hand. But that was then. At 65 hours in, I am a worldly veteran!

The first thing that stood out to me about my placement experience was how pretty much every session turned into a countertransference case study from my ethics class, except I was the subject. I knew about countertransference. I had studied it. Experienced it. Was consciously aware of it. Prepared, I thought. But I never before really had that metacognition that one develops, both while counselling and in the post-session self-flagellation ... ahem, reflective practice.

Almost every session seemed like a mirroring of my personal life: struggles I had faced, parallel processes of my current situations, relatables that were bone deep. The client I was sitting with was recounting the very relationship issues I had struggled with. Of course I was batting for him! My heart was filled with sympathy, my responses were, albeit textbook, empathetic, while my mind was busily preparing mostly Andrew-shaped responses ready for delivery. Often, I would



Photo: Pexels/Ben White

catch myself before essentially counselling myself instead of my client. Sometimes, I was too late and would realise, embarrassingly, later that day or week – more often than not, in supervision, or because of past supervisions.

Or, I could be sitting in front of the horrifying ghost of my mother-self. That is, this particularly triggering, discomfiting and disquieting quality that my mother possessed that one day I, painfully, realised I had inherited. (It's now – mostly – exorcised out of me: thank you therapists circa 2000–04,

2008–09, 2012–13 and 2020–21, you know who you are.) Noticing the life force drain from my being, I would sometimes sit across from ghost-client in a sorrowful-seething state of frustration, compassion, bewilderment, intrigue and hopelessness. I could swing between feeling annoyed and way out of my depth to such misguided compassion that I would feel the urge to take them home and care for them.

Something I knew before but re-experienced in a fresh new light during my placement, is that

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Something I knew before but re-experienced in a fresh new light during my placement, is that a significant part of learning to be a counsellor is essentially done alone.

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Clinical supervision during my counselling placement has been a great support and I think has been where my most focused learning has taken place during this master's and certainly during my placement.

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a significant part of learning to be a counsellor is essentially done alone. There is generally no direct supervision. There is no one in the room to monitor the minutiae of one's work. There is no direct feedback loop. It is not as if your supervisor has a document to proofread. There is no material structure to assess for imperfections or to correct. No one is surveying clients at the end of sessions to establish trainee performance. No one is there to say, "Hmmm, maybe when you froze for a minute and a half with silence ..." or "Perhaps, playing Texas Hold 'em Poker isn't the most appropriate game to play in a session with a six year old ...". Of course, there are opportunities to be observed by colleagues and supervisors or to record sessions and review them. But this is limited in its scope and practicability. And as daunting as hell! Or as daunting as having my own personal therapy sessions broadcast to the world, perhaps. Being utterly exposed. Vulnerable.

Sitting with clients who have just expressed something, there are a plethora of potential responses in any given moment of a therapy session. Sometimes they flow readily and easily. At other times it feels forced. And in some cases, when a response hasn't felt right, self-reflective doubt and questioning can follow: "Did I say the right thing?", "How am I going with this client? Doesn't seem to be any progress being made", "What is the correct intervention to use here?", "They have been coming for three sessions now; why won't they volunteer something ... anything?!" Being left to one's

own devices (well, me being left to mine) can at times leave one unsure about what particular interventions to use, about ways of progressing through impasse, about whether to refer, about whether you are beyond your professional competence, about your capacity to be a counsellor – all of which can undermine self-trust and even self-worth.

And then, at other times, when I am feeling in my flow, when I have recognised counselling greatness in myself – you know, when a client has expressed eternal gratitude or you witness a breakthrough or an insight emerges – then I can quite easily develop that very shiny bulletproof sheen of self-satisfaction and self-congratulation, feeling like the king of the counselling castle! Either polarity can be both misguided and unhelpful to me, I have discovered, and, left alone with such musings, can be a potentially missed opportunity to see beyond my own perspectives and to develop my practice.

Thank goodness we are not completely alone during this process, which at times is a trial by fire. Having practicing colleagues around is such a comforting and valuable scaffold of support. I am fortunate to be doing my placement in a medium-sized clinic providing both psychology and counselling services, so there are usually at least a few others to talk to or debrief to if needed. I am aware, however, that others' placements are more isolated and devoid of such support and I have witnessed the emotional and psychological strain that this can take. I am very grateful to be developing in

the kind of environment where I feel supported and not alone. Hmmm, maybe there's a market for a Tinder-like app for isolated counsellors?

I think there is a limit to how far collegial support can go, however. There are certainly limits to my own (and I am guessing other humans') capacity to expose oneself in the workplace. Especially as an up-and-coming trainee counsellor, wanting to exude competence and confidence at every opportunity (I am willing to admit that could just be me, but I suspect not). Clinical supervision during my counselling placement has been a great support and I think has been where my most focused learning has taken place during this master's and certainly during my placement. I am fortunate to have both group and individual clinical supervision. They are both supportive, instructive and provide opportunities to develop and learn from others' practice. I have found that it is in individual supervision, however, that I have the greatest opportunity to be vulnerable and to shed light on the more shadowy areas of my practice. It feels a bit safer than group supervision and I like its structure, containment, consistency and predictability.

I am fortunate that my university placement team paired me with an external clinical supervisor whom I like and respect, but, most importantly, with whom I feel safe. Safe to say (almost) anything to. Safe to expose my insecurities and doubts to. I can tell them what I did and said in a session, for example, without any debilitating apprehension. They provide

safety and security by calling me out when needed, and ensuring I understand my limits and blind spots. They provide something like a parent's love in setting firm and consistent boundaries to an overly exuberant child. They encourage and validate me, sharing their own stumbles and falls. But the catch, I recognised a while ago, is that I have to be willing to be vulnerable, uncomfortable and wrong, again and again, in order to gain the most from supervision. I have to be willing to be a beginner again and again and again if I am to grow and develop as a person and as a therapist. This is really hard to do at times – fear of judgement of myself and others, of feeling inadequate and of finding out that I am not cut out for this profession (though this last fear is generally unfounded).

The most satisfying, albeit challenging, learning I have had during this placement and the master's, however, has been exposing myself in supervision. Like when I reluctantly discussed a client I had seen once who I suspected to be beyond my scope of competence. I was reluctant because I was personally and professionally very curious and they claimed they weren't in a position to engage in costly treatment options, and so I really wanted to keep working with them. I suspected that if I spoke about them in supervision (and to my line manager) that they would advise referral. But I did speak about them, and was right to do so – I was advised to refer the client on, and did so. It was frustrating and challenging, but a great experience

to have in the sandpit. As part of this, my potential for having a hero complex was reflected to me. Ouch! But, yes, this assessment was probably accurate. There was another time when I spoke about how I responded to an awkward situation with a child client and their mother, suspecting I didn't handle it very well and wanting input. I got feedback that challenged as well as expanded me, reinforcing that I really don't know what I don't know, and that, conversely, I don't know what I do know either. These lessons can sting for a bit, but I am a better counsellor for learning them.

Just like when I have been in therapy myself, the more I am willing to be vulnerable and uncomfortable and to reveal those shadowy parts of myself, so too in my counselling role (especially as a trainee), the more I allow this, the more space I make within myself. I make space for learning and growth and development and career and life satisfaction and, ideally, being a more effective therapist, and of course doing no harm.

I recall a brief conversation I had this year with a university lecturer, a seasoned counselling psychologist and academic. I was reflecting on the challenges of not knowing it all and mournfully wondering whether I would ever feel competent as a counsellor. Their response was, and continues to be, heartening. They related to this feeling, and said that they still occasionally felt this way. But that they also knew that they are a damn good therapist and a valuable resource for their clients. Nice. ■



#### About the author

##### Andrew Dib

Andrew Dib is currently completing his Master of Counselling at Monash University. He has a Bachelor of Arts in Cultural Sociology and Political Economy (Griffith) and a Diploma of AOD Work (TAFE). His professional work history has been in AOD counselling and government administration and he is now working towards a career in generalist counselling with a view to becoming a practicing psychotherapist.

# Counselling perspectives



Photo: Simone D Photography

In this new feature, CA interviews a counsellor and ACA member about their profession, their journey and what they've learned along the way.

## Dr Judith Boyland

### What prompted you to move into counselling as a profession?

While working as a school principal, I became a certified practitioner in choice theory and reality therapy through the Glasser Institute. What I learned about people and behaviour was useful in my work. Subsequently, in the lead up to my retirement, I thought about what I loved most about my job. This was working with people, and I decided the next step was to expand my counselling qualifications and venture into a new career.

If I can help people to achieve what they want, I feel I have done a good job, and that energises me.

### What is the biggest reward about being a counsellor?

People seek counselling because they are looking for something that they want or for circumstances to be different. If I can help people to achieve what they want, I feel I have done a good job, and that energises me.

### What is the biggest challenge about being a counsellor?

I challenge myself to support others holistically, working with people and enabling them to find solutions for themselves. In my role as a professional supervisor, sometimes this also involves giving direction. I love seeing my clients fulfilled and thriving, and for my supervisees this includes growing a strong professional identity.

### Name a highlight of your 20-year ACA membership.

Since 2014, I have enjoyed convening the ACA Chapter in Brisbane. I find it energising and fulfilling. It has enabled me to contribute to the industry by meeting with my counselling colleagues in a positive and supportive way and it has enabled me to forge long and meaningful collegial friendships.

### How would you like to see the counselling industry change in the future?

I would like to see the work of

counsellors recognised in a similar manner to that of other allied health practitioners. This would include access to Medicare for clients seeking to work with counsellors.

### Describe a valuable learning experience?

When I came to a realisation that, from the seat I was sitting in as a school principal, education was more about politics than it was about student wellbeing. At that moment, I knew I needed to change direction and pursue an alternative career path. I took a risk and stepped into unknown territory, and I learned that risk-taking can have an okay outcome.

### How many clients do you see each week?

I work part-time and I see five to 10 people a week. These are mostly supervisees as most of my work involves professional supervision. However, in this mix, I maintain two clinical clients as I never want to be in a position of saying to a supervisee, "Do as I say, not as I do."

### What do you love about running your own professional practice?

I love the independence of being my own boss.

### What 'pearl of wisdom' would you offer to a student counsellor or colleague?

Know your code of ethics inside out, and always ensure you work within your scope of practice. There's only one thing more important than knowing what your job is, and that is knowing what your job is not. ■

# Want to be published?

## Submitting your articles to *Counselling Australia*

### About *Counselling Australia*

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

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

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

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

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

### Editorial policy

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

### Previously published articles

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

### Articles for peer review (refereed)

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

### Conditions

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

### Deadline

Deadline for articles and reviewed articles is 25 January, April, July and October. The sooner articles and papers are submitted, the more likely they are to be published in the next cycle. ■

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