APS College of Counselling Psychologists Catalysts for Change

# **Psi Counselling News**

Volume 9, Number I March 2010

The Newsletter of the College of Counselling Psychologists aims to inform its members and other psychologists of current information, events and activities related to professional practice. The Newsletter further serves as a medium between members, and the National & State Committees to College members.



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#### **Editorial Policy**

#### Aims and Objectives

The Newsletter of the APS College of Counselling Psychologists is produced by the National Executive of the College in collaboration with State Committee sections. Its target audience is College members. It serves as a means for communication for members and as a publicity tool for the Society in the public arena. It promotes the work of Counselling Psychologists, provides a forum for discussion and keeps members aware of forthcoming events and important issues in the field of Counselling Psychology.

#### Contents

Newsletter contents will vary from issue to issue but will attempt to include editorial comment, a National Chair's report, State Branch reports, training activities, professional practice issues, membership surveys, APS news and advertising.

#### Contributions

The Editorial Board encourages College members to contribute articles to the Newsletter. Effort will be made to ensure publication of all articles submitted but publication of articles cannot be guaranteed. The Editorial Board reproduces in good faith information sent for inclusion in the Newsletter. It accepts no responsibility for the correctness or otherwise of information included in the articles presented nor does it necessarily endorse the views expressed in printed articles. It respects the rights to freedom of thoughts and speech and encourages active debate amongst members.

Material for inclusion in the Newsletter is to be submitted to the Editor by the relevant deadline, 28 February; 30 June; and 31 October. Submissions are preferred to be in electronic format (Word document) and should be between 500-800 words. Submission can be emailed to <u>lyndon.medina@rmit.edu.au</u>

#### Advertising

Advertising in the Newsletter is welcome. Rates are available on application. Placement of an advertisement is not an endorsement of the advertiser. Approval of advertising rests with the Editorial Board.

#### Subscription

Members of the APS College of Counselling Psychologists will automatically be sent the new edition of *Psi Counselling News* as part of their membership. Mental health practitioners and other allied health professionals can receive the Newsletter by subscribing and being on the College email list. Send your request to <u>lyndon.medina@rmit.edu.au</u>

## **Editor's Notes**

After getting over the shock of putting my "foot in my mouth" and electing to have a go at the Newsletter, I recall Dr. Bob Rich going through the same process when Dr. Greg Coman passed on the same responsibility back in 2006. After 4 months of formulation & reflection, and it was time to produce my first Newsletter (ever!), I am keen to say that I have no regrets. My enthusiasm and confidence comes out of good mentorship from the two previous editors (Greg & Bob), previous & current Chairs (Marilyn Cobain, Greg Coman & Elaine Hosie) and numerous previous committee members (to name a few, Veronica Roberts, Simon Harvest, Susan Miller, Graeme Kane and Patricia Strong). In addition, my passion for this role emerges out of my 'love' for Counselling Psychology, it is a good College!!!

In the past couple of years, psychology seems to have had a high degree of politics and no sign of easing down as yet. I'm kind of pleased that we don't have an APS College of Psychoanalytic Psychology (as yet!) as I'm not sure I'm ready to hear what their analysis may be. But in the meantime client work goes on, and ongoing professional and personal development remains an integral part of our profession. The *Psi Counselling News* aims to complement the various professional activities that members engage in and provide a forum where members can share their experience and learning.

My personal aim for the Newsletter is to produce 3 issues per year (March, July & November), and my challenge is to encourage every member to eventually contribute an article (brief or long) or two. After all, *Psi Counselling News* is from the College and primarily for College members. As for my first trial, I have tried to create a balance in this edition between light and serious, I hope that you like it!!!

#### Lyndon Medina



The next issue of the AJCP brings an interesting article employing discourse analysis as research method to examine how issues of confidentiality are negotiated in a professional setting. It poses some challenges to the received wisdom that assumes that training is enough to ensure competent professional practice.

A second article looks at the debates on evidence-based practice from the point of view of a practitioner trying to provide the best possible professional service for a client from a different cultural background. It is also provocative in getting us to think about how an evidence-based practice might benefit a client

experiencing demoralisation. In addition the issue has more book reviews than ever before, including some excellent contemporary works published by the American Psychological Association this year.

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# **Chair's Report**

The National Executive has been actively responding to the APS, the Psychology Board of Australia (PBA) and members about the College of Counselling Psychologists position on National Registration. This is summarised in the document published on the website and sent to members early in February 2010. This paper was tabled at an APS Board of Director's meeting where approval was given to the College to forward the document to the Psychology Board of Australia. The National Executive of the College has also most recently responded to the second set of proposals from the Psychology Board of Australia. The Colleges response will be posted on the website shortly.'

As Chair of the College I have been a signatory along with other College Chairs, to an APS paper sent to the PBA acknowledging the APS' support for registration of all nine APS specialities as aligned to the APS college structure.

After several years of negotiation with the APS, the College of Counselling Psychologists finally has a member *Online Discussion Forum* accessible to all College members. APS statistics show that up to 5 March, 44 posts have been made in 7 topics with 65 members currently registered. Be active on this page, and the webpage is accessible at <u>www.forums.psychology.org.au/ccoun</u> The College is the first to have an online forum and is working with the APS to review activity on this member page.

Two working parties have been established to develop a College position on practice issues. One is titled Transition from psychiatric care to community living chaired by Michael Gathercole. The second initiative is monitoring of inappropriate job advertisements chaired by National Executive member Michael Di Mattia.

College member and Chair of the NSW Branch, Reverend Dr Geoffrey Glassock has been recognised in the Australia Day 2010 Honours list with an Order of Australia for his work in the development of programs in grief and bereavement and with the Anglican Church of Australia. Another College member, Michael Burge was also honoured with the medal of the Order of Australia for service to psychology through the development of training and treatment protocols for trauma. On behalf of the College I wish to congratulate Geoffrey and Michael and acknowledge the calibre of the important work done by both of these counselling psychologists.

Many national, state executive and other members have been active during the consultation period for National Registration and I thank all those who have so actively spoken for the discipline of counselling psychology in what is a very difficult time for the psychology profession.

Elaine Hosie National Chair APS College of Counselling Psychology



### **Chair's Report**

#### **New South Wales Section**

The committee continues to meet every 6 weeks. The changes that are occurring in the profession seem to occupy much of our time. Three of our committee are on the National Executive which means we are kept up to date on the progress of things like the National Registration plans and the Medicare debate. We were disturbed by the group within the Clinical College who have decided to leave the APS. This small group who appear to be mainly academics from Melbourne and Sydney universities have a flawed understanding of both the training and practice of counselling psychologists. At a national level we are doing all that is possible to promote the expertise of members of our college. We have been grateful for the wisdom and support we have had from Professor Lyn Littlefield. She has been in the firing line so it has not been an easy time for her.

At the request of the APS the College was asked to join a forum looking at '*a multidisciplinary work force within rehabilitation*'. As the forum was to be in Sydney I offered to attend. There were 3 of us from APS – one from Melbourne and another person from Sydney –both members of the Clinical College. The aim of the forum was to put forward a proposal to the government in response to the draft National Rehabilitation Strategy. A document was prepared and a small group went to Canberra to speak with the government representatives in the Subacute Care Section. The group were favourably received and given useful feedback to move the work forward. APS were supportive of the report and we were one of about nine organisations who were signatures to the report.

A follow-up meeting will be held in May which unfortunately I cannot attend. I think the importance of attending such a forum is to allow the voice of Counselling Psychologists to be heard and that they have a place in this work. I will keep you posted as to the outcome. I think most of you are aware there are major changes ahead in Health, so it will be interesting to see how things turn out.

Another aspect of the committee's work is to plan professional development events. Our first one for 2010 is on April 17<sup>th</sup> when Dr Geoff Denham from Latrobe University will run a workshop on *Investigating the effectiveness of your practice: Toward client responsive tracking of therapeutic outcomes.* The workshop will be held at the Y Hotel in Wentworth Avenue, Sydney. For more details contact Muriel Bergel on 0418413 955.

The other events planned for the year will revolve around the ICAP conference in Melbourne in July and the Spinelli visit to Sydney in November. Two of our committee members are also planning a joint workshop between these two major events. The committee is energetic and we are enthused about the possibility of a National Conference for the Counselling College in 2011.

Dr Geoffrey Glassock AM, MAPS NSW State Chair

# Chair's Report

### **Queensland Section**

The Queensland branch continues to hold meetings 4 to 6 times each year with an invited guest speaker to deliver a range of Professional Development. There is a small group involved in the organisation. The committee does not presently have the services of a treasurer. An invitation is open to anyone who would be interested in filling the role.

During March, Dr Elizabeth Tindle spoke on alcohol problems related to young women and pregnancy defects. That was held in conjunction with the Women and Psychology Interest Group. In May Vivian Jarrett will address the topic of "Therapists Perceptions of Mental Disorders" and Owen Pershouse will speak on current research relating to Men and Anger during June.

The Masters of Applied Psychology (Counselling, Health & Sport) Course at UQ has completed its first year. They have worked hard to meet all of the requirements for APAC accreditation. Increased enrolments are anticipated for 2010. Some of the greatest challenges appear to be around providing suitable placements for the students.

Members in Queensland are spread across the vast State.

Jo Ehrlich - Chair

#### Victorian Section

Much of the work of the Victorian state committee so far this year has been centred on planning and preparation for the state conference on November 12 at the Treacy Centre in Melbourne. The committee has been fortunate enough to secure Professor Ernesto Spinelli as the keynote speaker for the conference and we have received many submissions from members to present papers and symposia at the conference.

The conference is a wonderful opportunity for members to experience the breadth and diversity of practice in counselling psychology. The conference organising committee is currently reviewing received submissions and we hope to have a draft program available on the college's webpage in the coming months.

In addition to presenting the keynote address, Professor Spinelli will also be presenting a 2-day workshop on existential therapy, followed by a one day workshop on supervision, in the days directly following the conference. Further details on the conference and workshops, including how to register, is available on the College's webpage.

#### Western Australia Section

At the last AGM I was elected to be Chair of the WA Branch of the College again. Kim Maestros did a great job for the last four years and we are still sharing some of the responsibilities.

The focus in the last couple of years has been to raise the awareness of Counselling Psychologists with the medical profession. To achieve this we worked together with the Association of Counselling Psychologists to produce a booklet with the profile of all Counselling Psychologists in private practice in different GP Divisions. The feedback has been tremendous and we will update when necessary.

In 2010 the College is coordinating a one day mini conference involving all nine colleges. We are also putting a submission to the APS to fund the making of a video involving all specialisations and how they can be involved in people's lives.

All of this to stay true to our commitment to focus on relationships both with our clients and our colleagues. In time of discord (as we have seen with some of our colleagues in another speciality) building inter College co-operation and highlighting that we all have particular expertise to contribute need to be high on the agenda

Lidia Genovese - Chair

Michael Di Mattia - Chair

# Congratulations

The National Executive Committee of the College of Counselling Psychologists would like to congratulate two College members Michael Burge and Dr. Geoffrey Glassock for receiving the Order of Australia in 26 January 2010 – Australia Day and Dr. Bob Rich's election to the APS Board.



Mr. Michael Burge was awarded the Order of Australia for his *service to psychology, and to the community through the development of training and treatment protocols for trauma.* 

Mr. Burge is a long standing member of the Australian Psychological Society and a member of the College of Counselling Psychologists. He has worked in the field of psychology, counselling, education and training since 1983. He

specialised in the Post Traumatic Stress area since 1990.

Mr. Burge has been an active psychologist in the community with various roles including Chair of the Victorian Branch of the APS between 1998-2002; Member of the Private Practise Reference Group from 2006-2008; Member of Organisation Health & Safety and Workers Compensation Advisory Committee between 2002-2006; Education & Training Convenor from1996-1998; and President of the Victorian Chapter of EMDR Association of Australia from 1995-1997. He is currently the Director of the Australian College of Trauma Treatment.



Reverend Dr. Geoffrey Thomas Glassock was awarded the Order of Australia for his service to the community through the development of programs and services to assist people experiencing grief and bereavement, and to the Anglican Church of Australia.

Dr. Glassock has played an instrumental role in the development of grief and bereavement services and programs throughout Australia and internationally for more than 30 years. Ordained, 1958; Minister, Anglican Church of Australia, Diocese of Sydney, since 2000. He is a founding member and life member of the National Association for Loss and Grief, and has served as the Association's National President (1986-1993) and NSW President (1983-1993). He is also a foundation member of the Australasian Critical Incident Stress Association, and Chairman of the Advisory Committee for the Sydney International Conference on Grief and Bereavement in Contemporary Society.

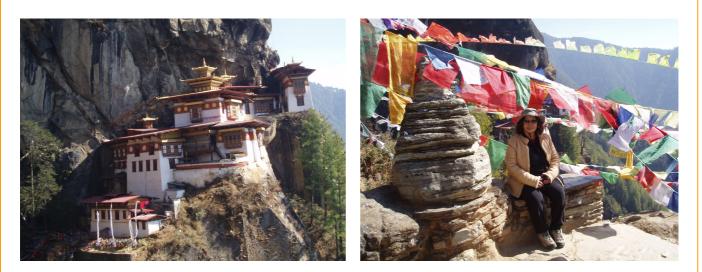
From 1990 to 1994 Dr Glassock was Head of the Department of Psychiatric Nursing and Mental Health Studies at the University of Sydney. He is a member of the National Committee of the Australian Psychological Society College of Counselling Psychologists, and Chair of the NSW Branch.



Dr. Bob Rich was elected to the APS Board in 2009. Prior to his election he served as a dedicated and an active committee member & the Secretary of both the State (Victoria) and the National College of Counselling Psychologists. He was also the editor of the *Psi Counselling News* prior to his move to the APS Board.

Dr. Rich has been in private practice since 1991. He held teaching positions at Monash University for five years and at RMIT University for three years, then was a research scientist with the CSIRO for four years. For two years, he was a private consultant in energy conservation research, designing and running surveys, and training and supervising interviewers. He has worked as a family therapist for Anglicare, a counsellor at an Aboriginal Health Centre, and as a telephone counsellor. He is a writer with 14 published books in fields varying from building and woodcraft to surviving cancer.

# **Professional Self Care**



In January this year I went to a Yoga/Meditation Retreat at Uma Paro, Bhutan. We had six days of intense work with active and flowing yoga exercises and silent meditations prior to our yoga practice. We did meditation/yoga in the morning and afternoon interspersed by cultural outings to explore the Bhutanese lifestyle. On reflection we blended very well to their lifestyle because we felt very calm, relaxed and enjoying the people, the mountainous landscape and the cold climate. It was their coldest month of their winter.

We visited the local markets, the 17<sup>th</sup> century Fortress which was built to stop the Tibetan invaders and also three significant monasteries. The first one was the Paro monastery where the Queen Mother's Chief Monk or Lama greeted us and gave us his blessing. In the second monastery we were greeted by an eleven year old lama reincarnate in an ancient monastery where the current Dalai Lama studied as a young student from a Bhutanese Teacher. Our guide told us that the Teacher taught in this monastery till he died. The young lama reincarnate showed us around, blessed us, checked our permits and locked the monastery after us. We felt very grateful to have the opportunity to experience the Bhutanese cultural and spiritual life

We also went to the base camp to see the eternal snow capped mountain Chomolhari. We were informed that the Bhutanese come up to see the mountain and pray for their longevity. Some people would attempt to go as far they can go although it is a dangerous trip for the weather might change condition. The Bhutanese are beautiful, pleasant and very courteous people. It is no wonder that **Bhutan scored highest on the Global Happiness Scale**. Every living thing is treated with respect. The Bhutanese prayers are visible throughout our stay in Bhutan. There are colourful prayer flags tied to poles and flying in the breeze from the various mountain tops sending prayers to the dead and all living things needless to say humans.

Finally the trekking going upwards and in rough terrains was the real challenge in order to reach our ultimate aim. It was like going on a pilgrimage. I decided to conserve my energy by going on horseback to reach the first mountain top. Then we had to climb down half way and crossed a bridge to reach to the other mountain top where the Tiger's Nest monastery (pictured) is situated. We had one thousand steps to go through. There we met and were blessed again, this time by the Chief Lama and once again we meditated an appropriate ritual when visiting these monasteries. I really enjoyed the experience of the constant state of calmness and feeling positive and energised by the Bhutanese, the pines landscape and all that nature provided. That was my Bhutan experience, a taste of the Himalaya.

Zaharah Braybrooke.

### Being on the APS Board—What's it like?

#### Dr. Bob Rich

Very different from what I expected!!

For one thing, it's nothing like being a representative in Parliament. As a Director, my duty is to the organisation as a whole, the total membership, rather than just to the people who elected me.

By law, if there is a conflict of interest between a subgroup I am associated with and the whole, I need to withdraw. This may mean actually leaving the meeting while that issue is discussed. At every Board meeting, one or another Director has to walk out during a particular agenda item.

The APS is a corporation, and is subject to the law as such. This imposes strong obligations of ethical behaviour on the Directors, and I am happy to say that the current crop all take this very seriously. In fact, new Directors are strongly encouraged to do a course run by the Australian Institute of Company Directors. Years ago, I told myself: *"Been there, done that, got the T-shirt: no more courses with exams."* And yet, here I am, heading for a major assignment and a two-and-a-half hour exam to qualify me for being a Director. Not that I intend to run businesses and become a millionaire.

Acting legally and responsibly is so important that the APS has an in-house lawyer, and an advisor who is on the Risk Management Committee, and gave us rookie Directors a half-day orientation talk. She is one of the lecturers on the Directors' course, and has impressive credentials.

A very irksome part of being a Director is that I've got to zip my mouth. Previously, although I was an office bearer of the College, I could express a private opinion (e.g., make a submission under my own name to government). As a member of the Board, I can't. I can argue within Board meetings for what I believe to be right. But if I don't prevail, I only have two choices: support the official Board position, or resign.

I am certainly earning my Director's fee:

- I am on the Risk Management Committee, which is currently dealing with a very vocal if small group of Clinical Psychologists.
- I have the pleasure and honour of chairing the Public Interest Advisory Group (PIAG), the role of which is to put psychology, and the APS, to the service of the community. Examples of worthwhile activities are the very successful disaster response work, a Reconciliation Action Plan (RAP) the APS is engaging in with the Indigenous community, and working on climate change. I am part of a small group that is implementing the RAP, and have joined the Climate Change Reference Group, which reports to PIAG.
- I have continued as the second Director on the Membership Retention and Recruitment Advisory Group, and still have a strong interest in resolving member complaints, whoever the dissatisfied members may be.

My special interest is still to transform the culture of the Society to one in which all members feel they own it, and where we have open two-way communication. You may be surprised to find out that other members of the Board, and top management, all share this desire, with is actually expressed in the official Strategic Plan. My point is, however hard people may have tried in the past, if it hasn't worked, we need to try something else. I am here to put that something else in place.

You can help by being involved. The APS does a great many wonderful things, and few members know about them all. They all give an opportunity for improving society for all Australians, and for improving our professional organisation.

### Narrative Therapy for the APS

Dr. Bob Rich

We are living in interesting times!

The Psychologists' Board of Australia is almost ready to swing into action. As I write, we don't yet know the final shape of the new system, because this is at the absolute decision of Ministers of Health from all the Australian Governments. However, their CEOs have spoken, and basically told the PBA what was to be.

The PBA has bowed to most of their specifications, but has argued back on one point. The CEOs' committee specified recognition of four specialties only, while the PBA is holding out for all nine. The process has gone through a number of iterations. Through it all, the APS has had a consistent position:

- We want specialist registration.
- The specifications in the original PBA consultation paper had aspects that would have led to severe financial and practical problems, so we requested that this issue be deferred for further discussion. However, in the second paper, they came close to our preferred position, so we now support them.
- Specialist registration was changed by the PBA to endorsed areas of practice, and this has now been clarified to be not too different. Recently, the WA Registration Board stated that it is very similar to what WA has had for 30 years. So, endorsement may not be too bad.
- The PBA was told that the 4+2 route is to stay for the foreseeable future. While the APS has consistently worked for raised standards of training, there would be practical difficulties in providing Masters or Doctorate places for all trainees (Graduate courses lose money for universities at current levels of funding), so a raising of standards depends on significantly more funding for training in psychology.

Decisions on all such issues are made by governments. Even the PBA can only request and advise. The APS is a significant and respected lobbyist, but that's all. We don't make the rules.

All the same, a bunch of Clinical Psychologists have used the opportunity to attack the APS. Their ostensible reasons were claims that the APS opposes specialist registration, and is in favour of keeping standards of training low. It is supposed to have engineered Medicare access for "clinically untrained" psychologists - and this includes us. They tried to organise a "mass resignation" of Clinical Psychologists. In the event, as I write, this amounts to 29, though they have made a lot of noise and in my opinion violated the ethical codes of the profession in several ways.

But now we come to the Narrative Therapy in my title. For 20 years or more, people have been leaving the APS, or have stayed on as dissatisfied members, because of a general perception that the Society is run by Clinical Psychologists, for Clinical Psychologists. We have been dissatisfied with perceived favouritism, and a widespread belief is that the unjustness of the two-tier Medicare system is partly the responsibility of the APS.

Yet, now we have a group of Clinical Psychologists, several of them of great seniority and long involvement in the APS, who are throwing tantrums because they see the Society as favouring the general membership (the rest of us) and discriminating against them.

Both stories cannot be true. In fact, each is evidence that the other story is false. Maybe we need to revise our reality?

#### GALAPAGOS HAWK

Baby on the beach, Shaded by mangrove. Hawk on the prowl Ogling. Spots young eyes, Tender and tasty. In a split second, It swoops Razor bill ready To gouge. Talons tense. Aims for the eyes. Baby screams. I race up the beach. Hawk turns tail and alights on a log, Foiled by a flimsy mosquito net.

Dr. Elizabeth Tindle 2008

#### THE GAVIOTIN (Seagull)

The bravest boat that I have known Took on the stormy sea And battled bravely to the south With crew and Bob and me.

The Trade winds roared as we advanced Through towering waves around. The tiny boat bobbed like a cork Whilst braced for every pound.

The fear had gripped us part-time tars Whose sea legs weren't too strong. While scuppers flooded with cruel waves WE CHUNDERED HARD AND LONG.

(Voyage from the island of Santa Cruz south to Hood Island Galapagos Islands)

Dr. Elizabeth Tindle

ANT Solitary ant meandering across the white tiled floor lost! **Disoriented!** А tiny black speck separated from its kind searching for an exit to safety before being squashed

#### I CLOSE MY EYES

I close my eyes and listen to a familiar voice speaking with feeling and authority. I hang on every word. They trigger a traumatic reminder of recent agonising angst.

> Her story and mine intertwine. As one we walked the wavy line. And tears trickle down my cheeks uncontrollably.

Dr. Elizabeth Tindle. 8 March 2008

#### WHERE IS MY FAMILY?

I shed a tear for the young lady, who wept uncontrollably In the verge of madness, she begs the Lord for mercy Full of shame, guilt and sadness, she buries her secret Numbed at the core, she sings along with the mass of wailing crickets

I spoke to the foster child boy who wears several diagnoses Loved only by professionals, because of his neuroses But beneath the attention-seeking, the acting-out and autism We fail to understand our reflections from schism

I sat with the elderly woman, caged by her health Her brood are too busy, and their hearts will not melt Time is her enemy, her words are not heard Perceived as a burden, she dreams of being a bird

I stood with the vagabond, a term now rarely used But it's not so unusual, when he is hidden from the news We often turn a 'blind eye'; we're disgusted by his stench Yet if we only look closer, we may get off the neutral bench

I walked with the divorcees, as they wage battle to the death They neglected the garden so their needs were not met Love turned to hatred, friends became enemies Tomorrow waits patiently, where regret will not cease

I smiled at the lady who stands in the corner Waiting for a kind-hearted and a paying customer But beyond her welcoming arms, there are scars to remind her In the absence of love, she turns to the alternative offer

I listened to the anger of the non-resident father He labours night and day to pay his estranged lover The children have become the weapon, a hard lesson to learn The boy within weeps in silence, how much longer shall he yearn?

I turned my back at the delinquent and feared her fanatical voice She shows no boundaries, and expresses wrath on her toys But beyond the façade of masculinity, the little girl once danced Abandoned, abused and neglected, she lost all her prance

I empathised with the man, whose mind bordered on suicide Who lost hope for the future, and all reasons he put aside Is the death instinct for real as Freud had announced Or is there something missing, in what society had renounced?

I dissociated in front of the casket as I watched her mother sleep People moved in stillness, all sympathy and empathy seemed cheap Her metaphor was darkness; she asks where could she have gone? And where is her family, when all is 'said and done?

Lyndon Medina (2005)

#### **National Health Practitioner Registration Standards**

The Australian Health Workforce Ministerial Council (AHWMC) has recently announced that it has approved the national health practitioner registration standards recommended by the ten National Boards established under the National Registration and Accreditation Scheme. In a letter dated 01 April 2010 and issued by the Hon. John Hill (Minister for Health, South Australia; Chair - AHWMC) the approved proposals included:

- A suite of mandatory registration standards, submitted by National Boards, that will apply to all health practitioners registered under the national scheme. These registration standards cover criminal history screening, English language requirements, continuing professional development, recency of practice and professional indemnity insurance arrangements. However, with regard to the Pharmacy Board of Australia's professional indemnity insurance standard, Ministers decided to request that the Pharmacy Board of Australia review the proposed standard to ensure that it appropriately accommodates all practice settings, including for those pharmacists employed solely in the public sector.
- A series of board-specific registration standards relating to limited registration for medical practitioners, examinations for general registration for pharmacists, supervised practice for pharmacists, general registration for psychologists, and provisional registration for psychologists.
- Specialist registration standards, including approved lists of specialties and protected specialist titles, for medical specialists, dental specialists, and podiatric surgeons.
- A series of board-specific area of practice endorsements for suitably qualified dentists (conscious sedation), endorsement of nurse practitioners, and endorsement of seven areas of practice for suitably qualified psychologists. The seven approved areas of practice for psychology are clinical psychology, counselling psychology, forensic psychology, clinical neuropsychology, organisational psychology, sport and exercise psychology, and educational and developmental psychology. In approving these areas of practice, Ministers noted they are consistent with local and international categories for the psychology profession, such as branches of psychology in Western Australia and the recently recognised domains of practice in the United Kingdom.
- Standards for scheduled medicines endorsements for suitably qualified and registered optometrists, podiatrists, and rural and isolated practice registered nurses. In approving the endorsements, Ministers noted that it remains the responsibility of each State and Territory to decide how these endorsements may be incorporated into their respective drugs and poisons legislation, which gives practitioners legal authority to administer, obtain, possess, prescribe, sell, supply, or use scheduled medicines.

The Australian Health Workforce Ministerial Council approval of the registration standards for the professions is in accordance with the *Health Practitioner Regulation National Law Act 2009*. The decision to approve the registration standards at this stage will assist the National Boards to implement the proposals in the lead-up to the national scheme's commencement. However, the approved registration standards will not come into force until the full commencement of the National Registration and Accreditation Scheme on 1 July 2010.

In the meantime, the approved registration standards can be accessed on the individual websites of each National Board, or from the Australian Health Practitioner Regulation Agency (AHPRA) website - at <u>www.ahpra.gov.au</u> or check the APS Website.

#### Workplace bullying - Diagnosis and treatment for victims

#### **Evelyn Field**

'I was unaware of the insidious, toxic impact of his sociopathic behaviours on my health. I became depressed, overweight and my blood pressure increased. A month later I broke down, with an invisible, devastating, debilitating injury, one day my body wouldn't carry me to work. After nine years of severe depression and trauma I'm just coping with the damage to my life by the bully, my employer and their insurance company. Though he eventually lost his job, I've not been vindicated, validated or received justice. When my case ends, I can't imagine how I will ever work again or trust an employer to provide a safe environment.' Alice

The recent Medicare windfall for psychologists has also created an odd schism between clinical and counselling psychologists. So far as I can tell, from my cleverly disguised grey hairs, clinical psychologists are expected to apply specific treatments, to a variety of defined diagnoses, hopefully this does not mean a 'one size fits all' approach. Whereas counselling psychologists listen to clients, incorporate all their symptoms to and find the most suitable therapies for them at the time. These will vary according to the client and their needs at the time.

How sad that the client misses out on a variety of approaches if denied access to both clinical and counselling expertise!! However, for counselling psychologists there is one area where our skills are not only necessary but make a FARCE of the whole divisive system. That is workplace bullying.

This is an area which requires a variety of therapies at different times, including supportive therapy, reconstructive therapy, CBT, relaxation therapy, family therapy, career guidance, etc. Counselling psychologists can operate in two major ways, firstly, before the target of bullying is injured, giving them strategies, skills and options. Secondly, once the target has been injured, dealing with Workcover, any legal cases in the search for validation and eventually moving on, often 5-10 years later. In fact, currently it would appear that workplace bullying treatment is best suited to counselling psychologists!

The workplace bullying research literature is top heavy with descriptions of what workplace bullying involves, its causes and injuries, while the self-help literature is mainly influenced by those who've experienced its toxic impact, which creates some blind spots. However, it's not sufficient to discover what it is and why it happens, we need to know how to manage bullying within organizations and help the individuals directly affected, which includes, targets, bullies and bystanders. I would like address this article to focus my concern on victims.

A literature review reveals the earlier groundwork research of Stale Einarson, Noreen Tehrani, Eva Mikkelsen, Pamela Lutgen-Sandvik, Hans Leymann and others. Now we require collaborative debate, challenges, research and collaborative action on issues regarding diagnosis and treatment of victims of workplace bullying.

I work as a counselling psychologist and have a varied background, which has been heavily influenced by treating victims of school and workplace bullying, abuse, trauma, violence and crime. I also live in Melbourne, surrounded by the largest Holocaust survivor population outside Israel. Thus I'm surrounded by trauma! Fortunately, I work with some targets who are bullied at work, learn to survive and move on, their bullying scars surface only when triggers cause flashbacks. Many skills I employ to assist them are in *Bully Blocking at Work*, a self-help guide to managing workplace bullying, (Australian Academic Press 2010).

However, when I meet someone who has been or continues to be severely injured by workplace bullying, I am in a foreign territory! There are <u>no diagnoses dealing with workplace</u> <u>bullying in the DSM IV!</u> Many victims will experience depression, anxiety disorders and so on, but many of my clients who were bullied at work, also experienced a physical and/or psychological threat to their lives. This has been reinforced by clinical assessment. Please don't bombard me with Criterion A objections. Currently, client perception is more relevant than legal evidence. (Refer reference below). However many mental health professionals still avoid Criterion A and thereby invalidate, downgrade and demote their client's experiences and treatment by the law, insurance companies, employers and treatment professionals.

I have written on numerous occasions to the DSM V committee on trauma, who will consider my suggestions to include workplace bullying as a possible cause of trauma. Two magic words that would change the face of research and practice worldwide!!!! I invite you to join this crusade.....

Furthermore, some of my clients are extremely injured, physically, psychologically, spiritually, psychically, socially and so on. Many will never return to their former personalities and lives. It is as though they have been curdled, split, injured by nocebo, brainwashed into paralysis! There is little clear evidence to explain exactly why or how workplace bullying causes such a high degree of injury, which if known, could then be effectively translated into evidence-based treatment practices!

Another serious issue is that of symptoms. Most of the seriously injured victims of workplace bullying I treat demonstrate symptoms differently to other victims of trauma. Noreen Tehrani has pioneered this work. Thus, for example, anyone who has listened to a long-term victim of bullying will recall their high level of hyper-vigilance and their obsessing

the bullying and associated events for years. So many have sleep, weight and hair loss symptoms. Few forget anything! Is it possible that victims of workplace bullying suffer differently and therefore demonstrate separate symptoms to victims of child sexual abuse, domestic violence, prisoner of war or crime! Thus we need further research into whether or not workplace bullying trauma (**W.B.T.**) exists!

The trauma treatment literature has offered some short-term methods which <u>fail to</u> <u>protect</u> many victims from their lengthy medico-legal battles, personality injuries, economic losses, changed family relationships, sex life and physical well-being. If my hypothesis is correct, then over the many months or years of treatment, and I treat some clients for 5-9 years, we need to encourage research to demonstrate appropriate guidelines for treatment for every stage victims encounter.

Finally, worldwide we know that workplace bullying can seriously injure people, and I am sure that many good therapists treat victims, with or without an appropriate diagnosis, using their standard bag of tricks, effective therapies developed over many years of professional practice. But is that enough? Under the auspices of the Australian and New Zealand Psychological Societies I have begun training psychologists to treat targets/ victims of workplace bullying. Thus I am aware of the total lack of training material. I hope to rectify this with international colleagues in the future .

I believe that psychologists need to build a strong evidence-based body of knowledge, like training in any therapy or disorder, e.g., anorexia, marital therapy, to guide mental health professionals and provide victims of workplace bullying with the most appropriate, therapeutic interventions to deal with their injuries and move on. Currently this area appears to be more closely aligned to counselling psychology and yet the symptoms and their treatment need a clinical approach!

While I have severe doubts that my article will make a dent on the clinical /counselling debate, it is proof that the whole concept may be divisive, invalid and unethical, my example of treating victims of workplace bullying is a clear example.

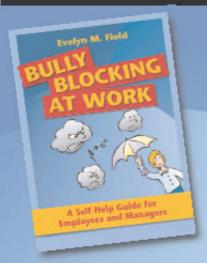
Evelyn M. Field FAPS

Email: <u>efield@bullying.com.au.</u>

Webpage: www.bullying.com.au www.bullyblocking.com

\*Van Hooff, M., McFarlane, A.C., Baur, J., Abraham, M., & Barne, D.J. (2008). *The stressor Criterion-A1 and PTSD: a matter of opinion*? Journal of Anxiety Disorders. (2009) Jan; 23(1). University of Adelaide, Australia.

# **INVITATION TO THE BOOK LAUNCH OF**





### by Evelyn M. Field

DATE:	Sunday 11 April 2010
TIME:	4:00 pm to 6.00 pm
VENUE:	GLEN EIRA TOWN HALL
	1st Floor, Caulfield Cup Room Glen Eira Road (Cnr Hawthorn Road) Caulfield
RSVP:	By Tuesday 6 April 2010 email: sunflowerbookshop@netspace.net.au or phone: 03 9523 6405

Kosher food and drinks will be served

### LAUNCHED BY

Helen Shardey MP Member for Caulfield

#### **HOSTED BY**

Australian Academic Press in conjunction with Sunflower Bookshop

### Jill's Green Cards

While working as a volunteer counsellor at Solaris Care Cancer Support Centre in Perth, I have been using ordinary index cards  $(13 \times 7.5 \text{ cm})$  to write on and give to clients as reminders of a discussion. I did not deliberately choose the colour, but it has turned out to be surprisingly appropriate.

It all began as a response to the realisation that people dealing with cancer (both as patients and as family members) are often over-whelmed. They are dealing with huge emotional, physical, practical and time-consuming issues, including input-overload, which severely limit their available energy, memory and attention span. I found myself giving people little notes written on pieces of paper and was embarrassed when told how much they were used and shown to others. So I bought a box of index cards which are quite sturdy and of a size to encourage brief, meaningful statements.

What do I write?

Usually we work on the wording together towards the end of a session, and I use the clients words as much as possible. Sometimes the client will say "write down what you said about....." and that's alright too.

Common notes include:

Be kind to myself - after discussion of unrealistic standard setting Remember I am grieving - after discussing emotional issues Asking for help is a gift to the other person Decide what I want to say and stick to it as part of assertiveness training Keep my 'Stroke Tank' topped up useful TA image re self-care for carers

These are not world-shattering insights, nor is the idea of a post-session note or letter a new one. However, I have been touched and humbled by comments like "I keep my card in my handbag all the time", "I put my card up near the telephone", "I look at my card when I can't sleep". You can match these comments to the examples above.

Some cards are more specific. Here are two examples:

A young man whose father was in the late stages of cancer, began his second appointment by saying "I've done everything on my card". You'll understand my surprise when you see that his card read:

*Get help with....*(urgent family business) *Tell Mum I'm not going to carry on ...*(the family business) *Talk to Dad about his dying* 

Jill Lawson

#### Those Pesky Words: Phonological similarity.

Dr. Elizabeth Tindle FAPS

I multitask like many other people and as I age I seem to expect more from myself in this sphere. One of my common habits is to write copious notes at a frenetic speed as I listen intently to an interesting discussion or lecture on Radio National. When I read my notes at a later date, I pick out a few mistakes. They are mistakes of spelling of an unusual kind. The letters of the words written are correct but the word itself isn't. However, the words written sound similar to the words that I intended to write. For example I wrote the word "fork" instead of "folk': I wrote "valley" instead of "value": "fees" instead of "fears": birth-rate" instead of "birth-weight". On another occasion when listening to a lecture on 'Decision making' I wrote "mind" instead of "married" (first and last letter correct): "two" instead of "to" (a number taking precedence over a preposition!).

From these examples it seems as if I am starting off writing the word and leaving my brain and my fine motor skills of writing, to complete it while I continue concentrating on listening and processing the message of the speaker. I don't want to miss an important point. Is this an example of the 'Phonological similarity effect'? (Beaman, Neath & Surprenant, 2007). Beaman et al. state "Experimental data show that high-performing individuals are significantly more likely to demonstrate phonological confusions than low performance individuals". (p. 89)

This phenomenon does not occur when I am focussing on writing down my own thoughts, not having to listen and process from another source. I have, in the past had students who have claimed that they are unable to take notes and listen to the lecturer at the same time. It definitely is a skill which improves with practice but a skill that consumes a lot of brain work, focus and concentration. Students have less of this note taking to do at university now because they can record their lectures or see and hear them again on their computers with On Line Teaching (OLT ) facility

What is happening in the brain when there is a substitution such as that which I have described? Obviously the brain can not process two thoughts at the same time so the word bank of my memory does its best and gives me a word which starts with the sound I want and then finishes with another English word stored in the bank but not the one originally intended eg "valley" instead of "value", "birth-rate" instead of "birth-weight

Another mystery to me is the reversing of letters. It is almost as if my pen is too slow for my brain and I am writing the second letter in the word because I have already moved on to this before I have actually written the first. For example, I may start with "f" when I want to write "of" and have to correct myself.

Does all of this signify the start of a decline in my mental capacity? Or am I overloading my brain with multiple processing demands that it can't carry out without error? My defensive explanation of course is that it isn't a decline rather a self awareness and a minor contribution to the Greek recommendation to "know thyself". Yes, I think I do tax my brain and expect it to process multiple sensory inputs all at once. It does a pretty good job most of the time. Or am I in denial and am really detecting the first signs of losing my marbles? Scary thought!!

If this same phenomenon had happened when I was a university student, would I have even noticed it? I doubt it. At that time in my life I would have probably focussed on one thing at a time and swung from listening to writing and back to listening.

Has anyone else observed this phenomenon, phonological confusion or similar, in themselves?

#### Reference:

Beaman,C.P., Neath, I. & Suprenant, A.M. (2007). In D.S. McNamara & J. G. Trenton (Eds.) Phonological similarity effects without a phonological store: An individual difference model. *Proceedings of the 29th Annual Conference Science Society, (pp.89-94) Austin Tx: Cognitive Science Society.* 

### **Motivational Interviewing**

The Counselling Psychology program at La Trobe University uses Motivational Interviewing (MI) to inform its skills development work among intern psychologists at all levels of the program. We would like to make contact with those like us that recognise that MI encapsulates core principles of a counselling psychology approach in the professional training of psychologists- especially as exemplified in the work of William Miller- and would like to link up with our research efforts in examining the core ideas of MI and demonstrating the empirical basis for the core ideas. MI lays down a basic training that interns can later build on in their PD activities.

Please contact: Dr Geoff Denham Coordinator Counselling Psychology Programs School of Public Health- Faculty of Health Science La Trobe University Bundoora, VIC. 3056 Phone: (03) 9479 2639 Email: <u>G.Denham@latrobe.edu.au</u> Coordinating Editor Australian Journal of Counselling Psychology

or

Dr. Melissa Monfries Email: <u>M.Monfries@latrobe.edu.au</u> La Trobe University Bundoora, VIC. 3056

### Are you looking for a Supervisor?

Did you know that the College of Counselling Psychologists has a list of its more experience members who are willing to provide counselling & clinical supervision in an individual and/or group format to other professionals working in a range of areas.

There are over 250 Counselling Psychologists qualified to provide supervision across all States and Territories of Australia. For contact details of the list of accredited Counselling Psychologist supervisors, download the

### Counselling College Supervisors Directory

from the College Webpage:

### www.groups.psychology.org.au/ccoun

# **Professional Development**

#### Professional Development (PD) Convenor's Report

The PD Panel consist of 5 College members namely Dr. Geoffrey Glassock and Zaharah Braybrooke from New South Wales, Michael Di Mattia and Lyndon Medina from Victoria, and Lidia Genovese from Western Australia.

For the first quarter of 2010, the PD panel have been involved in 3 primary activities:

- 1) Endorsements of PD applications for specialist points by mid March 2010, the PD panel had reviewed 94 applications; with 50 for Level 2 and 44 for Level 1 applications for specialist points. Each PD application is assessed independently by members of the PD panel and only when the majority agrees the applications is subsequently endorsed. Out of the 92 PD applications only 2 applications were denied for specialist points.
- 2) Professional Development Audit of 2007-2009 cycle the APS has randomly selected 18 College members to be audited for the 2007-2009 PD cycle. These members were asked to submit documentation to prove that they have met the 60 PD points requirements (30 specialist points and 30 generalist points). The PD panel evaluated these evidence and approved 17 out of the 18 members audited.
- 3) Contacting College Member who had not PD requirement for 2007-2009 cycle the APS recently informed the PD Committee that there were 32 College members who had not met the 60 points for the said PD cycle and the members identified were at risk of having their membership with the College downgraded to "affiliate" status. A letter was immediately sent to the 32 College members to encourage them to review their PD activities and resubmit. State Chairs also made attempts to call respective members who reside in their respective localities.

Having been part of this PD process, there are several tips that I believe important to pass on to College members which may make it easier in the future, when audited and when it comes to the end of the PD cycle, these include:

- Keep all receipts and/or certificates from PD attended
- Store PD documentation in one place (e.g., folder) and by year
- Update PD log regularly APS Members can log their PD Online on the APS website
- Record all PD activities e.g., workshops, seminars, supervision, peer supervision, video & audio resources, presentation, post graduate studies, etc. (see APS PD Information Guide, March 2009) for more details.

Future activities - the PD panel has proposed to the National Committee to organise 1-2 PD activities per year. The main purpose of the PD would be to have the majority of the College members nationally trained in the chosen PD activity. For instance, *Acceptance & Commitment Therapy* and *Interpersonal Personal Therapy* had been suggested. However, planning for these activities are at an early stage.

Lyndon Medina National PD Convenor APS College of Counselling Psychologists

# **Professional Development**

### Special Feature: Psychotherapy

#### Process Experiential Emotion Focused Therapy -Melissa Harte

With a 30-year history in the US, Canada and Europe, Process-Experiential Emotion-Focused Therapy (PEEFT) is in the early stages of its development in Australia. George Wills imported PEEFT to La Trobe University in 1998 following his collaboration with Robert Elliott and Leslie Greenberg at the 1997 International WAPCEPC conference.

PEEFT, an experientially orientated psychotherapy, has its roots in the humanistic, clientcentred, existential and Gestalt approaches and has undergone a number of iterations since its development (Greenberg, Watson, & Lietaer, 1998). PEEFT emphasises the importance of two fundamental principles; firstly that a genuine empathic and affirming therapeutic relationship is facilitative of change in the client, and secondly that deepening the client's *experiencing* within the therapy sessions is a vital component of sustainable client change.

The client's experiencing consists of the examination and representation of his or her internal worldviews, including feelings, perceptions, goals, values and constructs (Greenberg, Rice, & Elliott, 1993; Watson, Greenberg, & Lietaer, 1998). PEEFT has developed and adopted methods that stimulate or activate emotional experience within the context of the empathic facilitative relationship. The approach views people as meaning-creating, symbolising agents, whose subjective experience is an essential aspect of their humanness.

According to Greenberg, (2002) emotion is a brain-based phenomenon that is vastly different from thought, "it has its own neurochemical and physiological basis and is a unique language in which the brain speaks" (p. 3). Cognitive theorists have argued that emotion is postcognitive (e.g. Beck, 1996). However, recent research has shown that emotion precedes cognition (Le Doux, 1996; Zajonc, 2000) and makes significant and fundamental contributions to information processing. Greenberg has written extensively that emotion is foundational to the construction of a sense of self and a key determinant of self-organisation (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002, 2004; Greenberg et al., 2007; Greenberg & Paivio, 1997; Greenberg & Pascual-Leone, 2001; Greenberg et al., 1993; Greenberg & Watson, 2006).

In a recent Sydney workshop, Greenberg (2010) described emotions as a relational action tendency, a process of meaning construction and a primary signalling system. The PEEFT therapeutic model holds that it is important to focus on emotion because it provides the individual with information as a primary motivator of behaviour (Greenberg, 2010). Further, Greenberg and Elliott (e.g. Greenberg & Paivio, 1997; Greenberg et al., 1993; Greenberg & Watson, 1998; Watson et al., 1998) have long emphasised that emotional arousal and depth of experience within a therapeutic session is essential in order to effect change in the client's affective functioning and view of themselves (also see Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg, 2002, 2004; Greenberg, Elliott, & Pos, 2007; Greenberg & Watson, 2006). They contend that emotional expression in conjunction with reflective processing is critical (Elliott, Greenberg, & Leitaer, 2004). Clients are helped in therapy to better identify, experience, explore, make sense of, transform and flexibly manage their emotions (Greenberg et al., 2007).

The most recent formulation, of PEEFT is described in the manual written by Elliott, Watson, Goldman, and Greenberg (2004), entitled *Learning emotion focused therapy: The process experiential approach to change.* In addition to its core of traditional client centred practice, attention is given to specific client statements, called *markers*, that indicate a client is struggling with a particular issue and is "ready" to work with it (Watson et al., 1998).



Melissa Harte, Lyndon Medina and Professor Leslie Greenberg (middle) in Melbourne on 17 February 2010 at the Emotion Focused Therapy for Depression workshop

A PEEFT therapist follows the client through *empathic attunement*, in order to track their process as well as assess whether to propose the use of more specific interventions or *tasks* (Elliott, Watson et al., 2004; Greenberg et al., 1993; Watson et al., 1998). Within this working alliance the client remains the expert and the therapist is encouraged to follow the client's direction.

The interventions or tasks of PEEFT are intended to heighten the client's inner experiencing so that they can be more easily symbolised into awareness and processed (Elliott, Watson et al., 2004; Greenberg et al., 1993; Watson et al., 1998). Tasks include experiential focusing, empty or two-chair work, and systematic evocative unfolding. These different interventions pursue particular types of exploration suited to different types of processing difficulties and promote different types of resolutions. Some of the tasks are focused on the intrapsychic processes but some indirectly facilitate interpersonal functioning (Elliott, Watson et al., 2004; Greenberg et al., 1993).

The approach was originally termed Process Experiential therapy (PE) by Les Greenberg, Laura Rice and Robert Elliott (1993) reflecting its roots and embodying the principles of it being a humanistic, experiential and process-focused approach. More recently, and according to Greenberg and Elliott (2007):

Overtime developments in the understanding of the role of emotion in human functioning and in therapy led us to see emotion as centrally important in the experience of self, in both adaptive and maladaptive functioning, and in therapeutic change and the change in name reflected this development (p. 19).

The term Emotion-Focused Therapy (EFT) has come to be applied to the individual therapy since the late 1990's (see Elliott, Watson et al., 2004; Greenberg, 2002, 2004; Greenberg & Goldman, 2008; Greenberg & Paivio, 1997; Greenberg & Watson, 2006). Robert Elliott, as Professor of Counselling at the University of Strathclyde has set-up counselling training in what he refers to as Process-Experiential/Emotion-Focused Therapy (his acronym being PE-EFT). He also has a personal blog tracking some of the most recent developments in PE-EFT research and teaching (Elliott, 2010). I have chosen to refer to this approach as PEEFT because of its original underlying principles that include not only the emphasis on emotional processing but also the internal processing and symbolising of experience.

Finally, PEEFT as an integrative, humanistic, process-orientated, evidence-based practice, is one of the most rigorously researched forms of humanistic practice and has been shown to be efficacious in the treatment of depression, anxiety, PTSD, Complex PTSD, trauma and abuse (Elliott, Greenberg et al., 2004; Elliott, Slatick, & Urman, 2001; Paivio & Pascual-Leone, 2010).

The APS College of Counselling Psychology is running 6 days training in PEEFT run by Melissa Harte. Please contact Melissa Harte for details of registration on 0407427172 (mobile) or email her <u>M.Harte@latrobe.edu.au</u> or <u>m.harte@bigpond.net.au</u> References mentioned in this article may also be obtained from Melissa.

# **Professional Development**

The APS College of Counselling Psychologists (VIC)

# Process-Experiential Emotion-Focused Therapy 6 days professional development

### Melissa Harte (Psychologist)

When: 22<sup>nd</sup> and 23<sup>rd</sup> May (Saturday & Sunday), 19<sup>th</sup> and 20<sup>th</sup> June (Saturday & Sunday),

17<sup>th</sup> and 18<sup>th</sup> July (Saturday & Sunday), 2010

**Time:** 9.30 a.m. - 5.30 p.m.

- Where:155 Langridge Street, Collingwood<br/>(Training Room Psychodrama Institute of Melbourne)
- Cost:Counselling College Members \$ 470Non-Members \$ 57084 specialist points endorsed by the College of Counselling Psychologists

### Limited Places: This workshop is limited to 19 people.

**Catering:** Morning & Afternoon Tea provided. Lunch is not provided.

Enquiries: Melissa Harte - 0407 427 172 (mobile), <u>M.Harte@latrobe.edu.au</u> (email)

Melissa, a registered psychologist, is currently undertaking her Doctor of Counselling Psychology studies at La Trobe University. She is a passionate advocate for the Person-Centred approach of Process-Experiential Emotion-Focused Therapy (PEEFT). Her research involves the investigation of in-therapy experiences and treatment effects for depressed young people (18-25) counselled with PEEFT. Melissa is also involved in PEEFT training, research, supervision and the organisation and delivery of professional development. In addition, Melissa has her own successful private practice.

#### Professional memberships:

Registered Psychologist with the Psychologists Registration Board of Victoria (PRBV); Associate Member Australian Psychological Society (APS); Full Member Society of Counselling and Psychotherapy Educators (SCAPE); Member World association for person-centered and experiential psychotherapy and counselling; Victorian Association of Holistic and Transpersonal Counsellors (VAHTC); Advocates for Survivors of Child Abuse (ASCA).

#### Training Workshop

Process-Experiential Emotion-Focused Therapy (PEEFT) is a integrative, humanistic, processorientated, evidence-based practice. PEEFT is one of the most rigorously researched forms of humanistic practice and has been shown to be efficacious in the treatment of depression, anxiety, PTSD, Complex PTSD, trauma and abuse. This experiential training will highlight theoretical as well as practical ways of working with clients with many forms of psychological distress. Each session will provide opportunities to observe live demonstrations as well as take part in practical triad work. All participants will be provided extensive reading list as well as a copy of the PowerPoint slides that are presented during the training. A 30 minute test will be given on the sixth day to test participants' knowledge, understanding as well as their competence of the PEEFT model.

# **Professional Development**

## **Process-Experiential Emotion-Focused Therapy** 6 days professional development

#### Day 1

Overview of workshop PEEFT Theory Introducing notion of "feeling into" and resonance Felt sense exercise and resonance Demonstration - Focusing

#### Day 2

Roger's core conditions revisited Attending – moment by moment Relational Tasks - Working Alliance Facilitating Arousal Theory – Markers and Tasks Demonstration - Empathy based tasks

#### Day 3

Contemporary Emotion Theory Encouraging expression of Primary Emotion Emotion Schemes Demonstration of Repossessing Problematic Experience – Systematic Evocative Unfolding

#### Day 4

Dialectal Constructivism on the theory of change Enactment Tasks – empty and two chair work Demonstration of two chair work Discussion

#### Day 5

Reprocessing Tasks Narrative Marker for trauma retelling Meaning Protest Full Demonstration and identification of Tasks and Markers Case Formulation

#### Day 6

Review of Tasks and Markers, interventions, meaning bridges and end states Clinical applications - depression, anxiety, PTSD, complex PTSD, trauma and abuse. Test

#### Enquiries and Registration:

Melissa Harte - 0407 427 172 (mobile), M.Harte@latrobe.edu.au (email)

**Psi Counselling News** 



The APS College of Counselling Psychologists (VIC) in conjunction with the Centre for Existential Practice presents:

### UNCERTAINTY: Exploring our responses to an unpredictable world

A 2 day training with Professor Ernesto Spinelli, PhD

When: 13-14 November 2010, Saturday & Sunday

**Time:** 9.30 a.m. - 5:00 p.m.

Where: Medina Grand Hotel, 189 Queen Street, Melbourne 3000

**Cost:** APS Counselling College members & APS student members: \$465 APS General members and other APS College members: \$499

Note: arrival tea/coffee, morning tea, lunch and afternoon tea are included

We live in an unpredictable, ever-changing world and our response to this uncertainty has never been more relevant, both in general terms and as expressed by clients in the therapeutic relationship.

This two day workshop will present key ideas from existential psychotherapy, focusing on particular issues raised by uncertainty and its relationship to clients and therapists in their struggle to engage with one another and the life-issues being presented. The workshop will address how best to draw out and work with the (often) implicit fears and concerns experienced by clients when facing uncertainty, so that the creative and constructive possibilities of uncertainty may be enhanced and incorporated into their worldviews. The workshop will utilise theoretical and case study discussion as well as practical exercises. Participants are strongly encouraged to bring their own case material - and life experiences of uncertainty - for discussion.

**Ernesto Spinelli** has gained an international reputation as one of the leading contemporary trainers and theorists of existential analysis as applied to psychology and psychotherapy and, more recently, the related arenas of coaching, facilitation and conflict mediation. Ernesto is a UKCP-registered existential psychotherapist, a Fellow of the British Psychological Society (BPS) and the British Association for Counseling and Psychotherapy (BACP) as well as an accredited executive coach and coaching supervisor.

A prolific author, Ernesto's most recent publication is *Practising Existential Psychotherapy: The Relational World*.

### **Registration Form**

### UNCERTAINTY: Exploring our responses to an unpredictable world

Date: 12-13 November 2010; Venue: Medina Grand Hotel, 189 Queen Street, Melbourne. 3000

	PERSONAL DETA	LS	
-ull Name:			
Mailing Address:			
Suburb:	State:	Post C	ode
Telephone contact:			
Email address:			
Special dietary requirements:			
	PAYMENT DETAIL	S	
	Registration Type		Price Incl. GST
APS Counselling College Me			\$465
APS General members and other APS College members			\$499
APS Student Members			\$465
	\$payable to the Austra AUD\$ AMEX Mas		Society Ltd <b>or</b>
Cardholder Name			
Card No:/	_//	Expiry Date	/
Cardholder's Signature			
AMOUNT ENCLOSED:			
	SEND PAYMENT T	O:	

**Please photocopy this form and send your payment to:** APS Events Team, The Australian Psychological Society, PO Box 38, Flinders Lane VIC 8009, Ph: (03) 8662 3300, Fax: (03) 9663 6177.

#### Workshop Enquiries: Michael Di Mattia, <u>michael.dimattia@adm.monash.edu.au</u>or 0413 355 565 (mobile)

#### CANCELLATION POLICY:

Refunds less a \$50.00 administration fee are given for cancellations received in writing via email or fax to the APS Events Team at <u>events@psychology.org.au</u> or Fax: (03) 9663 6177, no less than 21 days prior to the event. Refunds are not possible less than 21 days before the event, regardless of personal circumstances. Cancellation policy is final and not negotiable. The APS College of Counselling Psychologists regrets the difficult personal circumstances that prevent people attending including medical concerns and emergencies, severe weather or transport difficulty, however the logistics of event management prevents the Counselling College from assuming responsibility for such difficulties.

#### TRANSFER OF REGISTRATION TO ANOTHER PERSON:

Registrations are transferable IN FULL to another person on notification to the APS College of Counselling Psychologists via the APS Events Team. Where a delegate can only attend for part of a training, transfer of the remainder of the registration to another person is NOT possible.

# **Professional Development** The APS College of Counselling Psychologists (VIC) present a one day state conference **Counselling Psychologists:** Experts in psychological therapy When: Friday November 12<sup>th</sup> 2010 Time: 8:30am - 9:00am (registration) 9.00am – 5:00pm (conference) 5:00pm – 6:00pm (networking) Treacy Conference Centre, 126 The Avenue, Parkville 3052 Where: Cost: APS Counselling College members & APS student members: \$190 APS General members and other APS College members: \$230 Note: arrival tea/coffee, morning tea, lunch and afternoon tea are included, as well as food and drinks at the conclusion of the conference

This one day conference aims to bring together counselling psychologists from across Victoria and provides an opportunity to experience the diversity of perspectives and activities that make up the practice of counselling psychology. This exciting one day conference will feature a number of different presentation formats, including symposia, individual paper sessions, panel discussions and innovative sessions. There will also be an opportunity for networking with colleagues at the conclusion of the conference, with food and drinks provided.

The conference organising committee is pleased to announce that **Professor Ernesto** Spinelli will deliver the key note address for the conference.

Details of the conference program will be updated on the college's webpage throughout the year.

### **Registration Form** Counselling Psychologists: Experts in psychological therapy **Date/Time:** November 12<sup>th</sup> 2010, 9.00 a.m. - 5:00 p.m. Venue: Treacy Centre, 126 The Avenue, Parkville PERSONAL DETAILS Full Name: \_\_\_\_\_ Mailing Address: Suburb:\_\_\_\_\_\_Post Code\_\_\_\_\_\_ Telephone contact: Email address: \_\_\_\_\_ Special dietary requirements: \_\_\_\_\_ PAYMENT DETAILS Registration Type **Price** Incl GST **APS Counselling College Members** \$190 **APS General members and other APS College Members** \$230 **APS Student Members** \$190 1. I enclose a cheque for AUD\$ \_\_\_\_\_payable to the Australian Psychological Society Ltd, or 2. Please debit my credit card AUD\$ \_\_\_\_\_ AMEX MasterCard Visa Cardholder Name\_\_\_\_\_ Card No: \_\_ \_\_ \_\_/\_\_ \_\_ \_\_/ \_\_ \_\_ \_\_/\_\_ \_\_ Expiry Date \_\_\_ / \_\_\_ Cardholder's Signature \_\_\_\_\_ AMOUNT ENCLOSED: \_\_\_\_\_

### SEND PAYMENT TO:

Please photocopy this form and send your payment to: APS Events Team, The Australian Psychological Society, PO Box 38, Flinders Lane VIC 8009, Ph: (03) 8662 3300, Fax: (03) 9663 6177. Conference Enquiries: Michael Di Mattia, <u>michael.dimattia@adm.monash.edu.au</u> or 0413 355 565

#### CANCELLATION POLICY:

Refunds less a \$50.00 administration fee are given for cancellations received in writing via email or fax to the APS Events Team at <u>events@psychology.org.au</u> or Fax: (03) 9663 6177, no less than 21 days prior to the event. Refunds are not possible less than 21 days before the event, regardless of personal circumstances. Cancellation policy is final and not negotiable. The APS College of Counselling Psychologists regrets the difficult personal circumstances that prevent people attending including medical concerns and emergencies, severe weather or transport difficulty, however the logistics of event management prevents the Counselling College from assuming responsibility for such difficulties.

#### TRANSFER OF REGISTRATION TO ANOTHER PERSON:

Registrations are transferable IN FULL to another person on notification to the APS College of Counselling Psychologists via the APS Events Team. Where a delegate can only attend for part of a training, transfer of the remainder of the registration to another person is NOT possible.

# **Professional Development**

#### Victoria

Acceptance & Commitment Therapy for Anxiety: Advanced Workshop

Julian McNally

10th April 2010 (Saturday) 9.00am - 4.00pm

Mary Rice Room Treacy Conference Centre 126 The Avenue, Parkville Melbourne, VIC.

Workshop is limited to 40 people

APS students = \$90

APS Counselling College Members = \$90; APS General Members, & other APS College Members = \$120

Note: arrival tea/coffee, morning tea, lunch and afternoon tea are included.

#### The Workshop

Participants in this workshop should have some familiarity with and experience in using the ACT model. This workshop will focus on applying particular aspects and processes of the ACT model that new learners find 'sticky' or 'tricky'. In particular, we will aim to answer questions such as:

+ What should I do or say when I get stuck?

+ Do I need to cover all six processes?

+ What if a client says "defusion (or acceptance) didn't work"?

What if they don't know/can't say what their values are? Or what if they don't have any?
What should I do with clients who are concrete thinkers/psychotic/sceptical about therapy/mindfulness/ACT?

✦ What should I do with clients who don't 'get' self-as-context? (What if I don't 'get' it?) What about clients who are 'fused' with problem-solving or their religious beliefs or their 'victim' or 'sick' role?

Enquiries: Linda Tilgner- 0409 198 774, ltilgner@hotmail.com

**Registration:** Download Registration form from APS PD Events Webpage March Alcohol problems related to young women and pregnancy Defects Presenter: Dr. Elizabeth Tindle

May Therapists Perceptions of Mental Disorders (see full Poster) Presenter: Vivian Jarrett

June Men & Anger

### Western Australia

Planning for a "mini-conference" involving the 9 Colleges are evolving

### Have you watched Marsha linehan's DVDs?

Treating Borderline Personality Disorder

&

Understanding Borderline personality Disorder

Both DVDs are available from the Victorian Section of the College and at the cost of Postage & Handling, College members can borrow and add these two resource into your professional development activities

Contact: Jan Seeley on 0416 596 869 or janseeley@yahoo.com

New South Wales

# **Professional Development**

### Victoria

### 2010 PD Activities:

	uvities.	Investigating the effectiveness of your
27-28 Feb. 27-28 March 17-18 April	Process Experiential Emotion Focused Therapy (PEEFT) - (6 Days Workshop) Presenter: Melissa Harte	practice: Towards client responsive tracking of therapeutic outcomes Dr. Geoff Denham
13 March	Temperament, Constitution & Health: Holistic Perspectives in Counselling Presenter: Paul Holman	17 April 2010 (Saturday) Y Hotel Mezzanine B (Level 1) 5-11 Wentworth Avenue Sydney
10 April	Acceptance & Commitment Therapy: Advanced workshop Presenter: Julian McNally	3 PD Points (CCOUN) Cost: \$100 (CCOUN) members; \$120 non members; \$80 students (Early Bird)
22-23 May 19-20 June 17-18 July	Process Experiential Emotion Focused Therapy (PEEFT) - Presenter: Melissa Harte (see full Poster)	Workshop Aims: The workshop will help participants identify the usefulness of recent research aimed at provid-
17 August	Siblings sexual abuse: Challenges for families, therapists & Agencies and Annual General Meeting) (see full Poster) Presenter: Helen Kambouridis	ing an evidence-base for practice. The workshop will towards the goal of each participant formu- lating a means of investigating and demonstrat- ing the effectiveness of their own practice there- fore becoming more competent practitioner/ researcher.
September	<i>Sex therapy: Working with couples and mismatched libidos</i> (Proposed - To be Confirmed)	Enquiries: Muriel Bergel - 0418 413 955, mbergel@bigpond.com
September	Information forum for future Counselling Psychology post graduate students (Proposed - To be Confirmed)	Have you seen Viktor frankl's DVDs? The meaning of life (1986)
October	<i>Couples therapy using John Gottman's model</i> (Proposed - To be Confirmed)	&
12 November	<i>Counselling Psychologists: Experts in Psychological Therapy</i> (see full Poster) Victoria State Conference Keynote: Ernesto Spinelli	In search of meaning (1984) Both DVDs feature Viktor Frankl (Psychiatrist & creator of Logotherapy) The Victorian Section of the College hold these
13-14 Nov.	<i>Uncertainty: Exploring our responses to an unpredictable World.</i> (See full Poster) Presenter: Prof. Ernesto Spinelli	2 DVDs (and other professional related DVDs) and at the cost of Postage & Handling, College members can borrow. Contact: Jan Seeley on 0416 596 869 or
Enquiries:	Linda Tilgner- 0409 198 774, <u>ltilgner@hotmail.com</u>	janseeley@yahoo.com

### **Professional Development**

The APS College of Counselling Psychologists (VIC) presents:

### Sibling sexual abuse: Challenges for families, therapists & agencies

### **Special Presentation by Helen Kambouridis**

As part of the ANNUAL GENERAL MEETING Tuesday, 17 August 2010 6.30 p.m. - 9.00 p.m.

As counselling psychologists we hear many stories of people's grief, trauma & struggles; many of which we may have even touched by ourselves. We know that sexual abuse unfortunately has occurred to far more people than will ever walk through our therapy room doors. One particular form of childhood sexual abuse that is perhaps more hidden and less understood than others, is sibling sexual abuse. What is it, what does it do to victims/survivors and their families, how does it impact on therapists and what can we do about it? These are some of the issues Helen will cover in this presentation.

Helen is a counselling psychologist who initially trained as a teacher and moved into psychology in the mid 1980s to work with Disability Services. While completing her M.A. at Swinburne University, Helen started working at the Gatehouse Centre for the Assessment and Treatment of child abuse, a Centre that is located with the Royal Children's Hospital, but is also a part of the Victorian Centres Against Sexual Assault. Helen has worked there for over 13 years, often with families who have experienced sibling sexual abuse. Helen has also undertaken training in family therapy. Amongst many things, Helen is a sister to her identical twin and to her older brother and she is currently undertaking a PhD through Bouverie Centre, La Trobe University, looking at best practice for working with sibling sexual abuse.

#### Schedule:

6.30 p.m.	Food/Social
7.00 p.m.	Reports: Chair, Secretary, Treasurer, PD Convenor
7.30 p.m.	Presentation
8.30 p.m.	Questions
9.00 p.m.	Closing

- Location: "Treacy Room" Treacy Centre, 126 The Avenue, Parkville, VIC.
- Cost: Counselling College Members & APS Students FREE Other College & APS Members - \$20

Registrations (please register for Catering purposes):

Michael Di Mattia - Email: michael.dimattia@adm.monash.edu.au or 0413 355 565

## **Professional Development**

APS College of Counselling Psychologists (Queensland) presents:

# **"Therapist Perceptions of Mental Illness"**

### Vivian Jarrett

Mental illness is often treated as a medical phenomenon despite the social barriers and stigma created by a diagnosis of mental illness. The application of social psychological theories has been neglected in the treatment of mental disorders, in preference to the biological model. Advances in the knowledge of vulnerable groups and the effects of stereotype vulnerability are not well known, especially within psychotherapy training. Vivian will present based on her research into the impact of the social barriers faced by those with a mental illness history. These barriers include therapist's perceptions of social discrimination. The presentation will provide new ways to support clients to overcome social stigma.

Vivian Jarrett graduated from Griffith University in Brisbane with a Bachelor of Psychology with honours in 2005 and since this time has worked within the public mental health system, in private practice as a consultant psychologist and research roles at Griffith University. Vivian has researched the social impact of stigma in mental illness, and more recently has been involved in the clinical training of midwives in counselling to treat perinatal distress within the school of Nursing and Midwifery at Griffith University. Vivian's interest in mental health has involved her participation on many national committees, publication of three articles in international journals, presentations at several psychiatry and mental health conferences and facilitation of training within psychiatry in Queensland. Vivian has an interest in group facilitation and professional training.

Date: Thursday, 6 May 2010

Time: 6.30pm – 9.30pm A light supper will be served

Venue: A Block, Room 105 Kelvin Grove Campus, Queensland University of Technology

### Here's a link to the map of the campus:

http://www.qut.edu.au/about/location/pdf/kg\_map\_colour\_2010.pdf

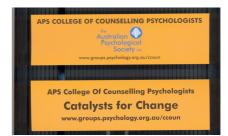
RSVP: <u>d.lincoln@qut.edu.au</u>

### Marketing

### **Raising the Profile of Counselling Psychologists**

APS COLLECE OF COUNSELLING PSYCHOLOOISTS Catalysis for Change Market State State State State State Sta							





If you have attended any of the Professional Development (PD) activities of the Victorian Section of the College in 2009-2010, you would have received a notepad, pen, and bookmark pictured above. These three marketing materials were initially developed by the Victorian State Committee as an intervention to raise the profile of Counselling Psychologists to the community, public and other allied health professionals. At the recent National Executive Committee meeting, I proposed that the three materials become a 'standard resource' given to all participants who attend the College PD activities across State & Territories.

The Victorian State Committee believes that raising the profile of Counselling Psychology in the public is essential given the significant attention directed to Clinical Psychology since the implementation of Medicare's *Better Access to Mental Health*. The community and other health professionals need to be aware of Counselling Psychologists expertise, skills and knowledge.

For instance, the most recent APS College of Counselling Psychology Brochure states that *Counselling Psychologists are specialists in the provision of psychological therapy*. The College Brochure further declares that *Counselling psychologists use a variety of evidence-based therapeutic strategies and have particular expertise in tailoring these to meet the specific and varying needs of clients*. These assertion and affirmation have to be conveyed (**in particular the first statement**) at all levels in the same way that other Colleges tend to announce their specialties.

The College have recently proposed to the APS a second version of the College bookmark. The new version will have the statement *Counselling Psychologists are specialists in the provision of psychological therapy*, while the original form will remain *Catalyst for Change* (as pictured above).

College members can perform an integral role in raising the profile of Counselling Psychologists. Three ideas that can contribute include:

- 1) Identify yourself as a Counselling Psychologist
- 2) Explain the specialisation of Counselling Psychologist to an allied health professional or a public member (i.e., specialist in psychological therapy), and
- 3) Suggest a referral to a Counselling Psychologist

Lyndon Medina National Marketing Portfolio APS College of Counselling Psychologists

# Have you visited the College webpage recently? Have you visited the College webpage recently?

### www.groups.psychology.org.au/ccoun

The College webpage is full of current information relating to our professional practice, counselling psychology and activities of the National and State Committee. College members are encouraged to visit the site occasionally and are invited to contribute to the content of the website. The College webpage was designed to augment and complement the *Psi Counselling News* as well as to provide immediate access to information relating to our profession.

Current information in the College webpage include:

- Counselling Psychologists Supervisor's List
- Papers by College members, e.g., *Vive le difference: Counselling & Clinical Psychology* by Dr. Elizabeth Tindle
- Subscription & submission to the Australian Journal of Counselling Psychology
- Response to the Psychology Board of Australia
- College Online Discussion Forum
- Victoria Conference Counselling Psychologists: Experts in Psychological Therapy
- Member's Media Library
- Professional Development activities
- College Portfolio Groups
- Previous editions of Psi Counselling News
- APS College Committee Manual
- News about Counselling Psychologists
- Office Bearers contact details

To submit material for inclusion on the College webpage, please contact Gerard Webster <u>gerard.w@optusnet.com.au</u> - College website coordinator.

### **College Committee Meetings - 2010**

#### National Executive Committee

19 March 11 July 12 July (AGM) 26 November

New South Wales

Meets every 6 weeks

Queensland State Committee

Meets 4-6 times per year

<u>Victoria</u>

01 February	05 July
01 March	August AGM
12 April	06 September
03 May	04 October
07 June	08 November

<u>Western Australia</u>

Meets bi-monthly

Australian Capital Territory

•PD subcommittee meets 2-3 times per year •Marketing Subcommittee meets as required

### **State Committee**

#### New South Wales

Dr. Geoffrey Glassock (Chair) Wendy Buchanan (Secretary) Thomas Schick (Treasurer) Cathy Eastwood Katherine Johnson Francesco Lopizo Maria Pirrello Arch Tibben

#### <u>Queensland</u>

Jo Ehrlich (Chair) Nicole Detering (Secretary) Brian O'Hanlon (Treasurer) Kathleen Ellerman Diana Greenhalgh Doreen Wesley

Australian Capital Territory

Marshall O'Brien (Treasurer) Stanton Bongers (Secretary) Tessa Neill

#### <u>Victoria</u>

Michael Di Mattia (Chair) Julian McNally (Secretary) Monica Lederman (Treasurer) Linda Tilgner (Professional Development) Lyndon Medina Dr. Naomi Crafti Dr. Raelynn Wicklein Catriona O'Neill Melissa Harte Jan Seeley Adam Becker Joseph McKeddie Jonathan O'Hara

Western Australia

Lidia Genovese (Chair) Nicki McKenna (Secretary) Kim Maserow (Treasurer) Kaye Barr Lorna Dick Maggie Orum Ben Mullings Georgina Timms Jenny Thornton Gail Boyle Nicci Lambert

#### **Psi Counselling News**

#### **Office Bearers (National)**



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Dr. Geoffrey Glassock Chair, NSW Section glassock@bigpond.net.au



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Jo Ehrlich Chair, QLD Section joaehrlich@aapt.net.au



A/Prof. Jan Grant **Committee Member** J.Grant@exchange.curin.edu.au



Lidia Genovese

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Dr. Geoff Denham **Committee Member** 



Michael Di Mattia Chair, Victoria Section michael.dimattia@adm.monash.edu.au



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Lyndon Medina Committee Member lyndon.medina@rmit.edu.au



Ben Mullings **Committee Member** ben@psyber.net.au

The National Committee of the APS College of Counselling Psychologists would like to hear from members about any concerns, issues, feedback and questions. Please feel free to contact any of the Office Bearers listed or log onto the College webpage for more information.

#### www.groups.psychology.org.au/ccoun