

# CONGRUENCE

OFFICIAL NEWSLETTER OF THE  
COLLEGE OF COUNSELLING PSYCHOLOGISTS  
AUSTRALIAN PSYCHOLOGICAL SOCIETY

March 2014

A baptism of Fire?

Adolescent Idiopathic Scoliosis

When Words are Not Enough:  
A validated non-verbal vocabulary of feelings

Student Research - Curtin & Latrobe



APS Australian  
Psychological  
Society

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## Aims and Objectives

CONGRUENCE is the Newsletter of the APS College of Counselling Psychologists. It is produced by the National Executive of the College in collaboration with State sections.

CONGRUENCE communicates with members, promotes the work of Counselling Psychologists, and keeps members aware of forthcoming events and important issues in the field of Counselling Psychology.

Views expressed in an article are the views of the author and do not necessarily represent the view of the College. The College accepts no responsibility for the correctness or otherwise of information in articles.

The editor welcomes articles from counselling psychologists that contribute to thinking, discussion, and debate on a wide range of matters relevant to psychotherapy and counselling. Articles should reflect evidence-backed practice.

We welcome book reviews aimed at keeping practitioners up-to-date with developments in their field.

### Subscription

CONGRUENCE is provided to members of the College of Counselling Psychologists as part of their membership.

### Contributions

The Editorial Board encourages College members to contribute articles to CONGRUENCE.

We particularly seek articles that reflect aspects of counselling theory, professional practice, and related issues.

We also welcome reviews of books related to the profession, suggestions about online resources, links to apps for smartphones and computers, and information about online courses.

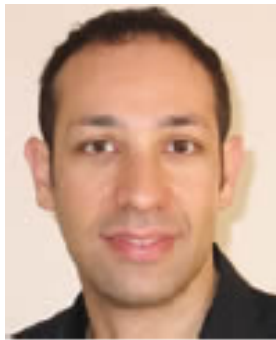
A full page in CONGRUENCE is about 750 words. The preferred article lengths are full page (750 words), or 1-½ pages (1100 words). Shorter items are also welcome. Please submit electronically (e.g. as a Word document).

### Deadlines

Material for inclusion in the Newsletter is to be submitted to the Editor by the relevant deadline, 28 February; 30 June; and 15 November.

### Advertising

Advertising in CONGRUENCE is welcome. Rates are available on application. Placement of an advertisement is not an endorsement of the advertiser by the College. Acceptance of advertising rests with the Editorial Board.



**Michael Di Mattia**

**Chair:  
National Executive  
Committee**

### From the Chair

The beginning of 2014 has been a busy one for the national executive, organising a number of professional development opportunities for members.

As I write this, we say goodbye to Professor Bruce Wampold following his second successful visit to Australia, which was organised by the Counselling College. As a leading psychotherapy researcher, Professor Wampold offered much to College members in his training sessions in Brisbane, Sydney and Melbourne. He made us all reflect upon what brings about change in a psychotherapeutic context, making us successful in our practice as counselling psychologists.

Continuing the theme of professional development, the college is busy planning our second national conference, to be held in Melbourne from February 26 to March 1, 2015 with the theme of *Experts in Mental Health*.

We are in the process of finalising our keynote speakers and shortly the call for submissions will open. The conference website can be found at: <http://www.groups.psychology.org.au/ccoun/conference2015/> and will be updated over the coming months.

The national executive is awaiting release of APAC's consultation paper on draft standards for competencies required for entry into an area of practice endorsement.

It is important that this document accurately reflects what is currently being taught in postgraduate counselling psychology programs and the college will continue to provide representation on behalf of our members.

I congratulate Maria Pirrello for another excellent edition of the newsletter. Enjoy.

Warm regards,

Michael Di Mattia



**Maria Pirrello**

**Congruence Editor**

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### Editors Report

Welcome to the first edition of Congruence for 2014.

There has been much talk in the media in relation to Trauma. In this edition two counselling psychologists discuss Trauma from widely differing perspectives.

Dr Geoff Glassock talks of his experiences in the recent NSW bushfires.

Reshmi Pal looks at the impact of Sciolosis on the sufferer and the family.

A new Student section presents research by a PhD student from the Counselling program at Curtin, while Geoff Denham discusses the research in the Counselling program at La Trobe.

In the current academic climate where Counselling programs are at risk it is important to promote and showcase the breadth and depth of the research being undertaken at these universities.

I have included internet resources for those practitioners working in schools or working with children, as well as more general resources and E-learning courses.

The recent visit by noted American Counselling Psychologist Bruce Wampold was a great success and augers well for the 2nd National Counselling Conference in 2015.

Planning for the conference is well under way with both National and International key note speakers. Again it promises to be an exciting and cutting edge program.

Maria Pirrello

## A Baptism of Fire?

Dr. Geoffrey Glassock



Late September 2013 we moved to Springwood and had a week settling in before flying to Cairns for the APS conference.

We returned to Sydney on the Sunday and in that week the bushfires raged around the Blue Mountains. As most of you will know from the media reports about 200 hundred homes were seriously damaged or destroyed in the Springwood Winmallee area.

While we back onto the bush we were not adversely affected and did not suffer any damage to our property. Of course like everyone else heavy smoke and the regular sound of helicopters and fire trucks made us acutely aware of what was happening around us.

The following week a severe weather warning was issued for the Wednesday and people were asked to evacuate. Our second son works at the Rural Fire Service Headquarters and with his knowledge of the situation suggested we evacuate as well as our daughter and her family who live close by. We all went to Sydney and later that evening we decided to return home.

The church which we attend had a number of people lose their homes and others had homes badly damaged. The Senior Minister discovering that I was a psychologist who had some experience in dealing with trauma asked me to run a training program for people from the churches who provide pastoral care and support to people in the area.

This occurred one Sunday afternoon when about 60 people participated and this was followed by an evening session a week or so later for people in the community hosted by the Anglican Church. This was entitled *After the Bushfires: Coping with Traumatic Loss*.

My daughter Rosemary is also a psychologist and she is the District Guidance Officer for the Blue Mountains Department Region. The counsellors in the district and the schools for which they were responsible were all impacted by the fires.

As a consequence Rose and I did a father and daughter session for the community with me talking about the impact of the fires on individuals and the community while Rose talked about the impact of children and adolescents.

We provided age appropriate psychological first aid and strategies for managing the aftermath of the trauma.

In describing what is a traumatic event we said they are potentially traumatic events which are powerful and upsetting incidents that intrude into daily life. They are usually defined as experiences which are life threatening, or there is significant threat to one's physical or psychological well-being.

The same event may have little impact on one person but cause severe distress in another individual.

### *The Sad Passing of a Remarkable WA Counselling Psychologist*

Dr. Hank Andrews was the founder of the Counselling Masters' Program at Curtin University. He was involved with Curtin from 1984 until 2001- 17 years.

Dr. Andrews migrated from the USA and brought with him a fresh approach to counselling psychology.

His contribution to counselling psychology did not stop at the university. Being a new specialty in WA, there was very little recognition in areas of employment and acceptance of health funds for rebates.

Hank, as he was affectionately called locally, became very involved and was instrumental in Counselling Psychologists gaining recognition as specialists in many government departments and most of the health funds.

He, together with a group of Counselling Masters' Graduates, founded the Association of Counselling Psychology as a local voice to promote counselling psychology in WA.

We will remember and remain in awe of his wisdom, breadth of knowledge, therapeutic skill, creativity, generosity, and sense of humour.

Many of us would not be the psychologists we are without his support and encouragement. His inspiring presence will be sincerely missed.

We send our condolences and supportive thoughts to his partner Susan (Pradip) who many of us also know and love

The impact may be related to a person's mental and physical health, level of support at the time of the event, past experience and coping skills. Bush fires are such a traumatic event leading to people experiencing psychological trauma.

#### **The levels of impact:**

- Stress – the demand is in your capacity to cope
- Distress – the impact has the potential to cause psychological damage
- Trauma – psychological injury which varies from mild to severe
- Loss – can be overwhelming. The reaction to loss involves sadness and grief.

#### **The Good News:**

Most people young and old are resilient and are able to bounce back after trauma. For most of them, their reactions reduce over time with the support of their families and friends.

#### **What Not to Do.**

- Out bid someone's story.
- Tell other people stories. Be respectful about what they have told you. It is their story not yours.
- Constantly ask "how are you???" let your friends know you are available to listen and then let them approach you, when they need to.
- Judge people's reactions – some people may seem more upset than you would expect because of other things happening in their lives.
- Don't pathologise, don't minimise.

#### **When to seek professional assistance.**

- The symptoms are too distressing or last for more than a month
- Warning signs may include:
  - Being unable to handle the intense feelings or physical sensations
  - Continue to experience strong painful emotions
  - Continue to have physical symptoms of being tense, agitated and on edge.
  - Continue to have disturbed sleep and /or nightmares
  - Having no one to support you and with whom you can share your thoughts and feelings
  - Having relationship problems with family, friends or colleagues
  - Increasing your use of alcohol and drugs.

#### **Follow-up**

The following Tuesday evening we organised a follow-up session: *Where are we now. The Roller Coaster Ride to Recovery.*

#### **Acknowledgements**

- Australian Psychological Society - Disaster Support Group
- Australian Red Cross
- Australian Association for Traumatic Stress Studies
- Critical Incident Management Association
- Raphael B, (1986) *When Disaster Strikes*, Sydney

*Reshmi Pal*

Adolescent scoliosis is a spinal condition which emerges in early adolescence and leads to a traumatic response for both the person diagnosed and their family. Idio Scoliosis is similar to any other chronic medical illness that can emerge insidiously.

Scoliosis is a lateral curvature of the spine which may require treatment such as bracing and surgery depending on the degree of curvature. There are many different types and causes of scoliosis which can affect children, adolescents and adults. Adolescent Idiopathic scoliosis is a type of scoliosis that emerges around early adolescence which has massive ramifications for the sufferer and their family when necessary adjustments are not made.

For parents when a “till then normal child” is diagnosed as requiring intervention, the initial response can be similar to a grief response. Parents require help reaching acceptance whilst also struggling with perceived guilt at their inability to have identified the problem themselves.

In some cases, there can be no signs or symptoms such as pain or any obvious curvature of the spine which makes it even harder to detect. In other cases however, the most obvious symptoms can be pain and uneven hip and shoulder heights.

Of course as with any chronic medical condition, the earlier treatment commences the better the prognosis. Having said that, mental health professionals who come in contact with these clients and their families need to be cognisant of the fact that medical science has advanced considerably since 1974 when I had my surgery, which required 12 months of recuperation in various plaster casts and confinement in bed. Intervention today, including pain control technology has come a long way; it is very different to what I underwent. This information is pertinent for parents whose children face surgery today.

Parents are not only struggling initially with diagnosis but dealing with their fears in relation to preparation for major surgery for their child— spinal fusion. This requires firstly, reaching acceptance then taking necessary steps towards forthcoming interventions whilst coping with necessary adjustments post surgery.

Psychologists are well aware perceived interpretations and perceptions of an event can be far more debilitating than the event itself, hence a multitude of response styles may be witnessed and/or exhibited by families.

Whilst responses can be deemed normal responses to the situation, parents need to be reminded to keep things in perspective as they step up to face surgery for their child.

For adolescents requiring wearing a brace to school, as the method of intervention; they require making major adjustments both at a physical and psychological level. At this developmental stage in life, adolescents are not only coping with the challenges of adolescence but coping with a medical condition and intervention which can potentially predispose them to feeling different to peers.

Many international research studies have indicated braced adolescents can feel shame and embarrassment at school. Needless to say, the need to identify with peers is far greater at this stage in life than any other time in life as also indicated by child and adolescent psychologist Dr Michael Carr-Gregg.

It can be said that any medical condition that sets one apart from their peers can contribute to feelings of inferiority and a belief of being socially flawed.

At a phase in life when there is a keen desire not to be different to peers, adolescents who require bracing and even those requiring surgery, the experience can become traumatic in nature. Many international studies have also addressed significant body image disturbances as a result of untreated scoliosis, which in turn, can leave permanent scars.

Last year I published a paper on adolescent idiopathic scoliosis in the Australian Journal of Counselling Psychology. The paper was written for mental health professionals, who may be interested to work with children and adolescents with scoliosis. It was based on my firsthand experience of scoliosis from adolescence into adulthood on the psychological and emotional ramifications of this condition over the lifespan.

Previously, screening for scoliosis was largely the responsibility of GPs. The National Self- Detection Programme was introduced in schools to screen adolescent girls who are the predominant target group for this condition; currently only some schools participate in this programme. Screening needs to be advocated for and the general level of community knowledge at large needs to increase.

Psychologists who have an interest in this subject area can access my published paper in the Australian Journal of Counselling Psychology, Autumn 2013, Vol. 12 No. 1, or on my website: <http://www.palpsychology.com>.

If you require further information or are interested to understand scoliosis further you may leave a post on my website or make direct contact with me.

## When Words Are Not Enough

### When Words Are Not Enough: A Validated Nonverbal Vocabulary of Feelings (Pictured Feelings Instrument)

Beth A Stone<sup>1,2</sup> Roslyn Markham<sup>1,3</sup> Kay Wilhelm<sup>4,5</sup>

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This abstract is taken from the original article in *Australian Psychologist* 48 (2013) 311-320.  
© 2013 The Australian Psychological Society.

Although nonverbal expressions in face and body are our primary means of communicating emotional feelings, word-based instruments dominate in clinical/counselling, health, education, and research. Picture-based instruments usually contain four to eight facial expressions of age-, gender-, and ethnic-specific posed photos validated by multiple or forced choice, which may not be relevant for people of other demographics.

We report the development, free-choice validation and initial applications of a multipurpose nonverbal instrument designed for people to communicate their feelings and show recognition of a broad range of feelings. The Pictured Feelings Instrument, a nonverbal vocabulary of feelings, comprises 26 face and/or body line drawings of pictured feelings (PFs), which are intentionally ambiguous regarding age, gender, and ethnicity, but feeling-specific (e.g., love, sad, victimised, strong, overloaded). Studies with 325 Australians found high validity and reliability:

Adults validated all 26 PFs, and younger groups (12 and under) validated 22–24 PFs, similar to pilot study results in Hawaii. Methodologically, we use free-choice naming for validation; we use images of face and body/context to express feelings in their appropriate modalities. Uses in psychology, medicine, education, rehabilitation, and research are discussed.

Key words: expression and recognition of feelings; nonverbal vocabulary of feelings; pictorial emotion communication.

#### What is already known on this topic

1 Nonverbal expressions have primacy over words to communicate emotional feelings. Evidence comes from neuropsychology, clinical, and social psychology.

2 There are many photo-based instruments of four to eight emotions designed primarily for emotion recognition—not for communication of an individual's feelings. These instruments are usually validated by forced or multiple choice.

3 Photos are specific as to age and ethnicity, which may cause people from other demographics to have difficulty identifying with them. They also tend to be posed expressions, which may not appear genuine.

#### What this paper adds

1 The Pictured Feelings Instrument (PFI) is based on a nonverbal vocabulary of feelings made up of face and/or body line drawings expressing 26 pictured feelings (PFs), and is designed for use by people of all ages to access, express, and communicate their feelings—unique among nonverbal tools. The vocabulary of drawings is specific about the feeling expressed but ambiguous about age, gender, and ethnicity in order to apply widely.

2 The PFI vocabulary of line drawings of feelings has good reliability and construct validity, tested by free-choice labelling across ages 5–65+ with reliability further tested by test-retest and multiple choice. Four age differences found may reflect developmental change.

3 PFI has uses in clinical/counselling, health, education, and research. Depending on the purpose, all or selected PFs can be used with or without the PFI forms.

## MELBOURNE

26 February - 1 March 2015

## APS College of Counselling Psychologists Conference

*Experts in mental health*



Save the date for the 2015 APS College of Counselling Psychologists Conference

We are working on an exciting program and have lined up five prominent keynote speakers:

- Professor Y. Barry Chung from the USA - *Current opportunities and challenges of counselling psychology in America*
- Professor Jeremy Holmes from the UK - *Relational Neuroscience – implications for psychotherapy practice*
- Adjunct Associate Professor Jan Grant FAPS - *Managing difficulties in supervision*
- Elisabeth Shaw MAPS - *Couple and family therapy: Ethical issues in contemporary practice*
- Gerard Webster MAPS - *Topic to be confirmed*

We will be opening up the call for submissions soon. In the meantime, please visit the Conference website <http://www.groups.psychology.org.au/ccoun/conference2015> for further information and to stay up to date.

## The Client's Perspective on the Process of Change

Magdalena Goryczko (PhD Research Student), Adjunct A/Prof. Jan Grant (PhD Research Supervisor), A/Prof. Jennifer Thornton (PhD Research Supervisor), Curtin University

### Aim of study:

Although a substantial body of research indicates that the client is one of the most significant factors in terms of therapy outcome (Bohart & Tallman, 2003; Duncan, Miller, Wampold & Hubble, 2010; Norcross, 2002), the client's experience of change mechanisms is underrepresented in psychotherapy research (Elliott, 2008; Kazdin, 2005; Manthei, 2007).

The broad aim of this study was to discover specific factors that catalyse and facilitate therapeutic change as perceived by clients.

The core research question in this study was: *How does therapeutic change occur from the client's perspective and what factors account for that change?* In addition, this study aimed to explore the subjective experiences, feelings, and beliefs of individuals who have completed long-term therapy in relation to process of change in psychotherapy.

### Brief description of Method:

This study utilised Interpretative Phenomenological Analysis (IPA). Twenty-four participants who had completed a medium to long-term therapy, including 12 psychologists and 12 non-psychologists were recruited. Data was collected through in-depth semi-structured interviews exploring participants' experience of the process of change in psychotherapy. The table below presents a summary of the six domains with superordinate themes that were produced through the data analysis.

### Key Findings:

The results presented in this short report concern only the first domain - the process of change. Participants perceived therapy to be growth facilitating, but emphasized the intensity, difficulty, and challenge inherent in this process.

They further delineated processes occurring within the dimension of affect regulation as part of the change generating processes. Cognitive and emotional understandings of intra-psychic and interpersonal patterns of relating which led to greater coherence and continuity of self were also experienced as being central to the process of change.

### Implications for the field:

The examination of clients' experiences provided a direct window into what can facilitate process of change, which in turn may lead to a better understanding and, ultimately, the improvement of psychotherapy.

The results indicated that strong relational mechanisms were implicated in psychological change. In particular, they suggest that change was a deeply relational process in which the therapist's full emotional presence facilitated deeper self-examination. Clients also stressed the importance of the provision of safe psychological space to process material and raise awareness.

The necessary conditions included: safe space; silence and time that facilitated deeper self-examination, and the therapist's emotional presence (being with and being witnessed by a therapist, who could bear the intensity of the process).

Finally, in order to instigate change clients required the therapist's assistance in: (1) affect regulation, in which emotional content undergoes elucidation, processing, and transformation, and (2) integration, in which past events are reactivated and reintegrated with current material, which in turn lead to greater cohesion and continuity of self.

Process of change	Stages of change	Problem formation and resolution	Helpful Factors	Unhelpful factors	Significant moments
Intense, growth facilitating experience	Beginning phase: Disorganization & detachment	Problem formation & resolution	Strong therapeutic frame	Routinized approach	Transforming experiences
Cohesion & continuity of self	Middle phase: Symptomatic to structural change	Experience of change	Therapist as developmental object	Hindering technique	Empowering experiences
Intra-psychic & inter-personal space	End phase: Consolidation	Allegiance & expectancy	Very solid alliance	Impaired therapeutic relationship	Self-integrative experiences
Affect Regulation		Client Agency	Change facilitating strategies		



# Counselling Psychology - La Trobe University Post-Graduate Programs

**Geoff Denham PhD**

**Coordinator Counselling Psychology programs- La Trobe University**

The programs at La Trobe at Masters and Professional Doctorate level continue to produce consistent results.

Eleven Masters research projects were submitted during 2013 with a further 5 expected to be submitted by early March this year.

Topics reflect the diversity of counselling psychology but increasing pressures on academic staff 'outputs' have resulted in a greater concentration of research topics.

Current topics include examining compliance with Motivational Interviewing protocols, Demonstrating empirical agreement on the core components of psychotherapy as illustrated in video clips, examining the appropriateness of transcultural mental health services for refugees, Post-traumatic recovery, and research on gender issues.

Recently completed doctoral theses include the researching of participants' use of social anxiety groups (Suzannah Miller) and an examination of traditional men's experience of counselling services (Lawrence Heath).

Other doctoral work in progress includes researching the value of client-informed scheduling of counselling sessions (Michael Di Mattia), and examining the usefulness of a person-centred integrative diagnosis approach in trans-cultural counselling settings (Kiri White).

The last mentioned project is of particular interest. It recognises that diagnosis is required for a number of reasons including the marshalling of information on particular kinds of problems, the communication of knowledge in form of education and training, the provision of preventative measures and early detection, and of course, administrative reporting.

Person-centred integrative diagnosis (PID) goes beyond conventional diagnosis in recognising a person's health status - both positive and ill health (Mezzich & Salloum, 2011). It further enlarges diagnosis to include narrative components, (pluralistic description) and sets up partnerships for evaluation drawing in patients, health professionals, families and consumer advocates.

Kleinman's work (see for example, Kleinman, 2006) is also providing inspiration for this work in transcultural mental health, with its emphasis on patient perspectives encapsulated in the now famous 8 questions- readily available on the internet.

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Will it have a long or a short course?
6. What kind of treatment do you think the patient should receive?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?"

These questions don't presume diagnostic categories and invite patients to provide their own narratives of their 'sickness' - a broad encompassing term used by medical anthropologists to include both illness and disease.

These questions embody a respectful approach to cultural difference that can lead to an identification of what is most at stake for the patient- the line of questioning acts as a brake on premature diagnosing.

## References

- Kleinman, A., Keusch, G. T., & Wilentz, J. (2006). Stigma and global health: Developing a research agenda. *The Lancet*, 367.
- Salloum, I. M., & Mezzich, J. E. (2011). Outlining the bases of person-centred integrative diagnosis: Outlining the bases of PID. *Journal of Evaluation in Clinical Practice*, 17(2), 354-356. doi:10.1111/j.1365-2753.2010.01581.x

The National Executive of the APS College of Counselling Psychologists would like to hear from members about any concerns, issues, feedback and questions

Please feel free to contact any of the National or State Office Bearers listed on Page 11, or log onto the College webpage for more information:

[http://www.groups.psychology.org.au/ccoun/about\\_us/office\\_bearers](http://www.groups.psychology.org.au/ccoun/about_us/office_bearers)

## Professional Development

### New South Wales

#### Expressive Therapies For Psychologists

Saturday 12th April 2014, 9.00 am – 5.00 pm

The Grace Hotel, Sydney

Explore expressive therapies in this training day that will introduce evidence, case studies and practical uses of art, poetry, music and play as therapy.

Psychologists and other health professionals experienced in these methods offer you an engaging day of endorsed training about counselling methods that move beyond verbal expression.

This event will be a great introduction to a range of expressive therapies and an opportunity to network with like-minded professionals.

APS and CCOUN Members \$230

Others \$300

Student APS Member \$150

Student Non APS \$200

Morning, afternoon tea and lunch are included.

7 CPD points (Endorsed Generalist & CCOUN)

Register online at

[https://events.psychology.org.au/ei/getdemo.ei?id=1506&s=\\_4900JP3CY](https://events.psychology.org.au/ei/getdemo.ei?id=1506&s=_4900JP3CY)

#### Trauma, Loss and Grief

Plans are under way for Dr Rob Gordon to present a workshop in Sydney later this year.

Dr Gordon is a psychologist and a specialist in Trauma, Loss and Grief as they relate to disasters. He has been consulting with the NSW government in relation to the recent bush fires.

He was heavily involved in the Victorian fires, the Christchurch earthquake and the Queensland floods.

The workshop will be either a half day or a full day workshop. Details to be confirmed at a later date.

### Victoria

Victorian events for 2014 will cover the following themes:

- Sex Therapy
- Working with Non-Traditional Families
- Inherited Trauma
- Neuropsychology of Relationships.

Details to be advised at a later date.

## Resources

### Using Mindfulness with Children

Hawn Foundation with Dan Siegel, author of the Mindful Brain and the Mindful Therapist discusses the use of Mindfulness with children in educational and community settings.

<https://www.youtube.com/watch?v=5dFrOTgAlZY>

### Meditation in Schools

Meditation in Schools brings resources that can be used to teach Mindfulness in schools

[5 Minutes to a Calmer Classroom](#)

[Mindfulness Meditation Script](#)

[15 Minute Mindfulness Relaxation Exercise](#)

[Mindfulness and the Art of Chocolate Eating](#)

[Mind Space tips for Dealing with Exam Stress](#)

[Metaphorical Educational Story for teaching meditation to 6-7 year old children](#)

<http://www.meditationinschools.org/resources>

### School-based interventions for depression and anxiety in children and adolescents

<http://ebmh.bmj.com/content/early/2013/04/10/eb-2013-101242.short?eaf>

<http://www.suicidecallbackservice.org.au>

<http://www.ymcansw.org.au/activity/brightside-mental-health-and-wellbeing>

### Department of Human Services: YouTube Videos

The Department of Human Services has just released a range of informative You Tube videos for health professionals and the general public.

[www.youtube.com/user/HumanServicesGovAU/videos](http://www.youtube.com/user/HumanServicesGovAU/videos)

### Psychology Tools

Worksheets and audio materials from different therapeutic perspectives eg CBT and ACT translated into 18 different languages. I have only looked at one language and it seems reasonably accurate in conceptual terms.

These resources may be useful if you feel that your client may benefit from having information in their first language. The resources may also be useful if the client is a child and the parent is not fluent in English.

[www.psychologytools.org](http://www.psychologytools.org)

## Online Learning

### APS Elearning

<https://www.psychology.org.au/eLearning/>

The APS Institute delivers convenient eLearning courses that promote self-paced, active learning on a range of topics. The APS Institute also hosts regular webinars on topical issues relevant to psychologists.

### Dulwich Centre

For those members interested in Narrative Therapy my colleague recommended the course at the Dulwich Centre.

<http://www.dulwichcentre.com.au/training-in-narrative-therapy.html>

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