

# Psi Counselling news

NEWSLETTER OF THE APS COLLEGE OF  
COUNSELLING PSYCHOLOGISTS

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## From our National Chair

Elaine Hosie

The focus on the two tiered Medicare rebate system has forced the College Executive to consider the identity of counselling psychology in today's modern world of accountability, market forces and economic efficiency. Differing traditions in psychology are in the process of being redefined. We have been examining the merits and weaknesses of these traditions, especially the merits of both counselling and clinical psychology. Whereas, in the USA and Great Britain counselling and clinical psychology are seen to be different but equal, the two tiered Medicare regime in Australia has identified clinical psychology as more meritorious than the work done by counselling and other psychologists.



One positive outcome of the ongoing Medicare debate is to focus thinking on the merits of counselling psychology and ways of identifying them. Personally, my thinking has been about the interface between engagement of the client in the therapeutic alliance and applying interventions for symptom reduction in clients whose adaptive functioning is challenged.

Strawbridge and Wolf (2007) claim that today's economic forces increase demands for accountability and the demand to be scientific and to deliver evidence based practice. This favours the dominant medical model of science with its technical rationality and focus on efficacy studies and randomized control trials. Another body of research on therapeutic interventions indicates this to be a somewhat limited model. Strawbridge and Wolf claim that the growth of counselling psychology in Great Britain can be attributed to

1. increasing awareness of the **helping relationship** in facilitating therapeutic endeavour;
2. a growing questioning of the value of the medical model and a move to more **humanistic values in therapy**;
3. a developing focus on facilitating **health and wellbeing** rather than responding to sickness and pathology.

This is the challenge facing counselling psychology, and by drawing on the experiences in USA and Great Britain, we are facing a potentially exciting future if we can place ourselves strategically in the current marketplace in Australia.

The call for a presence and papers at the 2008 APS Conference has met with an exciting response from members. Counselling Psychology has a two day stream on Wednesday September 24 and Thursday September 25 of the Conference with the AGM on Wednesday September 24. Both days are packed with counselling psychology Symposia, fora and individual papers. I sincerely thank members who have submitted papers under the counselling psychology banner and I encourage all members attending the Conference to support fellow members' presentations and the AGM. Let's make our presence felt at this conference so the APS are aware that Counselling Psychology is a valid and scientific force to be reckoned with in Australian psychology. (See the Counselling program on pages 14-15.)

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## **The Editor's Rave**

As I write, the Government is examining Medicare to see where money can be saved. How can we influence this process?

Michael Costa and Ben Mullings have recently been coopted to the National Executive, Ben as the Student Representative. Both of them have an answer to this question. Ben has thoroughly researched the topic, and then presented his findings to influential people both within and outside the APS. Michael's choice has been to lobby his local Member of Parliament on behalf of Counselling Psychologists. He has also communicated with Nicola Roxon, Minister for Health. See his article on page 3. Inspect Ben's work at <http://www.psyber.net.au/policy.html>.

The National Executive has used Ben's material to assist the APS to present our case. We have also worked to dispel certain myths among some APS staff members concerning the nature of Counselling Psychology, our training and the work we perform.

That's the kind of thing we can do as an official body, with the restrictions that implies. However, individual members can do a lot more. Here, Michael's example is excellent. I have already followed it, and sent a letter to Nicola Roxon, the Minister of Health. Michael and I happen to live in the same electorate, and we have talked with our local member. Before the meeting, I'd sent her a briefing paper.

I have posted these letters to my web site. They are at <http://anxietyanddepression-help.com/roxon.html>; and <http://anxietyanddepression-help.com/bailey.html>.

You are welcome to read them, and then make up your own mind about what to write. But then — write. Request an interview with your local MHR, lobby the Minister of Health or even the Prime Minister. These actions are your right as a voting citizen. While we know that Medicare is to continue unchanged, its discriminatory features still need challenge.

My suggestion is that you keep any such communication positive, respectful and friendly rather than bitter and complaining. You know the old saw about honey catching more flies than vinegar. Mind you, I don't know why anyone would want flies.

☺

Bob

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## **Making Medicare Work for All**

This was the theme of a forum organised by the Melbourne Branch in April. Our Chair Elaine Hosie spoke. This is what she writes about it:

The Melbourne Branch recently presented a forum on Medicare with six speakers. I was invited to be a panel member representing counselling psychology. The full text of my presentation can be found on the College website, or at <http://anxietyanddepression-help.com/elaine080409.html>.

The final part of my address identified eight emergent problems for counselling psychologists as a result of the two tiered Medicare system. In summary they are:

### **Emerging Problems with Medicare from members' experiences**

1. In WA, for registration purposes, counselling and clinical psychologists are treated equally.
2. Clinical courses orient the clinical student to work with mental health issues sufficiently disabling to require inpatient treatment. In contrast, counselling psychology training focuses on serious mental health issues that still enable the sufferer to live within the community. This is the population who will be referred by a GP for psychological therapy. Therefore, if anyone is rightly to be considered a specialist for providing therapy for Medicare's target population, it is Counselling Psychologists, not Clinical Psychologists.
3. A significant number of older, very experienced members who have not had the opportunity to do clinical masters training but who have worked in the mental health field for many years are not being acknowledged for clinical membership.
4. Where clinical and counselling psychologists work side by side, with similar clients and do the same work, the clients of the clinical psychologist get a higher rebate. In these cases, both counselling psychologists and the public are being discriminated against.
5. Similarly, when a counselling psychologist is a Head of Department which includes clinical psychologists, those junior psychologists are eligible to 'supervise' the work of the senior, more experienced psychologist for Medicare Category 1 purposes.
6. The assumption that all those 'trained' in clinical psychology are entitled to a Category 1 rebate whether they are experienced or not in clinical practice.
7. Newly graduated clinical psychologists with little experience can set up in private practice and receive Category 1 rebates when very experienced and senior psychologists from other disciplines receive a lesser rebate.

The College Executive has presented these difficulties to the APS with a request for a response about possible so-

lutions to this discrimination against counselling psychologists who do clinical work alongside clinical psychologists.

The challenge to identify counselling psychology in the economic rationalist world of today rests with every counselling psychologist. Identifying and incorporating the merits of both the internal subjective model of counselling with the external, objective symptom reductionist model may have some value. In my view to argue that one is superior to the other is a fraught argument: there is a place for both. Think about the part you can play in identifying counselling psychology as a future force in psychology in Australia and be active in that support.

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## Medicare and Counselling Psychologists

By Michael Costa

Like many counselling psychologists, I am concerned about our patients not being able to access the full rebate enjoyed by patients of our clinical colleagues. I have had two meetings with my local member of parliament, the Hon Fran Bailey. I've also had written communication with the office of Nicola Roxon, Minister for Health and Ageing. My conclusion is that neither the former Liberal nor the Current Labor Government appears to understand that we exist, and more importantly what we actually do. Fran Bailey was very receptive to concerns that an inequity exists with Medicare and suggested that we as a body need to find ways to get the current government to listen to our concerns. We need to be seen to have something very real and practical to offer the community. We have an opportunity here, e.g., in the light of the Prime Minister's concern over teenage binge drinking. Fran suggested we persuade our association (APS) to approach the government to hold discussions into the Medicare issue and how it disadvantages our patients. She suggested we sponsor a breakfast in Canberra to explain to politicians what we do and perhaps give a demonstration such as presenting a case study. The Rudd government is allocating some \$53 million to address this problem and we are well equipped to provide input.

Currently the government believes clinical psychologists are the only ones with high level therapeutic skills who are able to work within and with the medical model. I strongly disagree with this assumption and have demonstrated this by my work over the last 9 years on hospital CAT teams, psychiatric wards in both private and public hospitals and other community psychiatric services where patients are primarily treated under the medical model. I feel confident most, if not all, counselling psychologists feel similarly. As a group I believe we work well with the medical model and must let the government know as much.

My other concern is that some GPs, on whom we rely for our referrals, also believe that only clinical psychologists can effectively treat their patients. I have had to do my own bit of marketing and education with two of my referring GPs, to explain exactly what counselling psychologists do and to reassure them that their patients are in good hands and that I have the knowledge, skill and experience to help them therapeutically.

What am I asking of my colleagues?

**Either:** Write to your local member of parliament and express your concern over the false assumption that counselling psychologists are not capable of treating conditions such as depression, anxiety, OCD. Ask to meet with them to discuss these matters, request that they push for a review of Medicare for us.

**OR:** Send me your name and email address so I can send a joint letter to the Minister impressing upon her that we are a united group with a strong message. Politicians are concerned about losing votes.

For those of you who have no intention, as yet, of branching out into private practice in either a big or small way, I would offer the following.

You may some day decide to go into semi-retirement or to work part-time and the Medicare rebate may then become more of an issue for you. On principle, as more time elapses and more GPs start referring their patients to psychologists, they may decide that clinical psychologists are the most skilled practitioners as after all they get the full rebate. This could seriously undermine our reputation but perhaps not in an immediately obvious fashion rather more like the frog in the boiling water. This is not just an idle prediction on my part. A few months ago while doing a short term locum at a Melbourne public psychiatric facility, I overheard a senior psychiatrist talking to a psychiatric registrar who was looking at referring one of her patients to a psychologist. The psychiatrist recommended she consult a clinical psychologist because they, or so he believed, were the only ones with the skills to conduct assessments and therapy with a depressed/anxious patient who was also having problems sleeping. Needless to say, I was quite annoyed at this and did my best to counter this erroneous idea of what we can and can't do. I am but one voice and need your help. I feel that our very credibility is threatened and thereby our employability.

If you have any questions, I am happy to talk with you either electronically at [michellecosta30@hotmail.com](mailto:michellecosta30@hotmail.com) or telephone (03) 9718 2702, 0412 990 795.

Michael Costa

Counselling Psychologist

In response to his lobbying initiative and leadership, Michael has been coopted onto the National Executive. His work experience proves that the training of Counselling Psychologists allows us to work even in settings

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for which Clinical training is specifically aimed. It shows that given the interest and motivation, any qualified Counselling Psychologist can gain the experience to work in Clinical settings.

However, I disagree with Michael on one point. I, and I believe many other Counselling Psychologists, don't like the medical model. By training and experience, I am competent at using it, but only do so when forced by the requirements of a third-party payer. The evidence supports an approach that does not medicalise psychological suffering, but instead focuses on the strengths and resources of the client, and uses the therapeutic bond to foster growth and independence in the sufferer.

In fact, this is a very important reason beyond self-interest for advancing the view that, as in many other countries, Counselling Psychology should be a specialisation of equal status to Clinical Psychology.

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## **Clinical and Counselling Psychology**

**by Will Pitty**

I have been a member of both Colleges for many years. Since there is discussion on the relationship between these specialities, especially in the context of Medicare rebates, I wish to have my say on the basis of professional practice and teaching experience.

Firstly, some relevant personal history. During my undergraduate courses at Sydney University, clinical psychology was my main interest. Influential teachers were Gordon Hammer on theory and Frank Simpson (from Repatriation Service) on practice. In the late 40s and early 50s there were no counselling courses at the University of Sydney. Then I worked for 7 years as a member of a psychiatric team in the Division of Mental Hygiene, Department of Health in Tasmania. This was a rich experience with the spectrum of mental patients and conduct disorders referred by other Government Departments. We were based in Hobart but serviced the whole of Tasmania. As a consequence my vocational choice was confirmed — there was plenty of custom.

Then I directed psychological services for the Child Welfare Department and Juvenile Court in Adelaide. This broadened my perspective to include social influences. I moved to the University of WA, where I spent 5 years as the Student Counsellor, and concurrently completed my professional qualification in Clinical Psychology. In my counselling role I met many anxious students, but very few with serious mental pathology. Yet in a Personal Development group I conducted, two participants confessed to having mothers who were mad. And a student's spouse committed suicide — I had seen him once but he was not my patient. So there were mental illness issues on the fringe of my counselling practice. But in my clinical training, mental pathology was my daily bread in the Day Hospital for adults and in the separate Children's Hospital. After I'd completed the Clinical course, I was invited to join a group of clinical psychologists and psychiatrists who met once a fortnight at Royal Perth Hospital. We worked with ourselves on the basis of experience. It seemed to me that we were most helpful to each other when we responded as empathic human beings rather than as therapists, counselling each other.

After returning to the Clinical Unit in the Department of Psychology at Sydney University, I participated in many workshops during the 70s and 80s. I came to agree with the London paediatrician Donald Winnicott that we all live three concurrent lives: psyche, relationships and culture; that as well as taking account of personal dynamics, consideration of these other two "lives" must be combined in the process of "systems thinking." And I came to share the belief of that psychologically sophisticated American doctor with a Cherokee background, Lewis Mehl, that not only is "the whole greater than the sum of its parts" but that "enlightenment consists of the progressive widening of the context of understanding."

So where am I now, regarding clinical and counselling psychology? All psychology adopts a distinctive point of view of experience and behaviour — a mental one as distinct from an economic, moral or legal. The clinical point of view (originating from the medical "at the bedside position") is characterised by certain identifying characteristics that combine in the roles of assessor, therapist, researcher, teacher. These qualities include: 1. A primary acquaintance, concern and identification with the phenomena of mental suffering. The area is that of adjustment to one's life situation and includes environmental influences. 2. A helping attitude, supported by a professional practitioner model, together with relevant knowledge and skills. 3. A normal and developmental frame of reference (contrasted with psychiatry's abnormal one) with emphasis on learning and personality theories. 4. A functional or dynamic point of view, stressing motives, environmental forces and reinforcement; the importance of individual differences and of social structures as limiting influences. 5. The perception and formulation of patterns of feeling, thinking and action; the detection of the metaphorical aspects of these patterns — the psycho-logic of behaviour. 6. The common use of techniques e.g. personality tests, cognitive behaviour strategies, hypnosis, meditation.

Counselling psychology can be viewed in different ways: 1. As a helping relationship characterised by certain core conditions, e.g., empathy, non-directive/directive, solution-focused. 2. A set of activities and methods that derive from these conditions. 3. A special focus on meeting the needs of the less-disturbed clients. It is commonly held that there are no essential differences between the helping goals and methods of counselling and psychotherapy, rather that the main differences lie in the degree of dysfunction in the clients or patients.

To me, based on my experience in both roles, clinical psychology commonly differs from counselling psychology in

terms of its complexity and degree of abnormality, the depth of the helping process, access to relevant knowledge (psychopathology), level of personal responsibility and coping resources. “Counselling” is in such common usage these days describing a verbal technique to be provided in all instances of mild to major trauma that its consequences should be subject to professional verification. And there are evident differences between the “hand-holding” style of much of lay counselling and the “working through” of recurrent patterns of experience and behaviour in dynamic psychotherapy.

These days I call my professional self a clinical and counselling psychologist whose main function is that of holistic psychotherapist. It is relevant to note that although I was a member of the Clinical College when the Counselling College was formed, I agreed with the APS and joined the Counselling College too. The fact that both Colleges still exist many years later implies that the significant difference of orientation and emphasis remain, irrespective of Medicare benefits.

Will Pitty

(Clinical and Counselling psychologist, (Foundation Member of the APS).

I respect Will’s great experience, and his view carries weight with me. All the same, his is a sample of one. My experience is another sample of one. My recent case load includes:

- Four clients with DID, which has to be the ultimate damage from a traumatic childhood;
- A 13 year old mother, whose stepfather had raped her over a year, with death threats to keep her quiet;
- A young man who, in a drug-induced rage, nearly murdered someone;
- Another young man who held his dying mate, murdered in his presence;
- Four clients, imprisoned by agoraphobia;
- A woman hiding because the serial rapist she’d testified against is now out of jail;
- A 42-year-old man who’d never had a girlfriend, because of the poisonous self-beliefs mum and dad had planted in him;
- A 22-year-old who suffered night terrors. Under hypnosis, she vividly recalled her father forcing her to stimulate his penis.

Surely, none of these can be said to be the ‘worried well.’ I am interested in finding out YOUR experience. Does it agree with Will’s, or mine?

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### **Something New to You? Family Constellations by Lutz Pamberger**

While Family Constellations work is mostly used in a group setting, it can also be used in individual counselling or therapy sessions.

Family Constellations work has been developed by **Bert Hellinger**, a German psychotherapist, who worked as a priest for many years in Africa before training as a therapist. Hellinger’s wide range of experience in different psychotherapy approaches including training in Psychoanalysis, Transactional Analysis, Gestalt therapy and Family therapy led him to develop this new experiential approach to explore family systems.

The exploration of a family system does not require the actual family members to be present. After an initial interview with the facilitator, the client sets up his/her family system by selecting participants from the group to represent their family members according to his/her felt body sense, not his/her mental picture. This is not intended to set up a role play. The facilitator works phenomenologically with the representatives of the client’s family system; this is described by Hellinger as the **Knowing Field**. With the phenomenological approach to the work, we wait for hidden dynamics and entanglements in the system to come to the surface. Family members who were not acknowledged by their family system (e.g. because they were mentally ill, have abused another family member or have committed a serious crime and become a family secret) can be acknowledged and be given their right place in the system once they have been seen. The facilitator is required to work from a stance of not wanting to achieve a particular outcome, but by letting the work unfold.

In an individual counselling or therapy setting, the representatives of the family can be represented by symbols. The counsellor/therapist can step into the position of family members in an attempt to access information from the system.

Hellinger’s assumption is that family systems have to follow what he calls the **Orders of Love**, to prevent entanglements in the system from occurring. Only when a family system acknowledges the Orders of Love and this includes families of **previous generations**, can the system function in a healthy way so that love can flow.

The Orders of Love include the following principles:

- **Every person** in the system (alive or dead, from current or previous generation[s]) **has the right to belong**.
- **First comes first and second comes second**. The first child needs to be acknowledged as the first child, the second child needs to be acknowledged as the second child, etc.

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- **Parents give and children take.** It is the parents' responsibility to look after the children, not the children's responsibility to look after their parents.

Hellinger's assumption is, if a family system does not acknowledge the Orders of Love, one person in the system will 'act' as the **family conscience** and develop a symptom (illness, behaviour), to let the family system know that the system is out of balance.

While Hellinger's powerful, cutting-edge work, which he describes as '**soul work**', has been broadly applied to family and individual therapy, homoeopathy and organisational consultation with remarkable results, there is no scientific evidence for this work to date.

For further reading, see Hellinger, Weber and Beaumont: *Love's Hidden Symmetry*, 1988, Zeig, Tucker & Co.

Lutz Pamberger (MAPS) is a psychologist and Gestalt therapist in private practice, who has undertaken further training in Family Constellations. He conducts regular workshops. Lutz can be contacted on 0417 952 899, [lpamberg@bigpond.net.au](mailto:lpamberg@bigpond.net.au) for more information.

I am open to including similar educative essays — as long as they are brief.

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## IMPROVE YOUR SKILLS 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 is a report on two excellent Queensland workshops, the College's DVD library (auspiced by the Victorian section, but available to all members) and information on several coming events. Be sure to send me stuff like this for future editions of *Psi Counselling News* (due out early December).

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### 7 new titles in DVD Library

The media library is up and running and we're adding to our collection. We were recently able to purchase a range of new DVDs. Below is a list of the new titles with some of the blurb off the back. Loan applications can be found on the APS website under Counselling College Member Resources.

#### **Lenore Walker - The Abused Woman: A Survivor Therapy Approach**

Dr Lenore Walker has worked with physically and sexually abused women for more than 30 years and has developed an approach to their treatment called *Survivor Therapy*. In this dramatic recreation of key moments in a two-year course of therapy with Sarah, a 36-year-old battered woman with a history of childhood sexual abuse, Walker illustrates the core principles of her approach.

#### **Irving Yalom – Live Case Consultation**

Three therapists with varying levels of experience present these cases to master clinician Irvin Yalom.

*Sue*

50 year old divorced woman struggling to find meaning in her life after a failed marriage and an empty nest.

*Paul*

Artist with work inhibition, yearning for more in his life.

*Jeffrey*

Group therapy patient seeking help to control angry outbursts in marriage.

Dr Yalom responds to both the clinical issues and the therapists' reactions and countertransference, always looking for opportunities to bring more focus into the here-and-now of the therapeutic relationship. He highlights key existential themes, interweaving ideas from writers and philosophers who have influenced his thinking, as well as clinical vignettes from his own practice.

#### **Susan Heitler – The Angry Couple: Conflict-Focused Treatment**

(Author of *From Conflict to Resolution*, *The Power of Two: Secrets to a Strong and Loving Marriage*. Susan Heitler conducts workshops internationally and maintains a private practice in Colorado.)

The Angry Couple dramatically recreates key moments in the six-month course of therapy with Judith and Richard, a distressed couple whose marriage is threatened by a cycle of explosive anger and silent withdrawal. Dr Heitler quickly reins in their anger, cuts through the impasses that have prolonged their conflict, and uncovers the core issues that have blocked intimacy from flourishing.

Watch Dr Heitler in action and you'll learn how to:

- Gain control in the first session and keep subsequent sessions safe.
- Defuse anger in the therapy office, without taking sides.
- Teach techniques for preventing anger escalations at home.
- Convert inflammatory interactions to cooperative dialogue.
- Help couples develop positive communication skills, so core issues are addressed and resolved.

### **David Meichenbaum, Ph.D. – Mixed Anxiety and Depression: A Cognitive-Behavioral Approach**

Clients seeking psychotherapy frequently suffer from both anxiety and depression, making treatment particularly challenging. In this video, internationally renowned therapist David Meichenbaum demonstrates a brief, effective approach for treating these comorbid disorders. Viewers follow a dramatic recreation of key moments in his 12 session course of therapy with Anna P., a 40-year-old woman who experiences recurrent hours of panic in addition to a long history of depression.

By watching this video, you'll gain increased understanding and skills in:

- Using assessment procedures to establish therapeutic priorities and a collaborative treatment plan.
- Helping clients clearly see the connections between their thoughts, feelings, and behaviours, and develop strategies for change.
- Reconceptualizing presenting complaints into problems with hopeful solutions.
- Teaching intra-and interpersonal coping skills by means of stress inoculation training and other cognitive-behavioral techniques.

### **Steve Lerner, Ph.D. – She's Leaving Me: A Four-Stage Treatment Model for Men Struggling With Relationship Loss.**

Renowned family therapist Steve Lerner presents his work with men who are in crisis after being left by their wives or partners. Using excerpts from a clinical interview with a client who was left by his wife, as well as an actual family session including the now-divorced couple, their young son, and each of their respective new partners, Lerner cogently demonstrates his unique four stage approach for helping men to cope more adaptively with the end of a marriage of significant relationship.

By watching this video, you'll learn how to help male clients:

- Cope with their strong feelings of shame, sorrow, isolation and loss.
- Bolster their sense of self-worth and masculinity while simultaneously expanding their view of male roles.
- Redirect their focus from pursuing the partner who has left to enhancing their own personal growth and life goals.
- Learn how to recognize and respond to a partner's signals of discontent before divorce becomes the only option.

### **Eliana Gil - Essentials of Play Therapy with Abused Children**

This informative program from renowned practitioner and author Eliana Gil illuminates the unique benefits of play therapy for children who have been physically or sexually abused. Sharing her warmth and clinical insight, Dr Gil brings viewers into the therapeutic playroom, describes how play activities fit into the reparative process, and provides helpful pointers for practice. With the help of child volunteers, the video demonstrates the use of art supplies, the sandtray, puppets, the dollhouse, masks, and more. Dr. Gil also discusses ways to allay children's fears about therapy and establish a good working rapport. (Includes a 39 page manual)

### **Jeffrey E. Young, Ph.D. – Schema Therapy (Series 1 – Systems of Psychotherapy hosted by Jon Carlson, PsyD, EdD.)**

In Schema Therapy, Jeffrey Young demonstrates his unique approach to working with clients with personality disorders or who are resistant to treatment. Schema therapy is an innovative, integrated therapeutic approach originally developed as an expansion of traditional cognitive-behavioral treatments. In comparison to cognitive-behavioral therapy, schema therapy emphasizes lifelong patterns, affective change techniques, and the therapeutic relationship, integrating all of these strategies as opposed to focusing on just one of them. In this session, stemming in part from abuse he suffered as a child, Dr. Young helps the client to start to challenge her feelings of guilt and self-blame.

### **Scott D. Miller, Ph.D. – Brief Therapy Inside Out: Client Directed Interaction.**

In a lively pre-session interview with series hosts Jon Carlson and Diane Kjos, Miller elucidates both his philosophy about therapy and the specific features of his working style: Listening, acknowledging and validation, or selectively paying attention to some things and ignoring others. It is this last activity that truly distinguishes Miller's style from that of many other clinicians. While all therapists listen selectively, Miller listens not for the "problems," the childhood trauma or thoughts that need reframing, but for "the other side of the story," the client's successes, abilities and resources.

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### **Scott Miller in my computer: a DVD review**

When Jan Seeley brought the above list to the Victorian State committee meeting, I just had to borrow Scott Miller's DVD — although I don't even have a TV set. (I had to watch it on the computer.) This is because I have long felt a kinship with Scott; I even have his permission to post one of his articles on my web site at: <http://anxietyanddepression-help.com/drugs-depression.html>.

The video has an interesting format. Host Jon Carlson acted the devil's advocate, and debated with Scott in a way that allowed Scott's ideas powerful presentation. We then watched Scott right through an hour-long real session with a real client. Then the two hosts questioned Scott about what had gone on, and the answers were illustrated with short clips from the session.

In an hour, the conversation moved a young man from a self-doubting hopeless case to a strong, capable problem-

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solver. Scott found a great many strengths that the client could then apply. This is a wonderful example of focusing on the positive.

My only criticism is that the client was already a high-functioning person with a strong social network, a meaningful occupation, no indication of past trauma, and reasonable material prosperity. Chances are, most approaches would have worked with him. I would be very interested in seeing Scott have a go with some of the clients I find challenging.

Would you like to contribute a DVD review to the next issue? And remember, you can earn PD points by watching a DVD at home.

Oh, I'll print a book review too, or your experiences of a workshop.

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## From NSW

### Sexually Abusive Children and Young People: What the literature tells us

by Gerard Webster

6.00 pm, Friday 30th May 2008

Y Hotel, 5-11 Wentworth Ave, Sydney

3 PD Points.

#### Outline

Psycho-sexual development has been of increasing interest to clinicians and researchers over recent years. Counselling, Forensic, and Clinical Psychologists have long been familiar with the deleterious effects of child abuse on clients who present for professional assistance. As researchers and educators have made progress in dispelling myths about the existence and significance of sexual abuse perpetrated by adult offenders, greater clarity about the impact of problematic sexual behaviours exhibited by children and young people on their peers has also emerged.

This seminar presents an overview of the literature on children and young people with sexual behaviour problems.

Topics to be addressed will include:

- A brief description of the psycho-sexual development of children and young people;
- Identification of three classes of sexual behaviour: normative, sexualised, and sexually abusive;
- The psycho-sexual assessment of children and young people – with a focus on the Child Sexual Behaviour Inventory (Friedrich, 1997);
- The goals of intervention;
- and referral to accredited counsellors.

Time will be allocated for questions and sharing of ideas amongst colleagues. A follow-up workshop on clinical interventions for children and young people with sexual behaviour problems (including counselling issues and behavioural containment) may be offered at a later date subject to demand.

#### Who Should Attend?

This seminar is recommended for all psychologists and other clinicians who work with children and young people.

#### Presenter: Gerard Webster

Gerard Webster is a member of the APS Colleges of Counselling and Forensic Psychology. He is a member of the National Executive of the College of Counselling Psychology and Secretary of its NSW Branch. He is also the Treasurer of the Australian & New Zealand Association for the Treatment of Sexual Abuse. Gerard is an authorised Supervisor under the NSW Dept Health Psychologists Registration Board.

Gerard has worked with children and young people exhibiting sexualised and sexually abusive behaviours for over 20 years. He initially worked in the NSW Public Service and has been in full-time private practice for the last fifteen years specialising in the clinical assessment and psychotherapeutic treatment of victims and perpetrators of sexual abuse.

Gerard has received Supervisor Accreditation for the assessment and treatment both child and adult sexual abusers under the NSW Commission for Children and Young People Child Sex Offender Counsellors Accreditation Scheme. In addition to his clinical work, Gerard has been the lecturer-in-charge of postgraduate courses in Child Protection at the Australian Catholic University for the last decade. His principal areas of teaching have been in the fields of developmental psychology, child protection and social justice. Gerard wrote the training package *Working with Children and Young People with Sexualised and Sexually Abusive Behaviours* in 2004 and the indigenous version of the program in 2005 (© Crown). These packages were commissioned by the NSW Government for interagency use. Gerard has presented seminars and workshops on this topic throughout NSW, and for the last 12 months, Gerard has been the clinical consultant to the NSW Catholic Education Commission as it develops guidelines for responding to children and adolescents with sexual behaviour problems.



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## From Queensland

### Trauma & Schizophrenia: a workshop by Anne Berquier

Multiple studies have shown that people with schizophrenia are far more likely to have experienced past trauma than other people and that the severity and duration of the trauma is strongly associated with the nature and severity of symp-



toms. Research has also shown that a large proportion of the population who do not have a psychiatric diagnosis experience hallucinations and delusions. However, qualitative aspects of these symptoms differ between those with and those without a diagnosis of a psychotic illness. For example, the group with a diagnosis of a psychotic disorder are more likely to experience threatening, abusive and hostile auditory hallucinations than those without a diagnosis.

Despite the research, past trauma is often neglected in the psychological treatment of people with a diagnosis of schizophrenia and few obtain therapeutic help with the sequelae of trauma. These findings have important implications for the development of effective psychological treatment models. Research on past trauma and its impact on the development and nature of symptoms was presented and a treatment model which addresses the impact of past trauma with Supportive Psychotherapy and modified Psychodynamic Therapy was presented and briefly discussed.

Anne conducted this PD event in Queensland, to a very appreciative audience.

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### **The law and corporal punishment from Dr Elizabeth Tindle**

On the 30th of April a few Counselling staff and other Psychologists attended the Public lecture in the QUT Law Faculty. The speaker was The Honourable Dean Wells, MP and his topic was "Reasonable Assaults: The Law relating to Corporal Punishment in Queensland."

Dean Wells talked of many cases where children had been beaten with hose pipes, horse whips, pieces of wood and other objects. He also shared cases of extreme cruelty to children that police can not interfere in because of the current protection of parents under the 1899 Law Section 280. Dean Wells is trying to change this Law in order to give children more protection. There are 15 countries in the world that currently have this protection for their children; most in Europe. The first to introduce it in 1979 (The Year of the Child) was Sweden. The most recent to pass it was New Zealand in 2007.

Belinda Barnes, a QUT Psychology Intern, gave examples from her Kids Help Line work where Police could not intervene in cases of beatings because of "Section 280". There were over 100 attendees in the audience to hear this presentation.

The Swedish experience was evaluated twenty years after its Law was changed. Some interesting points raised in the research paper *Evaluating the success of Sweden's corporal punishment ban* were that those raised with the new law were against corporal punishment. The group most likely to desire to continue using physical punishment of children were the over 50 age group, predominantly males. Newcomers to the country also favoured corporal punishment of children.

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### **From Victoria A forum for College members: Competencies of Counselling Psychologists:**

**When:** Monday, 16/6/2008, 6:30-9 p.m. (2.5 hours).

The first part of this forum provides Counselling Psychologists with an update on what is happening with College, the APS Medicare Assessment Team, and the competencies in counselling psychology courses.

This forum also invites members to provide input into the future direction of the College of Counselling Psychology and suggestions on how to raise the profile of Counselling Psychologists to other health professionals.

#### **Presentations:**

Dr. George Wills (La Trobe University) — "What is a Counselling Psychologist?"

Dr. Roger Cook (Swinburne University of Technology) — "Competencies for Counselling Psychologists in university courses."

Elaine Hosie (National Chair College) — "Dialogue with the APS & APS Medicare Assessment team on Medicare."

The presentations will be followed by consideration of 6 Questions:

1. In what ways do you think Counselling Psychologists have the competencies to provide specialist clinical psychological services, under the Medicare Benefits Scheme Program?
2. What distinguishes us from Clinical Psychologists, other psychologists and other health professionals?
3. How do we raise the profile of Counselling Psychologists to other health professionals and the public?
4. What do you see as the strengths and weaknesses of Counselling Psychology?
5. If clinical psychologists work with psychopathology, health psychologists with physical illness, organisational psychologists with the workplace, and forensic psychologists with the legal area, then with whom do Counselling Psychologists work?
6. What has your experience been as a Counselling Psychologist?

**Where:** "Treacy Room," Treacy Centre, 126 The Avenue, Parkville

**Costs:** Counselling College members and Postgraduate students of Counselling Psychology are invited to attend this forum for FREE.

**Booking** is requested for catering purposes:

Monica Lederman – Ph : 0409 964 390 Email: monica\_lederman@hotmail.com

# Psi Counselling news

Michael Di Mattia – Ph : 0413 355 565 Email: [michael.dimattia@adm.monash.edu.au](mailto:michael.dimattia@adm.monash.edu.au)

**PD Points:** 2 Specialist PD Points for College of Counselling Psychologists have been granted.

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## Let David Morawetz put your clients to sleep

**Saturday 19th July**, 9 am to 5 pm at Novotel hotel, 16 The Esplanade, St Kilda , Vic.

- Diagnosis of non-physiological insomnia;
- Who benefits from the programme;
- Elimination of sleeping medication;
- Use of the natural sleepiness cycle, with cognitive therapy, deep scheduling, stimulus control, sleep restriction therapy and sleep hygiene;
- A live demonstration with audience volunteer who has a sleep problem;
- Shortcuts that make this form of sleep therapy extremely time and cost effective;

A chance to practise therapy on the day

A Medicare rebate is now available for clients with sleep problems who see a psychologist. Students \$110, APS Members \$120, Others \$140 (includes GST, morning tea, lunch and afternoon tea).

**BOOKINGS ARE ESSENTIAL**

For registration go to:

<http://www.psychology.org.au/Events/EventView.aspx?EventID=3333>

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## Treating Social Anxiety & Shyness:

### Using Cognitive Behavioural Therapy and Emotion Focused Therapy

This workshop will provide an opportunity to learn how to apply two distinctly different approaches to treating social anxiety and shyness. This workshop is not just for those who are interested in social anxiety but also any practitioner who is interested in understanding the application of CBT and EFT.

#### Presenters:

**Glen Bates** is Associate Professor and Head of Psychological Sciences and Statistics at Swinburne University of Technology. He is involved in training counselling and clinical psychologists. He is interested in the ways in which narrative theories of identity can inform Cognitive Behavioural therapies.

Glen will focus on the application of CBT in treating social anxiety and shyness. He will describe ways in which social anxiety is conceptualised in therapy and discuss models of self-focused attention within cognitive behavioural intervention techniques. He will consider the role of self-related memories in the maintenance of social anxiety disorder; discuss individual and group intervention procedures; and client process issues that can arise in therapy.

**George Wills** is a Senior Lecturer in the Department of Counselling and Psychological Health at La Trobe University where he is responsible for the master and doctoral programs in counselling psychology. George also runs a private practice three days a week, seeing clients with a range of anxiety-related issues. His orientation to therapeutic work is person-centered and experiential in nature.

George will focus on the application of Emotion Focused Therapy to treating social anxiety and shyness. He will outline the main elements of experiential approaches to therapeutic work, describe evidence for their use and demonstrate interventions for social anxiety. Therapy will be viewed as a response to client processes in the here-and-now of the session, while supporting the core experience of clients.

**When:** Saturday 26<sup>th</sup> July 2008, 9:30 am-4:00 pm

**Where:** Carroll Room, Treacy Centre, 126 The Avenue, Parkville.

**Costs:** APS Counselling College Members **\$65**; APS students **\$60** Others **\$100**.

**Enquiries:** Linda Tilgner 0409 198 774

[ltilgner@hotmail.com](mailto:ltilgner@hotmail.com)

**PD Points:** 5 PD points have been applied for.

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

It is essential to register as there are limited places (n=35) available. Please send your name, address, phone number and email address with your cheque or money order (to APS College of Counselling Psychologists, Victorian Branch) to Linda Tilgner, 73 Hope St, Brunswick, 3056 VIC. Registration will be confirmed prior to attendance. Tax invoices will be issued on the day. Participants who miss out on a place will have their cheques returned.

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## Poems or Snippets

Blank spaces like this are a nuisance. I am looking for filler items: poems, very short stories, announcements, raves and whinges.

Of course, any item will need to be suitable to the theme of Counselling Psychology, even if only marginally or by implication.

See submission guidelines on page 13.

## Victorian AGM

### Special presentation: How to foster resilience in our clients, by Dr Elizabeth Tindle

#### Annual General Meeting Monday, 18th August 2008

Dr. Elizabeth Tindle came to Australia, (a ten pound migrant) in 1963 as a teacher of PE, Sport and Geography. She became a Psychologist by default as it was the only subject on offer in the evening, on the night she wasn't playing or coaching basketball. After 12 years of roughly one subject a year, she qualified as a Psychologist and has worked as a Counselling Psychologist in Adelaide University, various schools and Colleges in England, Scotland and Australia. Elizabeth has lectured and carried out research in a number of places, one three year project being the study of Flamingoes and Flightless Cormorants in the Galapagos Islands, Ecuador.



Elizabeth worked as a researcher in the Alcohol Studies Centre Glasgow in the eighties, where she kindled an interest in the effect of alcohol on the foetus and many years later did her Doctoral thesis on this topic. Elizabeth has worked as a Counselling psychologist at QUT since 1989. She is married to a scientist and they have two adult children from their Galapagos Island days.

The seminar, titled "Resilience: How to foster this in clients" will cover what we mean by the word resilience; why most of us believe that resilience is something worth fostering. Specific types of resilience and contexts where resilience may be challenged will be examined. The theme will fit into a biological model of survival ("The Selfish Gene": Richard Dawkins, 1976) and a smattering of sports psychology using the Yerkes-Dodson inverted U (1908) will be "thrown in" for good measure.

Participants will be encouraged to contribute their experiences and ideas.

**Where:** Treacy Room, Treacy Centre, 126 The Avenue, Parkville.

**When:** 6:30-8:30 p.m., 18/8/08.

AGM: 6.30-7.00

Presentation: 7.00 p.m.-7.45

Networking: 7.45 p.m.-8.30

**Costs:** Counselling College members FREE

Others = \$20.00

**Bookings essential for catering purposes:**

Monique De Zoete 0400 552 512

[Monique.DeZoete@isispc.com.au](mailto:Monique.DeZoete@isispc.com.au)

Lyndon Medina 0417 248 416

[lyndon.medina@rmit.edu.au](mailto:lyndon.medina@rmit.edu.au)

**PD Points:** 2 Specialist PD Points for College of Counselling Psychologists.

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### Counselling Survivors of Domestic Violence

by Jan Seeley

Jan Seeley is psychologist with twenty years' counselling experience. She has worked broadly across the public sector including women's prisons, NGOs, community health and university counselling services. Since 1993, Jan has dealt extensively with issues of family violence. In 2002 she co-authored *Women and Domestic Violence: Standards for Counselling Practice* with Catherine Plunkett, which they presented at Seeking Solutions - Australia's Inaugural Domestic Violence and Sexual Assault Conference in 2001. Now in private practice, Jan continues to work with survivors of family violence and also provides group supervision and debriefing for domestic violence outreach workers.

This workshop will elaborate on the issues raised in *Women and Domestic Violence: Standards for Counselling Practice* including:

- the need for counsellors to take an explicit position on violence
- the primacy of safety concerns
- re-victimisation of victim/survivors in counselling
- how to help counter the long-term effects of abuse
- discussion of how the 'standards' developed fit with our perception of our role as counsellors; and
- case examples will be used to illustrate the relevance of these proposed standards for working with victim/survivors of family violence.

**When:** Monday 10 November 2008 7-9.00 p.m.

**Where:** Treacy Room, Treacy Centre, 126 The Avenue, Parkville.

**Costs:** APS Counselling College Members Free

APS students \$ 5.00

Other APS members \$ 10.00

**Bookings/Enquiries:** Lyndon Medina 0417 248 416 Email: [lyndon.medina@rmit.edu.au](mailto:lyndon.medina@rmit.edu.au)

# *Psi Counselling news*

Monique De Zoete 0400 552 512 Email: [Monique.DeZoete@isispc.com.au](mailto:Monique.DeZoete@isispc.com.au)

**PD Points:** 2 Specialist PD Points for College of Counselling Psychologists will be applied for.

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## **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.

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### **Counselling and environment(s) – a challenging combination**

**Torrey Orton**

As a therapist, why should I pay attention to environmental psychology? My challenge to us is that failing to do so renders our therapy unable to recognise a major part of many of our clients' lives now — the impact of uncontrollable, barely perceptible environmental assaults on their daily well-being — the kind of assault that produces systemic stress of recurrent and unrelievable types. Clients usually cannot recognise it themselves because it is both uncontrollable and only vaguely perceptible. Without our intervention, they may carry the load as substrate to the presenting issue. If you wonder where the various rages — shopping, driving, drinking, dating... come from, I suggest it's this assault, an assault by a myriad of little violences.

The impact of this environment, plus those arising from degradation of the physical environment and its sustainability, largely occur below our conscious radar. And they produce at least three noticeable effects: social fragmentation, emotional confusion and disordered thinking about the world. All this is largely beyond our control, except locally. But the local biopsychosocial environment is what usually troubles our clients. We 'treat' their presenting concerns in our various ways. In my experience, a time comes when the presenting local conditions — fragmented relationships, emotionally confused and incomprehensible — become intertwined with the greater environmental ones.

When I raise this with clients, it's usually at the time when they have discovered that they don't have enough time in their lives for the people they claim to be trying to live it with: their wives, husbands, lovers, children, etc. They cannot stop running from one commitment to another; cannot settle in the simplest ways that would allow their relationships to start repairing themselves through attention and mutual acknowledgment. They feel stuck in a tension of almost relating — being together without really being present, yet aware of the gap and blaming themselves or the other for the distance. The possibility that a part of the distance is environmentally induced is a relief from the internal blame game. For example, many employed, tertiary educated clients are working 24/7 in their minds, with barely achievable performance loads.

It is my job to point out that possibility as a suggestion for consideration. To do that job, I have to pay attention to this environment myself and understand it from within, though my life stage is much different from most of my clients'. One help for me has been exposure to the thinking of environmental psychologists. This has deepened and broadened the balance of my appreciation of a life world beyond the consulting or training or coaching room.

**Torrey Orton** is a registered psychologist practising in organisational and personal change across cultures — specifically Anglo, French and Chinese — through businesses in Melbourne and Shanghai. He is a member of the committees of the Environmental and Relationships Interest Groups of the APS.

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### **Interest Group in Rehabilitation Psychology**

**Kathryn Nicholson Perry**

The Rehabilitation Psychology Interest Group came into being at the 2007 Australian Psychological Society AGM as a focus for psychologists with an interest in rehabilitation. Unlike in the US, where rehabilitation psychology is a subspecialty of psychology in its own right, those working in rehabilitation settings in Australia have usually come through professional trainings such as clinical neuropsychology or clinical psychology. However, as well as this group, there are numerous psychologists from a range of backgrounds in other settings who contribute to rehabilitation: vocational rehabilitation, pain management, post-stroke or other neurological insults. Others may be involved in secondary prevention, such as treating depression associated with cardiac disease.

While this diversity of psychological workforce brings depth and breadth to the work that psychologists do in this area, the lack of specialized training often means that psychologists starting this kind of work may feel somewhat unprepared. Although many post-graduate training programmes touch on areas of relevance to rehabilitation, none address all the issues that confront psychologists working in this area. With the increase in chronic conditions, and survivability of major traumas and acute diseases that would previously have been fatal, there is an increased need for rehabilitation. Equally, there is increasing recognition of the potential contribution of psychologists to the rehabilitation process. These factors mean that an increasing psychological workforce is required, not only in specialist rehabilitation settings but also in other organizational contexts and private practice, to offer a range of psychological services to those affected, including family members and carers.

The RPIG is keen to raise awareness of this area of practice, and resources to support those doing it, in order to attract psychologists from all backgrounds to work in rehabilitation and to provide relevant services as part of their existing practices. The RPIG will focus its attention on supporting practitioners through flexible approaches to professional development that will enable psychologists from across Australia to access it. This includes linking psychologists to existing re-

sources that may not be visible to practitioners working primarily in other areas. A good example is in traumatic brain injury (TBI). A wide range of resources can help psychologists and others become familiar with the needs of people with TBI and to offer relevant and evidence-based treatments. The Brain Injury Rehabilitation Unit at Liverpool Hospital in NSW has developed an on-line self-directed learning package to help orientate practitioners to TBI (<http://www.tbistafftraining.info>). The NSW Motor Accident Authority Lifetime Care and Support Authority offer a set of clinical practice guidelines on the care and support of people living in the community with TBI, including mental health problems

(<http://www.lifetimecare.nsw.gov.au/default.aspx?MenuID=49>). If you still have questions about recommendations for a particular issue, you can always consult PsycBite (<http://www.psycbite.com>) where you can search a constantly updated database of articles (for which some support was provided by the Australian Psychological Society).

So, if you are working in an area of rehabilitation, and would like further support and information, please join us. Further information is available at <http://www.groups.psychology.org.au/rpig>.

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## Transpersonal psychology interest Group (TPIG) of the APS

Jonathan Tandos

Transpersonal psychology considers spirituality in the scientific study of human beings, and incorporates the mind, body, and higher states of consciousness. The TPIG has been in operation for over 10 years, and seeks to:

- provide a forum for discussion, peer contact, information-sharing and consultancy for those involved and interested in transpersonal psychology
- promote theory development, research and practice related to transpersonal psychology
- foster awareness and promote understanding of transpersonal psychology within the wider psychological community and the community at large
- maintain links and foster new collaborations with transpersonally oriented practitioners and transpersonal organisations in Australia and overseas.

TPIG is a highly active group that holds monthly presentations/seminars by various professionals in the areas of transpersonal theory, interventions and research. Presentations are held on the first or second Thursday of each month at the Monash Conference Centre, Level 7, 30 Collins St, Melbourne.

Our group attracts presenters and attendees working in the fields of parapsychology, hypnosis and hypnodynamic hypnotherapy, transpersonally oriented psychotherapies (e.g., Jungian, soul-centred psychotherapy), holistic therapies (e.g., Gestalt), spiritual healing, energetics, kinesiology and kinergetics, metaphysics, the spiritual teachings, rituals and practices of various faith traditions as relevant to psychology (e.g., Judaism/Kabbalah, Buddhism, Hinduism, Shamanism), and many other fields that incorporate the spiritual in clinical, theoretical, and research work, and phenomenology.

We attract attendance from both APS and non-APS members, including members of the Australian Counselling Association. We offer a warm welcome and invitation to all members of the APS Counselling College who work with or are interested in the transpersonal or spiritual, and encourage continued participation and membership from our existing Counselling College attendees.

This year we are holding our Third Victorian Symposium, which is themed: **Transpersonal Intervention Modalities and Research** and will include a series of presentations and practical workshops to promote knowledge and skill development for psychologists and other clinicians working with the transpersonal. This will be held on the weekend of the **13th-14th September, 2008** at the Angliss Conference Centre, William Angliss College of Tafe Building A, Level 5, 555 La Trobe St, Melbourne. We have recently made a call for papers for this symposium.

We hope to be able to contribute to the professional and spiritual development of all interested members of the APS Counselling College, and to collaborate further with the College in the future.

To find out about current events, membership and other information, please visit:

<http://www.groups.psychology.org.au/tpig/>

For submissions of abstracts for our symposium, inclusion on our monthly event email list, membership, event or other enquiries, please contact:

Dr. Jonathan Tandos BBSoc (Hons), PhD, MAPS, ASH, ACBS

Victorian State Coordinator and National Convenor TPIG APS

0406 489 167 [jtandos@hotmail.com](mailto:jtandos@hotmail.com)

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### 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.

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

Send contributions to [bobrich@bobswriting.com](mailto:bobrich@bobswriting.com).

# Psi Counselling news

## The 2008 APS Conference

At the time of publication, the main program of the Conference was completed, but the workshops were still being processed. To keep up to date with what is offering, go to <http://www.apsconference.com.au/program/>

This year, the Counselling program is spread over two days: Wednesday 24th and Thursday 25th September. My glance at the rest of the program showed me lots of interesting stuff too, but here are the items specifically identified as from the Counselling College:

Wednesday	Chancellor Room 6	Harbour View Room 1	Posters
8:30 - 10:30 am	<b>Gridley, H.</b> Psychologists' social responsibility: responding as researchers, practitioners and citizens to refugees and asylum-seekers.	<b>Harte, M.</b> Process-Experiential Emotion-Focussed Therapy (PEEFT).	<b>Kim, E.</b> Development and Validation of the Clinging Scale.
10:30 am - 12:00 noon	<b>Denham, G.</b> Counselling psychology emerges in New Zealand	<b>Burton, N.</b> Psychologists' attitudes about providing physical activity advice and counselling as part of psychological treatment. <b>Sharman, S.J.</b> Changing end-of-life treatment decisions creates false memories. <b>Kent, L.</b> Risk factors for suicidal ideation within veteran versus non-veteran populations. <b>Arcuri, A.</b> Do young cannabis users require residential treatment?	
1:00 - 2:00 pm	<b>APS College of Counselling Psychology AGM</b>		
2:00-3:30 pm	<b>Grant, J.</b> Supervision of Psychotherapy	<b>Research Individual Papers</b> <b>Lynd-Stevenson, R.</b> Time to abandon Cook and Campbell's nomenclature to describe the validity of causal conclusions: Experimental methods are not the "gold standard" for causal research. <b>Breen, L.</b> Psychology and the research enterprise: Moving beyond the enduring hegemony of positivism. <b>Caputi, P.</b> A comparison of error management and counterfactual thinking training strategies using a computer spreadsheet application. <b>Angrim, J.</b> Practical tips on how to conduct a sophisticated online psychological experiment.	
4:00 - 5:30 pm	<b>(CCOUN) Counselling College Practice Forum</b> <b>Hosie, E.</b> Identifying Counselling Psychology: Treatment for Severely Underweight Anorexia Nervosa Female.	<b>Relationship Individual Papers</b> <b>Norris, K.</b> The long cold night: Comparing expeditioner and partner experiences during Antarctic absences. <b>Ducat, W.</b> What's love got to do with it? Associations between romantic partner behaviours, psychological need fulfilment and wellbeing in young Australians. <b>Stewart, J.A.</b> Attachment style and parent behaviour as predictors of fathers' emotional wellbeing following marital breakdown. <b>Rice, S.M</b> The impact of platonic and romantic relationship quality on self-esteem in young adulthood.	

Thursday	Harbour View Room 1	Harbour View Room 2	Posters
8:30-10:00 am	<p><b>Self, Spirituality &amp; Wellbeing Individual Papers</b></p> <p><b>Barrett-Lennard, G.T.</b> The plural human self under study: Development and early results from the Contextual Selves Inventory.</p> <p><b>Papadimitriou, F.</b> Contextual Model Therapy (CMT): Brief psychotherapy for women with breast cancer.</p> <p><b>Thermos, C.</b> Australian Psychologists' beliefs about spirituality and attitudes toward assessing spirituality in psychological practice: Implications for professional practice and training.</p>	<p><b>Counselling College Individual Papers</b></p> <p><b>Crafti, N.</b> Evaluation of the Swin E-Counselling service: One year following implementation.</p> <p><b>Eun-Hee, K.</b> Development and validation of the Clinging Scale.</p> <p><b>Simmonds, J.</b> The research evidence base of counselling psychology.</p> <p><b>Ward, S.A.</b> 'Do you see what I see?' Service Evaluation: An exploration &amp; critique from the Client Voice perspective.</p>	<p><b>Cognitive Posters</b></p> <p><b>Mansfield, E.L.</b> Identifying components of task-set reconfiguration using ERP and BESA.</p> <p><b>Baker, R.</b> Word-length effects in backward serial recall and the remember/know task.</p> <p><b>Goodbourn, P.</b> Spatial Limitations of Fast Temporal Segmentation.</p> <p><b>Vanags, T.</b> Verbal Overshadowing: Understanding the phenomenon does make a difference.</p> <p><b>Bogdanovs, J.L.</b> Relationships between working memory and reading comprehension in primary school children using self-paced and computer-paced working memory measures.</p>
10:30 am - 12:00 noon	<p><b>Practising Counselling Psychology Individual Papers</b></p> <p><b>Arcuri, A.</b> Psychotherapists' handling of sexual attraction to clients: a grounded theory.</p> <p><b>Degoldi, B.</b> Towards a General Theory of Collaboration – Modelling Multidisciplinary Collaborative Practice in a Family Law Setting.</p> <p><b>Cognitive Individual Papers</b></p> <p><b>Aidman, E.</b> Co-action in Human and Autonomous Platform Teams: A Dynamical Field Approach.</p> <p><b>Shaw, R.</b> Interference in visual memory for abstract stimuli and everyday objects.</p>	<p><b>Albert Ellis Symposium</b></p> <p><b>Brabin, P.</b> Albert Ellis: A tribute to the grandfather of Cognitive Behaviour Therapy.</p>	
2:00 - 3:30 pm	<p><b>McVea, C.</b> Practice-based evidence for the application of Psychodrama Group Work to Healing Painful Emotional Experience.</p>		