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REFLECTIVE PRACTICE
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Our Mission
The Australian Institute of Professional Counsellors is a place where the genuine care and concern of our students is our highest mission.

We pledge to provide an exceptional level of support to our students who will always enjoy the most practical and worthwhile external study program available. The AIPC experience stands in our student’s minds as a place that brings enjoyment, fun and fulfilment to their daily lives.
Hello to all our students and readers. Well, 2008 has been an exciting and great year for AIPC. Earlier this year, we started offering three new counselling courses. February 2008 saw the release of two of these programs: the Vocational Graduate Certificate in Counselling and the Vocational Graduate Diploma of Counselling. Both of these courses are equivalent to post-graduate studies in counselling and provide an opportunity for counsellors to develop their counselling skills further and specialise in Loss & Grief, Family Therapy, or Addictions.

March 2008 was an exciting month for our first cohort of students who commenced their Bachelor of Counselling program. It was also an exciting time for Institute staff! Beginning the delivery of the Bachelor course was the culmination of a few years of hard work for staff here at the Institute and was certainly the realisation of a longer-term goal for the Institute to move into higher education. We are already interviewing applicants for places in our 2009 cohort of Bachelor students with the first semester starting in March 2009. However, it’s not too late to apply if you have finished your Diploma and would like to consider extending your counselling qualifications to the tertiary level.

As you may be aware, Counsellors with a Diploma-level qualification in Counselling are able to obtain membership of the Australian Counselling Association (ACA) and practice as a counsellor. So I am sometimes asked: Why should I do more formal counselling studies? What benefit is there to me?

A higher level of educational qualification will not contribute to qualifying for a higher level of membership with the ACA (only counselling experience/practice and ongoing supervision will, over time, enable you to progress to higher levels of membership). However, it is very important to realise that furthering your skills and knowledge through accredited counselling studies can significantly develop your work with clients.

Professional development does not just need to comprise of short courses and one-off workshops.”

As I am sometimes asked: Why should I do more formal counselling studies? What benefit is there to me?

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Professional development does not just need to comprise of short courses and one-off workshops. Enhancing your practice of counselling is also achieved by undertaking longer courses and further study in accredited programs such as our Bachelor of Counselling and Vocational Graduate courses. Developing your skills through completing higher-level, formal programs of counselling study improves your skill in working with your clients as you have a larger knowledge base to draw on. This can result in higher client retention and better outcomes with your clients. It can also widen your employment opportunities.

I am also pleased to announce that from February 2009, we are launching a new ‘sister-Institute’ to AIPC....the Australian Institute of Community Services (AICS). AICS will offer 8 vocational courses in community services, including areas such as Community Services Work, Service Coordination, Home and Community Care, Case Management, Community Services Management, Welfare Work and Financial Counselling. The educational level of the courses ranges from Certificate III to Diploma-level.

We are really excited about these new courses and the learning opportunities they may provide to our AIPC graduates. These courses align very well with the skills learned in the Diploma of Professional Counselling and will be of benefit to those seeking to develop their skills within the Community Services sector. It has recently been identified by Government that there are significant skills shortages within the Community Services industry, mainly due to Australia’s ageing population. As a result, there are growing opportunities for employment within the sector.

I would also like to take this opportunity to congratulate two long-serving staff members for 10 years of service with the Institute. Ms Jacqui Harris, the Senior Administration Officer at the Sydney Student Support Centre started working with the Institute in June 1998. She is one of our most consistent and experienced staff members here at AIPC, and her work is always impeccable.

And Dr Kevin Franklin, a Lecturer with the Perth Student Support Centre, first began teaching AIPC students in December 1998. His lecturing skills have certainly lead to many highly-skilled counselling graduates finishing their AIPC course in Western Australia. Congratulations to both Jacqui and Kevin. Thank you so much for the commitment, dedication and expertise you have shown over the last 10 years in your roles with the Institute.

On behalf of everyone here at the Institute, I would like to wish you and your families and safe and happy festive season. See you all in 2009!

Best wishes,

Sandra Poletto, Chief Executive Officer
Introduction - What is Reflective Practice?

Hanna (2007) explained an important principle in the realm of family therapy which is applicable to keep in mind during any type of counselling session or self-reflection; you must convey acceptance of all clients and respect for their way of perceiving their environment and the ways in which they interact with their environment.

Bolton (2005) gives an explanation of an ideal counselling situation where a counsellor is advised to:
- “let go of certainty, in a safe enough environment;
- look for something without knowing what it is;
- begin to act without knowing how they should act.”

This highlights the drawbacks of a therapist being rigid in their need to guide their client from their own basis in reality. Self-reflection assists the therapist to be aware where their motives and actions stem from, in order to make them a more effective practitioner in dealing with unique people in unique scenarios.

Self-reflection is a means of evaluating one’s own role within a situation, taking personal beliefs, values and biases into account and why resulting opinions or actions were presented.

Rinpoche (1992) explains the difficulties of meditation in his book The Tibetan Book of Living and Dying which can be applied to reflection:

“If a therapist knows a diverse range of theories, does that make them the best therapist?”

scattered everywhere, in all directions leaving no one at home. Reflection then helps to bring the mind home (p.59)…. Yet how hard can it be to turn our attention within! How easily we allow our old habits and set patterns to dominate us! Even though they bring us suffering, we accept them with almost fatalistic resignation, for we are so used to giving into them.”

With the reflective process seeming so difficult and complex, it can be a daunting task to know where to start and if you do find a starting point, how do you know that you are reflecting effectively?

Johns (2004) gives examples of reflexive cues that can encourage effective self-reflection:

- What issues seem significant to pay attention to?
- How was I feeling and what made me feel that way?
- What was I trying to achieve?
- Did I respond effectively?
- What were the consequences of my actions on the patient, others, and myself?
- How were others feeling?
- What made them feel that way?
- What factors influenced the way I was feeling, thinking and responding?
- What knowledge did or might have informed me?
- To what extent did I act for the best and in tune with my values?
- How does this situation connect with previous experiences?
- How might I respond differently given this situation again?
- What would be the consequences of alternative actions for the patient, others and myself?
- How do I NOW feel about this experience?
- Am I now more able to support myself and others better as a consequence? Am I more able to realise desirable practice? (Using appropriate frameworks).

Johns (2004) also describes framing perspectives which are aspects of learning that should be considered in order to be effectively reflective. Some important aspects in terms of what is covered in this section are given below:

“Philosophical framing”

Every interaction is influenced, even if only slightly, by underlying beliefs and values of each party. In a self-reflective situation, these beliefs and values can be brought to light and evaluated in order to discover any possible discrepancy between a therapist’s mode of practise and the desired practise for optimum therapeutic outcome.

“Theoretical framing”

If a therapist knows a diverse range of theories, does that make them the best therapist? Dewey (1933) states that it is not beneficial to rely on the concrete nature of theories and ‘knowledge’, instead “the reflective practitioner accepts nothing on face value” (Johns, 2004). When a therapist learns of a discrepancy between their perceived practice in relation to their actual practice, due to a certain belief
or value system, it can be integrated and doesn't necessarily have to change.

Even if we are aware of the belief or value system that is holding us back from giving our perceived best practice, it doesn't necessarily mean that we can alter it immediately. However, if we at least know what it is, why it exists and how it manifests, we can start to work towards changing it (Johns, 2004).

Another tool for self-reflection is journal writing; this allows the free flow of thought and reflection over experiences and the history that may be contributing to certain patterns or reactions.

Self-reflection will bring about what we feel is influencing the situation but there may be issues whose influence we are unaware of; this is where guided reflection is important.

Supervision is also necessary in order to gain a full awareness of issues that may be influencing the counselling process. An outsider can often detect undercurrents that we are not aware of ourselves.

If we only partook in self-reflection, we would avoid (subconsciously or consciously) the belief systems and values that may be the most insecure or potentially unsettling; it is important to be able to explore these and understand how they may change a therapist’s behaviour and reactions to certain situations.

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REFERENCES

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Counselling Practice - Becoming a Reflective Practitioner

“In as important as methods may be, the most practical thing we can achieve in any kind of work is insight into what is happening inside us as we do it. The more familiar we are with our inner terrain, the more sure-footed our work and living becomes.” P. J. Palmer (cited in Skovholt, T. M., 2001)*

The quest for self-awareness or self-understanding is a major component of effective reflective practice. Counsellors need not only to be aware of their skills, knowledge and performance as professionals, but also mindful of any personal factors that may interfere or impede their ability to provide an effective and objective service.

It is likely you have already developed a mechanism for analysing your actions, beliefs, reactions and thoughts. Perhaps you reflect through discussion with your partner, family members or friends. Maybe you spend some time thinking about your actions before undertaking them. You may be a journal writer or perhaps utilise BLOGS (online web logs).

WHAT IS REFLECTIVE PRACTICE?

Reflective counselling practice is mindful practice. Reflective counsellors are aware of their own strengths and limitations. They conduct counselling with purpose and intention. They monitor their own levels of stress and are mindful of personal matters that may interfere with their performance. Reflective counsellors take the time to evaluate and refine their performance after each counselling session and are committed to ongoing personal growth and professional development.

There are many processes that contribute to effective reflective practice. Some of these include:

1. Evaluating own performance
2. Developing self-awareness
3. Monitoring potential for burnout
4. Ensuring adequate self-care

Dewey (1933 cited in Sharpy, 2005) first described reflection in terms of ‘thinking about thinking’ and encouraged professionals to examine the underlying rationale for their choices. In the early 1980’s reflection took on a wider scope or meaning when Schon (1983) coined the term ‘reflective practice’.

Counselling professionals in their everyday practice face unique and complex situations which may be unsolvable by only technical rationale approaches. Reflective practice is an important learning strategy by which professionals become aware of their implicit knowledge base and learn from their experience.

In effect, reflective practice is a form of experiential learning which enables the professional as the student or learner to move from their own concrete experiences to abstract conceptualisation of an idea, on which further action, leading to further experience, then occurs (Kolb, 1994, cited in Sharpy, 2005).

EVALUATING YOUR PERFORMANCE

As with all professions it is important to evaluate your performance as a counsellor. No one is perfect. No one gets it right 100% of the time. Most people are hesitant to objectively look at their performance. However, in counselling, as in many other professions, it is important to be able to critically evaluate how you performed.

In this way you can identify any areas that may require change.

There are a number of strategies that can be implemented to assist you in monitoring and/or improving the way you conduct your counselling sessions. Here are a few examples:

Self evaluation: This is the process of reflecting on your own skills, your professional strengths and limitations. Awareness in these areas will enable you to choose professional development or training activities to fill any identified skill or knowledge gaps. Self-awareness of this nature will also enable you to identify clients that are beyond your scope of expertise and will ensure that you refer responsibly.

Client feedback: Providing client with the opportunity to review the counseling process can be tremendously beneficial for both counsellor and client alike. Not only does it acknowledge the client’s opinion as valid and valued, it also provides an opportunity for the counsellor to evaluate his or her current approach and adjust or continue accordingly.

Peer review: Peer review enables counsellors to come together and discuss individual cases, ethical dilemmas and brainstorm intervention options. It is a process that can increase counsellor accountability and improve the quality of service offered to clients (please ensure confidentiality policies are appropriately upheld).

Professional supervision: Supervision is an integral part of counseling practice. Within supervision, counsellors can enhance their skill and knowledge base, ensure responsible and ethical
practice and monitor their self-care and professional competence. Supervision acts as a mechanism to ensure that a counsellor’s approach is aligned with professional standards and reflects the requirements of the industry.

This importance of continually reviewing and updating your skills cannot be over-emphasised. Counsellors would, ideally, use all of the strategies listed above to ensure that they maintain a professional and ethical approach to their work.

**Developing Self-Awareness**


The first, reflection-in-action, occurs when the professional reflects on their own behaviour as it occurs, which enhances their following actions immediately.

Compared with reflection-on-action which is essentially reflection after the event, where the professional counsellor reviews, describes, analyses and/or evaluates the situation, to gain insights for improved practice in the future.

**Self-assessment:** By engaging in a reflective process the counsellor begins the ongoing process of blending solid and effective counselling therapy techniques with their applied practice.

Reflection therefore, requires thoughtful and honest recording, reporting and analysis of actual practice, philosophy, and experience. Understanding why an activity or practice was productive or non-productive in the therapeutic context is an important component in the progression from novice to master (Self assessment, 2006).

The self-reflection cycle can assist the counsellor to learn how to guide their questions in an effort for them to be better able to understand the reflection process.

It also offers a structure or process to guide the counsellor, whilst at the same time allowing flexibility for counsellors to be able to apply their knowledge, skill, and ability in the context of their practice area (Self assessment, 2006).

**The Reflective Practice Cycle**

The structure of how a counsellor can undertake self-reflection is described below (see Figure 1).

**Step 1: Select:** The first step is to identify and select the issue or situation requiring reflection.

**Step 2: Describe:** The second step is to describe the circumstance, situation, concern or issue related to the topic that has been selected in step one. Who, what when, where questions are then asked here (for example, who was involved (the client/s)? What was the context, circumstance, concern, or issue requiring reflection? When and where did the event occur?).

**Step 3: Analyse:** The third step in the process of reflection involves analysing and assessing the situation (i.e. to ‘dig deeper’). This step explores

**Step 4: Appraise:** The forth step requires the counsellor to appraise their behaviour by interpreting the situation and evaluate its appropriateness and impact. This is where self-assessment actually occurs.

**Step 5: Transform:** The final step is transformation. This step requires counsellors to shift from analysis and reflection into action. What changes can be made to your approach to practice? Has this made any shifts in your practice framework? What differences do you expect to see in the way you approach clients?

Further, becoming a reflective practitioner requires time, practice, and a supportive environment conducive to the development of the reflective process. It is an individualised process whereby the counsellor should discover the best structure and method of reflection that works for them.

**Reflective Writing or Journaling**

Learning to write reflectively is a process. In contrast to academic writing, reflective writing involves recording personal views, understandings, ideas or observations and opinions about counselling practice (University of Melbourne, 2006).

Reflective writing is more than simply a description of a counsellor’s self-observations or thoughts.
Reflective writing asks counsellors to shift their perspective; to see situations from all angles. Through reflective writing, counsellors can begin to, not only, process and assimilate their experience but also learn, grow and develop their skills.

**MONITORING POTENTIAL FOR BURNOUT**

Culturally, we have come to associate stress with negatives such as anxiety, high blood pressure, headaches and irritability. Yet, without some form of stress in our lives we would likely suffer from profound boredom and overwhelming apathy.

Figure 2 below illustrates that there is an optimal level of stress that enhances our performance.

A lack of stress (as indicated on the left side of the diagram) can lead to boredom, decreased motivation as well as a lack of interest and enthusiasm for life. These symptoms can ultimately lead to ongoing apathy, inactivity and flat moods.

On the other hand, an overload of stress (as indicated on the right side of the diagram) can result in insomnia, irritability, increased errors and indecisiveness. Stress overload can ultimately lead to elevated blood pressure, anxiety and mood swings.

The optimal stress level will be different for all people. It is important, however to recognise when you are moving beyond your optimal level to either stress overload or stress underload.

---

**Figure 2: The stress underload/overload continuum.**

It may be helpful for you to think of yourself as being made up of three primary aspects:
1. Your physical self – your body and its function;
2. Your emotional self – your feelings, emotions and responses;
3. Your intellectual self – your thoughts, perceptions and interpretations.

These three aspects are very closely interlinked and form the basis on which we can analyse stress and its effects on your life. By approaching the management of stress and life pressures as a long-term commitment to continually renewing those three aspects of yourself, you can ensure the effectiveness of any stress management technique is maximised.

Stress can deplete us in these three main aspects of our lives. For some people, stress takes primarily a physical toll, leaving them tired and exhausted. For others stress may impact in another way, such as making them tearing or depressed (emotional) or influencing their thinking in ways like forgetfulness or self-defeating thoughts (intellectual mental). For many, stress impacts on all three aspects in varying degrees.

It is important to be aware of the way in which stress may be impacting on you and your life. Which aspects of you are more susceptible to the influence of stress?

If you are depleted in any of the three aspects, you may find that prolonged exposure to stress leads you to exhibit signs and symptoms that are related to that aspect.

**ENSURING ADEQUATE SELF-CARE**

It is important to be aware of the way in which stress may be impacting on you and your counselling work. Which aspects of you are more susceptible to the influence of stress?

**Relaxation Strategies**

“**What do you find relaxing? Is it dancing, art, meditation, fishing, going for a walk with friends, reading a book, listening to music, shopping, a gym work out, talking to a friend or playing sport?**

Source: “Advice from the Mental Health Association NSW Inc.” (2002)

Relaxation exercises allow you to create a state of deep rest, which is very healing to the entire body and can contribute to self-care.

The above quote highlights the diversity of activities that individuals may find relaxing. It is important to find ways to incorporate relaxing activities into your weekly routine as a means of preventing burnout. When you are in a relaxed state, your body responds in a number of ways:

- Metabolism slows, as do physiological functions such as heart rate and blood pressure.
- Muscle tension decreases.
- Brain wave patterns shift from the faster waves that occur during a normal active day to the slower waves, which appear just before falling asleep or in times of deep relaxation.

Not all relaxation exercises suit everyone. So it is important to try a number of techniques to find one which suits you. We are going to look at one particular relaxation technique. The following exercise has been selected because it takes only a few minutes of your time and can be used almost anywhere. When a technique is practiced regularly, you will find that it becomes easier, and therefore will be more effective in reducing your stress and anxiety level and also be more able to centre your thoughts and emotions.
Relaxation Technique – Erasing Stress

Erasing stress is a visualising technique. It allows you to visualise the thought or situation which is constantly on your mind and helps erase it from your thoughts.

- Sit or lie in a comfortable position. Breathe slowly and deeply.
- Visualize a situation, a person, or even a belief (such as, “A situation at work which is confronting” or “A home renovation which is causing disruption in the household”) that causes you to feel anxious, fearful or upset.
- As you do this you might see a specific person, an actual place, or simply shapes and colours. Where do you see this stressful picture? Is it below you, to the side, in front of you? How does it look? Is it big or little, dark or light, or does it have a specific colour?
- Imagine that a large eraser, like the kind used to erase chalk marks, has just floated into your hand. Actually feel and see the eraser in your hand. Take the eraser and begin to rub it over the area where the stressful picture is located. As the eraser rubs out the stressful picture it fades, shrinks, and finally disappears. When you can no longer see the stressful picture, simply continue to focus on your deep breathing for another minute, inhaling and exhaling slowly and deeply.

“\textbf{It is important to be aware of the way in which stress may be impacting on you and your life.}”

Summary

Throughout this article you have explored the four components of reflective practice. Reflective practice is the linchpin of effective counselling practice. Without continual upgrading and refinement of skills your effectiveness as a counsellor may decline and your enthusiasm may wane. Additionally, making sure that you have adequate self-care and work-life balance will protect you from burnout, enhance your motivation and maximise the longevity of your career.

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Prevalence of social and emotional unwellness amongst the Indigenous communities

Limitations exist in Aboriginal & Torres Strait Islander (known as Indigenous in this chapter) mental health databases and as a result not much is known about mental illness (known as social and mental unwholeness in this chapter) in non-medical settings and community samples in Indigenous cultures (Kelly, 2006). Public health division (2000) conducted a survey which found symptoms of anxiety and depression to be twice as common in Aboriginal adults as in Aboriginal community, and harmful alcohol intake was found in 28% of Aboriginal adults compared to 19% of the non-indigenous population. In a study conducted by Webber (1980), 20% of Aboriginal children and youth had diagnosable social and emotional unwellness issues.

When looking at social and emotional unwellness within the Indigenous communities, it would be relevant to begin by discussing what social and emotional unwellness is in relation to the non-indigenous communities. Kowal, Gunthorpe and Bailie (2007) stated that Aboriginal and Torres Strait Islander people on average live 17 years less than other non-indigenous Australians. Nguyen (2007) found that admission rates for Indigenous people were four times higher than non-indigenous individuals in relation to social and emotional health disorders. This statistic is of great concern considering the fact that Aboriginal and Torres Strait Islander people account for 2.4% of the Australian population (Kowal et al., 2007).

Indigenous people when compared to the rest of the population have been found to have a higher rate of suicide where the suicide rate with-in the aboriginal community is twice that of non-indigenous people. Zubrick, et al (2005) conducted a study in Western Australia on Indigenous children aged 4 to 17 years.

The study showed that 24% of Indigenous children were rated by their parents as having emotional or behavioural difficulties compared to 15% of children in the general Australian population whilst 27% drink alcohol, 30% of young people have used marijuana at some time in their lives. The study also found that males were twice as likely as females to be at high risk of clinically significant social and emotional unwellness. Children who lived in families which had experienced more stressful life events were also at a high risk of social and emotional unwellness. The study found that 27% of young Indigenous people drink alcohol and 30% of young people have used marijuana at some time in their lives.

History of Aboriginal and Torres Strait Islander people

When discussing the mental health of Aboriginal and Torres Strait Islander people, it would be unjust not to consider the Australian history and the occurrences that affected the Aboriginal and Torres Strait Islander people in the past. The Royal Commission National Report into Aboriginal Deaths in Custody (1991) emphasised the importance of understanding Australia’s history so as to have a feel for the discrimination felt by Aboriginal people which resulted in their current attitudes towards non-indigenous people and society.

The history of Aboriginal people and non-indigenous Australians has resulted in mistrust between the two cultures due to issues such as the policies and practices that involved the removal of children from Aboriginal families in the period from 1914 to 1960 (Petchkovsky, San Roque, Jurra and Butler, 2004). Before colonization, Walker (1993) described Aboriginal life as “straightforward, full of love, easy but intelligent, slower but knowledgeable and simple.” Fan (2007) noted that it is interesting to note that the mistrust is two way (indigenous not trusting non-indigenous practitioners due to the history and non-indigenous practitioners not trusting indigenous individuals as they fear that the indigenous individuals will not be accepting of their services). Aboriginal and Torres Strait Islander people have experienced a loss in culture, family breakdown, racism, social inequity and trauma and grief as a result of the process of colonization.

Social and Emotional Unwellness: An Aboriginal’s point of view

“In Indigenous people view family, community, peace and spirituality as being a part of well-being.”
and hence that term is preferred (Henderson, et al., 2002). It is interesting to know that Aboriginal and Torres Strait Islander people have a holistic view of mental and physical well being which encompass the physical, emotional, cultural and spirituality of both the individual and the community.

Indigenous people view family, community, peace and spirituality as being a part of well-being. DHA (cited in Henderson et al., 2002) stated that for Aboriginal and Torres Strait Islander people, their land, culture, family, community, spirituality and ancestry formed a great part of their definition of mental health. An example of this is that sometimes the Indigenous culture can view ‘western’ terminology of hallucinations or delusions as spiritual experiences (Sheldon, 1997) where as non-indigenous may view that as psychosis.

In aboriginal culture, social and emotional unwellness can be attributed to culture related experiences such as external or internal forces or reasons such as doing something wrong. Indigenous peoples’ view of depression is different from Westerners and in the Indigenous culture is not very accepted as a diagnosis as it is seen as ‘that’s the way he is’. Indigenous individuals often consider external forces to be contributors of illness and that in some cases may be the cause of disease (e.g. doing something wrong in their culture), which is a phenomenon that is not common in other western cultures. Indigenous people, unlike Westerners do not view well being as separated from the mind and the body, but view it as a whole entity (Benson-Stott, 1991).

Aetiology of social and emotional unwellness amongst the Indigenous communities

Indigenous people have a higher rate of social and emotional unwellness than the rest of the Australian community due to issues such as employment, education, and the effects of colonization, alcohol, and physical illness which in turn can act as an additional psychosocial stressor to them (Kowal et al., 2007). Walker (1993) gave the example of a father who fails to provide for his family due to a lack of job opportunities for Aboriginal people and this in turn results in stress and anger within the family, affecting all members of that family. Research has found social factors as being a great contributor of health in Indigenous people (Vicary & Bishop, 2005).

The history of many of the older population which involved the removal of children from Aboriginal families in the period from 1914 to 1960 has also been a great contributor of social and emotional unwellness in this population due to issues of racism, dispossession, disadvantage and perceived oppression (Hunter, 1993). Many Aboriginal adults live with the trauma as a result of their children having been taken away and many parents who had their children taken away experience guilt and grief. The children who were taken away have also experienced trauma as a result of feeling rejected and some of them have lost their identity as a result of having lived most of their lives as non-indigenous people (Benson-Stott, 1991).

Swan & Raphael (1995) found that other outcomes of Indigenous families being ripped apart include low self esteem, anger, depression, anxiety, suicide and self harm, alienation from cultural and kinship ties and personality and adjustment disorders. Poor parenting skills, disrupted attachment, poor relationship skills, and lack of cultural identity, substance abuse, violence and guilt are also other outcomes. If these conditions are present in the Indigenous adults (e.g. parent) they in turn may affect the Indigenous children who may not have been exposed to these conditions.

Another issue that contributes to social and emotional unwellness is the issue of homelessness which the Royal Commission into Aboriginal Deaths in Custody Inquiry (1991) found to result in substance abuse, which consequently may lead to social and emotional unwellness and high rates of imprisonment of Indigenous peoples. The racism that Indigenous people have received is also a contributor of social and emotional unwellness as those who have been subjected to racism tend to feel bad within them (Morrissey, Pe-Pau and Latif, 2004). Children can face social and emotional problems from the time they start school even if they have grown up at home where strong cultural values and esteem building are taught due to them mixing with some of society who may dislike them due to their race.

Benson-Stott (1997) attributed psychosocial health problems, early parenthood, interpersonal and family violence, inter-generational substance abuse, abuse and neglect and poor physical health to the mental wellness of Indigenous young ones. Socially, Indigenous communities are disadvantaged compared to the rest of the population and they are subject to injury, violence, family violence, premature deaths which may result in social and emotional unwellnesses (Morrissey et al., 2004).

Biological factors may also influence the causes of social and emotional unwellness in some cases (Kanowski, Kitchener and Jorm, 2008). Women conceiving and a change in hormone levels have also been found to encourage depression (Kanowski, Kitchener and Jorm, 2008). Depression in Indigenous populations could be attributed to having a long-term
disability or physical illness, alcohol or medication intake, cultural issues such as being away from country, not being able to have ceremony, and lack of connection and acceptance in the community.

**The DSM-IV and Indigenous culture**

The DSM-IV has been criticised by some scholars as not being culturally specific. For example, there are some cultural illnesses that are present in Indigenous people that are similar to the DSM-IV criteria for illnesses such as depression although they have culturally contextualised causes. Therefore, there needs to be a more appropriate and varied treatment regime when working with Indigenous people. An example includes an illness termed ‘spiritual disconnection’ which shows symptomology of clinical depression but is related to longing for reconnection with one’s country (Benson-Stott, 2004).

**Culturally specific interventions**

In Australia, Dudgeon and Picket (2000) argued that psychological theories are not generalisable to the Indigenous people as a result in differences such as culture. Interventions that are specific to Indigenous people need to be implemented when dealing with Aboriginal and Torres Strait Islander people. Many non-indigenous mental health practitioners lack expertise or knowledge on therapeutic intervention with Indigenous people which is a downfall due to the differences in culture. A method of Interventions should therefore aim to break barriers that exist.

These barriers can be broken through the practitioners gaining cultural competence, forming a trust relationship with the Indigenous client, developing an understanding of the spiritual ways of an Indigenous person, and by giving practical assistance such as financial assistance rather that just talk. Interventions should also be culturally appropriate to the indigenous population by integrating culture and clinical expertise.

In relation to counselling therapies, Indigenous people view the ‘Narrative therapy approach’ to be helpful (Payne, 2006) as a way of offering the possibility of a culturally sensitive way of counselling. This is said to be because the position of the practitioner is to help Indigenous people identify what they want in their own lives, and to reconnect with their knowledge, strengths, and land. Indigenous people may find it rude in a counselling session when they are interrupted in telling their story (what they referred to as yarning) without being interrupted. Pattel (2007) encouraged general practitioners to allow clients to tell their story and allow them time to think silently.

Benson-Stott (2004) has found that engaging an Indigenous client through connecting is helpful in intervention. Mental health intervention for Indigenous people needs to be more than just counselling or psychology as it needs to be spiritually rooted. Not working with the spiritual aspects of the Indigenous client will only result in working on the symptoms, not the root cause of the problem. Social and emotional unwellness for an Indigenous person grows from the spirit struggling to connect, disconnect, and reconnect.

Spirituality is of significant importance to Indigenous people. There are an increasing number of Indigenous people who are becoming Christians due to their spirituality and because of the history of missions in Australia; Christianity is an integral element of identity for many Aboriginal people. Indigenous people have an awareness of the spiritual world because of their heritage and culture. Becoming an Indigenous Christian does not mean leaving culture behind.

I have found that emotional release therapy, telling of stories, gestalt therapy, and narrative therapy when combined together allows for healing to occur in Indigenous people. Benson-Stott stated that acknowledging that people are three-fold beings is essential in the treatment of Indigenous people. As physical beings our flesh (Soma) is the part of us that experiences heat, cold, flavour, physical pleasure and pain, and receives sight, sound and smell.

The Psychological (Psyche) aspect of our being defines our thoughts, emotions, conscience, memory and reason. The Spiritual (Pnuema) aspect is the part of us that provides reverence, and hope, and is the part of us that connects with God and land. During the study period in which 8-12 counselling sessions using Pnuema-Psyche-Soma Therapy (Spirit-Soul-Body) Emotional Release Therapy (PPS-ERT) were conducted with Indigenous clients, Benson-Stott found that Indigenous people went on to lead healthy lives.

**Clinical Depression**

‘I feel depressed’ is a term that is commonly used in society today. Just because someone is depressed does
not mean they are ‘clinically depressed’. In Australia, Kanowski, Kitchener and Jorm (2008) stated that clinical depression affects around 6% of Australian adults in any year which equates to 4.2% for males and 7.4% for females. Compared to non-indigenous Australians, where it is twice the rate and is continuing to rise. Indigenous people refer to depression as having a ‘weak spirit’ (Sheldon, 1997).

In the Indigenous population, a majority of Indigenous people if diagnosed with depression may not return to the service, or follow up with counselling. It is therefore important for practitioners to tread carefully before diagnosing any condition with Indigenous people. One way to approach asking if there is depressed mood for an Indigenous person is to ask them if their spirit feels weak. If the Indigenous person reports that there is a weak spirit, this is a good indicator that there may be social and emotional unwellness. If depression is diagnosed it is important to explain what this may mean to the Indigenous person and how they can be helped.

While working with Indigenous people it is important to remember that English terminology in relation to feelings, thinking, and emotions may not be objective and culture free (Goddard, 1991). Denying this aspect of an Indigenous person’s social and emotional health, may contribute significantly to mental ill-health. Not all Indigenous people will experience depression, and it is important when working with Indigenous people that the practitioner notes the difference between grief, adjustment difficulties, depressed mood, and clinical depression.

Due to racism, stigma, social disadvantage, environmental adversity, disconnection with land, and struggles that Indigenous people experience, strategies to improve the well-being of an Indigenous person needs to be addressed. It is quite often that an Indigenous person has experienced grief or adjustment difficulties, and not clinical depression. It is important not to diagnose clinical depression on the first consultation, and in order to diagnose this condition in Indigenous people their family or carers should be interviewed too.

When clinical depression has been diagnosed, social support is important. Always talk with the family to help with seeking solutions to the condition. Utilising community resources can also help in recovery (e.g. sports, dance, fishing or hunting, more time with family). Motivational counselling, interpersonal therapy, narrative therapy, and/or problem solving therapy can help the Indigenous person make changes and help with recovery by allowing them to tell their story. Medication for the depression may be beneficial; however this should be used as the last resort. Always have a safety plan that is agreed upon by the practitioner and Indigenous person too developed upon the diagnosis of clinical depression and before you send the Indigenous person home. Education with the Indigenous person and their family is beneficial so that they can recognise and reduce key factors related to relapse.

Anxiety

At some point in life everybody experiences anxiety and worry. ‘Normal’ states of anxiety, for example are worrying about a child who is chroming. Seeing an Indigenous person individually can be misleading in diagnosing anxiety as they may be shy or feel shame, but not have anxiety. Anxiety can be difficult to determine in an Indigenous person’s life. Vicary (2002) stated that non-indigenous practitioners may not adequately assess the emotional distress of an Indigenous person due to cultural language barriers. Labelling an Indigenous person with a mental health disorder should be the last resort and only applied after consulting with family, and/or Indigenous health workers involved in the Indigenous person’s care, and/or perhaps Elders.

Due to the racism, stigma, social disadvantage, environmental adversity, disconnection with land, and struggles that Indigenous people experience, anxiety can result. Family support is always important when anxiety has been diagnosed. Utilising community resources can help in recovery (e.g. being involved in men’s or women’s group, arts). Motivational counselling, interpersonal therapy, narrative therapy, and/or problem solving therapy can help the Indigenous person make changes and help with recovery by allowing them to tell their story. Stories are important in the healing process for anxiety in a Indigenous person (Benson-Stott, 2007). Education with the Indigenous person and their family is important to ensure cultural aspects of treatment are implemented.

Medical treatment exists for anxiety which should only be used as a last resort with Indigenous people. Research has found that anxiety disorders in Indigenous people are better treated with psychological intervention rather than medication as medication may only works short term and does not deal with the core root issue, and can be perceived as culturally inappropriate. (Kanowski, Kitchener and Jorm, 2008). Involvement of family is beneficial in the treatment of anxiety too.

Mental health for an Indigenous person involves being balanced in their family, physical, emotional,
and spiritual life. Substance abuse, life events, changes in medication, grief, disconnection with land and family, can all be causes of anxiety in Indigenous people. Anxiety can lead an Indigenous person to be out of balance. Signs such as changes in an Indigenous person's appetite or sleep, restlessness, tension, physical changes, and anger could be identified with anxiety. Often small changes in an Indigenous person's life can result in balance again through modifying spiritual, physical, family, and emotional issues.

**Psychotic Disorders**

Schizophrenia is a disorder that is characterised by a number of cognitive and emotional dysfunctions such as hallucinations, delusions, disorganized speech and behaviour. Psychotic disorders usually have delusions and/or hallucinations as components of them (Barlow and Durand, 2004). Different types of psychotic disorders exist. DHA (cited in Henderson et al., 2002) stated that for Aboriginal and Torres Strait Islander people, their land, culture, family, community, spirituality and ancestry formed a great part of their definition of wellbeing. An example of this is that sometimes the Indigenous culture can view western terminology of hallucinations or delusions as spiritual experiences (Sheldon, 1997) where as non-indigenous may view that as psychosis. It is therefore important that before diagnosing psychosis disorders that the Indigenous person is seen for a number of sessions, and that cultural views are taken into account.

There are cultural beliefs in the Aboriginal community that involve spirituality and customs. Indigenous people believe that curses can be placed on people or one can see spirits which should be taken seriously and considered when working with a person who may present with a psychotic disorder (Benson-Stott, 2007). It is important that when considering diagnosing psychotic disorders in Indigenous people that the community is consulted as to what is acceptable and what is not.

Some beliefs expressed by Indigenous people can be delusional and identified as that (e.g. believing that the television is speaking to them personally). If there is family history of social and emotional unwellness this should be considered in assessment. Family will usually express concern if there are psychotic symptoms which are not culturally based. As there are situations that can remain puzzling to clinicians it is important to not put a label on the person so as to enhance one's understanding.

Hallucinations or delusions may be pathological or culturally based as Hunter (1993) stated. An example of a cultural basis includes hearing God's voice which is not a hallucination if the person has a faith in God and the message is not destructive. Auditory hallucinations if they continue for a period of time may be evidence of serious social and emotional unwellness. Again, family should be consulted as to what is normal for that Indigenous person.

Kelly (2006) conducted a study to explore the association of psychological health problems and heavy alcohol use in a remote Indigenous community. In this study there were 31 participants (16 men, 15 women) Indigenous people with a mean age of 37 years. Results from Kelly's study found that with previous reviews of Indigenous mental health a high rate of social and emotional unwellness existed.

Factors such as poverty, unemployment and boredom may influence the existence of social and emotional unwellness in communities, alcohol consumption may also be a contributor to psychosis. Murray and Lopez (1996) stated that 84% of Indigenous mental health admissions in the area of the Top End in 2002 – 2003 fell into the categories of psychosis, depression or substance related mental disorder. Psychosis has a high rate of recurrence particularly within the first five years of the Indigenous person developing it.

Rehabilitation programs can prove useful for both the Indigenous person and family if they are culturally appropriate. Programs may include yarin circles, healing circles, counselling, problem solving skills, social skills, activities of daily living skills, and money management skills. If the Indigenous family has someone who has been diagnosed appropriately with psychosis, then family can encourage the person to take the medication that has been prescribed.

An Indigenous person with psychosis can be sensitive to stress and change. Giving the Indigenous person advance notice of what is going to occur can help with controlling psychotic thoughts. Understanding that caring for an Indigenous person who has psychosis can be emotionally, spiritually and physically exhausting for the carer is important. It is important that they are involved in the care plan and offered continued support in the management of the Indigenous person.

When treating psychosis it is important to involve the family in the process. Elder's involvement may also prove beneficial. An approach incorporating the Indigenous person's social, spiritual, family, and psychological requirements is important too. Talking with family can help provide some solutions with treatment. Check with family to see if a healer or Pastor should be involved in the care of the Indigenous person.

“Factors such as poverty, unemployment and boredom may influence the existence of social and emotional unwellness in communities.”
Motivational counselling can help with making changes. Addressing work, relationships, family support, risk, substance use, finances, and medication is important in the process of managing psychosis, along with educating the Indigenous person and their family in regard to early warning signs. Always ensure that the family and the Indigenous person leave the sessions with a safety plan. If the Indigenous person has support and supervision then they may be able to be sent home. Appointments for follow-ups are vitally important. Medication for psychosis needs to be determined to help the Indigenous person return to a stable mood. Sometimes hospital may need to be considered, however it is important to see if a family member can stay with the Indigenous person, and if not then the service needs to be culturally appropriate.

**Living with an Indigenous Person with social and emotional unwellness**

Aboriginal and Torres Strait Islanders in some cases can fear the western health system and would rather be at home not coping with social and emotional unwellness.

Indigenous people have a holistic view of health and this is important to consider for those who live with a person with social and emotional unwellness. It is important that in the process of treatment families are involved so as to ensure service delivery is not fragmented. It can be difficult for a carer of an Indigenous person who has been diagnosed with social and emotional unwellness due to difficulties they may experience in accessing transport, their fear of mental health services and the attitudes of staff, feeling lost and isolated without the Indigenous person being well, and their perception of the Indigenous person’s wellbeing.

Living with an Indigenous person who has social and emotional unwellness can be difficult. An Indigenous person may get easily annoyed or impatient in the context of their social and emotional unwellness. As a carer of an Indigenous person Benson-Stott (2004) suggested the following as guidelines for carers:

- Encourage the Indigenous person and try and praise his or her efforts in a positive way
- You may find you are worried about what will happen next and how you will cope. It is important that the Indigenous person is encouraged to lead an independent life and gain confidence in him/her self
- You may find that you become anxious yourself. It is often helpful to talk over your feelings with someone else, particularly in yarin circles
- Family problem solving is beneficial. Sometimes it may be useful to get the family together and talk things out. Be clear about the problem (whatever it is), listen to one another and try not to argue. Try finding new ways of dealing with a problem
- Educate yourself. The first step is to become educated so you have realistic expectations and coping options. Talk with community; be involved in healing circles and yarin circles.
- Be a partner in the treatment. Ensure that the practitioner involves you in the treatment process
- Allow your story to be told
- Take care of yourself. Set healthy boundaries on how much you do. You also may need help processing and dealing with your emotions so talk with family, community, and Elders
- Develop a crisis plan. Talk with the practitioner about what to do, and help the practitioner to understand cultural values; and
- Seek help if the person you are caring for is not looking after himself or herself properly, or if they are talking about hurting themselves or someone else, or they become more irritable, or they become violent, or they are behaving in an unusual way.

**Stories**

The use of talking circles and healing circles is important in the Indigenous person telling their story and allowing for healing to occur. Healing circles and talking circles allows the Indigenous person to work through painful thoughts, feelings, and experiences to help them with empowerment. Allowing the Indigenous person to have a yarn and talk about country, family, spirituality is the starting point of listening to their story.

Abonyi and Jeffery (cited in Rikhy et al., 2008) found that visual aids are more effective than written materials for some Indigenous communities (e.g. the use of visual diagrams to explain objectives, social and emotional unwellness conditions, and outcomes). Aboriginal art and stories has been used in the development of culturally appropriate health promotion literature for Indigenous people (Davis, Knight, White, Claridge, Davis, Bell, 2003).

**Community commitment, perceptions and responses - Creating Supportive Structures**

Henderson et al. (2002) stated that people with social and emotional unwellness in a community are one of the least empowered and also that although this is the case, they usually remain as part of the community. However, as mentioned earlier due to Indigenous communities being socially disadvantaged, there is a great chance of relapse occurring as a result of stressors.

Psychoeducation is important to offer family or carers and those in the community who are involved. Respite services can also be offered to family or carers.
involved so that the burden can be lightening on them whilst caring. The community can help aide through provision of supplies for daily living.

Many barriers exist between treatment and Indigenous people. Treatment barriers are barriers that exist as a result of the treatment, the practitioner or the client involved. Compared to non-indigenous individuals, Indigenous people are less likely to seek mental health services and if they seek them it will be at a later stage and for a very limited time (Vicary, 2002).

Indigenous people will turn to their families for help as there are cultural expectations that when a member of the family is having problems, the rest of the family will be involved in helping. Lack of social support, knowledge, and awareness of how services work and how services can be accessed is are also a potential barrier (Fan, 2007). Indigenous people fearing the stigma associated with accessing mental health services is another significant barrier to treatment.

Indigenous people in some cases fear the western health system and would rather be at home and cope with the social and emotional unwellness individually (Benson-Stott, 2007). Financial barriers may also exist for Indigenous people to access treatment such as individuals not being able to afford the service fees. (Swan and Raphael (1995) found that compared to non-indigenous people, Indigenous people were more financially disadvantaged and may have less access to transport. In some areas, there are limited and few providers and services available to help an Indigenous person in a culturally appropriate way. Research suggests that the Indigenous population has the lowest rate of access to available mental health services.

Due to Indigenous peoples’ strong cultural basis, it is important that practitioners working with them be culturally sensitive. The practitioner’s attitude to the Indigenous client has to be assessed as biases may exist. When families are asked to fill in forms to help with assessment processes they may experience embarrassment due to the detailed information required. Some may not proceed with accessing services due to this (Benson-Stott, 2007). It may also take a period of time to obtain information from the Indigenous client, and if the practitioner does not handle the process correctly, Indigenous families may discontinue with the service due to feeling the process is too invasive.

Those working with Indigenous individuals ought to seek to learn more about the differences in cultures between their own culture and the Indigenous culture. Liaising with other culturally knowledgeable individuals could also be beneficial so as to gain knowledge as to the how to approach Indigenous people (Fan, 2007).

Language can also be a barrier amongst the Indigenous population. A study by Human Rights and Equal Opportunity Commission (2004) found 80% of Aboriginal and Torres Strait Islander people report speaking only English at home and 12% reported of speaking their native language at home.

Misunderstandings can occur around the use of language (e.g. questioning), and around body language. Aboriginal people who speak English as a second language or dialect are particularly susceptible to being misunderstood. For some Aboriginal people English is often not their first language. When communicating with Indigenous people, practitioners are urged to speak clearly and slowly to allow Indigenous people time to respond before asking the next question. Having an interpreter is often a wise decision, as many people, particularly the elderly, prefer to talk in their native language.

Indigenous people may fear mental health services and staff attitudes as they may feel there is a lack of sensitivity to cultural issues resulting in culturally inappropriate services to address the issues. Indigenous people may feel that mainstream mental health services focus too much on psychiatric or psychological issues and do not take into account spiritual and emotional wellbeing. When admitted to a mental health service, an Indigenous person may feel isolated and alienated, and therefore it is important to ensure regular risk assessments occur with the Indigenous person.

Overall the barriers for Indigenous people obtaining mental health care (Vicary & Bishop, 2005; Cormac et al, 2002; Fan, 2007; Pattel, 2004) can include:

- financial
- language barriers
- geographic and travel
- lack of social support
- overall cost of the service
- lack of services within a reasonable distance
- shortage of Indigenous Psychologists
- fear of services and what the service may mean
- lack of knowledge about mental health issues
- lack of sensitivity displayed by the practitioner or service
- cultural expectations
- stigma associated with accessing mental health services
- personal
- cultural differences

“Aboriginal people who speak English as a second language or dialect are particularly susceptible to being misunderstood.”
• lack of cultural and spiritual awareness by the practitioner; and
• practitioners attitude
• filling in of forms
• types of questioning asked and feeling process is invasive

Good practice with Indigenous people with regard to social and emotional wellness involves (Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009, Australian Health Minister’s Advisory Council on Aboriginal and Torres Strait Islander Health Working Party 2004):

- providing culturally appropriate methods in intervention through the use of healing approaches and ensuring that the spirituality of the Indigenous person is considered
- using forcible removal practices from the home as a last resort
- sensitivity and the implementation of appropriate methods in social and emotional wellness provision so that misdiagnosis does not occur
- avoiding the use of psychotherapy as this can be perceived as a form of colonization
- treatment centering around support, yarning, assistance from Elders, spirituality through a return to country to make a reconnection with land, assistance from extended family, advocacy, and listening to the needs of the Indigenous person and their family
- helping the person reconnect with culture and values
- use of narrative therapy, interpersonal therapy, motivational counselling, and/or problem solving therapy can help with the Indigenous person telling their story
- identifying what the Indigenous person wants in their life to help them reconnect with their own strengths and land
- the use of talking circles where each Indigenous person hears the stories of another and gain support from each other
- exploration through stories to help with empowerment
- knowing that when an Indigenous person speaks about spirits it does not mean that they are psychotic
- acknowledgement of losses
- ensuring knowledge about colonization and its affect on Indigenous people
- allowing the Indigenous person to mourn loss
- the use of culturally appropriate assessment
- allowing through the community for culturally appropriate healing intervention to occur
- healing circles that allow the Indigenous person to work through painful experiences, thoughts, and feelings
- where a diagnosis is made the family is involved and informed and educated in a way that does not bring shame upon the Indigenous person or their family
- addressing physical, social, cultural, emotional, spiritual, environmental, and gender aspects of an Indigenous person’s life; and
- involving the family or the Indigenous person’s partner in aspects of the treatment program

It is important when working with Indigenous people a comprehensive holistic care approach be taken encompassing connection, spirituality, culture, environment, politics, social, mental health, and biological health. When harmony is disrupted between this Indigenous ill health can occur or persist. Prevention is the key to helping Indigenous people in the area of mental health through education, interventions to reduce impact of mental health conditions, healing circles, men’s business groups, and women’s business groups. Strengthening communities through programs and culture has positive implications for the social and emotional wellness of Indigenous people.

About the Author:
Elizabeth Benson-Stott, MScMD, B. Psych, D. Couns, C. Bus, Cert IV Ass/Train, MAPS, MAIPC. Chief Executive Officer (CEO), Senior Psychologist. As a Psychologist, Elizabeth has worked in both USA and Australia in the fields of Psychology, Mental Health, Human Resources, Education, and Management. She has travelled extensively gaining knowledge of a broad range of cultural aspects. Elizabeth has been a guest speaker at national and international conferences on Suicide Intervention & Prevention, Management, Counselling, Leadership and Psychology. Elizabeth identifies as Aboriginal.

In 2004, Elizabeth won the Australian National Award for Youth Suicide Intervention and Prevention, presented by Suicide Prevention Australia and Hyundai. In 2005, Elizabeth was recognised by the Queensland Government as a semi-finalist for the Queenslander of the Year Awards. Her ongoing contribution to mental health in the field of psychiatry was recognised internationally in 2006 by her peers through her being awarded the Donald Cohen fellowship, presented by the International Association of Child and Adolescent Psychiatry, and Allied Professions. In 2006 Elizabeth was awarded the...
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Elizabeth currently is a member of the Queensland Health Expert Reference Group, sits on the Queensland Children’s Services Tribunal, is a Panel Assessment for the Queensland Psychologist Board, sits on the Health Quality and Complaints Commission Clinical Advisory Committee, and is a Board Member of Suicide Prevention Australia, and CEO of the consulting business Betterlife Directions.

She is also a private assessor of the Australian Institute of Professional Counsellors. To find out more information about Elizabeth and her award-winning company Betterlife Directions, please refer to the information below:

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We would value your input and opinions regarding this article. If you would like to comment on the content of this article please forward your feedback (for possible inclusion in an upcoming issue of The Professional Counsellor to: AIPC “Social Issues” At: Editor, Locked Bag 15 Fortitude Valley Qld 4006 or send in an email to: editor@aipc.net.au.

‘Spousal Maintenance’ for Mistresses

The following is an extract from an article published at the news.com.au website in November:

“PHILANDERING husbands could soon be forced by the courts to keep paying for their mistresses after an affair ends. That is just one outcome set to arise from laws on broken de facto relationships that will take effect early next year, The Courier-Mail reports.

Under the Family Law Act reforms, de facto partners together for two years will get the same rights as married couples to seek “spousal maintenance” claims. Maintenance, as distinct from child support, may be ordered when the other party is “unable to support herself or himself adequately” following separation.

But legal experts warn the amended Act - passed in the Senate on Monday - opens the definition of a de facto relationship as an opposite-sex or same-sex couple “living together on a genuine domestic basis”.

View full article here:

Owen-Brown and Booth (2003) have reported that costs associated with divorce, including social security payments and court proceedings, run close to a staggering 3 billion dollars a year in Australia alone.

Divorce has recently been reported to be the number one ‘wealth buster’ of all the financial hazards in life (Featherstone, 2006).”

“Divorce has recently been reported to be the number one ‘wealth buster’ of all the financial hazards in life (Featherstone, 2006).”

professionals develop specific strategies and skills to assist clients suppress this situation?

Many questions can arise from this topic – we want to know your thoughts. Do you agree with it? How would you assist clients (e.g. a couple) to deal with this situation? Would this change add a new area for pre-marriage counsellors to cover?

Write to us! Selected comments will be published in an upcoming edition of the Professional Counsellor Journal. To send a comment, simply email editor@aipc.net.au and include your name and qualifications.
Counselling Dilemma – Counsellors Comment on Ethical Issues

Myra (age 35) is married with three children under the age of 8. Myra cares for her children full time and has little contact with friends or family members. She has approached you for counselling as she feels her life has lost any sense of meaning. Myra says she feels isolated, depressed and neglected much of the time.

In your second counselling session with Myra she reveals that her drinking has increased over the last few months. As you discuss this further, Myra acknowledges that she feels guilty sometimes because she is caring for her children while she is under the influence of alcohol.

In session, you respond to this disclosure from Myra with a condemning tone. You speak disapprovingly to her, accusing her of having her priorities wrong and suggesting she take a long, hard look at what example she is setting for her children.

That evening, you feel uncomfortable about the session and decide to write an entry in your practice journal. Upon reflection you realise that you had hastily projected feelings about your own mother onto Myra. You become aware that the anger you hold toward your mother had heavily influenced your response to Myra.

You begin to feel embarrassed about your accusatory tone and wonder if you have lost the possibility of developing rapport with this client.

As a counsellor, how would you act upon this situation?

Myra (age 35) has triggered a recessive memory within this counsellor and if it was my dilemma I probably would choose to be upfront with my client. Firstly I would phone her the next morning to make contact for another appointment. I would display more concern and sensitivity while encouraging her to attend another appointment so that I could discuss with her the reasons why I had reacted the way I did and apologise if I had been too harsh.

At the appointment I would disclose to her why I reacted in that way. I would share with her, through self-disclosure, my memories of my own mother and her alcohol addiction and the frustration it impeded on my preconscious level of awareness. Stating from another ‘child’s’ point of view, we could explore the frustration, anger, sadness, disrespect, nervousness, and emotions that her own children may experience if her condition becomes more severe. To give my client the opportunity of understanding her addiction from the point of view of others that will be affected could encourage her to look at her options from a different perspective.

I would inform Myra, from the Code of Ethics, that I offer a non-judgemental professional service, free from discrimination, honouring the individuality of my client so will not therefore report her to the Department of Child Safety because this step could cause undue suffering for her entire family particularly her children.

My behaviour in this matter has taken into consideration the moral sensitivity of the situation meaning the implications of her behavior on the welfare of her children, the moral reasoning, whereby I have considered the process of thinking through the alternatives and have now decided to carry out the moral alternative and not report her situation; not at this stage anyway.

At our further sessions we will work together through problem solving utilising Solution-Focused Therapy regarding her isolation, depressed feelings and also feelings of neglect. This will enhance a positive outlook on Myra’s future and hopefully quell any more desires to continue to partake in the extra drinking sessions she has become accustomed.

Kathleen Casagrande,
Dip. Prof. Counselling

“To give my client the opportunity of understanding her addiction from the point of view of others that will be affected could encourage her to look at her options from a different perspective.”

The first thing that I would do is to arrange a session with my supervisor to discuss what has happened and explore the options for dealing with both my anger toward my mother and how I am feeling after the session with Myra. I would also discuss how to approach Myra about the issue during her next session with me. We could also discuss my options if Myra does not return for more counselling.

One option for dealing with my anger issues towards my mother would be to seek some
I counselling to assist me in resolving this within myself, particularly if the session with the supervisor was unable to achieve this.

At Myra’s next session with me, I would review what happened in the last session and ask Myra how she felt about what I had said to her. Giving her the opportunity to discuss her reactions to what I said, along with appropriate and relevant disclosure from me could strengthen our therapeutic relationship. If not, then I could offer to refer Myra to another counsellor.

If Myra does not return for more counselling I would give her a follow-up call, give her the opportunity to discuss the situation, and offer to help find her another counsellor if she is not comfortable continuing with me.

Irena Jaskiewicz,
B.ASc, B.Nat, Dip. Prof.Couns

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Administration Officer
Head Office

Natasha is originally from the Cook Islands and travelled to Brisbane, Australia in 1997 when she received a scholarship to study a Bachelor of Information Technology course at the Queensland University of Technology. Since graduating she has worked with a variety of companies as well as volunteering her services within the community. This included assisting staff and students at the Yeronga State High School with web page development and computer assistance. Natasha also helped develop and deliver a Basic Computer Tutoring program at the Annerley & District Community Centre provided to the general public.

Natasha joined the Australian Institute of Professional Counsellors mid March of 2007 and has been a vital part of the administration team at Head Office. She initially started out as an assistant by handling general enquiries from students and the general public to looking after student assessments and online issues. She has grown in her administrative abilities as well as her capacity to handle complex situations with calmness and a smile on her face.

Natasha recently took up the supervisory role of Administration Officer overseeing Head Office administrative staff, assisting managerial staff at Head Office and Student Support Centres, liaising with external clients and pretty much keeping things in order.

On a personal note, Natasha loves music and is actively involved in her local church band as a singer and musician. She takes after her father who, to this day, still plays and sings back in the Cook Islands. Other interests include outdoor sports, traveling, reading, watching a good action-packed movie or comedy and cheering on her favourite Rugby Union team - the New Zealand All Blacks.

“She has grown in her administrative abilities as well as her capacity to handle complex situations with calmness and a smile on her face.”

TREASURES FOR INSPIRATION

“The unexamined life is not worth living.” – Socrates
As this segment is a regular feature in “The Professional Counsellor” I would like to invite Graduates to write to me with their own story for possible publication in an upcoming edition of “The Professional Counsellor”. Whether you have begun your own counselling practice, are employed by an organisation or have gone on to study at University we would love to hear from you. Please send your story and photo to: AIPC, Editor, The Professional Counsellor, Locked Bag 15, Fortitude Valley Qld 4006.

This edition we are featuring graduates Claudia Kuerschner and Craig Dean from Brisbane.

Claudia Kuerschner

I started the Bachelor of Counselling Course in March 2008. When I first found out about the course I was excited at the prospect of doing a Degree that was solely focused on Counselling and run by an Institute who specialises in providing counselling training. I was also happy that it was offered as a home study course because I am working part time in my own counselling practice and enjoy the flexibility of setting my own study hours around my work commitments. I also knew how well organised and professional the Institute is because I had completed their Diploma course not that long ago.

I did have a concern though with how I would go having set term times in which to complete the assessments as I had been used to pacing my previous studies in the Diploma. While I have found it slightly more stressful meeting these deadlines, it has made me complete far more work in a shorter period of time than I have previously. So I am viewing this as creative stress which is making me perform to a higher level, which ultimately is more rewarding!

In terms of the course structure and study guides, I have found these to be well laid out and comprehensive. I love the fact that we are given a suggested study timetable which makes study planning much more straightforward. We also have access to the lecturers via email and I have always found them to respond quickly to any questions that I might have. The other thing that I have found very helpful is the feedback that we get with our assessments, which provides constructive criticism for each section and suggestions for improvement.

“...In terms of the course structure and study guides, I have found these to be well laid out and comprehensive.”

Claudia is a graduate of the Institute’s Diploma of Professional Counselling and a current student of AIPC's Bachelor of Counselling.

Craig Dean

For some time I had considered studying counselling before the AIPC Diploma in Professional Counselling came to my notice. I had baulked at the thought of a study timetable that would not offer flexibility around work, family and friends. In my field of work I have very busy periods that allow no time or head space for outside activities. Equally, there are easier periods where I do have time available for more leisure or external study. This course offered me a way to structure it to my needs. After viewing the course outline I decided that this was the best way for me to pursue counselling study.

When starting any new field of study, the language, concepts and theory can be challenging. I found the tutorials always clear and concise. They assisted with my motivation when my work commitments broke up the continuity of the study.

Practical sessions were again well directed and informative. Students involved were a most supportive group. Each was finding their own practical application for their studies.

The support and encouragement offered by Robert Carrigan and his team was extremely professional. Even when there was the occasional ‘Not Yet Competent’ on the top of the assignment, you always received clear assistance for work that needed further clarification or reworking.

I continue on the path to be a fulltime counsellor. This year I am involved as a voluntary counsellor and while I learn more as each day passes, I sense and value the course work I undertook with AIPC even more. It has made a difference for me and it is exciting that through this work I am, in a small way, making a difference for others.

Craig is a graduate of the Institute’s Diploma of Professional Counselling and a currently practicing counsellor.
Book Review
Becoming a Reflective Practitioner

286 pages
ISBN – 978-1-4051-1833-0

This second edition of ‘Becoming a Reflective Practitioner’ has a greater focus on what is termed “desirable practice” on the back cover of the book. It is aimed at nursing practitioners but contains very thorough and appropriate information for those working within any human services environment, including counselling.

The first chapter deals with ‘Becoming Reflective’ which starts with a small discussion around reflection, what it is and how to achieve reflection in everyday practice. There are a few diagrams and models included in this first chapter which really complement the reader’s understanding of how reflection fits in with the current way anyone is approaching their work. They assist the reader in analysing where their reactions and thoughts may be coming from and show more appropriate perspectives to take in order to aid effective reflection. Gibbs’ reflective cycle (1988) is included on page 17 and is a valuable tool for any professional. Reflection is also explained in terms of personal growth rather than the only means by which client outcomes are improved.

Johns then discusses ‘Constructing a Reflective Framework for Clinical Practice’ which shows effective processes and structures to shape and implement reflection in practice. The end of the chapter also looks at how cultural issues can be accommodated within your framework.

‘Clinical Supervision and Guided Reflection’ takes us to a different aspect of reflection; reflection assisted by another. Supervision is required not only in nursing practice, but in counselling, psychology, medicine therefore this chapter has relevance to all practitioners. Its models for supervision and the aims of successful supervision are excellent guidelines for any care professional. Some practitioners, especially the more experienced ones, may not see the value in someone else guiding their reflection; Johns argues strongly for guided reflection for a number of well specified reasons, including ‘To reveal any self-distortion’ and ‘To listen to the practitioner’s stories’. There is a short section on how supervision should maintain continuity through record keeping in order to discuss relevant issues and to ensure no previous issues are left behind without being remedied.

In Chapter 4, there is explanation of the way in which practitioners can reflect about how their client/patient is and how to appreciate that each person is an individual. An important issue raised in the beginning of this chapter is that of enabling a client/patient to become empowered through comprehension of their presenting issues therefore giving them the opportunity to respond to their own needs. Reflection in how you think about and deal with your individual clients/patients can assist the practitioner greatly with interacting effectively. There are plenty of case studies in this chapter which really guide the reader through the content and models well.

‘The Aesthetic Response’ is a chapter about judgment of situations; “the ability to grasp and interpret what is unfolding, envisaging what might be, and responding with appropriate and skilful action that includes evaluating the efficacy of the response” (Johns). Ethics are also brought into play, in the sense that they must still be strictly upheld in whatever response or evaluation you have. Again, there are lots of examples and case studies to assist the reader in how to implement these in practice.

Resistance by client/patient and also by practitioner is dealt with in Chapter 6. This is an issue that is faced by many practitioners and can interfere with the therapeutic outcome in terms of length of time or efficacy. Keeping the balance between connection and dissociation is addressed as a means to keep an appropriate distance from a client’s/patient’s issues

“‘Clinical Supervision and Guided Reflection’ takes us to a different aspect of reflection; reflection assisted by another.”
whilst still maintaining enough closeness to be empathetic; this helps to avoid burnout amongst practitioners.

Burnout is highlighted towards the end of Chapter 7, as the summation of having extraneous stresses and demands from an inflexible working environment where issues of politics and power may inhibit effective working patterns. Johns talks about assertiveness, the pitfalls of the apparently ‘collaborative’ team and the façade of the ‘harmonious’ team. He gives examples of these in order to show how the working environment can be highly influential in the onset of burnout. After a discussion of burnout, the topics move to prevent or stop more cases occurring through support and adequate debriefing procedures.

‘Reflective Communication’ is emphasised as the medium for creating and sustaining care of a consistently high standard with good continuity and effective systems for optimum therapeutic outcomes. Both verbal and non-verbal communication are focused on in relation to confidentiality, client/patient notes, dialogue with other professionals and other ways in which the best continuity of care can be established and maintained.

Chapter 9, ‘Assuring Quality’ deals with the governance and supervision as baselines to ensure service delivery is continuously monitored and improved where necessary. In the last chapter, ‘Clinical Leadership and Nurturing the Learning Organisation’ draws attention to the fact that most organisations are only aware of ignorance within their company and work at stamping that out. However the culture of a continuous learning environment can shift the mindset of staff and clients/patients alike. This mindset can be adopted by the counsellor who is self-employed as a means to keep self-development and personal growth as a priority. Transformational leadership versus transactional leadership is dissected and discussed; this gives a clear view in how different leadership styles encourage different working models, some of which are more successful in a caring profession than others.

This book is a great guide on how to encourage reflection within your team and yourself. Even though the bias is towards nursing, a large portion of this book is highly valuable in terms of models of reflection and how to integrate these into everyday practice.

Copies of this publication are available at www.amazon.com.

“...This book is a great guide on how to encourage reflection within your team and yourself.”

ASSIGNMENTS HINTS AND TIPS

REFLECTIONS ON REFLECTIVE PRACTICE

Reflective practice is a ‘buzz phrase’ that is used across a broad range of professions. Whether, for example in nursing, teaching, medicine, physiotherapy, social work, psychology or counselling, students and professionals are encouraged to reflect on their practice experience. With such a growing emphasis on reflection in professional practice across a range of disciplines I would like to spend a short amount of time now reflecting on what reflection actually is and how it may help a practicing professional counsellor.

There are so many ways to learn, develop and grow in our understanding and experience as a counsellor. Strategies we are most used to include reading relevant literature, attending seminars and workshops, enrolling in courses of study and meeting regularly with a supervisor or group of colleagues. Interestingly, the process of reflection is another great way to develop our understanding and expertise as counsellors.

While we can reflect on so many aspects of our life experience, when reflecting on our counselling practice the aim is to become mindful of the counselling process and everything that has just transpired in it to gain a better understanding of what has ‘worked’ and what has not. Often referred to as ‘reflecting on practice’ this particular approach to reflective practice could be defined as a process of validation that is used to enhance the development of our practice expertise. We validate the effectiveness of what we do through reflection by bringing into awareness those aspects of the counselling process most pertinent for one reason or another.

What is pertinent could be at a micro level that involves, for example, subtle nuances of the therapeutic interaction or subtle response cues from the client, or at a macro level that reviews broader elements of the counselling process and client-counsellor interaction. As we bring these pertinent aspects of the counselling process into our awareness and reflect on them, we are then able to
review and critique what has just transpired with the client.

Validating the quality of the counselling experience through reflecting on those things that are most pertinent is actually quite involved and complex even though we usually need to be in a relaxed and contemplative state for it to work. To clarify with an analogy, it’s a bit like a duck swimming where on the surface the duck is quite still and serene looking and yet under the water level their feet are flapping like a race horse galloping down the straight of a major race.

In the same way, while we need to be in a relaxed and contemplative state to reflect well, we are actually activating our awareness of and conducting a critical review of the counselling process through a very complex information processing system that involves all of our senses and perceptual acumen, our short and long term memory of previous or similar experiences, our deeply held beliefs, values, attitudes and perspectives on the variables being reflected on that includes the client, their behaviour, their emotional responses and cognitions, our own emotional reactions and responses, our overt actions and interactions and our concluding schema of the experience overall.

Bringing the most pertinent things to awareness from this complex process stated above is aided by a growing knowledge base of previous experience whereby, the more experience we gain in practice and the more we reflect on that practice experience, then the more capable we become in picking out those aspects of the experience that are most pertinent to reflect on and review. In this sense reflection and practice spin off each other in a positive way. So for reflection to work, we need to have experiences to reflect on and opportunity to reflect. Our own reflections can also be enhanced through pooling our knowledge base of previous experience with others through supervised reflection and group reflection.

Ultimately reflection is simply another valid way to develop our expertise as counsellors whereby instead of reading a relevant book or attending a seminar, we can reflect on our own experience in the counselling process to validate what is working for the client and what is not, what we should refine in the counselling process and how we should go about refining it.

I will finish with a quote from a previous article I wrote in Australian Psychologist...

“The ongoing process of reflecting on previous experiences helps the expert to establish ‘a comprehensive and nuanced understanding of the phenomena encountered in one’s professional work….’ As the novice gains authentic experience in the context of real environmental settings they start to build on the depth and complexity of their schema through the process of reflection due to the increased number of cues and pathways they establish with the vast array of subtle variables that present. This encourages a growing depth of expert understanding within the individual through the way their knowledge becomes increasingly suited to the nuances of the professional situation, thus making their responses more relevant, precise, effective, effortless and intuitive over time” (Jones, 2008; p. 41).

References

Dr. Clive Jones,
AIPC Education Manager
Melbourne

Merry Christmas! Welcome to the state news for Victoria for this issue of *The Professional Counsellor*.

Here at the Melbourne Student Support Centre we have certainly been kept on our toes by all of the assignments we have been receiving from our diligent students! It seems that a lot of you make use of Melbourne’s cooler months to stay indoors and work on your counselling studies.

Well, another year has rolled around and before we know it 2009 will be on our doorstep. What was your study goal for 2008? To finish the course? To finish a few units? Congratulations to everyone who completed their study goal and took another step towards achieving their Diploma.

If you found that 2008 was not the year for your studies then now could be a good time for you to re-evaluate priorities and set a goal for next year. How much time would you like to commit to your studies each week? How many days per week are you able to study? Write out a weekly plan that is realistic and stick to it! Turn your phone off. Shut your door. Ignore the doorbell! (it is probably someone wanting to talk about your electricity or gas bill anyway 😆)

Remember that your study time is exactly that – your study time. If you need any help setting up a study plan then please call us at the Melbourne Student Support Centre and we can help you out.

If you still need a little extra motivation then you may like to enrol in our **In-Class Studies**. Especially tailored for those students who need extra motivation and enjoy group interaction, the In-Class Studies give you the opportunity to review the unit content, and take part in practical role-plays under the guidance of an experienced counsellor and trainer. There are two 2.5-hour sessions for each unit of the Diploma and you can choose to attend for all 22 units, or just for those units that you find more challenging than others.

The in-class studies really are a great way to give your studies a head-start so please call Rachel at the Melbourne Student Support Centre if you would like to book in for a class.

Until next time, I hope everyone enjoys their Christmas and New Year break and has a safe and happy time. The Melbourne Student Support Centre will be closing at 12:00PM on the 19th December and will re-open at 9:00AM on 5th January 2009.

All the best with your studies and if you have any questions then please give us a call at the Melbourne Student Support Centre, we would love to hear from you!

**Katie, Luisa, Maree and Rachel**

*The Melbourne Student Support Team*

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Brisbane, Northern Territory & Tasmania

Wow this year has gone quickly…..already the kids are counting down the days.

I’d like to wish all our students the very best for the festive season only weeks away. I trust this time can be filled with joy, happiness and a touch of reflection. Talking about reflection I thought I would share with you some ideas about ‘New Year’s Resolutions’.

Often we don’t think about ‘New Year’s Plans until the New Year and for me that’s too late. It is far better to begin that planning and imagining progress now - so when the New Year is here, you are ‘turbo charged’ with new energy and enthusiasm to make the most of 2009.

New Year’s Resolutions are always filled with good intentions and hope for a better life, but what happens when February rolls around? Often our good intentions have become a source of frustration and self-recrimination? There are many reasons why resolutions don’t stick. See if any of these feel familiar:

- Too big or too unrealistic; they create a sense of “Overwhelm-Induced Inertia."
- “Floating” Resolutions; they’re not attached to your vision.
- Externally motivated; they’re what someone else thinks you should do or want.
- There’s no detailed plan or strategy to reach them, they’re all talk and no action; or your plan is too broad and not specific enough. Lack of motivation or follow-through.
- Too rigid or absolute.

If you want to create Resolutions that work in your life, here are some strategies to help you increase your chances for success:

1. Choose a resolution that feels manageable, yet still challenges you.
2. Be sure your resolution or goal is clearly attached to your vision; achieving it will take you toward your vision rather than away from it.
3. Be clear that your resolution is something YOU want.
4. Have a plan that not only defines the major steps over time, but also the small, individual action steps you can take on a daily basis.
5. Create some system of accountability; enlist the help of a Buddy who is as motivated as you are.
6. As you work your plan, allow the process to evolve and be refined.
Start now and resolve to make it a powerful and fulfilling 2009. And finally to help you with your goal of continuing to working through your studies….perhaps even finishing in 2009 - keep our study assistance line handy 1300 353 643 or our education e-mail, education@apc.net.au.

Remember a quick phone call or e-mail can keep you push on towards your goals of graduating in 2009. From all the team at the Brisbane Support Centre we wish you a very happy and joyous holiday season.

Best wishes,

Rob Carrigan
Manager, Brisbane

Regional QLD

Hello everyone and a special welcome to our new students. The topic this edition, reflective practice, is a topic that I feel many of our graduates should feel confident about. ‘Reflective practice’ occurs when we evaluate our actions, assumptions, ideas, theories, strategies, beliefs, values and experiences so we can develop our skills and provide quality care to clients. It’s an activity where we step outside ourselves and view how we performed from an external, neutral viewpoint.

Reflection ‘in action’ occurs during counselling, i.e. we are aware of our thoughts, actions, and feelings etc. during the actual session. The limitation of ‘in action’ activity is that it’s coming from one source – us. Reflection ‘on-action’ (which is what’s usually meant by ‘reflective practice’), means that we are reflecting after the event, usually with a peer or colleague.

Counselling can be complex because we are dealing with various personality traits, behaviours, modalities and so on, hence ‘on-action’ activities are beneficial because they bring more than one source together to assess and learn from the counselling experience. Obviously ‘on-action’ reflection needs to occur recently after the event, whilst things are fresh and can be recalled. In reality, effective counselling supervision incorporates reflective practice to de-brief and evaluate the counselling process.

How often should one undertake reflective practice? Signs such as a feeling of inadequacy or ‘dis-ease’ during the counselling process are early signs. Client feedback during subsequent sessions will also help determine the need for reflective practice. For reflective practice to work, the ‘associate’, ‘supervisor’ or ‘colleague’ needs to be someone you can trust, someone who is skilled and is open to constructive, sensitive feedback. Sensitivity is paramount because without it, confidence may subside.

I wonder how many of the therapies we train in and use today actually evolved from discussions held during reflective practice?

As 2008 draws to a close, Marion and I congratulate those students who have graduated this year and thank all our students for their companionship and support. A special vote of thanks is also extended to our Private Assessors for their assistance to students throughout the year.

We wish you and your family a safe & peaceful Christmas and a happy 2009!

Enjoy your studies!

Peter Kesper
Manager, Regional Queensland

South Australia

’WELCOME’ to all our new students, to all our regular readers HELLO AGAIN; we hope this edition finds you in good health, and we trust you and your families are enjoying life. This is a good time of year for reflection. So I hope you enjoyed the articles on Reflective Practice.

I find it hard to believe how quickly this year has passed. Warm weather has made its come back and it looks like its going to be a long hot summer. Staying indoors with the Air-conditioner is another good opportunity to get those books out and answer a few questions. Before you know it you will have another book completed.

I recently attended the ACA self harm conference in Brisbane … they are always of great value and if you can make one of them I am sure you will gain lots. They are also a great opportunity to network. I was able to meet up with several AIPC graduates who were also attending for the knowledge and networking opportunity.

My quote for this edition is:

“… Nobody plans to fail… but many fail to plan…”

Make your study plans now … plan to achieve your qualification by a set date … it is always a little harder to leave what you have planned to do … and remember “smile often….. It leaves others wondering what you have been up to…”

If you feel stuck with your study … I understand, call me.

We have lots to offer including: In-Class sessions, {we have classes for the first three blocks running} so if you are interested call us and join a group now; we also have the “Fast-Track” program; ASM Workshops & Tutorials, if you want more - let us know … simply make a phone call to the Adelaide office and book your place, or discuss what your needs are and we will consider how we can help.
We enjoy contact from students! Drop us a line - send us your ideas or comments - keep us informed of what your needs are.

“Staff in the Adelaide support centre work with a can-do attitude to students’ requests”. So remember … if you need help, all you need do is ask, (It is a far bigger weakness not to ask). We are here to enhance your learning experience….. let us know what you need … … and we will endeavour to provide it. Good luck with your studies… Hope to see you at one of your seminars soon.

**CHRISTMAS CLOSURE:** We will close 12:00noon FRIDAY 19TH December 2008 & Re-open MONDAY 5TH January 2009

**NOTE:** You may still submit assignments in the usual way they will be held at the post office till we re-open. Payment of Course Fees will be processed throughout the break [on or shortly after your usual billing date].

For those who celebrate we would like to take this opportunity to wish you …

A VERY MERRY CHRISTMAS & HAPPY /SAFE NEW YEAR with family and friends

We look forward to catching up with you as you progress with your studies throughout 2009

Kind Regards,

Carol, Kerry-Ann, Linda, Sally & Shona

The Adelaide team

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**Regional New South Wales**

Hello all,

A warm welcome to all our new and current students. Well I can’t believe that I am wishing everyone a Merry Christmas and a happy, healthy and prosperous New Year. Where did the last 12 months go??

As you all know there have been many new changes since I took over in July (I hope you have all been receiving my emails) and now we have another new change. **A new office on the Gold Coast.** Don’t worry Kaye has moved as well into the new office, although I think she found some new muscles to go along with the move. To contact Kaye directly for Private Assessments or Tutorials her new number is 07 5570 2020.

Our new address is The Kingfisher Centre, 11/13 Karp Court, Bundall. Our phone numbers have not changed - 07 5571 1811 or 1800 625 329.

**Volunteering**

Ever thought about volunteering? It’s a great idea! Volunteering in a counselling capacity with an organisation of your choice is a great way to gain experience and learn about the industry. It will also be beneficial in expanding your career prospects. We suggest that you get in contact with organisations in your local area as they are usually busy this time of year and often just need an extra pair of hands to help out, and you never know where this could lead to with your counselling career.

**Christmas and New Year Closure**

The Regional NSW & Gold Coast Support Centres will be closed from 12 noon Friday 19th December 2008 and will reopen refreshed and rejuvenated ready to face the New Year head on starting 9.00am Monday 5th January 2009

**A Quote for Christmas**

“What is Christmas? It is tenderness for the past, courage for the present, hope for the future. It is a fervent wish that every cup may overflow with blessings rich and eternal, and that every path may lead to peace.” — Agnes M. Pharo

Renee and I would like to wish you and your family a safe and peaceful Christmas and a happy 2009.

All the best from,

Amanda & Renee

Regional NSW & Gold Coast Support Team

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**Western Australia**

Hello and greetings to all new students who have recently joined us, and hello to all of our other students.

We are now into daylight savings, so it is a great time to assess your goals and aspirations and continue to focus on your studies. Becoming a Professional Counsellor will provide you with inspirational and gratifying times in your life. The team here are always willing and on hand to assist you with any queries you may have.

**Reflective Practice**

It is important that as part of our learning that we also reflect on what we are doing. This is called Reflective Practice. Donald Schon (1983) suggested that the capacity to reflect on action so as to engage in a process of continuous learning was one of the defining characteristics of Professional Practice.

Reflection will keep us moving along the continuum towards agility in our classrooms which will resonate further a-field as our students move on and reflect their capacity to learn in future environments. The aims of reflective thinking are to lead to more effective learning, to enable competent learning, to maximise performance to provide problem solving technique and to enable the learner to decide upon competent
actions to gain improved Performance (Maureen Massam Curtin University-Teaching, Learning and Reflective Practice).

So Reflection enables us the time, and honesty to focus into a strengthening way to meet the challenges of an ever-changing world.

We continue to have good student attendance numbers at our seminars. Please remember that bookings are limited, so with that in mind, please contact us if you have met the prerequisites.

Finally, please allow me to introduce myself as the new WA Manager now that Rathini has left. My working background has been involved in Managements of Multiple sites, and coaching and leading both teams of work colleagues as well as clients who come from a disadvantaged background, substance dependency, long term unemployment and other life factors which impact greatly on their ability to function properly in a working environment.

I have always enjoyed working with people from all walks of life, and together with the WA team look forward to being able to assist you in your important endeavours.

Best wishes and enjoy your studies.

Bill, Lisa and Aimee
The WA Team

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**Christmas and New Year Closure Dates**

Each of the Institute Student Support Centres will be closing for a short break over the Christmas and New Year period. Hopefully you will be able to take a bit of a break too and put your studies aside for a little rest and relaxation over the festive season.

During the holiday season Head Office will be accepting completed assessments however you will need to allow a little extra time for their return.

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<th>Student Support Centre</th>
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Please remember that if you are receiving Centrelink benefits whilst you are completing your course, you will need to submit your assessments in accordance with the due dates on your Course Outline.

The Closure dates for each Institute Student Support Centre are:
South Australia
Communication Skills I/Seminar A
31/01/09, 04/04/09, 30/05/09, 01/08/09, 17/10/09
Communication Skills II/Seminar B
01/02/09, 05/04/09, 31/05/09, 02/08/09, 18/10/09
The Counselling Process
28/02/09, 09/05/09, 25/07/09, 12/09/09, 28/11/09
Counselling Therapies I/Seminar C
07 & 08/02/09, 16 & 17/05/09, 15 & 16/08/09
Counselling Therapies II/Seminar D
14 & 15/03/09, 13 & 14/06/09, 19 & 20/09/09
Case Management/Seminar E
14 & 15/02/09, 20 & 21/06/09, 24 & 25/10/09
Counselling Applications/Seminar F
01/03/09, 26/07/09, 29/11/09
Note: pre-requisites apply for all seminars
Venue: AIPC, Adelaide office
Address: Level 10, 68 Grenfell St, Adelaide
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (08) 8232 7511

Please book early to ensure that a place is reserved for you. Lunch facilities are available nearby, or you may bring your own.

Sydney
Communication Skills I/Seminar A
29/01/09, 14/02/09, 06/05/09, 26/03/09, 20/04/09
Communication Skills II/Seminar B
30/01/09, 16/02/09, 07/03/09, 27/03/09, 29/04/09
The Counselling Process
31/01/09, 17/02/09, 09/03/09, 28/03/09, 30/04/09
Counselling Therapies I/Seminar C
02 & 03/02/09, 30 & 31/03/09, 28 & 29/05/09
Counselling Therapies II/Seminar D
12 & 13/02/09, 02 & 03/04/09, 18 & 19/06/09
Case Management/Seminar E
26 & 27/02/09, 06 & 07/04/09, 29 & 30/06/09
Counselling Applications/Seminar F
28/02/09, 18/04/09, 18/07/09, 30/09/09, 12/12/09
Note: pre-requisites apply for all seminars
Venue: AIPC, Parramatta Office
Address: Suite 21, 2nd Floor, Medical Centre, 152 Marsden Street, Parramatta.
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (02) 9687 9688
Lunch facilities are available nearby or you may bring your own.

Northern Territory
Communication Skills I/Seminar A
07/03/09, 04/07/09, 17/10/09
Communication Skills II/Seminar B
09/05/09, 22/08/09, 14/11/09
The Counselling Process
28/03/09, 13/06/09, 26/09/09
Counselling Therapies I/Seminar C
04 & 05/04/09, 10 & 11/10/09
Counselling Therapies II/Seminar D
23 & 24/05/09, 21 & 22/11/09
Case Management/Seminar E
27 & 28/06/09, 05 & 06/12/09
Counselling Applications/Seminar F
18/04/09, 07/11/09
Note: pre-requisites apply for all seminars
Address: Suite 19/21 Cavanagh Street, Darwin NT
Times: 8.15 registration
8.30 am start, 4.00 pm finish
Bookings: 1800 353 643
Please note that minimum booking numbers apply to allow these seminars to proceed. Lunch facilities are available nearby or you may bring your own.

Western Australia
Communication Skills I/Seminar A
10/01/09, 07/03/09, 09/05/09, 18/07/09, 05/09/09
Communication Skills II/Seminar B
11/01/09, 08/03/09, 10/05/09, 19/07/09, 06/09/09
The Counselling Process
17/01/09, 21/03/09, 23/05/09, 01/08/09, 17/10/09
Counselling Therapies I/Seminar C
24 & 25/01/09, 28 & 29/03/09, 06 & 07/06/09
Counselling Therapies II/Seminar D
07 & 08/02/09, 04 & 05/04/09, 20 & 21/06/09
Case Management/Seminar E
14 & 15/02/09, 25 & 26/04/09, 27 & 28/06/09
Counselling Applications/Seminar F
31/01/09, 03/05/09, 02/08/09, 27/11/09
Note: pre-requisites apply for all seminars
Venue: AIPC Office
Address: Suite 1/110-116 East Parade, East Perth
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (08) 9228 3026
Lunch facilities are available nearby during the week and on Sundays, but it is suggested that you bring your own on Saturday.
Brisbane
Communication Skills I/Seminar A
07/02/09, 04/04/09, 06/06/09, 08/08/09, 10/10/09
Communication Skills II/Seminar B
07/03/09, 09/05/09, 11/07/09, 19/09/09, 14/11/09
The Counselling Process
21/02/09, 18/04/09, 20/06/09, 22/08/09, 24/10/09
Counselling Therapies I/Seminar C
14 & 15/03/09, 16 & 18/03/09, 21 & 22/11/09
Counselling Therapies II/Seminar D
25 & 26/04/09, 15 & 16/08/09, 12 & 13/12/09
Case Management/Seminar E
28/02 & 01/03/09, 27 & 28/06/09, 17 & 18/10/09
Counselling Applications/Seminar F
14/02/09, 25/07/09, 28/11/09
Note: pre-requisites apply for all seminars

Venue: AIPC, Brisbane Support Centre
Address: 336 Stanley Rd, Carina Qld 4152
Times: 8.40 registration
9.00 am start, 5.00 pm finish
Bookings: (07) 3843 2772
Lunch facilities are available nearby or you may bring your own.

Melbourne
Communication Skills I/Seminar A
07/02/09, 05/03/09, 07/03/09, 04/04/09, 30/04/09
Communication Skills II/Seminar B
08/02/09, 06/03/09, 08/03/09, 05/04/09, 01/05/09
The Counselling Process
31/01/09, 01/02/09, 01/03/09, 20/03/09, 18/04/09
Counselling Therapies I/Seminar C
14 & 15/02/09, 26 & 27/03/09, 02 & 03/05/09
Counselling Therapies II/Seminar D
21 & 22/02/09, 02 & 03/04/09, 06 & 07/06/09
Case Management/Seminar E
26 & 27/02/09, 21 & 22/03/09, 23 & 24/04/09
Counselling Applications/Seminar F
28/02/09, 17/04/09, 14/06/09, 17/07/09, 26/07/09
Note: pre-requisites apply for all seminars

Venue: AIPC, Melbourne office
Address: Level 1, 337 Latrobe Street
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (03) 9670 4877
Lunch facilities are available locally, or you may bring your own.

Tasmania
Communication Skills I/Seminar A
14/02/09, 16/05/09, 15/08/09, 14/11/09
Communication Skills II/Seminar B
14/03/09, 20/06/09, 19/09/09, 05/12/09
The Counselling Process
18/04/09, 18/07/09, 17/10/09,
Counselling Therapies I/Seminar C
28 & 29/03/09, 01 & 02/08/09, 12 & 13/12/09
Counselling Therapies II/Seminar D
13 & 14/06/09, 10 & 11/10/09
Case Management/Seminar E
21 & 22/02/09, 11 & 12/08/09, 21 & 22/11/09
Counselling Applications/Seminar F
04/04/09, 08/08/09, 28/11/09
Note: pre-requisites apply for all seminars

Venue: David Hayden’s Private Practice
Address: 6 Portsea Place, Howrah, 7018
Times: 8.45 registration
9.00 am start, 4.30 pm finish
Bookings: 1800 353 643
Lunch facilities are available nearby or you may bring your own.

Sunshine Coast
Communication Skills I/Seminar A
14/02/09, 30/05/09, 26/09/09
Communication Skills II/Seminar B
14/03/09, 11/07/09, 31/10/09
The Counselling Process
19/04/09, 22/08/09, 28/11/09
Counselling Therapies I/Seminar C
07 & 08/03/09, 12 & 13/09/09
Counselling Therapies II/Seminar D
16 & 17/05/09, 24 & 25/10/09
Case Management/Seminar E
08 & 09/08/09, 14 & 15/11/09
Counselling Applications/Seminar F
20/06/09, 12/02/09
Note: pre-requisites apply for all seminars

Venue: Kawana Community Centre
Address: Nanyama Street, Vuddinga, Qld
Times: 8.30-8.50 registration
9.00 am start, 4.30 pm finish
Bookings: (07) 5493 7455
Lunch facilities are available nearby or you may bring your own.
Gold Coast

Communication Skills I/Seminar A
28/02/09, 16/05/09, 29/08/09, 21/11/09
Communication Skills II/Seminar B
21/03/09, 27/06/09, 19/09/09
The Counselling Process
04/04/09, 25/07/09, 24/10/09
Counselling Therapies I/Seminar C
07 & 08/03/09, 31/10 & 01/11/09
Counselling Therapies II/Seminar D
02 & 03/05/09, 28 & 29/11/09
Case Management/Seminar E
04 & 05/07/09
Counselling Applications/Seminar F
26/09/09

Note: pre-requisites apply for all seminars

Venue: AIPC Gold Coast office
Address: Kingfisher Centre, 11/13 Karp Court,
Bundall, QLD
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: 1800 625 329
DESIGN A COVER
for ‘THE PROFESSIONAL COUNSELLOR’
and WIN a free Advanced Study Major!

The Professional Counsellor would like to tap into the artist’s among our readership and offer you the opportunity to contribute your artwork for publication.

The Institute will award the successful artist a free Advanced Study Major of their choice* for each original artwork that is published.

HOW TO SUPPLY ARTWORK:
Artwork will preferably be available as a jpeg image, depicting one of the following counselling issues:

- Conflict and Conflict Resolution
- The Counselling Process
- Group Counselling
- Change and Transitions
- Career Problems
- Relationships
- Stress
- Etc

Artwork should be on a 22.5 x 20.7 cm (height x width) canvas and be supplied with the artists: Full Name, address and day time telephone number.

Send submissions to:
The Editor
The Professional Counsellor
Locked Bag 15, Fortitude Valley, Qld 4006
or by email to editor@aipc.net.au

The Advanced Study Major award shall be issued in the name of the Artist (who must be a student or graduate of the Institute), upon publication of artwork.

* The design a cover award cannot be applied towards an existing Advanced Study Major enrolment.
Reflective Practice

“...involves thoughtfully considering one’s own experiences in applying knowledge to practice while being coached by professionals in the discipline” (Schon, 1996).