Psi Counselling news

NEWSLETTER OF THE APS COLLEGE OF COUNSELLING PSYCHOLOGISTS

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From our National Chair, Elaine Hosie

There have been changes on the National Executive (NE): Elizabeth Tindle has retired after 16 years as Queensland Chair and more lately as PD Coordinator. I'd like to thank Elizabeth for her long and dedicated service. Her knowledge and insightful contribution to discussions on many issues will be sadly missed.

Lyndon Medina (Vic) is the new PD Co-ordinator. Another PD committee member, Daphne Degotardi (NSW) has also retired, leaving 2 vacancies on the PD committee. Interested members should email Lyndon Medina.

I welcome Jo Erlich onto the NE as the new Chair of the Queensland Branch.

I also warmly welcome Assoc. Prof. Jan Grant (WA) as a co-opted member. Her clear and concise understanding and analysis of the many governance and structural issues faced by the NE will make an important contribution to our work in 2009.

The profession faces many changes as the APS Board grapples with two issues: National Registration and a review of Educational Standards for psychology. The Chairs of Colleges are very active in ensuring the best possible outcomes for the specialist areas of psychology, represented by the current College structure. The APS has stated a commitment to the ongoing acknowledgment of the current specialist structure.

Counselling Psychology was strongly represented at the 2008 APS Conference in Hobart, with many presentations. I thank all those who went to Hobart to present their work or to attend the sessions on many aspects of counselling psychology. Our presence was noticeable in Hobart and does make a difference to the profile of our speciality.

A letter to the Board was sent, challenging Medicare Better Access and other anomalies for Counselling Psychologists about Medicare. Elaine Hosie and Roger Cook had a meeting with the Executive Director to discuss these issues. No other resolution has been forthcoming from the Board.

I, along with other executive members, have been invited to speak about counselling psychology at a number of events including a night for potential students in Melbourne and an excellent forum about Counselling Psychology held by the Victorian Branch.

The College was also invited to submit an article about Counselling Psychology for *InPsych*. This has generated interest from potential members.

The goal of the NE for 2008 was to identify counselling psychology in Australia by developing awareness about the theory and practice of this evidence based speciality area of psychology. That struggle is not over as the NE now establishes strategic plans and goals for 2009.

A strategic planning meeting was held on November 21, at which we agreed that the slogan for Counselling Psychology for 2009 should be **Counselling Psychologists: Catalysts for Change.** The marketing subcommittee of the Victorian Branch has printed bookmarks advertising this slogan and the NE has joined the Vic Branch in this promotion. Please contact Lyndon Medina or Bob Rich if you'd like bookmarks to distribute to clients and other professionals.

As the year ends, again I thank the members of the NE for their hard work and enormous efforts for counselling psychology. All are in full time very responsible positions and give freely of their private time to work for the College. I also extend my thanks to members who have contributed ideas, made comments, written articles, lobbied, acknowledged the commitment of those on

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Executives and attended events. Your support is appreciated and acknowledged. To those who are disappointed, especially about Medicare, I ask you to think twice before you attack those who give so freely of their time. We are all disappointed and many members are working assiduously in efforts to correct misperceptions about Counselling Psychology.

Have a restful and renewing break, and return to your work in 2009 with new zeal and vigour. Take care of yourself during the break.

The Editor's Rave

Professional development: is it a curse or a blessing? A nuisance or a necessity?

I live in a rural area, though close to the Big Smoke. I hate going to the city, and avoid it as much as possible. Also, I do all too many things, and really don't need extra calls on my time. And of course I can always use money for better purposes than helping someone pay for the expensive facilities supplied by some big hotel or something.

All the same, my PD requirements are satisfied about 4 times over. So, am I an idiot, or a dupe taken in by the hype?

I don't think so (obviously). But neither do I go to more PD events than most people. I pick and choose, and occasionally make the sacrifice.

Well, what else can you do to earn PD points?

The Victorian Branch of the College has a truly excellent collection of DVDs. Any College member, anywhere in Australia, can borrow these, for a nominal fee that barely covers postage and administration. Go to http://www.groups.psychology.org.au/GroupContent.aspx?ID=1874 and look for yourself. We keep buying new titles, so check back occasionally. And we encourage you to suggest new ones.

But you don't even need to go to this trouble. ANY ACTIVITY you can reasonably justify will serve as professional development. For example, as a member of the Australian Society of Hypnosis, I get their excellent little journal. If I read an article in it, and find it relevant to my work, I've earned 1 PD point. All I need to do is to remember to record it.

Then there are books. I've had a run of warring couples recently, so read *The Marriage Clinic* by John Gottman. It's so good that I am now reading it for the second time, but I am not going to count that. This book is a doorstopper, with 450 pages. It took me several weeks of snatched moments of reading. I've recorded it as 8 specialist PD points. I could have reasonably argued for a lot more.

OK, that's how to do it easily. But why should we bother?

First, because it's unethical not to do so. PD requirements are not imposed as a form of torture, or a hurdle to get rid of members. What distinguishes professional psychologists from crystal gazers and Tarot readers is that our work is based on scientific research. Therefore, we need to keep up with the evidence.

Does EMDR work because of the finger waving? Is NLP valid? What is the role of childhood trauma in schizophrenia? What distinguishes a happy marriage from an unhappy one? These are empirical questions, and the answers are in the research. Keeping up with it is simply part of the job.

Second, it's a joy. It is interesting and exciting to come across new ways of doing things, of challenging our beliefs by looking at new research, of being shown relationships between previously disparate facts.

Third, doing the same thing over and over gets boring. Ten years ago, my usual approach was Narrative Therapy, using a lot of CBT tools. Since attending a 2-day workshop with Russ Harris, I have incorporated Acceptance and Commitment Therapy into it. What I do today is no more valid, and no more effective, than what I did then, but the change keeps me fresh and creative.

So, PD is definitely a blessing.

Bob Rich

PROFESSIONAL ISSUES

Want to get involved?

The National Executive has received quite a few offers by members to help with the work of the College, but not at the cost of having to attend committee meetings. Therefore, we are establishing working groups to deal with a variety of tasks. Each will be coordinated by one of the State committees, and involve some people on the National Executive, but we need other members to take part. All the communication is expected to be done via email.

So far, the following working groups have been mooted. You may want to suggest others:

Membership (monitoring criteria and procedures, possibly proposing changes as appropriate; processing membership applications; encouraging qualified people to apply). Coordinator Maria Pirrello mpirrello@usyd.edu.au

Professional Development (assessing proposed events for College endorsement; random audits of members referred by the APS PD committee). Coordinator Lyndon Medina lyndon.medina@rmit.edu.au

Marketing (raising the profile of Counselling Psychology in the community at large, with referral sources, and among other psychologists; dispelling false beliefs and prejudice concerning Counselling Psychology; media interviews and press releases). Coordinator Filia Papdimitrou filia@cairnmillar.org.au

Submissions (writing submissions to the APS Board and other bodies, representing the interests of Counselling Psychologists and our clients). Coordinator Ben Mullings zenjite@iinet.net.au

Our Journal

The Counselling College produces *The Australian Journal of Counselling Psychology*, which publishes articles that practitioners would want to read — at least that's the hope of the editors. It welcomes submissions from practitioners in areas of their special knowledge, from academic practitioners working in universities and from students studying in practitioner training programs. The journal accepts scholarship that draws on a diversity of research traditions including quantitative research, mixed mode research methods, and qualitative inquiry.

It also publishes book reviews in two categories: recently published books of interest to counselling psychologists, and a classic reviews section, where practitioners talk about books they have loved and cherished as resources for their practice work. The journal welcomes new material in any of these categories, and also reviews of literature relevant to counselling psychology.

Correspondence regarding the AJCP should be directed to Dr Geoff Denham geoffrey.denham@aut.ac.nz.

We are preparing a submission to the APS Board of Directors following the successful launch of the College of Organisational Psychology's journal at the last APS conference. We intend to follow their example in bringing the journal to a wider readership. Should this proposal be accepted by the Board, a paper version of the journal will continue to be available to those who want it delivered in that form.

Recent articles:

Issue 9.1 Spring 2008

Someone who can understand us: identifying and addressing barriers to counselling with Indigenous students Nicole Melder & Janette Graetz Simmonds

Contextual modular therapy (CMT): Brief psychotherapy for women with breast cancer Coral Brown, Filia Papadimitriou & Kylee Bevan

Restoring self compassion: A case study Michelle A Webster

Issue 8.2 Autumn 2008

An exploration of counsellor self-disclosure in the therapeutic setting Evelyn Bugel & Ann Knowles

The cost of secrecy: the experience of the adoptee in step-father adoption Shirley Griffiths-Smith & Lyndall Steed

Issue 8.1 Summer 2007

Practitioner dialogues in Counselling Psychology Tom Strong

What do we tell your next therapist? A collaborative approach to forced termination of therapy and case handover Jonathan Norton & Angela McGrath

Reassessing the impact of life changes: Replication and extension of the life experience survey with three groups of varying clinical status Terry Bowles

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Counselling Psychologists in WA show the way

Three prominent Western Australian Counselling Psychologists submitted the following letter to *InPsych*. It is worth repeating here. You can take action like this in your own backyard too.

We read with interest the cover feature of the June issue of *InPsych* on the impact of Medicare rebates for psychological treatment on public mental health psychology services, particularly the concerns regarding the ability to recruit and retain psychologists. We would like to propose another way to increase the psychology workforce in the public mental health system: opening up employment for Counselling Psychologists.

Counselling Psychologists are already widely employed in the public mental health system in other countries, such as the UK. Counselling Psychology training in Western Australia includes training in psychopathology, psychopharmacology, assessment and the use of evidence based psychological therapy, and it equips graduates to work with clients who have severe and enduring mental health disorders. During the two year supervision period for specialist title in Western Australia, Counselling Psychologists must demonstrate that they meet a range of competencies, which are almost identical to those for Clinical Psychologists.

A small number of Counselling Psychologists have been, and are currently, employed within the WA Health Department, and Counselling Psychologists work at all three of the private psychiatric hospitals in Perth. In addition, many more Counselling Psychologists are working elsewhere with clients who have serious psychological issues but who cannot readily access the outpatient services of the overburdened public Mental Health facilities. It is our experience that sectors within the WA Health department are not unwilling to consider more widely employing Counselling Psychologists, but rather, there is a pervasive lack of understanding about the knowledge and skills of Counselling Psychologists and the quality and types of interventions that they can offer. Creating a pathway that enables career progression for Counselling Psychologists within the Health Department of Western Australia could provide a larger and more diverse pool of applicants and has the potential to be beneficial for all stakeholders.

Justine Stefanoff, Association of Counselling Psychologists

Dr Jennifer Thornton, A/Coordinator, Counselling Psychology, Curtin University

Kim Maserow, Chair, APS Counselling Psychology College, WA

Response to the last issue
From Patricia Greig

In the last issue, I threw a bit of a polite tantrum at the idea that we Counselling Psychologists deal only with the 'worried well.' Pat sent me a sample of her clients' problems, to indicate the complexity of issues we work with:

Hi Bob, You indicated you were interested in the case load of other counselling psychs.

Here are some of my recent ones.

1. 34 yr old female bipolar + borderline personality disorder, sexually abused as a child.
2. 58 yr old female PTSD following MVA unable to drive and highly anxious as passenger.
3. 60 yr old female OCD co-morbid depression.
4. 27 yr old female severe depression plus dealing with grief: father and sister committed suicide within two weeks of each other.
5. 45 yr old male anger/alcohol problem from sexual abuse while in institutional care.
6. 42 yr old female anxiety/depression/PTSD having relationship difficulties. Raped at 15 and required reconstructive surgery due to genital mutilation and breast damage from rape.
7. 63 yr old indigenous lady untreated PTSD after years of sexual abuse in institutional care, unravelled after work place incident.
8. several cases of severe depression.
9. two with needle phobias.
10. young married man with fear of flying and panic attacks.

Patricia Greig (23 years in private practice).

The recent APS Board elections
by Dr Naomi Crafti

Dear Counselling College Members,

I have a confession to make... this year I voted in the APS board elections for the first time. I had previously given my proxy to trusted colleagues, those interested enough to attend the AGM and who, unlike me, knew the candidates, but I had never actually bothered to wade through the list of candidates myself. I am a little ashamed of this. But, what made this year different? Well, two things.

First, like millions of US citizens on November 4, I suddenly found I had the motivation to vote. The Medicare issue in particular and some other less specific professional concerns were important enough to the future of Counselling Psychology to lead me to the ballot papers. Second, again as in the US elections, I had the candidate. Unlike previous elections where the candidates all seemed uniformly benign in their interests, the 2008 APS elections may be a watershed for the future of professional psychology. I, like thousands of members, was contacted by a candidate from the Counselling College, specifically offering to represent the disenfranchised on these issues, and given the groundswell of concern about the two tier Medicare system and its implications for the continuing diversity of skills of Psychologists, I naively assumed others would take the opportunity to have someone represent their views on the APS Board. Sadly, I was wrong.

I have been informed that less than 10% of eligible voters participated in the latest APS Board elections. This is pathetic! And surprising... given how many Counselling College members and members of other colleges had replied to our candidate expressing their support. What happened? Why didn't this concern translate into votes? If people can't be bothered filling in a ballot how can they expect to have their views heard? What sort of democratic organisation is our professional association? And, as a result, what is the future for the practice of psychology in this country?

Next time you receive ballot papers in the mail, for whatever level of election, remember your democratic rights and exercise them... or suffer the consequences. You could be represented by Sarah Palin!

Regards

Naomi Crafti

On National Registration:
A letter from Jillian Horton

Something to think about — how healthy are the current standards being considered by the National Registration scheme for the Psychology profession and for the community?

The Institute of private practicing Clinical Psychologists has written a submission about their concerns regarding the National Registration for Psychologists. Some of you may have read this (if not, contact me for a copy). The main concerns focus on the level of training for registration and practice, which are currently being considered.

A review article written by the APS and published in *InPsych* last year showed that Australia has the lowest training standards for registration and practice than any country they reviewed. The current endorsement by the APS for registration as a Psychologist is 4 years university training (plus supervision). This does not meet international standards. The ICP sees the development of a National Registration scheme as an opportunity to establish better training standards for our profession and for the community. For many years, WA has had registration of specialist titles, which requires a minimum of 6 years of University training in Psychology (Masters level) plus 2 years additional supervision. We are the

only State in Australia to meet international standards with these registration requirements. We believe that it is essential for our profession and for community care, that these standards be supported by the APS as the minimum training standards for registration as a Psychologist, and be promoted for the Australian National Registration scheme. We do not support 4 years of university training (even with 2 years supervision) as equivalent training at a specialist level, and we do not wish to support this training level for registration as it does not meet international standards.

We do support a Grandfather clause to allow those who now have considerable experience to continue to practice, but there needs to be a cut-off point, whereby 6 years of university training (plus supervision) is the minimum requirement.

In the interests of open professional discussion and debate about this very important issue we all face, we would encourage you to talk to the APS about these matters and we would also welcome any feedback or comment. In addition, we have a petition running, which asks for names to support the matters mentioned above, and it has obtained considerable support so far. If you are interested in this, please contact me.

Dr. Jillian Horton
President of the Institute of private practising Clinical Psychologists
Chairperson of the Australian Psychological Health Reform Network
Email: jhorton@iprimus.com.au

"Out of suffering have emerged the strongest souls; the most massive characters are seared with scars."
Kahlil Gibran (Lebanese born, 1883-1931)

A Medicare exchange

Dear Rob,

After one year off and one year with the Dep Ed, I returned to private practice in April this year and 'discovered' the large discrepancy between the clinical vs. 'generalist' Medicare rebates. Here in Shepparton I bulk bill many clients from low socioeconomic backgrounds and receive a fee of $76.65 whenever I do. This is insufficient to say the least, especially considering the additional case management that is often involved with such, often very complex, cases. My question to myself is: do I need to go through the terrible inconvenience of meeting the criteria for membership to the Clinical college or do I stay in the Counselling college with the hope and expectation that Counselling Psychologists will be included in the higher/proper rebate category? Note: I have never wanted to be classified as a clinical psych and have been very happy with the counselling psych title — this is purely about the fee I receive when I bulkbill under Medicare. My question to the College of Counselling Psychs is this: is the college doing anything about being included in the 'clinical' rate or has the college resigned themselves to the status quo? Because if the college is no longer dealing with this issue and has given up, then I seriously, and unfortunately, need to look at meeting the clinical criteria and switching college memberships (I will not maintain 2 college memberships). Your response will be much appreciated; thank you, in advance.

Sincerely,
Susan Colmer

Dear Susan,

Indeed, the College, and the other non-Clinical Colleges, have been working very hard on this issue, for over 2 years now. Despite a lot of frustration, we have been making some headway. The team negotiating with the government on such matters has at last verbally acknowledged our case. The Clinical College now wishes that Medicare was not tied to membership qualifications of their College, because they see (I think rightly) that this removes their power to select their own members.

I personally have chosen not to apply for Clinical membership, but have instead put my energy into having the rules changed. I will continue to do so, and, with the rest of both the State and National Executives, am doing my best to have Counselling Psychology recognised for our expertise in its own right.

:)
Bob

Thank you Bob, for your positive response. I am currently in discussions with my 'old' (well, she's not old ...) Counselling supervisor and a potential 'new' Clinical supervisor, in order to decide what to do. My feelings, and your positive response, will likely add up to my NOT attempting to join the Clinical College. Based on your response, I would be very happy to assist with the Counselling College's efforts. Please let me know if I can be of any practical help. I consider this to be the most important professional issue for me at present, as an Independent Private Practitioner.

Many thanks, again, and please do let me know if I can assist here in Shepp.
Susan

Susan, the best help you can do for the counselling cause is to contact your local Federal MP and gently educate that person about the existence of counselling psychology, what we do, and how the current system of Medicare certification is discriminatory and illogical. If anyone is a specialist in the kinds of people referred by GPs it's us. :)

At my web site http://anxietyanddepression-help.com I have a lot of resources you can draw on.

:)
Bob

Hi Bob, I'll do that. I'll make an appointment with our local Federal MP and try to explain, gently, as you suggest.

I totally agree with you — the Medicare referrals are for counselling, so if any college should enjoy specialist status it should be the Counselling College. I voice this view very often and so far not a single person has agreed with me. Thank you for sharing the sentiment! :)

Thanks again, your messages have been much appreciated by a lone ranger counselling psych in the Goulburn Valley. And thanks for the website address too!

Susan, Basically, the competencies of each specialty are spelled out in two documents: the Competencies and the course specifications (our new one is currently waiting for Board approval) for training people to enter the specialty.

On the basis of these documents, all the 9 Colleges of the APS are at an equal level of competence. Also, there are huge overlaps between what's specified. There is far more in common between the 9 specialties than the differences between them.

Insofar as Clinical Psychologists have different requirements, they are those that are useful for treating very serious mental disorders in an inpatient setting.

Insofar as Counselling Psychologists are different, it's in focusing on the needs of people who are well enough to live in the community, but are seriously suffering. And this is the population from which GP referrals under Medicare come.

Naturally, Clinical Psychs with the relevant experience are perfectly competent at dealing with people who do not currently need hospitalisation. But they are not more competent at doing so, and the methods they use, the research evidence they rely on, and their general approach are identical to what Counselling Psychs do.

And I know several Counselling Psychologists who do a very good job, working in psychiatric hospitals. Two I know are in senior positions.

:)

Bob

A non-standard entry to the College

Dear Elaine,

I read with interest your piece about the Counselling College in *InPsych* and was greatly impressed. I subscribe to the College's journal, finding it more interesting than the APS 'clinical' journals. Your article made me consider joining the College, but I'd like to run a few thoughts by you about the 'state of play' at the moment.

I'm one of the 4+2 psychologists who feel discomfited by the lessening respect shown to 'non-clinical' psychologists. Psychology is my second career, having been a High School Head Teacher for 11 years. I had several degrees by the time I was fully qualified as a Psychologist, including Grad Dip in Psychology, Honours in Psychology, Masters in Educational Psychology, Ph.D. in Psychology and several other educational and musical qualifications. I've written 3 separate experimental theses, and now feel seriously indisposed at 49 years of age to beginning yet another degree in clinical psychology just to keep up with the trend and to increase my income via higher Medicare rebates. The thought of starting a Clinical Masters fills me with horror. Frankly, if I were to begin another Masters degree, I'd prefer it to be in theology.

I have now been in practice for 10 years and am well experienced in the clinical work of Private Practice. Since the advent of Medicare the breadth of issues has become very varied. I see exactly the same kind of clients as my 'clinical' colleagues, do the same kind of work, use the same skills, and often, when compared to young Masters graduates, excuse the lack of humility, I do a better and more sophisticated job. In fact, I teach a small component of the Masters course to clinical psychology students at the University. I also lecture, tutor and examine in the Medical Faculty to 3rd year med students in counselling skills for sexual issues and have done this for about 6 years. I aim to get a book published next year and have countless PD hours clocked up and continue to close my Practice down regularly, a very costly business, to go for more training. I have formal training in Cognitive Behavioural Therapy, Schema Focused Therapy, Acceptance and Commitment Therapy, Mindfulness Training and Clinical Hypnosis and practice them all regularly with my clientele. With my background in education, of course, psycho-education is always a strong part of what I do. I did my Doctorate in Psychology and Cancer and run very successful cancer support groups. Next year, I intend to begin to run a number of other groups as well as part of my Practice in a new development that I have recently purchased.

I did look into joining the Clinical College. After all, why wouldn't one! Colleagues of mine have done this via the alternate route and have increased their incomes by 25-30% immediately. While this sounds pretty good, I am disinclined to follow, as it would force me to re-direct my Practice for quite a significant amount of time down a different route from where I am presently taking it.

So, although I, like anyone else, would want the 'respect' and increased income of clinical college membership, I've gone off the idea. However, I feel rather vulnerable and wonder whether membership of another college might assuage my fears and offer me something valuable. I could easily join the Health College, but don't want to be pigeon-holed into just doing health psychology, although I see many cancer patients. I love counselling and am good at it. I wouldn't even mind doing further formal qualifications in a limited way, as long as I don't have to write another thesis.

I am wondering whether the executive of the Counselling College have thought about these issues at all. Are non-clinical psychologists to be seen as second-rate? Do you not agree that counselling is as much clinical work as anything

any psychologist will ever do? Do you think that the higher Medicare rebate would ever be widened to members of other colleges, for example, yours? I note the section in your article: "The National Executive has recently focused on establishing a profile that accurately reflects the academic training and rigour of the discipline of counselling psychology, since it has become apparent that the knowledge, skills and competencies of counselling psychologists have been misunderstood and misrepresented by many people both within and outside the profession." This worries me a lot. Because if this is happening to even College members, it happens even more to the tens of thousands of psychologists who are not members of any College. I think we are being slowly but surely downgraded. This is incredibly unfair. I know so many brilliant clinicians who do not have Masters in Clinical Psych degrees but who are wonderfully skilful therapists, caring and compassionate and incredibly competent and hard-working. Perhaps the National Executive should make it a priority to take these people under wing and offer something more to invite them to become members of the Counselling college. Because there is a real and pervading sense out there, where I am (in Newcastle), that we are being left behind.

Many thanks for your great article and congratulations to student representative Ben Mullins who co-authored it.

With best wishes,

Stuart Edser Ph.D. MAPS. MASCH.

The result of Stuart's letter: he has applied for College membership by the non-standard route. Maria Pirrello has the process in hand, and I have no doubt that he will be an excellent member of our College.

USEFUL STUFF

British report: Government services to deal with domestic violence

The *National Domestic Violence Delivery Plan* can be grabbed off this web page:
http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence069.htm

It is a 43-page report that is useful for us as well.

Post and Antenatal Depression/Anxiety

by Lyn Shand – Psychologist and Family Therapist

Most of what is written on this topic is for women with postnatal depression. However, there are an increasing number of women who begin having symptoms of stress, anxiety and depression during pregnancy. In my experience, this seems to be more obvious for women who have conceived through the IVF program, and this may be related to progesterone deficiency. Of course, if there are other major stress factors in the couple's life during the pregnancy, these can contribute to antenatal or postnatal depression too.

What are the symptoms of ante- or postnatal depression?

Signs to look for are exhaustion, aggressiveness, anxiety, panic, listlessness, irritability; mood swings, feeling of loneliness, irrational thinking or behaviour, being neurotic, nervous or emotional.

Note: These symptoms are not dissimilar to severe Pre-menstrual Tension.

Causes

Physiological Factors

I have been working with women with hormonal problems for twenty years and am surprised that hormone levels are not often considered when looking at the causes of Ante or Postnatal depression. The usual causes are thought to be :

- Nutritional deficiencies
- Difficult or highly medicated pregnancy
- Previous PND
- Family history of mental health conditions such as depression, bi-polar disorder or schizophrenia
- Sleep deprivation.

I think a genetic pattern of LOW PROGESTERONE should be added to this list, as it is definitely a cause of Premenstrual Tension and of similar symptoms at menopause.

The often-unknown treatment that works for PMT is the use of Bio-Identical Progesterone (not synthetic progestogin as in The Pill). Therefore it is my opinion that if PND women were tested and found to be low in progesterone when they first experience symptoms, the same bio-identical progesterone would help prevent full blown PND. Since progesterone is made in the adrenal glands as well as the ovaries, any extra stress can affect its production.

Psychological Factors

Obviously there are other psychological factors that can contribute to Ante- or Postnatal Depression. These include:

- A traumatic childhood
- Perfectionism
- Unrealistic expectations of motherhood
- Traumatic birth
- Past issues of unresolved grief

Social Factors

- Lack of family or community support

- Partner who is emotionally removed or who works long hours or travels
- Social isolation
- Financial Stress
- Moving House
- Difficulties in the couple's relationship
- Problematic relationship with own mother
- Death in the family
- Job loss

Effects of Ante- or Postnatal Depression

Early identification is very important. Hence the suggestion to have a blood test for hormone levels, especially progesterone.

Negative effects are all too common if the problem goes untreated. These include negative effects on the woman, the mother-infant relationship, the infant, the partner relationship and with other members of the family (such as other children or the extended family).

Interventions

A number of interventions are currently recommended in addition to the possible use of bio-identical progesterone, which is not routine.

Social support is crucial from family and friends. Some women also get a lot of help from counselling or PND group work.

Anti-depressants are often prescribed, but women often don't want to take them. Some are quite safe when breastfeeding and can be helpful.

Practical help with housework and other children, or time out from the baby can be good too.

Exercise and a balanced diet are crucial for both the mother and baby.

Unfortunately, the bio-identical progesterone rarely rates a mention, but I believe that if tested early and found to be low, suppositories, cream or troches at sufficiently high doses would often stop PND in its tracks. There are no known negative side effects with the use of progesterone. We make 400 mg of this a day when pregnant, so it does not harm the baby either, even if breastfeeding. The problem is that it is only available on prescription from a doctor and is not a drug company product. Therefore, many doctors do not know of its benefits. Compounding pharmacists will make up the prescription if the doctor orders this. Compounding pharmacists can be found on a web page for Professional Compounding Chemists of Australia Pty. Ltd.

Much of the information re PND applies to Antenatal Depression as well. When women are on the IVF program, they are often given synthetic progestin, or maybe progesterone, in the early months, but this is not continued right through the pregnancy, as far as I am aware. Thus if progesterone level drops, it could be contributing to the increase in the problem of antenatal depression. I have seen quite a few women where this has definitely been the case.

The main thing to remember is to seek help early. If you don't get answers that work, seek other opinions. PND is not a modern condition. My own mother had this in the 1930s. It was then called a nervous breakdown and there was NO help available. At least now it is a recognised problem for many women.

What is depression?

by Bob Rich

I often come across people who firmly believe that you can't survive depression without medications. I draw their attention to the evidence that shows this to be false, for example the paper by Scott Miller and associates at my web site, but I'm afraid the drug companies have done their work too thoroughly.

So, here, I'll come at it another way. If we understand the causation of depression, we understand how to relieve it. Also at my web site is the best theoretical analysis of depression I know, by Michael Gathercole. Incidentally, this is an article from the *Australian Journal of Counselling Psychology*.

This paper synthesises a great deal of research evidence. Here, I'll give a brief, plain language explanation.

First, "pure" depression is almost a rarity. We real people suffer in individual ways, and we are not compliant enough to mimic the requirements of a diagnostic category. Depression shows "co-morbidity" with every other diagnosable mental disorder, and this makes sense. If you suffer anxiety, or hallucinations, or outbursts of rage that make you feel guilty, or whatever, you're going to be chronically unhappy about it. And if depression saps your energy so you can't study for that exam or shop for the dinner, that'll make you anxious, and give you a short temper. Substance abuse and other addictive behaviours are very often a way of self-medicating against misery.

So, things are way too complex for any facile explanation. Research shows that no single treatment method has more than a moderate success rate in real life. This is because the people used as research subjects are a mixed lot. As Gathercole's paper shows, we need to analyse what THIS person's depression is about, and construct an appropriate way of addressing it.

Second, depression is the result of the interaction of two very broad dynamic interactions.

One is your susceptibility to depression. This is a very complex result of many factors. Genetics do come into it, as well as a whole complex of experiences, starting before birth and ongoing. Genes can affect the famous "genetic bal-

ance/imbalance" of certain brain transmitters, as well as entirely different hormonal functioning, reactions to shortage of daylight in winter, the ability to metabolise certain food components and who knows what else. The experiential part is equally complex. Most important are beliefs young children construct for themselves on the basis of their environment, as the work of Aaron Beck has shown. Childhood trauma and neglect come into it.

The second interaction is the current environmental load on you, and your current resilience.

Resilience is the ability to bounce back from nasty experiences. It varies from time to time as a result of many factors, but also varies from person to person. Again, genetics have a lot to do with it, as well as early childhood experiences, and what happens to you throughout your life to the present. It can be increased. Read my first aid against depression to see how.

Environmental stress is additive. And if you have so much heaped on you that your current resilience is significantly exceeded, you will break. You could become suicidally depressed, go manic, experience hallucinations and delusions, become murderously angry, drown yourself in some addiction like alcohol, chocolates or gambling, or suffer intense anxiety. You can experience combinations of any of these.

Which lot of symptoms hits you depends on your past experience, particularly the beliefs you picked up as a child and the behaviour of the adults you modelled on, and how these experiences interact with your genetic makeup.

So, if you are feeling depressed, work on improving your resilience, deal with the environmental stresses on you as problems that have potential solutions, learn to live with permanent problems, and work on your belief system.

Taking drugs does not achieve any of these. At best, they are a crutch, allowing you enough energy to do the necessary work.

FROM THE STATES

PD events from your College

You will find it worthwhile to regularly visit http://www.groups.psychology.org.au/ccoun/events/, where the College's PD events are advertised. Below are a few items, sent to me by the various State committees. Be sure to send me stuff like this for future editions of *Psi Counselling News* (due out early May).

From Queensland

Hi Bob,

Will send you things from time to time on happenings in Queensland. Maybe you can use this little bit of fun.

The postman was delivering my mail just as I was checking my mailbox this morning. He asked me if I did much work with maps as he was having a lot of difficulty finding all of the new businesses in my area. He explained to me that he thought the MAPS that he saw occasionally after my name meant I had a bit of a sideline on giving people directions.

I managed to keep a straight face while I explained it to him, but chuckled all the way up the stairs.

Jo Ehrlich

Vice Chancellor's Performance Awards Presentation.

On Friday afternoon 14th November, the Registrar of Queensland University of Technology, Dr Carol Dickinson, presented the Vice Chancellor's Performance Awards and Certificates to 17 people who won them this Semester, 2008 as well as acknowledging those who had won them in Semester 1. Two psychologists/counsellors from Counselling Services, Joanne Shepherd and Dr Elizabeth Tindle, achieved this honour, which comes with a generous financial "appendage."

Elizabeth was thrilled to be one of the recipients and has decided to use her award for travel and conferences. The British Psychological Society Annual Conference, which is to be held in Brighton, Sussex in 2009, looks very tempting. It was on the Sussex coast that she had studied for her first degree in Secondary teaching (1957-1959). Her college is now incorporated in Sussex University at Brighton.

Eating Disorders Training

On Thursday November 13th, two trainers from the Eating Disorders Unit of Brisbane Hospital, Herston, came to Kelvin Grove to present the first day of a two day training programme on Bulimia Nervosa and binge eating. Most counsellors, psychologists and social workers from ISS, Counselling services and Disability services attended.

We learned a model for helping those with bulimia nervosa and related problems, which has a proven success rate in other countries. It was a rare opportunity for all staff to socialise and enjoy each other's company whilst learning. The second day of training will be on 26th November. We were given some useful materials including a self-help manual "Bulimia nervosa and binge-eating, using cognitive behavioural therapy." This manual is written by Peter Cooper from Reading University, UK and the National Health Service and is used in many clinics.

Elizabeth Tindle.

From NSW

The Clinical Assessment of Sexualised and Sexually Abusive Children and Young People: What the literature tells us: a workshop by Gerard Webster

Gerard's knowledge and 20-year experience in working with children and young people exhibiting sexualised and sexually abusive behaviours made for a very worthwhile and informative evening. He provided a brief description of the psycho-sexual development of children and young people and then identified three classes of sexual behaviour: normative, sexualised and sexually abusive. He talked of assessment and focussed on the Child Sexual Behaviour Inventory (Friedrich 1997).

He illustrated from his own clinical experiences in this area and was generous in his time in responding to a variety of questions. Gerard had offered to run a follow-up workshop on clinical interventions for children and young people with sexual behaviour problems in the future. This session was rated highly by the participants with 87% indicating excellent and very good.

Change – a Universal Human Experience, Managing the Impact of Loss, Grief and Trauma: a workshop by Geoffrey Glassock

Geoffrey's experience in the field of loss and grief has been since the 1977 Granville train disaster. Initial training in marriage and family counselling and dealing with the loss and grief of separation and divorce made him painfully aware that grief is associated with life, not just simple death. This notion of the normality of grief was echoed through the workshop.

His own clinical experiences provided relevant and helpful illustrations to often complex issues. His knowledge of the way the research has informed clinical practice was evident as he talked of the move from the stage/phase models of grief and their emphasis on closure/acceptance etc. to the notion of continuing bonds and meaning making. In a similar way, he talked of the need for clinicians in dealing with sudden and unexpected death or traumatic loss to separate out the trauma incident and deal with that before attempting to deal with the grief.

One special moment in the workshop was when he showed a DVD with paintings by Vincent Van Gogh accompanied by the song Vincent sung by Don McLean. (For those interested in downloading it, get the details from Google)

The kind of responses from the evaluations included:

- While it was the last presentation for 2008 it was for me a highlight despite covering a difficult and challenging area.
- Thank you for a sensitive and insightful presentation, which clearly integrates research and practice
- One of the best presentations I have been to in years. Humble but authoritative and willing to share his experience in even tough subject areas.
- Brilliant – thank-you. This is/was such a difficult area in my counselling work – thank you very much.

From Victoria

Opportunity in Melbourne

The Melbourne Branch, in response to member feedback regarding accessibility to Branch Funds, is now pleased to offer APS Honorary Fellows, Fellows and Members from the Melbourne region the following options to access financial support.

Members can access these funds to support activities that:

- Enhance good practice across the academic and professional fields of psychology.
- Address identified needs of all psychologists in Melbourne.
- Involve projects with well planned outcomes and evaluations.
- Encourage ongoing services that support psychologists and their practices.

To facilitate these activities, members can apply for seed funding or grants.

Seed Funding

Members can apply for up to $20,000.00 to establish a project that meets the criteria below:

- Will have appeal to a range of professional therapists.
- Has been peer reviewed or involves the input of a recognised expert.
- Has the capacity to return seed funding to the Melbourne Branch.

To meet these expectations, we request the following information:

- Some evidence of market research, indicating that the activity is of interest to others. It is not expected that the market research be of a commercial standard, just that some case can be made for the value of the activity.
- A recognised expert has reviewed the activity or product and has indicated it is appropriately evidence based, or in the case a recognised expert is involved, materials referenced for the event/product are peer reviewed.
- An estimated budget be submitted with expected costs and profits. The budget should include amounts/proportions to be paid to presenters/authors and organisers.

Non-income Generating Activities

The aim of providing funds for activities that will not return a profit is to stimulate activity that is of value to the community of psychologists in Melbourne, but is not expected to return a profit.

Examples include:

- Assistance for conducting research in an area of interest. While it is not possible to pay for an entire project, funding could assist with advertising for subjects or paying for the production of materials (for example).
- Payment of fees for a specialist presenter or trainer to present to small professional development groups.

Film Night During National Psychology Week
by Monica Lederman

On 11th November, the APS College of Counselling Psychologists (VIC) hosted an inaugural free public event for National Psychology Week: *Mad, bad, sad or glad: Is there a place for diagnosis in the practice of Psychology?* Our aim was to create positive awareness about the diverse ways in which counselling psychologists can help to enhance the well-being of individuals and their communities. The event included a screening of the movie *Lars and the Real Girl*, a story about a shy young man who strikes up an unconventional relationship with a life-sized doll he buys on the Internet. On the advice of the family doctor/psychologist, Lars' family and community go along with his delusion.

The audience of psychologists, health professionals and psychology students was captivated by this quirky yet touching film, which portrayed the emotional journey of Lars and the people around him. Following the film, attendees engaged in a lively and stimulating discussion based on issues depicted in the film, such as the pros and cons of diagnosis in psychology as well as the role of social support when individuals are trying to overcome challenges in their lives. The importance of the client-psychologist relationship was also acknowledged, emphasising the vital role of counselling psychologists in providing an accepting and non-judgmental space for clients. Ultimately, it was agreed that diagnosis can be problematic when it is used in a pathologising way to label clients. However, using diagnostic frameworks in the context of a humanistic-existential approach can be helpful for psychologists, clients and their families to collaborate and empower the individual to make choices that lead to living a meaningful life, as the audience imagined would be likely for Lars at the film's conclusion (without spoiling the ending!).

INTEREST GROUPS

Psi Counselling News is happy to provide a venue to interest groups for publicising their activities. If you belong to one, you may want to ensure that your group takes advantage of this opportunity.

Environmental Psychology: the new focus
Bob Rich

At the annual conference in Hobart, one whole day was devoted to the environment. This reflects what is a new reality to many people, but I have been screaming about it for over 35 years. Hey! Wake up! We're killing ourselves!

Andrew Glikson is one of Australia's top climate scientists. He has recently pointed out that the trends leading to the melting of the ice sheets are the same as have led to the financial meltdown. Both are due to greed.

The answer to the global financial crisis is the same as to the far more serious global climate crisis. We need a change in Zeitgeist: in the belief systems of the overwhelming number of people. We live in a selfish, childish culture, and so we as a species have been acting in a childish way that is destroying all that keeps us alive. Humanity needs to grow up, fast.

During the Second World War, the entire nation went on war footing. People departed to risk their lives in faraway lands. Those at home took up the slack, with mothers driving buses, and everyone putting up with rationing. It was not a sacrifice, because it had meaning and purpose: defeating the enemy.

Now, we are facing a far more fatal enemy than merely another group of humans. Within a few years, climate change could well kill billions of people, including some of YOUR loved ones.

Once more, we, and all people everywhere, need to go on war footing, against climate change. This won't happen unless people change the way they think.

Psychologists are experts at leading people to attitude change. Because we have the skills and knowledge, we have the duty to lead the necessary cultural transformation.

This is why it is so encouraging that the APS is taking environmental issues seriously.

And this is why we should all become involved in the Environmental Interest Group. If you want to work towards survival, email Susie Burke s.burke@psychology.org.au or Torrey Orton torreyo@ozemail.com.au or me, bobrich@bobswriting.com.

The EIG now has a newsletter, edited by Torrey Orton. It can be found as a PDF file at http://www.groups.psychology.org.au/peig/newsletters/.

Psychologists for Peace

1. Do you want to give a Christmas present that makes a difference? The Queensland section of Psychologists for Peace is organising a scheme for supporting an organisation that is transforming many lives.

Kiva is an online microfinance organisation, http://www.kiva.org providing small loans in the majority/developing

world, as a practical way of helping some of the world's most poor. You can join kiva with a minimum donation of US$25, and the organisation arranges for people in the third world to get small loans. Over time, your money can be repaid to you (though there can be some hassle factors e.g., currency fluctuations, navigating paypal, low risk of loan default, etc.), or you can leave it in the organisation for others to borrow against.

We Let You Loan to the Working Poor

Kiva's mission is to connect people through lending for the sake of alleviating poverty.

Kiva is the world's first person-to-person micro-lending website, empowering individuals to lend directly to unique entrepreneurs in the developing world.

Teams of supporters with a common interest can join together, and Michelle Steffens (PFP QLD) has registered a "common interest" team of "psychologists for peace" (NB individual lower case "p"s — i.e., not an official extension of PFP), and is inviting you all to join. Not only is this an opportunity to do something practical, noting the links between poverty, social justice and peace, but the "team" also provides a great forum for people sharing our interest to meet, potentially from all over the world.

If you would like to join the kiva "psychologists for peace" team, please email Winnifred Louis (QLD PFP Convenor) on w.louis@psy.uq.edu.au. She'll then organise the info for you to join the team in this very worthwhile project.

2. The Queensland group are also making a series of **Peace Podcasts**, downloadable from their website, and they are keen to involve any other members who have good ideas and skills in this area. If you'd like to work with them, please email Winnifred (w.louis@psy.uq.edu.au).

Yours in Peace
Catherine Ryan
Administrator
Psychologists for Peace

You can also read the newsletter of PFP at http://www.groups.psychology.org.au/pfp/newsletters/.

Buddhism and Psychology

"All that I am or ever will be is the consequence of what I have thought."
The Buddha

Is there any commonality between Buddhism and psychology? Why bother to find out, if you are not a Buddhist?

There is, and because it will enhance your practice.

Read almost any Buddhist text, and you will be impressed at how much of what they do, how they help sufferers, how they enhance personal growth, resembles psychological therapy. What we do on the basis of nearly 200 years of research, they do on the basis of nearly 3000 years of wisdom.

For example, the latest catchword of Mindfulness is an explicit borrowing from Buddhist practice.

To find out more, go to http://www.groups.psychology.org.au/buddhism/.

If you are interested in joining the Psychology and Buddhism Interest Group, email liana@mindfulnesscentre.com.

ANNOUNCEMENTS

Online 5 Day Mental Health Super Summit, 23rd To 27th Of February, 2009
Call for PAPERS – ABSTRACTS

sent by Clive Jones

The Australian Counselling Association in collaboration with the newly formed Counselling Academy (a professional development provider) and Kids Help Line are combining resources to put on a Professional Development Event for Counsellors across Australia that is also a Fund Raiser for Kids Helpline.

Personally I think it would be a great way to promote the college by having a number of college representatives presenting at this conference to the broader pool of counsellors across Australia.

It is a conference with a difference whereby it is only going to be online and therefore presented as a National Web based Counselling Summit due to air in late February 2009. It is envisaged that a few thousand mental health professionals will be accessing the presentations online.

Please don't hesitate to email me if you require further clarification.

Kind Regards,
Clive Jones clive@aipc.net.au

Keynote speakers include Prof. Diego De Leo, Graham Martin, Ian Webster, and Assoc. Prof. Margaret McAlister.

Please comply with the following and forward your abstract and details no later than **4pm, 15th December 2008**. All abstracts will be reviewed by the summit review committee and presenters will be notified NLT 8pm, 20th of December 2008 of the outcome.

Your abstract is be in Word format, 500 to 1,000 words, providing a brief outline of your 45 to 60 minute video presentation. Please include: title; your qualifications and experience in the area of subject matter (no more than 100 words); your contact details (daytime phone, mobile, fax, email address).

Your presentation must be relevant to one of the following themes:

1. Children and Adolescents;

2. Building a Successful Private Practice;
3. Family and Relationships;
4. Therapies in Action (Gestalt, Sand Play, Psycho drama etc);
5. Diagnosis of Mental Health Illness & Psychopharmacology;
6. Alcohol and Drugs.

Each theme will be run over 1 day during the week of 23rd to 27th February 2009.

The Mental Health Super Summit is delivered over 5 days across an Internet (web) based platform. All presentations will be video recorded and streamed across the Internet during the Summit. Presentations should be supported by relevant handouts and documentation. Presentations will be recorded by the Summit team. Presenters are responsible for their own travel costs and must be available for recording of presentations on the following dates at the following sites: Brisbane (47 Baxter Street Fortitude Valley), Sydney (152 Marsden St, Parramatta on Wednesday 14th January), and Melbourne (337 Latrobe St, Melbourne on Thursday 15th January).

All proceeds (100%) will be donated to the Kids Helpline Charity. It is expected that over 3000 allied health and health professionals will participate in the summit, providing presenters with unprecedented exposure to peers and organisations.

Please submit abstract by email: Subject Header: Super Summit to philip@theaca.net.au or Fax: to + 61 7 3356 4709

David Morawetz on the Social Justice Fund

Here is a summary of the annual "Report of Grants" of the Social Justice Fund (formerly the Morawetz Social Justice Fund) for 2007/8.

In Developing Countries:

(a) Safe drinking water and improved sanitation in Ethiopia, the Solomon Islands and East Timor.

(b) Education and income-earning opportunities to women and girls, the poorest of the poor, orphans, and youth at risk in Afghanistan, 8 African countries, Guatemala, Indonesia, Kenya, Nepal, and East Timor.

Within AUSTRALIA:

(a) 9 grants to promising Indigenous projects covering education, business management training, community development, health promotion, pro bono legal assistance, and youth leadership training.

(b) A documentary on early childhood development (seed grant), research on poverty in Australia, and social inclusion projects for Sudanese, Ethiopians and other African refugee immigrants in Melbourne.

If you have any comments or questions on any of this, I would be delighted to hear from you.

With best wishes,
Dr David Morawetz
Clinical and Counselling Psychologist
Founder and Director, Social Justice Fund

David's speech at Princeton University in 2005 can be found at http://mudsmith.net/morawetz.html.

Moving Mindsets Journals—a diary to guide you towards optimistic thinking

As most therapists use supportive worksheets to help clients follow treatment plans and reinforce strategies and concepts discussed in sessions, photocopying and preparation can become a time-consuming and costly process for the therapist. We have designed a diary for clients that is small enough to carry on their person, but complete with the necessary tools to enable them to use the diary out of session and when events occur.

Colourfully bound with six weeks of CBT journal sheets, this 30 page journal provides pages to record and explore your thinking patterns as well as explanations and instructions on using your Cognitive Behavioural Journal, core beliefs, and a list of feeling words, breathing exercises, pleasure activities, positive affirmations and emotional definitions. This diary is an "all in one" book to help your client's progress through their issues. This is a journal to assist changing the "negative thinking" patterns to give clients better relationships and a more positive way to view themselves in the world. It is a place to record emotional growth and understanding.

Additionally we sell relaxation and meditation CDs, (suitable for Anxiety and Depression), self awareness and body awareness CDs (excellent for Personality and Disordered Eating Issues) and pocket positive affirmations. We support and encourage the development of therapeutic tools to enhance client recover and well-being. If you have developed tools for therapy we are happy to review them and stock them at the clinic.

For sales and enquiries please contact MovingMindsets Psychology Clinic, sgpsych@bigpond.net.au, www.movingmindsets.com.au or phone 95705305.

Family therapy course or CDs

Family Therapy 1-2-3 is a unique, intensive way of learning family therapy or expanding your counselling skills with families. The five-day workshops facilitated by Rick Whiteside (Moorabbin, Melbourne May 4-8 or Noosa September 7-11 2009, APS-endorsed for 30 Generalist points), help participants learn how to understand presenting and underlying issues, create positive hypotheses, and craft interventions in the context of traditional and modern family therapy perspec-

tives. Through experiential exercises, lecture, videotape, role plays, and demonstration by the instructor, registrants will develop skills they can immediately extend to their practice. Enrolment is strictly limited in each venue, so be sure to register early to guarantee a place.

If you can't make the training, the innovative, newly-released CD-ROM set, *Family Therapy 1-2-3*, offers the alternative of learning family therapy in your own space and at your own pace. APS-endorsed for 12 Generalist points, the 3-disc training combines the material from Whiteside's course with 21st century technology. Videotape clips of the masters and founders of family therapy, interactive exercises, animations and web-links make the material come alive. For more information about the courses and the facilitators, go to www.solutions-unlimited.co.nz or to securely register/order on-line go to https://www.e-kiddna.com.au/secure-reg/ttcc.html.

SUBMISSION GUIDELINES

Contributions need to be brief. Ideal is something to fit one page. I have reduced font size, so if it's all text, that's about 800 words. Pictures, tables etc. will reduce the word count. And shorter filler items are invaluable.

Particularly valued are responses to this issue, and to recent issues before it.

Content should be relevant in some way to Counselling Psychology, using clear language. Anything inflammatory, discriminatory or libellous will be consigned to the deep.

The next issue is due out in May, 2009. Deadline for submissions is 19th April, 2009.

The one after will be in November, 2009. Deadline 25th October, 2009.

Send contributions to bobrich@bobswriting.com.

A very shy bloke goes into a pub and sees a beautiful woman sitting at the bar. After an hour of gathering up his courage, he finally goes over to her and asks, tentatively, "Um, would you mind if I chatted with you for a while?"

She responds by yelling, at the top of her lungs, "NO! I won't sleep with you tonight!" Everyone in the bar is now staring at them. Naturally, the guy is hopelessly and completely embarrassed and slinks back to his table.

After a few minutes, the woman walks over to him and apologises. She smiles at him and says, "I'm sorry if I embarrassed you. You see, I'm a graduate student in psychology, and I'm studying how people respond to embarrassing situations."

To which he responds, at the top of his lungs, "What do you mean, $200?!"