Psi Counselling *news*

NEWSLETTER OF THE APS COLLEGE OF COUNSELLING PSYCHOLOGISTS

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CONTENTS:

From our National Chair, Elaine Hosie

2009 has been particularly active for many counselling psychologists, especially the many members who have been actively voicing their concerns both to the APS and various national bodies. I have been heartened by the passionate activity of so many members. We are the second largest College and our voice is being heard. To actively do something about your particular concerns bears significantly more weight than having a whinge to people who are already doing all they can to have an impact.

In 2009, the National Executive has established working groups known as Portfolio groups, which are loosely connected to State Branch Executive groups for ease of practice. These groups are very active and are as follows

- Membership (NSW, Vic and WA)
- Professional Development (Vic, WA and NSW)
- Submission writing (WA, Vic)
- Marketing (Vic)
- Medicare (WA, Vic)
- Journal (Vic, NSW)
- Student awards (Vic, NSW)
- Website (NSW, Vic)

All National and State Executive members have worked particularly hard to make an impact in the marketplace in promotion of counselling psychology and the clinical work done by counselling psychologists.

I'd like to make special mention of the very active Marketing and Submission Writing groups. The Marketing Group have produced and distributed bookmarks bearing both the College phrase "Catalysts for Change" and the APS logo. These bookmarks are available free of charge at College events. College related pens and note pads are currently in production. I thank Lyndon Medina, Filia Papadimitriou and the Victorian Branch Committee for their work in producing these items.

Similarly, the Submission Writing Group has been very active in responding to National, State and APS activities in the ongoing support of counselling psychology.

The National Executive have written submissions in response to:

1. Brochure distributed by the APS for National Psychology Week in November 2008, stating that only clinical psychologists do psychological therapy.
2. Submission to the APS about Specialist Registration in the National Registration scheme.
3. Letter to the APS Board about a submission from the College to Nicola Roxon for the February Directors' meeting.
4. Letter to the APS Board about a submission in response to the NSW Workcover document.
5. The APS about the Bushfire Recovery Briefing in Victoria in which several presenters stated that only clinical psychologists were qualified to do this work.
6. Professor Richard Bryant and Professor Mark Creamer about discriminatory comments made at the Bushfire Recovery Briefing in Victoria.
7. The President's media release about the two tiered Medicare model.
8. The Senate Enquiry on National Registration.

I'd like to make special mention of the article in the latest issue of The Australian Journal of Counselling Psychology (Vol 9 No 2): *Counselling Psychology in Australia: Past, Present and Future — Part One*, written by three members of the National Executive: Jan Grant, Ben Mullings and Geoff Denham. I congratulate them on a paper that so concisely identifies and articulates the fundamentals of counselling psychology in Australia today. I recommend the content of this paper to all counselling psychologists

in their advocacy for counselling psychology.

Many members have asked me how they can become involved in our cause. Contact your State Branch Chair and get involved at the local level. 2009 is an election year for the National Executive and we aim to have active engaged representation across the academic, research and practice sectors so that all facets of counselling psychology have a voice.

Elaine Hosie
National Chair
College of Counselling Psychologists

The Editor's Rave

I am now on the APS Membership Retention and Recruitment Advisory Group. At its first meeting, I caused a stir by stating that I had 27 emails from members who were intending to resign. I was requested to provide these to Helen Lindner, the Membership Manager. So, I contacted these people, and asked them to send their complaints to her.

Within a week, the APS received over 50 letters of complaint. The current number (from all sources, for example Health psychologists) is now over 100. And we all know about the iceberg effect.

The membership of the society is unhappy.

So what's new?

What's new is that the Board, CEO Lyn Littlefield, and the top levels of the organisation are taking the issue seriously. Lyn has set up a working group to examine and address member dissatisfactions. She invited Elaine Hosie, Roger Cook and me to be on this group. At its second meeting on the 20th of April, two other members of our College were also there: Simon Harvest and Chris Duffy.

I am immensely encouraged and excited by the way this working group has operated, and have a hope that we can change the long-standing culture of the society.

Years ago, I was part of establishing a community school. We got educationalist Bernie Neville to advise us. Someone asked, "Bernie, what's your definition of a good school?" He said, "It's where the kids are happy."

Another friend was the CEO of a hospital. Her definition of good nursing care: "When the nurses are happy."

So, my definition of a good organisation is one in which the members are happy. I want to set in place structures and protocols that ensure member satisfaction. In this, we have an excellent model to follow: John Gottman's recommendations on how to make a marriage happy:

- There should be at least 5 positives for each negative;
- Complaints should address the issue rather than criticise the person;
- Complaints should be heard and listened to, instead of reacted to with defensiveness;
- Each side should accept influence from the other instead of stonewalling;
- Each side should treat the other with respect instead of with contempt.

PROFESSIONAL ISSUES

Summary of the National Executive Actions on Medicare Rebates and other Inequities

Jan Grant

Please read this, and use it for the advancement of Counselling Psychology among your contacts.

The National Executive has been extremely hard-working in advocating for Counselling Psychologists within the APS, within the National Registration agenda, and through support to independent groups who are lobbying government to redress the inequities for Counselling Psychologists. We have worked hard to produce a series of documents that clearly and cogently present the case for Counselling Psychologists. We thought the membership may like to have a summary of what we have been arguing within the APS. Because the National Executive is a subsidiary section of the APS, we must negotiate with external bodies such as governments and commissions through the APS. Thus, under APS policy, we are not able to forward documents to anyone until they have been approved by the APS Board. We have forwarded two important documents for approval to the APS Board over the last 6 months:

i) A submission we have asked APS to forward to the Minister for Health on Counselling Psychologists and Medicare;

ii) A submission we have asked the APS to forward to NSW WorkCover because of a suggested move to use the 'Two-tier' system to differentiate psychologists. We are waiting for a response to those documents from the APS Board. Meanwhile, the APS Board has, on its own accord sent an excellent submission to Workcover arguing against the two-tier system for NSW WorkCover.

If you are lobbying state and federal government outside of the APS structures, you may want to use the core arguments we are presenting, so our message is focussed, clear, and strategic. We are happy for you to use the following in any way that may benefit Counselling Psychologists. The major arguments we have presented to the APS Board include:

Overview

The current two-tiered system of Medicare rebates available to clients with mental health disorders:

- offers two different rebate levels based on an arbitrary and discriminatory distinction between service providers unrelated to their skill, training, and professional competence;
- Reduces client access to high-level specialist psychological services and discriminates against the clients of all Specialist Psychologists who are not Clinical Psychologists;
- Promotes restrictive practices in the field of specialist psychology by making a distinction between Clinical Psychologists and other equally trained specialist psychologists such as Counselling Psychologists that is not made by any other international jurisdiction.

The *Better Access to Mental Health Care Initiative* was introduced in November 2006 and recognised two tiers of psychological services:

1. 'Psychological Therapy' items provided by Clinical Psychologists;
2. 'Focussed Psychological Strategies' for services provided by all other psychologists, regardless of expertise and level of training.

Tier 1 psychologists are rebated at a higher level than tier 2 psychologists. The two-tiered system implies that Clinical Psychologists have a higher level of training and expertise, and more relevant skills for treating people referred by GPs and psychiatrists than all Tier 2 psychologists. This is false, as Counselling Psychologists have equivalent training to Clinical Psychologists and should be included in Tier 1. In its current form, the two-tiered system results in a situation where equivalent specialists in psychology, such as Counselling Psychologists, can only offer patients the substantially lower rebate for providing the same service. This discriminates against clients by driving gap-fees higher as Counselling Psychologists tend to set fees similar to Clinical Psychologists. In addition, it promotes restrictive practice in the field of specialist psychology and effectively reduces the pool of experienced specialist psychologists clients can access.

Counselling Psychologists

Counselling Psychology is a specialist area of practice recognised globally. It is represented in the Australian Psychological Society as the College of Counselling Psychologists. Counselling Psychologists complete an equivalent level and standard of training to Clinical Psychologists, including a 4-year undergraduate degree and a minimum 2-year graduate degree (Masters 2 years or Doctorate 4 years), followed by 2 years of weekly supervision of full-time practice. Like Clinical Psychology, a Counselling Psychology Master's/PhD requires three extensive placements, a research dissertation, and extensive training in the psychological therapies, ethics, psychopathology, and psychological assessment. Both specialties adhere to the tenets of evidence-based practice. There are currently 644 members of the College of Counselling Psychologists and 42% of these are in private practice (Australian Psychological Society, 2008)

Counselling Psychologists provide psychological therapy to individuals, couples, families, children and groups. They engage in psychological assessment and diagnosis and are trained to work with a wide range of mental health disorders and psychological difficulties. Like Clinical Psychologists, they work with high prevalence mental health disorders such as depression and anxiety, as well as lower prevalence disorders such as personality disorders, post-traumatic stress and eating disorders. In addition, Counselling Psychologists work with high functioning clients experiencing challenging and chronic psychological difficulties.

The Distinction between Clinical and Counselling Psychology

Although recognised as separate specialties, the competencies for Clinical and Counselling Psychologists overlap considerably. In terms of mental health disorders, the distinction made between Clinical and Counselling Psychology has to do with emphasis. While the training of Clinical Psychologists puts greater emphasis on people with severe psychopathology requiring in-patient treatment, the training of Counselling Psychologists puts greater emphasis on providing treatment for people with mental health disorders who live in the community. As a result, a greater proportion of Clinical Psychologists are employed in the hospital system whereas Counselling Psychologists tend to work in the community outside the hospital system. The *Better Access to Mental Health Care* initiative targets people with mental health disorders who live in the community yet the two-tier rebate system discriminates against community oriented Counselling Psychologists in favour of hospital oriented Clinical Psychologists.

The Current Situation

The contention that only Clinical Psychologists can provide psychological therapy on the basis of exclusive experience in the "assessment and treatment of clients presenting with more complex mental disorders and those co-existing with drug and alcohol problems" (APS, 2007, p13) is simply not supported by the evidence. Indeed, in all major documentation within the APS and registration boards, this is clearly not the case. No other jurisdiction internationally makes this distinction; in the US and UK, Counselling Psychologists and Clinical Psychologists are both considered front-line mental health providers with equal access to insurance rebates (Munley et al, 2004).

Summary and Recommendations

1. Both Clinical and Counselling Psychologists have a minimum of six years of formal training, two years of supervised practice, and extensive training in assessment, diagnosis, psychopathology and provision of psychological therapy.
2. Competencies of both the specialties provide evidence of the considerable overlap between Clinical and Counselling Psychology.
3. There is no evidence in curriculum, standards, competencies or other documents that could substantiate the claim that only Clinical Psychologists can provide psychological therapy.
4. The two-tier system prevents clients of Counselling Psychologists from obtaining the higher level rebate for treatment of their mental health problems. This is discriminatory to these clients and restrictive in terms of trade practices.
5. There is currently a shortage of mental health practitioners. Yet, the current distinction means that fewer mental health patients are able to access high-level specialist services at the higher rebate level. This is particularly restrictive in rural and outer metropolitan areas, and for clients who cannot afford to pay the larger 'gap' payment.
6. Current evidence indicates that there is no difference in the populations that are being treated by Clinical Psychologists and other specialist psychologists. All psychologists predominantly treat the high-prevalence disorders of anxiety and depression. There is no evidence, to date, that Clinical Psychologists are more frequently treating the more severe mental health population (Giese, Lindner, Forsyth, & Lovelock, 2008).

Recommendations:

1. That the arbitrary and highly discriminatory distinction between Clinical Psychologists and Counselling Psychologists is removed. This will enable clients of the latter to access equivalent Medicare rebates.
2. That all policies and legislation recognize that Counselling Psychologists provide 'psychological therapy,' including assessment, diagnosis and provision of the evidence-based psychological therapies approved under Medicare (primarily cognitive behavioural therapy and interpersonal therapy).

Associate Professor Jan Grant runs the Counselling courses at Curtin University in WA.

What does AUD27,650,523.80 worth of evidence look like?

Bob Rich

The March issue of *Clinical Psychologist* contains a paper that has blown the profession of psychology wide open. For many years, there has been an incipient split, which is incipient no more.

I've heard a person who is currently very prominent in the APS say on radio, "Consult a CLINICAL psychologist!" If you ask the average person — or the average GP — they are not even aware that other kinds of psychologists do therapy. For historical reasons, human suffering has been addressed under the rubric of 'mental health,' and its medicalisation has been accompanied by a grab for territory: some, though of course not all, Clinical Psychologists have spread the message that only they are qualified to carry out psychotherapy.

Increasingly, Clinical Psychologists have gained positions of power and influence, both within the APS and more broadly. Nor is this recent: last year I talked to a man who had left the APS over 10 years ago because he felt the Society did not represent his interests as a therapist who chose not to be a Clinical Psychologist.

This situation was exacerbated by the two-tier Medicare system. It's not the money so much, as the message the differential payments convey. If you are not a Clinical Psych, you're deemed only being able to do 'Focused Psychological Therapies,' which, in the words of the current APS President, are "a small number of well-established, basic psychological treatments."

> "A good argument is one where when you lose, you win. It's not a zero sum game; it's a win-win scenario. If we have a disagreement and you win, you have the pleasure of teaching me something and I have the pleasure of learning something new. Paradoxically, by being made wrong, I am actually made more right, because the new belief system I acquire is stronger than the old one I had to abandon. And the same is true for the other person if I prevail in the argument."
>
> Dr Frank Gerbode.

The paper by Carey et. al. (2009) challenges all this male bovine excrement. Associate Professor Tim Carey teaches Clinical Psychology at Canberra University, and he does so in a way you and I would approve: based on the available research evidence. This is also what he and his colleagues call for: that Medicare be based on evidence. At the time they wrote, the Australian government had spent $27,650,523.80 more on services by Clinical Psychologists than by the same service provided by other psychologists. There is no evidence that they do anything differently, work with a different client group, or any other reason for this disparity. Why? They ask.

They suggest that the huge data base of Medicare since November 2006 be mined for information on whether this extra cost is justified.

Please stand and applaud.

Unfortunately, I don't think the specific idea will work, for two reasons. First, the Medicare records contain no outcomes data. Number of sessions and initial diagnosis are the only relevant facts. The first doesn't distinguish between unsatisfactory and satisfactory termination. The second is almost exclusively the result of a GP's diagnosis, on the basis of between 0 and 6 hours of training on diagnosing depression.

Therefore, I am calling on the APS to put its influence behind funding for prospective rather than retrospective out-

come studies. There are no difficulties concerning experimental design. Variables like number of years of relevant experience can be factored out.

Outcome studies have been performed for many years. This would be a suitable topic for Master's theses. It would be good to have them carried out in various places.

Anyone interested in doing the work, or supervising a student to do it, might want to contact me.

Have a good life,

Bob

Reference

Carey, T. A., Rickwood, D. J. & Baker, K. (2009), "What does AUD27,650,523.80 worth of evidence look like?" *Clinical Psychologist*, 13:1; 10-16.

Hiya Bob,

Thanks for giving me a sneak preview of the article you're sending out.

I have no objections at all... in fact, I'd like to be the first to contact you with an interest in participating in the sort of research you're recommending.

Warm regards,

Tim Carey, PhD, MAPS
Associate Professor
Course Convenor - Master of Clinical Psychology, PhD (Clin Psych)

Gerard Webster: our website

Updated Website

The College website has recently been updated, and now includes more information about College activities. The site now contains pages with 'General Information' about Counselling Psychology and the structure of the College. The 'News' pages now have a section titled 'Enhancing the Profession', which is intended to provide up-to-date information about the activities of the College's National Executive in advocating for Counselling Psychologists. The 'News' section has links to the minutes of the National and each State's committee meetings. 'Event and PD' provides current information about scheduled professional development events and provides links for easy and early online registration for workshops and seminars. 'Member Resources' has links to the College's media library – which has audio-visual recordings available for loan. The 'Publications' pages have links to past College newsletters, information about our Journal (the *Australian Journal of Counselling Psychology*) as well as a number of articles written by College members. Finally, the 'Awards' pages provide information about the College's annual awards for PhD and Masters theses, and the College Award of Distinction that is only awarded on special occasions.

The College website is located at www.groups.psychology.org.au/ccoun/

College Forum

After two years of discussion, the College of Counselling Psychology is pleased to announce that we have been invited to trial the APS's latest resource for members. The College is to have its own online forum for College members only. The forum is to begin with one topic for discussion at a time. The topic, itself, is yet to be approved by National Office but once this has been done, we will have the green light to go live.

All postings will automatically be uploaded for public viewing. Peter Delany has kindly taken on the role of Moderator to ensure that the conversation stays on topic. Gerard Webster has taken on the role of Forum Administrator and, as such, is the person to contact if members have any difficulties gaining access to the Forum. Gerard can be contacted by email at gerard.w@optusnet.com.au or by phone during business hours on (02) 8084 8288.

College members will receive more details by email in the near future.

Once the trial has been completed, other Colleges will be provided with this great resource.

Counselling Psychologists: Evidence about Employment, Clients and Practices

Jan Grant

At its last meeting, the National Executive approved the collection of data about counselling psychologists through the Australian Psychotherapy and Counselling Workforce Study. The Executive recognised it would be extremely useful to have a clear picture of the membership of the College, where they work, the type of clients they see, the psychological difficulties/disorders they work with, their therapeutic models, and how their personal and professional worlds impact one another.

This study is part of the International Study of the Development of Psychotherapists, developed by the Collaborative Research Network (CRN) of the Society for Psychotherapy Research (SPR) that examines the development and practice of professional psychotherapists and counsellors from over 25 different countries (Orlinsky & Ronnestad, 2005). As a member of the international research team, I am responsible for collecting data on psychologists in Australia. The larger study will collect data on therapists from other disciplines. The research is listed on the APS website http://www.psychology.org.au/academic/research_opps/#workforce.

Accurate data about counselling psychologists will facilitate development of the profession and inform advocacy by

the National Executive on behalf of College Members. In addition, the growing demand in government circles for information on the mental health workforce has resulted in an urgent need for a more comprehensive profile of the profession. This will inform future policy and planning around the provision and funding of mental health and community services.

We encourage you to participate in the online survey that for advocacy purposes needs to represent a large proportion of counselling psychologists — and as a result, needs your support. To read more about the study and take part in the online survey, please go to the following link:
www.thissurvey.com/APCWS

Orlinsky, D.E. & Rønnestad, M.H. (2005). *How psychotherapists develop.* Washington: American Psychological Association.

Jan Grant is Associate Professor and Programme Director of the Masters/PhD in Counselling Psychology at Curtin University of Technology, Perth, WA and on the National Executive.

Acknowledging the validity of practice experience

Clive Jones

It seems that while our scientific literature on evidence based psychotherapeutic practice is weighted by generalised research findings, successful practise outcomes discovered every day by psychologists at the coal face are being overlooked. This is a problem because the more research endeavours to find outcomes that are broadly applied, the less relevant or valid these findings become to the individual case. Thus the precarious balance of reliability and validity.

In the context of evidence based practice, the goal should be to find evidence of valid approaches that are distinctly relevant to the specific case at hand regardless of how well such practices may or may not work with other cases. This is because the only way a practice method will work is if it is applicable to the specific case. Just because an approach may have worked previously, there is no guarantee it will work again in the context of different circumstances and different people. Because of this, practitioners need to be encouraged to reshape generalised research findings into specifically relevant and valid methods of approach that match the nuances of each individual case being faced. By doing this, reliable research findings become balanced by the validity of practice experience.

Unfortunately though, in our fervent pursuit of evidence based practice, our scientific methodology has developed a bias towards generalised reliability that neglects the significantly valid successes forged out of the practitioner's case experience. To curb this error, the science of psychology needs to be far more astute in observing and documenting the valid successes of practitioners occurring every day at the coal face of psychotherapeutic practice.

Research journals need to be ripe with published case examples from practitioners documenting their successes with individual cases to authenticate their approach and to ensure our journaling of evidence for effective practice has a sound balance of generalised reliability and case specific validity.

So start documenting and writing everyone! Start sharing the positive outcomes you have as a practitioner and make your valid practice experiences formally included into the broader pool of evidence based practice by writing about it and getting it published in a journal. Because unfortunately, whether we like it or not, if it isn't published, it isn't considered as evidence because it won't come up on a literature search.

Clive M Jones PhD MAPS
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Robina, QLD 4229.

USEFUL STUFF

6th Evolution of Psychotherapy Conference

Feel like a December holiday in California? An incredible conference is being organised for the 8th to 13th of December, 2009. The list of presenters is like a gallery of all the people whose work I admire (and a few I'd like to have a debate with). It includes Albert Bandura, David Barlow, Eugene Gendlin, William Glasser, John & Julie Gottman, Marsha Linehan, Cloé Madanes, Donald Meichenbaum, Salvatore Minuchin, Ernesto Rossi, Martin Seligman, Francine Shapiro, Thomas Szasz, Jeffrey Zeig, Judith Beck, Steven Hayes, Bessel van der Kolk, Jack Kornfield, Scott Miller, Violet Oaklander, Dan Siegel, Michele Weiner-Davis and Michael Yapko. There will be keynote speeches from Aaron Beck, Deepak Chopra, Andrew Weil, Irvin Yalom and Philip Zimbardo.

I hope some people go. If you do, I expect a report about it in this place, a year from now.

☺

Bob

Thank you Stuart Edser for drawing this conference to my attention. You can check it out for yourself at http://evolutionofpsychotherapy.com/

The most beautiful and profound emotion we can experience is the sensation of the mystical. It is the power of all true science.

Albert Einstein

Cancer1: for leukaemias, lymphomas, myeloma and related blood disorders

Danielle Tindle has reported on a support group for patients and families living with these problems. Late last year, she presented a poster at a conference on young cancer survivors in Austin, Texas.

You can find out about the **REVIVE Education and Support Program** at www.teamrevive.com.

About 'Revive'

The Leukaemia Foundation's young adult website 'Revive' was launched in July, 2008. It aims to provide information and support regarding the unique physical, social and emotional issues that young adults (18-35 years) affected by blood cancer experience.

The website was created in consultation with young patients and health professionals. Young people are encouraged to define the website community by creating personal profiles with photos, blogs, artwork, tips, and chat on an interactive forum.

Education

'Revive' provides age-appropriate information about a variety of disease-specific and psychosocial topics. All educational content is reviewed by the Leukaemia Foundation's National Medical and Scientific Advisory Board.

Support

An interactive discussion forum enables young people to network and access peer support. Minimal moderator intervention is encouraged to ensure forum content is patient driven. It is particularly useful for patients living in remote areas who may not be able to participate in the Foundation's face-to-face support groups.

An interactive "Ask the Experts" component will soon be added, where members can ask questions from specialist health care providers.

Cancer2: web-based support for cancer and depression

Carolyn Harris is a breast cancer survivor who has been a life-saving support for years to hundreds of others afflicted by cancer. She has recently set up an interactive web site at http://www.darkiescancercorner.com.

She then found that many participants struggled with depression, and so a section of the web site is a resource for that particular monster. Have a look around, and you might see fit to send your clients to benefit.

Bipolar resources

My friend Alfredo Zotti lives with Bipolar Disorder. He is also a hugely talented artist and musician. He and I have an informal project, trying to understand the causation and functioning of bipolar. Our evidence suggests that many people who have bipolar are highly creative. Also, a surprisingly large proportion have a history of childhood trauma or neglect.

Alfredo spends a great deal of his time and energy in a support role for others with bipolar, and is a very effective helper for them. He kindly assembled the following list of helpful web sites:

- Bipolar Connect: http://www.healthcentral.com/bipolar/ (Alfredo's favourite site)
- Black Dog Institute (Australia): http://www.blackdoginstitute.org.au/public/bipolardisorder/bipolardisorderexplained/index.cfm
- Bipolar Aware (UK): http://www.bipolaraware.co.uk/
- Disturbo Maniacale.it (Italy): http://www.disturbomaniacale.it/
- BeyondBlue (Australia): http://www.beyondblue.org.au/index.aspx?link_id=91

Web sites aimed at Depression are also helpful for Bipolar sufferers.

Alfredo's assessment of attitudes to bipolar in the countries he knows about: "Americans have limited access to psychologists and psychiatrists and many suffer in silence, often with a minimum of help from the their GP if and when they can afford it. For this reason I have felt the need to communicate with these people and while helping myself I thought I could also offer some help and counsel. I think that I have succeeded in this because many have made good progress and in this sense I have tried to promote self-compassion and understanding when things go wrong. Australians are better looked after by the health professions than it is possible in America. In Italy Bipolar is much more hidden and there is the least reliance on drugs, which is quite good.. The UK is similar to Australia with the difference that the economic situation has fast deteriorated there, and the health system is starting to resemble that of America in financial terms (lack of government funds for psychologists and psychiatrists and much less government money spent on mental health). Australia is looking good. Of course the medical model based on medication still prevails everywhere and in itself it is a more serious problem than bipolar as a disorder."

Serious times call for serious laughter.
Swami Beyondananda http://www.wakeuplaughing.com

Laughter is the best analgesic.
Siegfried Guttbrod.

John Jacmon: onscreen as part of therapy:
using the internet as an integral part of therapy for depression

This study was undertaken by Dr John Jacmon as part of his doctoral thesis at the University of New England, Armidale. The supervisors were Dr John Malouff, Senior Lecturer, School of Psychology, and Dr Neil Taylor, Senior Lecturer in Science and Technology Education, School of Education. The degree was conferred in 2008.

The study tested the feasibility of a self-learning interactive online course on Cognitive Behaviour Therapy (CBT) as a component in an intervention for the treatment of participants with mild or moderate levels of major depressive disorder (MDD). The course provided a means for participants to learn cognitive behavioural skills through an interactive website with email and if necessary telephone support by the writer. The intervention included individual face-to-face sessions, which participants arranged as they felt the need during or after completion of the course. The sessions concentrated on the application of skills learnt in the course and overcoming difficulties encountered in learning aspects of the course. Nine participants scoring in the mild and moderate levels on the Beck Depression Inventory (BDI) were selected for the study. The existence of MDD was verified by a clinical interview based on the Hamilton Depression Rating Scale (HDRS). Participants were retested with the BDI on completion of the intervention, the face-to-face phase, and three months following the end of treatment. The BDI scores were compared with those of individuals in studies of face-to-face treatment and online treatment only, to identify significant differences in effect sizes or improvement rates. At the time of the BDI testing, participants completed interview questionnaires on the extent to which they were using skills learnt in the intervention and also provided feedback on the treatment process. Case study methodology was used to provide information on changes in functioning as participants advanced through the treatment process. The results are tentative because the study has several limitations including the smallness of the sample, the lack of control groups and the nature of the relationship between the researcher and the participants. Much more research is required before the effectiveness of the intervention can be accepted.

The research questions in the study and tentative responses were as follows:

1. Is an intervention that relies on an online course to train the client in cognitive behavioural techniques and on face-to-face sessions to practise the techniques at least as effective as face-to-face counselling in treating clients with mild to moderate depression? The intervention in the study appears to be as effective as face-to-face counselling in treating clients with mild to moderate depression in CBT skills.

2. If a positive effect is realised from such an intervention, how persistent might this effect be? Treatment gains, whether measured by mean differences or by proportions of completers with subclinical symptoms, persisted for at least 3 months after completion of treatment.

3. Is this intervention more likely to retain clients through to completion compared to other interventions? The present study fares similarly with traditional and online studies of depression treatment. The proportion of completers in the intervention is statistically similar to the proportion of completers in face-to-face studies and other online studies.

4. What are the savings of this intervention compared to other interventions? The study found a value of 62%.

The study raises the possibility of increasing the availability of psychotherapy to less affluent sections of the population and enabling psychologists to increase client throughput. An essential difference between the intervention and other online treatment approaches is that the intervention is constructed by the treating psychologist, reflects his or her unique approach and is an integral component of the treatment process. In this way, integrating Internet- and face-to-face treatment maintains the traditional psychologist-client relationship whilst taking advantage of the strengths of the Internet for facilitating online provision and communication.

The author has continued to use this approach with those of his clients with internet access. The treatment efficacies indicated in the research have persisted. The author is developing additional pages to his website for application to the treatment of PTSD and other disorders.

John's email is john@johnjacmon.com. His informative web site is at www.consultantpsychologist.com.

Strengthening the relationship with our younger self
Joan Hamilton-Roberts

Inspired by *Self-adoption,* an article by Carol Boland, I often work with clients to build stronger, supportive bonds with a younger aspect.

When sitting with clients, sometimes it becomes clear there are few, if any, supportive relationships in their life, past and/or present. At other times, they may have experienced traumatic incidents so that relating to themselves in a more understanding or loving way may assist healing.

To illustrate, I will use the name 'Mary' for the client.

Warm up: Depending on the personality of the client, I may provide some context. For example, 'Young Mary is still stuck in that lonely/painful time. She hasn't got the maturity and survival skills adult Mary has. On the other hand, she may remember some things that you don't. By getting to know her and gaining her trust, she may open up and tell you some important things about your life.'

Sometimes I just sow the seed by saying, 'Think of a time when you could have used a big sister. How old were you?' Or, if they are clearly experiencing a great deal of pain, or loneliness, 'How old do you feel right now?'

Agreement: It's important to engage the client in the process in a real way. I ask, 'What do you feel towards this

younger you? Do you like/dislike young Mary? Would you be interested in becoming a big sister to her?' To concretise the younger self, I may ask for a photo of young Mary to be brought to sessions, framed and placed by her bedside or carried in her bag.

Interaction: Sometimes this is done while we remain seated, and at others I use psychodrama. I ask, 'If young Mary were here with us now, where would she be? What would she be doing? How's she feeling about being here with us? What does she need right now? What is she saying to you? When you are busy about your adult stuff during the day, how could she get your attention?' (It's best to link this to a physical cue, such as a touch on the elbow). 'When you spend time with her, what sorts of things could you do together? If you were to go out and buy her a gift, what would it be?

Follow-up: At times this is the main focus of the work and one or two sessions is all that's required. It may also be one interlude within longer term work. In either case, clients may revisit their younger self and it can serve as a useful basis. I often remind clients by asking what their younger counterpart would say about a certain incident or relationship.

A final note: As Boland's article is specific to trauma and incest situations, beware of giving the article to a client to read without explaining this context and its more general application.

Reference: Carol Boland (1991) 'Self-Adoption: A Healing Process For Adult Victims of Incest or Sexual Abuse' *Australia New Zealand Journal of Family Therapy*. Vol. 11, No. 2, pp. 106-7.

Joan is the Manager – Family Support Team | Very Special Kids

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 in November).

From Queensland

ADHD, Autism, Asperger's...

Workshop by Jacqueline Boon in Brisbane (3/7/09), Mackay (4/7/09) and Cairns (10/7/09). Jacqueline is an experienced Clinical Neuropsychologist who has worked in Private Practice, Child & Youth Mental Health, Paediatric NeuroRehabilitation and Child Development. She is an invited speaker for both undergraduate and post graduate Clinical Psychology and Counselling courses. Presently, she consults to the Autistic Related Disorders Clinic at the Mater Children's Hospital, works in Private Practice and is completing her Doctorate in Health Psychology.

The workshop covers assessment and treatment of these complex paediatric neurodevelopmental disorders.

For further details, and to register, contact Narelle Dickinson narelle.dickinson@ecn.net.au.

From NSW

Forgiveness and hope seminar a success

Geoff Glassock

It will be hard in a few words to do justice to the presentation by Luke Egan on Forgiveness and Hope which the NSW College recently conducted. Whilst these two words are familiar to us all when considered from a psychological perspective, the breadth and depth of meaning opens a new world of understanding.

Luke stated, "While forgiveness and hope both fall under the umbrella of positive psychology, they are quite different constructs" and then moved on to look at the construct of forgiveness. He showed how over the last 10-15 years, the scientific study of forgiveness has expanded at a fast rate. Today, forgiveness is understood within a 'stress and coping' framework. Interpersonal transgressions produce a stress reaction known as *unforgiveness.* This is a stress reaction characterised by negative emotions such as anger, anxiety, fear, resentment, hostility, hatred, bitterness, animosity and vengefulness. Is it any wonder then Unforgiveness is likely to be damaging to a person's physical and mental health?

Luke then discussed the benefits and usefulness of forgiveness and how psychologists can promote it when dealing with clients caught in the bind of an unforgiving spirit. He talked of a four-phase model which Enright (2004) and the Human Development Study Group devised: Uncovering, Decision, Work and Outcome (Deepening). Another model by McCullough et. al. (1997) conceived of a nine step model designed to promote both cognitive and affective empathy. They state that empathy is the crucial foundation on which forgiveness is built. Luke provide the results of the research showing the benefits of forgiveness counselling and he was of the strong opinion that 'forgiveness belongs in the counsellor's repertoire.'

As with forgiveness, hope was originally examined within religion and philosophy. There has been an increasing interest in the scientific study of hope. One of the first to develop a theory of hope was C. R. Snyder in the mid 1980s. He and his colleagues describe hope as having three components: *goals, agency and pathways.*

Briefly, Snyder says that all purposeful human behaviour is goal driven… high hope people set realistic and well defined goals. Pathways thinking refers to a person's capacity to identify or construct routes to his/her goals. High hope people can think of more and better pathways to their goals. It is no good having workable routes to your goals if you lack sufficient motivation to follow them. Agency refers to a person's perceived ability to begin and continue movement on

the pathway to their goals. People higher in 'agentic thinking' are more likely to have positive appraisals of their abilities and motivated to achieve their goals.

Linked in the hope was the whole concept of the meaning of life. Luke referred to Frankl's Logotherapy, Terror Management theory and Control theory/Sense of Coherence theory. This led to a discussion of meaning and hope, and Feldman and Snyder's work that found that measures of life-meaning significantly predicted anxiety and depression. Trait hope accounted for much of the predictive power of life-meaning.

Luke then went on to show ways to foster hope in counselling and how Riskind (2006) advocated a merging of concepts from positive psychology, social psychology, and cognitive behaviour therapy to create a more 'hopeful' form of CBT.

Luke concluded, "Regardless of the specific problems faced by your clients, there is a good chance that they will benefit from an exploration of forgiveness or hope. Why not help clients to finish their counselling experience equipped with higher levels of forgiveness and hope, leaving them better able to cope with future transgressions and pursue their goals successfully?"

If you'd like further information on this topic, contact Luke Egan. His email address is Luke.Egan@ozemail.com.au

From Victoria

We have a large group, which regularly squeezes into a small room at Swinburne University, thanks to Dr Naomi Crafti. Our PD activities are typically over-subscribed, so that we have had to repeat some items. Also, Victoria is the focus of the PD portfolio group. Lyndon Medina and Michael Di Mattia are two of the four people who need to consider proposed events for College specialist endorsement.

We are excited to advertise two coming workshops, run by committee members. Details and registration forms are in the May 2009 issue of the Victorian State Newsletter:

- Julian McNally is running an all-day workshop on **Acceptance and Commitment Therapy for anxiety** on Saturday 25th July. Julian is a very experienced therapist who has used ACT since 2003, and is an interesting and lively speaker.
- Melissa Harte is presenting a 6-day (three weekends) course on **Process-Experiential Emotion Focused Therapy**, which is her Ph.D. topic, her work and her passion. PEEFT is one of the most rigorously researched forms of humanistic practice and has been shown to work in the treatment of depression, anxiety, PTSD, Complex PTSD, trauma and abuse.

Our PD activities are planned on evidence from occasional surveys, and we'd like to thank those people who responded with suggestions.

The Victorian committee is also the kernel of the College's marketing portfolio group. We have produced a bookmark that has proved to be very popular, and are in the process of adding note books and pens that advertise Counselling Psychologists to the arsenal.

Members of the committee have also been involved in advocating for our specialty at various venues, and in the resolution of complaints about the APS.

Our AGM is coming up. Our chair Lyndon Medina and Treasurer Michael Di Mattia are both standing down, although they'll stay on the committee. Please consider joining our group, following the motto, "The more you give, the more you get."

Bob Rich
Secretary

From WA

Lidia Genovese: Teaching GPs

I have been involved in GP education for about seven years. It began with my role as Psychology Adviser to the Department of Veteran Affairs (DVA) in WA. Primarily I was responsible for developing and running education programmes for DVA employees, veterans and all other stake holders involved with veterans. One of the focuses was to educate Doctors on PTSD and other areas of Mental Health.

I developed a good relationship with the WA GP Division and the Department of Psychiatry of University of WA – I put the professional information together. The GP Division did the marketing, the University applied for accreditation and added credibility to the program.

There was much controversy within the APS about me trying to turn Doctors into psychologists in 3 days. Fortunately those concerned got over it, as it became evident that the outcome of the training was doctors making more referrals to psychologists.

Today my 3 day program on Focused Psychological Strategies is the only accredited program of its kind in Australia and I recently ran the program twice in Tasmania. I have run the program in different states and the feedback is always better than "good". I'm currently waiting accreditation for a one day workshop for GPs on "Children and General Practice".

All the workshops I run have attracted the highest number of PD points per hour as they are skill based. Another area of involvement is teaching Motivational Interviewing skills to 5th Year Medical Students at UWA.

Apart from the fact that I love teaching, I am also aware that the medical profession seems to know only about "clinical psychologists." I do make a big song and dance about being a Counselling Psychologist, but most of all I behave like a Counselling Psychologist, i.e., focusing on creating an easy, trusting relationship that makes participants feel important and valued. As a consequence they are engaged and open to sharing personal information in the group which is unusual for them.

My long waiting list in my practice, even before Medicare came on board, is the result of medical referrals from all parts of WA; I have even had a referral from a Doctor in Tasmania who did my course.

My aim is to make participants better listeners, gain an appreciation of the skills of psychologists and of how they do CBT and model issues of the therapeutic relationship. This is the reason for the positive feedback.

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.

Buddhism and Psychology

"I am not a Buddhist. Few if any of my clients are Buddhists. Most don't even know anything about it. So, why should I bother with this interest group?"

A pride of our profession is that what we do is based on the research evidence. This research supports particular ways of conducting therapy, and validates particular tools. It goes back a couple of hundred years now, so we have some confidence in its conclusions.

You may find it strange that the thousands of years of Buddhist tradition involves practice that bears remarkable similarities to what we do, and how we do it.

As just one example, the concept of mindfulness was explicitly lifted out of Buddhist practice by its pioneers, such as Jon Kabat-Zinn. And some of the writings of the Dalai Lama read surprisingly like cognitive-behavioural therapy handbooks.

If this intrigues you, the Buddhism and Psychology Interest Group may be of interest to you. Check out the web page, http://www.groups.psychology.org.au/buddhism/.

To find out more, email me at bobrich@bobswriting.com, or the group's chair Liana at liana@lifeintelligence.com.au.

Bob Rich

Secretary, Buddhism and Psychology Interest Group

Psychologists in Oncology

A new interest group has been formed through the Australian Psychological Society (APS) that caters specifically for psychologists working in oncology. It aims to provide a forum for psychologists working in the hospital system, in private practice and in areas otherwise unsupported. The special interest group arose from the desire of a group of psychologists working clinically in oncology to make links with others in similar areas of work to share ideas as well as to work together on raising the profile within the APS of this growing area of psychology. It is hoped that mentoring programmes will be established to support psychologists new to oncology and also to provide peer consultation where needed. Psychologists do not have to be members of the APS to join the special interest group. For further information, please visit the website at http://www.groups.psychology.org.au/poig/about_us/ or download an application form at http://www.groups.psychology.org.au/igs/.

Child, Adolescent and Family Psychology Interest Group

Join us in **Fremantle** for a Gathering of practitioners who work with children, adolescents and families to share "what works." It is an informal get together of a small group of practitioners to share practice, ideas and interventions.

We are seeking **Expressions of Interest** from practitioners who would like to share their ideas, strategies, interventions about what works with children, families and adolescents.

Who may want to addend? Psychologists, Counsellors, GPs, Social Workers, Youth Workers, School Counsellors, Welfare Workers, Community Workers, School Teachers — anyone who works with children, adolescents and families.

Where? Fremantle Museum and Arts Centre (Old Asylum) 1 Finnerty Street, Fremantle, Western Australia.

When: October 15, 16 and 17, 2009.

Registration: The event is $40 per day payable at the Gathering.

For Further Information:

http://www.groups.psychology.org.au/cafig/gathering_2009/, or please contact Jacqueline Reid (National Convenor CAFP IG) Jacqueline.Reid@det.wa.edu.au Phone: 08 9264 4650.

Beauty is a tree.
Inner beauty is the timber that makes a tree a tree.
Outer beauty is only the bark, of no use whatever.
(From one of Bob Rich's short stories)

Complementary and Alternative Medicine

It has been with pleasure that I have stepped into the CAM Interest Group's Convenor's shoes in January, to see through the term until December 2009. As Senior Lecturer in Medicine (Griffith University) and a practising psychologist, I hope to learn and give much in this role. We are aiming this year to have a varied spread of events for interest group and non-members to attend and given I am based on the Gold Coast, we might see a few more up the North end!

The Psychology and Complementary and Alternative Medicine Interest Group explores the links between psychologists and professional practitioners and researchers working in the field of Complementary and Alternative Medicine (CAM) and also provides training and education to those in the field to promote more holistic client care.

Melbourne

Evidence Based Herbal Medicine for Anxiety and Mood Disorders
Presenters: Toni Miller and Rex Miller
Date: Monday 22nd June
Time: 9am-5pm
Cost: $110 for PsyCAM members, $220 for non-members
Venue: TBA. Reservations Dean Smith activemindbody@optusnet.com.au

Evidence Based Nutritional Medicine for Anxiety and Mood Disorders
Presenter: Henry Osiecki
Date: Saturday October 10th
Time: 9am-5pm
Cost: Cost: $110 for PsyCAM members, $220 for non-members
Venue: TBA reservations Dean Smith activemindbody@optusnet.com.au

Gold Coast

Full Day Workshop in The Emotional Freedom Technique (EFT)
Presenters: Dr Peta Stapleton, Terri Sheldon and Brett Porter
Date: Sunday May 3rd
Time: 9.30am – 4.30pm
Cost: $195 for PsyCAM members, $210 for non-members (incl GST & morning/afternoon tea)
Venue: The Lakeside Rooms, Glenferrie Dr, Robina
terri@slimminds.com for reservations

Sydney

Mind International Forum on Children 15-18 May 2009, Australian Jockey Club, Randwick, Sydney. MINDD Foundation promotes an integrative approach to healthcare for the whole family with a focus on biomedicine, nutrition, neuro development and allied therapies. http://mindd.org/s/archives.php/173-Forum-2009-new.html

Peta Stapleton, PhD
CAM Interest Group Convenor

Psychology and Complementary and Alternative Medicine Interest Group explores the links between psychologists and professional practitioners and researchers working in the field of Complementary and Alternative Medicine (CAM) and also provides training and education to those in the field to promote more holistic client care.

Dispute Resolution

Proposed Formation of an APS Dispute Resolution Interest Group

For some time the APS Sydney Branch Committee has toyed with the idea of proposing the formation of an APS Dispute Resolution Interest Group. As part of this process, late last year Sydney Branch hosted a one day workshop, 'Resolving Conflict through Mediation.' The workshop was fully booked and so popular that it was run a second time to meet demand. It simply aimed to provide psychologists with a stronger understanding of mediation, which sits in the wider world of conflict resolution. Psychologists attending these workshops discussed the formation of an interest group and were generally in support of such a group.

As follow-up, consideration was given to appropriate terms of reference and so the concept of an APS Dispute Resolution Interest Group was formed. Branch Chairs throughout Australia have been advised of these terms and encouraged to invite psychologists to support the formation of the interest group.

The **Terms of Reference** of the proposed APS Dispute Resolution Interest Group are:

- Develop psychologists' skills and abilities to facilitate the resolution of disputes, by psychologists encouraging disputants to reach their own lawful solutions
- Facilitate accreditation of psychologists in dispute resolution
- Encourage psychologists to apply dispute resolution and promote its use with psychologists as facilitators
- Engage in setting, maintaining and promoting dispute resolution standards
- Research and disseminate findings regarding the psychological and multi-disciplinary aspects of dispute resolution theory and practice
- Educate dispute resolution practitioners regarding the psychological aspects of dispute resolution theory and practice
- Co-operate and affiliate with other organisations to progress the use of dispute resolution

These terms of reference were inspired by Sydney Branch Committee discussion, feedback from the seminars and more particularly the Australian Dispute Resolution Association, or ADRA.

To form an APS interest group, the APS requires members to sign a standard **signature form**, to be received by the end of May of the year in which the APS Board determines its formation. Those wishing to provide support need to be a Full Member, Fellow or Honorary Fellow.

If interested, please email Mark at england@casinocontrol.nsw.gov.au.

Gay and Lesbian Issues

Dear Bob,

I recently published a review article in GLIP Review on gay men and body image. Here is the link (free access) and the abstract. http://www.groups.psychology.org.au/glip/glip_review/

Graeme Kane

Gay men's body image issues are typically examined from two distinct paradigms: thinness and muscularity. These two conventional paradigms may be conceptualised as the old and new orthodoxy respectively. Much of the research findings of the old orthodoxy compared gay men and lesbians with heterosexual men and women, and tended to feminise gay men and masculinise lesbians. The research findings of the new orthodoxy on the other hand have tended to portray gay men as seemingly conflicted by the competing demands of being thin and muscular. Both orthodoxies portray gay men as obsessed with their appearance and tend towards the pathologising them. Furthermore, both assert the need for prevention and treatment programs to ameliorate the supposed distress gay men experience due to the pursuit of an unrealistic body ideal. Unfortunately, however, both research paradigms almost universally fail to engage in any critical analysis of the dominant research they cite in the construction of the effeminate thin gay man desperately clinging to his youth or the body-obsessed low-fat gay man always working out at the gym. This article critically reviews the methodologies, data analysis and theoretical inferences of the research within both paradigms, and argues — echoing recent research in the field — that gay (and heterosexual) men's body image is a multifaceted construct that is better informed by a broad, diverse and complex worldview than simplistic and popularist binary formulations of gender and sexual orientation.

Graeme Kane is a Counselling Psychologist who has been involved with the APS Gay and Lesbian Issues and Psychology (GLIP) Interest Group for the past 10 years. Through his work with GLIP he has been a peer reviewer; fostered the creation of the GLIP Award for student research; conceptualised and hosted the Inaugural GLIP Conference in 2003 that celebrated the thirty years since 'depathologising'; contributed to the book Out in the Antipodes; and more recently drafted the new Ethical Guidelines on psychological practice with lesbian, gay, and bisexual clients. Email: graemekane@yahoo.com

Go to Bhutan?

As the convenor of the PsyCAM Interest Group, I have been contacted by one of our members who wanted to let us know about an exciting project.

Suellen Donnelly is involved in a project involving Bhutanese indigenous medicine and this is based on the Tibetan system. She has been collaborating with the only Bhutanese Psychiatrist to establish a volunteer based program of bringing Australian Psychologists to Bhutan for 3 to 6 month periods to deliver services, train local therapists and develop Bhutan's mental health service. The American organisation 'Health Volunteers Overseas' are managing the volunteer process and they hope to start the first volunteers in July this year.

If you are interested in volunteering, please email info@mullumbimbypsychology.com.au or call Suellen on 0414 944 700. This would be an amazing opportunity to research and collaborate with indigenous medicine in Bhutan as well as the Buddhist community in relation to Buddhist knowledge of mind training.

Warm Regards,
Peta Stapleton, PhD
Convenor, PsyCAM

ANNOUNCEMENTS

Mindfulness communication:
A conflict resolution approach

Hi Bob

As you're asking, I'm attaching a flyer for a workshop I'm running with an American colleague in Bali in late August on Mindfulness Communication.

Thanks for the opportunity to spread the word!

Warm regards

Lyn Benson lynbenson@iprimus.com.au

Bali, Indonesia, 28th August through September 3rd, 2009

Workshop 20 Hours

Integral Expeditions invites you to travel with us to the beautiful Indonesian Island of Bali to experience first hand a

land of terraced rice fields, Hindu Temples, perfect white sandy beaches, and a culture of artists. Using Mindfulness techniques, "Non-Violent Communication" and other theories, this experiential workshop will explore the link between language, perception and conflict. Participants will discover their own unique communication style, and practice the art of "right speech."

As a group, we will utilise daily guided meditation and yoga practices to bring in the spirit of the "self as healer," become familiar with the "observing mind" and learn to observe without evaluation.

Discover how to reconnect with your compassionate self, to listen "through" the spoken word and to speak from the heart. Participants will arrive home feeling energised and grounded, able to connect more deeply and dynamically in all of their relationships and effect meaningful change in their clients.

We hope you join us for this transformative journey.

COST OF PROGRAM: U.S. $1395 FOR ZEN RESORT (WORKSHOP) PORTION

U.S. $300 FOR UBUD OPTION

(excludes international air transport and based upon double occupancy)

To register, contact Dr. Ricky Fishman, 1623 Scenic Avenue, Berkeley, CA 94709 ricky@integralexpeditions.com

Call for papers: partner abuse

Partner Abuse, the new, peer-reviewed journal, is now considering manuscripts for publication.

Physical and emotional abuse among dating, cohabitating, and married partners is a major public health and social problem. The journal aims to advance knowledge, practice, and policies through a commitment to rigorous, objective research and evidence-based solutions. In addition to original research and literature reviews, the journal welcomes viewpoints and commentaries on the topic of partner abuse, as well as clinical case studies. Additionally we welcome manuscripts on controversial topics such as mutual abuse, female perpetrators, male victims, alternative types of batterer intervention programs, couples and family counseling, and the limitations of current arrest and prosecution policies such as mandatory arrest and "one-size-fits-all" mandated batterer treatment.

Manuscripts should be submitted via e-mail to Johnmhamel@comcast..net

For guidelines on article submission, please visit:

www.springerpub.com/pa

We look forward to reviewing your manuscripts.

Best regards,

John Hamel, LCSW

Editor-in-Chief

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 November, 2009. Deadline 25th October, 2009.

Send contributions to bobrich@bobswriting.com.