Systemic
Family
Constellations

Internet and
Computer
Resources

2006
International
Conference on
Counselling

Peer Reviewed
— Drawing the
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Special Editorial By Phillip Armstrong

This edition of the journal will carry a special double editorial that will cover two significant issues that are important to many counsellors. The issue of self-regulation and professional and public liability insurance.

Self-regulation in Counselling

History: In 2003 ACA approached the Department of Human Resources (DHS), Victorian Government in regard to a grant they had allocated to PACFA to investigate the issue of a self-regulation model for counselling. ACA was concerned that the grant had been issued to a single organisation and felt that for an objective and inclusive process to take place the grant should be allocated as a partnership. DHS believed that although ACA had a relevant point the guidelines of the grant to be inclusive and scoping of the entire industry that such a report would be objective and inclusive. DHS also assured ACA that the guidelines ensured that all major stakeholders would be consulted. The “Best Practice Self-Regulatory Model for Psychotherapy and Counselling in Australia 2004” report was the first outcome of this grant. The report was a discussion paper that related to the findings of the then present research. The major weakness of the report was that it lacked considerable referencing and relied on the outcomes of internal research of the grant holders associations only and did not include any external major stake holders such as ACA. There had been no consultation outside of the PACFA members associations who only made up the minority of counsellors and therefore the report was not reflective of the majority.

In 2005, ACA attended a round table meeting organised by DHS so as ACA could formally respond to the 2004 discussion paper, several other organisations including the authors of the report attended. ACA tabled its response paper to the report which was accepted by DHS. A copy of this can be found under archives on the ACA web site.

The 2005 meeting led to a general discussion of what was required for the process to continue, the following two significant issues were identified:

1. It was agreed a picture of the size of the VET sector workforce was needed.
2. It was highlighted that any proposed regulatory model must encompass all the counselling groups, not just members of PACFA member associations.

The meeting agreed that the Discussion Paper did not cover these and other issues and therefore would need to be resubmitted after further consultation.

Present: In April 2006 a Final Report written by the PACFA Director of Research was delivered to DHS outlining models for self-regulation and a recommendation that PACFA be given the job of becoming the regulatory body for the counselling and psychotherapy profession. This report was not distributed widely. ACA received a copy of the report in July 2006 from DHS and an invitation to attend another round table meeting to finalise the report and its recommendations. After reading the report ACA was not able to support the report and its recommendations. From the initial period of 2003 to 2006 ACA had not once been consulted on this issue although ACA is the largest membership body for counsellors in Australia. Therefore none of the recommendations or models reflected ACA’s opinions or beliefs on these matters.

ACA was also concerned that the two significant issues discussed in 2005 had not been addressed as well as other significant issues had also not been discussed. ACA had investigated the issue of vocational training and contacted 10 registered training organisations all of who provided counsellor training. Not one of these providers had been consulted with in regard to the report. ACA investigations also bought to light several comments made in the report that were misleading and others that were simply inaccurate. It was obvious to ACA that a formal response paper was needed to correct the mistakes and bring objectivity to issues covered in the report. Consequently ACA commissioned a response paper which was finalised and sent to DHS on the 22nd August. A copy of the ACA response paper can be found on the ACA web page under archives.

On Wednesday the 23rd of August, ACA met with DHS and PACFA with representatives of NALAG, VAFT and AACC being present. At this meeting DHS concluded that the report did not meet DHS needs and it was concluded that NO Regulation of the Counselling Industry would occur. The project was undertaken in the interest of consumer protection with the core project aim to investigate if a model of self-regulation would better protect consumers of Counselling services. The outcome of the project is that consumers in Australia are not at risk and the profession is currently well self-regulated however there is room for improvement. The project actually outlined that very few complaints are made about counsellors, particularly in contrast to similar professions.

DHS were very clear in that the project was never intended to regulate training or standards in the profession. DHS commented that the profession needed to do a lot of work in regard to working together and until this had been achieved there was no point in considering government supported regulation of any kind. It was noted the Final report reflected that full consultation had not taken place. DHS then stated ‘...PACFA was just another association...’ and that it was not the job of DHS to raise one association over another. This was not said in a derogative manner but to indicate that it was imperative that PACFA needs to recognise and work with other major stake holders on an equal basis if the industry hopes to achieve any form of regulation. It is not in the interest of the whole profession for either ACA or PACFA to work in isolation but work co-operatively together in partnership.

The outcome of this meeting will now lay to rest the issue of regulation for the foreseeable future. It is now up to the major stake holders to reflect on this experience and start working together as opposed to in isolation. The outcome of this project is a major wake up call in regard to any professional body or umbrella body that it is not in the interest of the profession to make claims of representation that are clearly untrue.
Insurance: In June this year ACA floated a tender for quotes for the 2006/07 insurance period for public indemnity and professional liability (PI & PL) insurance for ACA members. Six insurance brokers replied to the tender and a very competitive tendering process was entered into. The reasons why brokers decided to tender was to ensure that there was equity in regard to all brokers being given a chance to quote and the tendering process allows all potential suppliers to outline in detail their policies. The process, for the first time, incorporated ACA actually working with brokers on the policy wording and adding extra benefits.

This process enabled ACA to recognise that the cheapest product was not necessarily in the interest of counsellors due to the product giving very limited cover. ACA was very aware that members rely on ACA to ensure they get the best coverage available at the best price. Members do not expect to have to compare policies with a fine tooth comb, that is what they pay membership fees for. The tendering process covered 12 weeks and ACA believes it now has access to the best product available for counsellors, psychotherapists, psychologists and hypnotherapists. ACA was able to negotiate a package that has many benefits including, automatic 10 million public liability cover, partnerships, multiple clinics, retrospective cover and multi-practitioner practices (50% additional charge). The major features of the package are:

- Cover Australia wide with provisions for world wide cover (excluding certain countries)
- Clerical and support staff are automatically included
- First Aid cover is automatically provided for liability arising out of provision of First Aid, Medical and Ambulance services.

ACA was able to negotiate separate extensions to the policy so that those who do not require them are not paying for extra’s they do not need. Policy extensions are available on Multi-modalities that fall outside of ACA approved modalities, teaching for those who practice teaching for more than 10% of their activities and additional legal cover.

Payment for insurance cover can be made through credit card payments, which can be made over the phone and for the first time members can pay by BPAY facility. A web page will be dedicated to the facility and answer frequently asked questions. The insurance provider will also dedicate a staff worker and contact number for ACA members. The winner of the tender was OAMPS (Australian owned broker) whose policies are underwritten by Vero. The following is a comparison of how ACA have influenced the drop in premiums over the last 4 years by aggressively negotiating for our members. ACA was the first counselling body to insist an automatic 10 million PL cover should come with every policy regardless of the level of PI:

<table>
<thead>
<tr>
<th>Year</th>
<th>PI with PL</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003/04</td>
<td>1 million</td>
<td>$432.00 (AON)</td>
</tr>
<tr>
<td>2004/05</td>
<td>1 million</td>
<td>$409.00 (AON)</td>
</tr>
<tr>
<td>2005/06</td>
<td>1 million</td>
<td>$388.95 (Guard)</td>
</tr>
<tr>
<td>2006/07</td>
<td>1 million</td>
<td>$177.10 (OAMPS)</td>
</tr>
</tbody>
</table>

In comparison a 1 million dollar policy 4 years ago, ACA members will be saving $254.90 (that is equivalent to two years membership fees) per policy with an increase coverage of 9 million for public liability cover. In comparison a five million PI and PL policy has dropped by $378. These policies will only be open for ACA members, OAMPS will not be giving access to these low prices for any other associations. Although ACA is an association of counsellors and psychotherapists we do have members who are psychologists and as such we have ensured we have looked after them with the new policy which covers psychologists as well. I understand the new policy is possibly cheaper than those available through the APS.

ACA is also working with OAMPS for a more competitive directors insurance policy for not for profit organisations, a new travel insurance facility and other insurance related benefits. ACA has moved to

**The tendering process covered 12 weeks and ACA believes it now has access to the best policy available for counsellors.**
Systemic Family Constellations

By Yildiz Sethi

Generations
They gave
We receive
They die
We grieve
Life goes on, Life goes on
We give
They receive
We die
They grieve
Life goes on, Life goes on

“From Many Hearts, One Soul” by Gary Stuart. Taken from the Knowing Field International Family Constellations journal. Issue 7

Family Constellations has become the fastest growing psychotherapeutic technique that is catching world wide interest. It is a revolutionary dynamic and evolving therapy that has been developed by a German psychotherapist in the 1970’s called Bert Hellinger. Now in his eighties, Bert Hellinger is still practicing and teaching his approach to psychiatrists, psychologists, counsellors and other mental health professionals throughout Europe, North and South America, and Asia. At a time when mindfulness is becoming more a part of our therapeutic process and many of us are aware of moving towards a more wholistic approach in counselling and psychotherapy, a new way of approaching family and individual therapy is here in Sydney Australia that addresses the individual on many levels. Intellectual, emotional and spiritual. This is a process of looking at a relationship or emotional issue of a client, usually in a confidential group with a facilitator. This can also take place in individual sessions. Even though this sounds a little like psychodrama it is quite different. Psychodrama is an excellent therapeutic process, whereas Family Constellations draws elements from many different therapeutic techniques, is a very subtle, gentle process which is often quite profound.

“Family Constellations and movements of the Soul is an alive, uniquely fresh phenomenological experience. It has the potential to touch our deepest cores, transforming our lives and the lives of those around us. Hidden dynamics, often spanning two or three generations, may appear in the family “field” and lead to distress, illness and emotional difficulties. This work requires, while at the same time deepens, a profound respect for the mystery of life and the forces that shape it and moves you towards peace in the soul.” Professor J. Edward Lynch. Chair of the Graduate Marriage and Family Therapy Program at South Connecticut State University, USA.

Bert Hellinger, formerly a catholic priest, became a family therapist later in life. In his search for effective methods for helping families and individuals with their relationships, he researched and studied many different therapies. He seems to have adopted the term “Family Constellation” from the psychoanalyst Alfred Adler who was both a colleague and student of the great Sigmund Freud. Alfred Adler’s focus was very much the individual and their environment. Adler studied family groups noticing that there seemed to be a “pecking order” in families. Bert Hellinger has combined elements of many different therapies into present day Systemic Family Constellations. These include Alfred Adler’s philosophy involving sibling characteristics according to “position in the family”, Karl Jung’s philosophy on “collective consciousness”, Bowen’s systemic family therapy, Virginia Satir’s Conjoint family therapy (sculpting), Psychodrama, Primal therapy, Eric Berne’s Transactional Analysis and some elements of the great hypnotherapist and psychiatrist Milton Erickson. Through his work with families and couples Bert discovered an apparent ancient system called the “Orders of Love.” These provide a framework of basic rules or guide lines, which are believed to be necessary to promote healthy family and individual dynamics.

How do the Orders of Love become disrupted in a family system?

According to Bert Hellinger, disturbances in families occur when the ancient Orders of Love, are disturbed in some way. Family Constellations philosophy embraces Karl Jung’s view that we as individuals are also connected to the collective energies of our individual families, our culture, and our race and on a higher level, the human race. We are all connected. Disturbances develop in families due to disruptions caused by such things as; war, tragedies, early or tragic deaths, injustice, adoption, shame, guilt and exclusions of family members. If any of these circumstances take place and are not acknowledged or dealt with appropriately by the family, then these disturbances are passed down to the future generations via the collective consciousness of the family energy system to the present generations where they may be played out in various ways. This often results in a range of relationship or emotional problems or low self esteem. Family Constellations has been used more recently to help in the healing and reconciliation of individuals of the second and third generations of nazi and holocaust victims and in such places as South Africa and Chile, to name a few. Helping those who are still suffering from unresolved repercussions and injustices from earlier generations.

The phenomena of Family Constellations

Imagine a situation where a group of people are sitting in a large circle. The facilitator asks who would like to look at an issue. A client comes forward and states their issue briefly and the facilitator asks a few factual questions about the situation, without wanting the client to go into their “story” or talk about the personalities of the people concerned. Once the facilitator knows enough facts, they will ask the client to choose representatives for the people of the issue from the group e.g. for himself, his mother and father. The client will then be asked to place the representatives according to how he feels they are in relationship to each other. Once this is done, the client sits in a place where he can observe the process. Once set up, the energy of the real people appears to descend on the representatives and the process proceeds with the guidance of the facilitator until a suitable resolution is found. This energy is called the Knowing Field. The facilitator will now observe the dynamics and seek to follow the energy of the field and the representatives. The facilitator may ask the representatives what they are feeling or noticing, adding other members of the family if necessary or moving people to different positions, at...
times. In addition, “Healing sentences” may be given, emotions may be released and the constellation is completed when the energy is more relaxed and comfortable and the client has experienced a new perspective. The client may be asked to take his place in the constellation at this point to experience the new dynamics that have been revealed.

**A case study** taken from the Knowing Field-International Family Constellations journal. Issue 7

**The Boy Who was not Heard.**

The boy’s parents came to a constellation workshop in Austria to seek help for their younger son who had developed a therapy-resistant stutter that impaired his self-esteem and social development at the age of seven. The family history revealed that the maternal great grandfather had been a high ranking official in the German SS. After World War II he was tried in court for involvement in atrocities. Like other Austrian families, he shared the fate of someone who had originally been held in high esteem but after the collapse of the third Reich, the family had become ashamed of his deeds. He was shunned by them and later committed suicide.

The constellation revealed an identification of the boy’s representative with both the great grandfather and the victims. Generally such an identification is called a “dual identification.” The stutter was an embodied attempt of the boy, three generation later, to speak the forbidden truth of his great grandfather and simultaneously to also honour the victims. The boy lost his stammer two weeks after the constellation: it has not returned over the last two years.

**The Knowing Field**

The Knowing Field has been a phenomenon of Family Constellations that is difficult to understand. It is something that has to be experienced to be believed. Professor Albrecht Mahr, a German psychoanalyst who is also a well known and respected International Family Constellation Educator and facilitator, is presently involved in a scientific study to find out more about the Knowing field. The term “Knowing field” seems to be the most appropriate term for describing the field phenomena which forms on and in the representatives and guides the process to a resolution and an acceptance of “what is”.

“On the one hand it can be seen as a poetic term, poetry being the most accurate language at the level of the soul. On the other hand, “Knowing field” is inspired by Rupert Sheldrake’s findings on morphogenetic fields and the extended mind, as well as quantum physics and its surprising discoveries regarding the transmission of information and knowledge through quantum fields” J ohn L. Payne

The healing of individuals, families and nations. This revolutionary process of Systemic Family Constellations has become the fastest growing psychotherapeutic technique in Europe and is catching worldwide interest. It is particularly effective in improving relationship among members of a family or an organization. It can help families to deal with most difficult situations: life and death, separation or divorce, difficult fate, mental disorder, adoption, physical illness, addictions etc.

**Where does that leave traditional counselling methods?**

Family Constellations can help release a person from the trans-generational dynamics that restrict them and leave them free for the inner work of the counselling process.

Counselling or psychotherapy continue to be greatly beneficial in helping the client in improving their communication, social skills, coping with their emotions, creating healthy boundaries for themselves to mention only a few areas. In addition, no one can over exaggerate the healing power of the therapeutic alliance that takes between a client and their therapist, so counselling and psychotherapy can be used in conjunction with Family Constellations where it is deemed to be helpful.

The psychotherapeutic world continues to expand exponentially as our awareness and knowledge develops. Each method having value and integrity in itself and giving us therapists a vast range of resources to choose from for our own personal use and for facilitation of our clients.

Yildiz Sethi is a counsellor and Educator who is presently facilitating Family Constellations workshops in Sydney and also facilitating private sessions in her private practice. Family Constellations can be experienced in a workshop or private session and Yildiz is now offering training here in Sydney and is also happy to speak to groups or give demonstrations, where possible of this process for anyone who is interested in knowing more.

Yildiz Sethi. Educator (ACAP), Counsellor, NLP practitioner, Hypnothapist, Family Constellations practitioner. 02 941 66440

www.familyconstellations.com.au

www.hellinger.com
Private Practice with Ken Warren

For further information on private practice issues send or email to privatepractice@kenwarren.com.au or visit his website on www.kenwarren.com.au

LIFT YOUR PROFILE AND SHARE YOUR EXPERTISE THROUGH WRITING

I often think that although counsellors are good listeners, we also have something to say. Yet so many of us are not sharing our experience with others, apart from our counselling clients. One excellent way to lift your profile and share your expertise is through writing. You can start a book if you like, but an easier way is simply to write a regular newsletter, approach your local newspaper or community magazines with an offer to write a regular column, or even to write a brief ‘special report’ on one of your areas of expertise to give away to clients.

There are lots of benefits that arise from writing regularly. Firstly, it can help build your reputation as an expert or leading practitioner. This column, as well as my free e-book on private practice, have certainly helped to position me in people’s minds as an authority on succeeding in private practice. Secondly, writing can help to lift your profile and increase the number of people who know of you. The regular newspaper column I write on relationship issues has helped to keep my name before 400 000 people on a weekly basis - some of whom will refer to me or see me as clients. Thirdly, you can recycle your articles. For example, many of my newspaper articles have been used as handouts for my clients, reprinted in school newsletters, placed on my website, used as a reference in radio interviews, recycled in my newsletter, and as content for my workshops. Some will say their best recycling is in the bottom of the dustbin, but I think the fourth benefit of writing is that if you write regularly, it will discipline you to get your ideas down on paper and improve your written expression over time.

“But where do I start?”, I hear you say. Firstly, you need to think about who your ideal clients are and what is the best way to reach them. For example, if parents are your target group, you may want to approach a parenting magazine in your community or offer a regular contribution to the newsletters of schools and child-care centres. If working with older people is your specialty, then consider offering a regular article to retirement village newsletters or a newspaper targeted at seniors. You can also consider the publications of your ideal referrers. If you want to put your name before GPs on a regular basis, then asking those GPs you meet if they wish to receive your newsletter, or writing for your local Division of General Practice newsletter, will be a good idea. If you are going to ask others to publish your articles, then it is worthwhile having some samples to show. If they decide to proceed, make sure that your name and contact details are included with each article.

What do you write about? There are two ways you can approach this. The first is to ask representatives of your ideal clients what they would like to see you write about. Or you can simply ask yourself what you would like to write about that draws on your areas of interest or life experiences.

Here are my tips for putting an article together.

Firstly, choose an interesting headline. You could use a statement like, ‘Why people have affairs’, or a headline that spells out the benefits of the article, such as, ‘Affair-proof your relationship’. Other examples are ‘How to … ’ headlines like, ‘How to get your relationship back on track’, or a paradoxical headline such as, ‘How to destroy your relationship in 3 easy steps’. Many writers use the numbers 3, 5, 7 or 10 in their headline, such as, 7 steps to rebuilding after an affair.

Break down your article into the main points you want to make. Keep in mind that you only need four sentences to make one paragraph and only four paragraphs to come to about 500 words - the word limit for many newspapers. Anything longer becomes a bit long to read for many people. The use of examples is always a good idea. I often lead my relationship articles with a brief story of a fictional client or use examples to illustrate the point you are making. Resist the urge to use other people’s materials as this can get you into trouble unless you have their permission. Instead, have confidence in yourself that you do have something important to say. You can use other people’s work as inspiration if you like, but make sure you choose your own words.

Most importantly, have some good people around you who can give you some feedback about your grammar and writing style.

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In summary

1. Realise the benefits of sharing your expertise through writing.
2. Consider what writing avenue is the best way to reach your ideal clients and referrers.
3. Generate some possible topics on which you can write from your interest areas and life experience.
4. Break down the task of writing an article into choosing a headline, using an example, and developing your points.
5. Organise at least two people to give you feedback on your articles.
6. Write down ideas for future articles as you think of them.
Internet and Computer Resources
Compiled by Dr. Angela Lewis

**Saving Web Pictures**

How do you copy or save a picture from a website that you would like to keep or share with others on email?

Just go to the Web page where the picture is, right click on it and choose Save Picture As. This will then take you to the save screen where you can choose where you want to save the picture. Make sure you choose a location that you can get to easily, such as the pre-defined My Pictures folder. Once you choose your location, click on Save and a copy of that image is saved in your folder.

Keep in mind that certain Web sites won’t allow you to save their pictures and that if you are in any doubt about contravening a person or company’s copyright, you should email them first and ask them if it is ok to use the picture for any commercial purposes. Another way of locating pictures is by using Google’s image search. Go to the Google website (www.google.com) and then click the link for Images. You search for images the same way you do for web pages, but having clicked the Image link first, all your search results are pictures.

**Websites**

I have chosen to focus on Asperger’s Syndrome this issue. Asperger’s Syndrome is named after the Austrian physician who discovered it (Hans Asperger). It is an autism spectrum disorder, characterized by an impairment in language and communication skills, as well as repetitive or restrictive patterns of thought and behavior. It has only been fairly recently identified as belonging to the autism spectrum (1994). Please find below some websites that deal with information on the syndrome.

The National Institute of Strokes and Neurological Disorders probably has the most comprehensive information I was able to find.


The home page for families with a member suffering from Asperger’s Syndrome in Australia is located at:


An organisation called ‘oasis’ functions as an information and support portal for sufferers and their families:

[http://www.udel.edu/bkirby/asperger/aswhatisit.html](http://www.udel.edu/bkirby/asperger/aswhatisit.html)

An easy to read overview is located at:

[http://artzoom.com/health/autism.htm](http://artzoom.com/health/autism.htm) and a clinical psychologist offers the first 6 chapters of his work related to ADHD at


**Help with Your Computer**

[www.techguy.org](http://www.techguy.org) is a website is run completely by volunteers and paid for by donations and sponsors, so there is no charge to the user. It is a forum style website that allows people to post questions and get expert answers that others can then scroll through and read. Because it is large, I would probably recommend you use their search facility to locate your own area of interest.

**Terminology**

These definitions are taken from the Tips and Techniques newsletter of [www.worldstart.com](http://www.worldstart.com)

**Antivirus:** Software that scans your PC for viruses, worms and trojans while using up-to-date virus signatures. Once found, the program can remove or quarantine the virus and (ideally) keep it from performing whatever malicious duties it was sent to do.

**Attack:** An attempt by an unauthorized individual or program to gain control over aspects of your PC for various purposes.

**Backdoor:** This is sometimes referred to as a trapdoor and it is a feature in programs that the original programmer puts into the code in order to fix bugs or make other changes that need to be made. However, if this information becomes known to anyone else, it poses a potential security risk.

**Firewall:** A firewall refers to either a software or hardware device that basically protects your internal network from any outside threat or any unauthorized Internet access from the inside.

**Hijacking:** An attack, where an active, established session is intercepted and used by the attacker. Hijacking can occur locally if, for example, a legitimate user leaves a computer unprotected. Remote hijacking can occur via the Internet.

**Hole:** This is a known flaw in code that can compromise the security of your system by allowing unauthorized access.

**HTTPS (Hypertext Transfer Protocol Secure):** This is a version of HTTP that is far more secure and is used (or should be used) in areas of the Web where sensitive information is being used or exchanged.

**Key:** These are the names of Windows registry components that are responsible for keeping the settings in Windows. Every time a program gets added to or uninstalled from a PC, the registry gets changed. If a virus gets into your system and makes changes to your registry keys, it can cause serious performance changes.

Please note that all Internet addresses were correct at the time of submission to the ACA. Neither Angela Lewis nor the ACA gain any benefit from the publication of these site addresses. Email me at Angelal.ewis@optusnet.com.au
The conference introduced a new aspect to a conference that ACA has been involved with in the past and that was working groups. There were eight working groups all allocated with a particular issue in counselling such as career counselling, educational settings in counselling and Family counselling. The groups proved to be in most cases a positive experience with a few groups under performing but as a new concept for ACA they proved to be overall a positive one. ACA will now consider such groups for other conferences. The day ended with IAC holding their AGM where Dr Bill Borgen stood down as President and Dr Courtland Lee was officially inaugurated as the new IAC President. That evening there was a meeting of Executives of Counselling Associations held in one of the luxury suits at Ridges. The room presented us with a great view of Brisbane and the lights of the city which impressed many of our guests. There were many international associations represented at this meeting with members from Brunei, India, Canada, USA, UK, Hong Kong (China), New Zealand, Venezuela, Sweden, Ireland and Israel. Everyone at the meeting spent time getting to know each other and swapping business cards became an active part of all introductions. I was fortunate to spend some time with the representative from Honk Kong and also Bill Borgen to discuss future endeavours with IAC and Hong Kong. The meeting went late into the evening as the wine and company intermingled and flowed in this rare opportunity for so many like minded people to share experiences from all over the globe.

The following day, some of us with a little sleep still in our eyes, started off the day listening to the key note Dr Paul Gibney as he presented us with an interesting discussion on ‘Effective Therapy’. The day then proceeded with another great choice of workshops and networking. The workshops were followed by the conference dinner with over 100 participants attending. The night was a double celebration, one to celebrate the conference and one to celebrate the 40th birthday of the IAC. A birthday cake was presented to the IAC and the new President Dr Courtland Lee gave a power point presentation of the IAC and its achievements in the last 40 years. The conference continued all the way through to the early hours of the morning. The following day started with the formal opening at the Convention Centre, where there was not an empty seat to be seen. The opening was attended by over 300 delegates and guests. The opening started with a welcome to country ceremony by the aboriginal dancers from the Stradbroke Island group. The welcome to country ceremony was followed by several traditional dances from the dreamtime that covered stories such as how the dolphin got its blow hole. This part of the ceremony was not only great entertainment but also very informative and a very small insight into aboriginal culture. The dance group set the scene for a very successful conference. The dance group was followed by a welcome by the President of the International Association of Counselling, Dr Bill Borgen. The keynote speaker Jerry Moe from the National Director of Children’s Programs at the Betty Ford Centre in California (USA) followed. Jerry’s presentation had the audience moving from one extreme emotion to the other as he reflected on his experiences. The audience was falling out of their seats in hysterics when Jerry was reflecting on his experience at an airport and his bag of emotional rocks (you had to be there) and the reaction of airport security to not a dry eye when Jerry was reflecting on the chee face he worked with and the impact of having addicted parents on them. There was not one member of the audience that did not leave touched and exhilarated by the opening ceremony. I for one was concerned that the rest of the conference had a very hard act to follow however these concerns turned out to be unfounded as the conference went from strength to strength.

A birthday cake was presented to the IAC and the new President Dr Courtland Lee gave a power point presentation of the IAC and its achievements in the last 40 years.
their countries. A friendly competition then ensued with groups taking to the dance floor to sing some well known songs that reflected their home land. The Jazz Band at this stage took an extended break. The largest group to take to the dance floor were obviously the Australians who entertained by belting out several well know Aussie songs such as Waltzing Matilda, The Boy from Aus and the well known Land Down Under. Many of us lost our voice at this stage but fortunately or unfortunately found our dancing feet. The band then retook their place as the main entertainment and the dinner went through to wee hours of the night. The dinner was a fantastic venue where everyone had fun and let their hair down and all the fun was on the back of the natural euphoria generated by the participants.

In anticipation of the Dinner being very popular and finishing late the organisers had thought ahead and Saturday was a late start for delegates. This also allowed any late buying from the many stalls at the conference and time to look at the stimulus papers and poster presentations. The last day started off with our keynote Dr Nadine Pelling giving a very informative presentation on Australian Counselling Research. After lunch the Hans Hoxter (founder of IAC) Memorial Lecture was given by Dr Samuel Gladding the immediate past President of the American Counselling Association. Many of us attended the closing ceremony with a sad heart as we came to terms with knowing that the conference was coming to an end. The conference closing acknowledged the hard work and resources donated by ACA and the other partners and the conference committee members Sue Hawick (AGCA & IAC), Philip Armstrong (ACA), Dr Marilyn Campbell (QGCA), Bridget Hallam (PFCQ), Dr Ros Lim (AGCA) and Kendal Yates (QGCA). The conference closed with a last flurry of business card swapping and good byes to new friends and colleagues.

Many of us stayed on at the hotel to catch the last of the dissipating energy left by the delegates and to try to enjoy the positive atmosphere that still lingered for several hours. The conference was the best one I have been involved with (and that is many). The people and delegates were friendly and welcoming with delegates sharing drinks and conversations with other delegates whose countries were at war or in dispute. All politics was left at the door and everyone was there to learn and exchange knowledge and experience, the atmosphere was continuously electric and charged with positivity and friendliness. I will personally treasure my memories of this conference and hope that ACA can continue to be involved in many such occasions. I would like to also especially acknowledge the significant contribution to the conference organisation by Bridget Hallam from FPCQ and Sue Hawick from AGCA. The other conference committee members also made significant contributions to the success of the conference and I must admit this was one of the most professional but flexible committees I have ever worked with. All in all the conference was a resounding success and the IAC President claimed it was the best yet for IAC with the highest amount of delegates attending and also it was financially successful.

The next International Conference will be held at Cork in Ireland in 2007. ACA is currently investigating being a co-host and organiser for the 2009 International Conference in Hong Kong.
Peer reviewed – Drawing the line: Personal Counselling in Supervision By Zoë Krupka

Years ago I was working part-time as a counsellor with young parents. At the time I had a baby daughter, and I was five years into my own psychoanalytical psychotherapy. My therapy was not going well. I felt it was time to leave, and my therapist thought otherwise.

As part of my position requirements, I began to see a supervisor. She was a child psychologist and adult psychoanalyst. Every month I would walk up the long path from the front door of the sandstone house where she lived and worked, feeling a mixture of relief and anticipation. Often there was an enormous black Great Dane lying across the driveway. He would lift his head uninterestedly as I stepped over his front or back legs, depending on which direction he was choosing to sun himself in at the time, and I would wonder about how often he must be discussed by her analytic clients.

Her room was typical of many such rooms. The somberness, the couch, the unchanging décor, the painting of mother and child, the many books, the tiny waiting room with ancient copies of national geographic and travel magazines. In short, a room very similar to the one in which I sat for hours for my personal therapy.

I liked her right away. Wild hair, beautiful skin and big jumpers. She was enormously helpful, with a great balance of useful reading and clinical knowledge of children, and a genuine interest in supervising someone outside of the analytic community. We spoke often of my feelings and fears for my clients and about my own parenting dilemmas and how they were impacting on my work. I held what I know to be common fears in this relationship. That she would see me as too damaged for this kind of work, that I would reveal my incompetence and be exposed as too poorly trained to be trusted with such a delicate task. I spoke of these fears each time they arose, and each time she provided me with helpful support and containment.

For over twelve months I felt a strong desire to tell her about my dilemma in therapy.

I had become increasingly anxious and nothing seemed to be helping the anxiety. I became more and more frustrated in the relationship with my therapist and my attempts to deal with this in therapy were met with interpretations of my resistance. A solid frame of method. I felt a strong pull towards discussing these matters with my supervisor because of the quality of our relationship and because she practiced in a similar model to my own therapist. I wanted some clarity from someone who had experienced these issues from both sides of the couch.

I held back from this discussion for fear that we would move into therapeutic territory, and away from the supervisory relationship we had built together and that I so valued. Looking back, the feeling was not unlike the fear of moving into sexual territory with a good friend. Will we be able to make it back if it doesn’t work? Or will we have crossed a line that closes a past relationship forever?

When I finally decided to leave therapy without the support of my therapist, I spoke of my decision with my supervisor. It was a difficult conversation and one where it took us both time to find our feet. In the end I asked her about her own work. What would she do with a client experiencing what I was? Had I made a mistake? Was I running away from something good? I needed some advice and she carefully offered some. I left personal therapy after six years, and my symptoms improved. My supervisory relationship became stronger and more intimate as a result of this session.

Years later, I understand the breakdown of my psychotherapy in a number of ways, all of which have contributed to my own self understanding and practice as a counsellor. Most important at the time was the way that the frozen distance I felt with my therapist was partly enacted in my work with clients. So hard to offer them the real connection I was missing myself. The exploration of these issues was of crucial importance to me and to my work. Fundamental to this experience was the fact that my supervisor did not step into the role of therapist at any time. I was free in our relationship to speak about my most private self as it related to my work, and she held that self with the most profound respect both for me and for my clients. I never felt that we were glossing over personal issues at their expense, and I trusted that if further personal therapy was the place to address my work dilemmas, that I would have been directed there. This was a mentoring relationship in the true sense for me, and I hold the model I learned with her as a loose guide when I am supervising others. Now, in another state and working for myself, I still miss her.

This relationship sits roughly up against a more recent experience I’ve had with the question of personal counselling within supervision. In this second encounter, I was attending a specialist training course where the teacher was discussing his work with a supervisee as an example of clinical practice.

He described a series of sessions with her that involved the unfolding of a painful childhood experience. I couldn’t sense any difference here between his description of the sessions with her and those involving a personal counselling client. I felt uneasy. Was I envious? Did I wish, as I must have years ago, that my supervisor also act as my therapist? No doubt. That sat as real for me. And yet nestled in next to the envy was a wriggling feeling that in her situation, I would somehow be compromised, tangled in some way. How?

His depiction of this relationship made me question not only what should happen in supervision, but also how and why we make choices about what takes place within supervision. Was she free to be seen as a practitioner in this relationship, or had she become the client? Were her own clients’ best interests upheld? How had the relationship progressed following these therapeutic sessions? Confused, having gone inside and found feelings but not necessarily a direction, I turned to theory.

Of course there are strongly held views on the supervisory relationship from all sides of the
therapeutic community. Those within analytic societies are perhaps the most explicit about the ethical dilemmas inherent in this relationship. Edward Martin, an analyst with an interest in the ethical issues in supervision writes: The work ‘didactic’ implies an imbalance of power where the supervisor is a more experienced if not hierarchically senior therapist.... One of the parties may be more regressed than the other. It is perhaps not surprising that anecdotal information suggests that there is a greater tendency for relationships between supervisor and supervisee to become sexualised and sexualised than those between analyst and patient. Socialising with a supervisee may be easier but it is still as ethically problematic as socialising with a patient. (Martin, 2003, p.143)

From this framework then, the intensity and the power differential inherent in the supervisory relationship, requires that it be treated with the same boundaries as a therapeutic one, while at the same time there is an acknowledgement that this is often not the case in practice. Why the gap here? What is the pull towards a closer connection in supervision? Why the prohibition on friendship?

I went hunting for some firmer guidelines on the issue and found some in The American Counselling Association Code of Practice which states that: If students or supervisees request counselling, supervisors or counsellor educators provide them with acceptable referrals. Supervisors or counsellor educators do not serve as counsellors to students or supervisees over whom they hold administrative, teaching or evaluative roles unless this is a bona fide role associated with a training experience. (ACA, 1995, 5.3.c.)

So here the ethical argument is one of independence of judgement. Therapy and power over practical life matters cannot comfortably co-exist. I’m provided with a structure for the criticism of my experience of a trainer’s relationship with a supervisee. But what about guidelines for those supervisory relationships that are non-administrative and non-evaluative? How helpful are these kinds of guidelines when we are in real relationship in supervision? How can we go about navigating those greyer areas, where one person’s supervision is another person’s therapy?

At this point in my investigation I became stuck. Somewhere between warnings and rules I lost what I was looking for. And then, as tends to happen just when I think something is truly going nowhere, there was movement. I received a phone call from my current supervisor, who needed to cancel our meeting time. By coincidence, he and I were both to be in Sydney on the day of our appointment. We made another time, and before hanging up he suggested I call him if I had some free time in Sydney and we could meet for coffee. Part of the joy of this relationship is that we genuinely like each other. Here, because I think I want us to be able to be friends in the future, I’m freer to love and maybe he is freer to respect. I imagine that we have asked ourselves, unconsciously, “Will this (intervention, disclosure or non-disclosure) get in the way of the possibility of future friendship?”

I think I need to explain what I mean by friends. We all seem to have such different ideas about the place of friends in our lives and our relationships with them. I want my friends to tell me when I’ve lost the plot and I need other help besides just their listening ears. I like it when my good friends also see me as part of a family, that I depend on and that depends on me. I don’t want help that will indent me or entrench differences between us, of wealth, status, brains. I think power in friendships can be fluid. Some of my friendships began with significant power differences. One of my closest friends was once my boss. I love it when friendships can weather change. It somehow means that I can too.

The vehemence on the one hand with which the therapist/client relationship is protected from this informality, both in legislation as well as past and present ethical theory, and the rather vaguer opinion on the nature of the supervisory partnership, points to fundamental differences in the perception of power within these very different partnerships. I’m proposing that this is at least in part due to the fact that the power differential, while often undeniable at the beginning of a supervisory relationship, is not inevitable or fixed throughout the life of the relationship. Maybe we need to make room for this change from the start.

I think now that if I attempt as best I can, to take no action that would preclude the possibility of future friendship in supervision, then I come closer to a relationship that is moving toward eventual autonomy and parity.

In terms of therapy in supervision, I think it provides a very particular way of dealing with the issue. Especially the shadowy places that are part of our work. When I become tempted to focus on tools at the expense of the relationship. To do great things. When I function through habit and not intention. Sometimes I’ve acted as counsellor rather than supervisor, out of habit, vanity or fear. I can be seduced into being seen as the expert. Antony Williams describes the consequences of this well:

Certain supervisors, with over-developed therapist roles...take any problem that their trainees bring to them as an emotional problem of the trainee...It does not take long for the poor trainee to get the message: they begin to operate... as a client, assuming that any problems they have in supervision will be problems of their own disorder. (1992, p.6)
I have been guilty at one time or another of assuming that the analysed, self-actualised (whatever that means!) therapist, automatically works better due to his or her own self-knowledge and psychological health. If therapeutic intervention is seen as in itself the servant of good practice I think we rob our supervisees of some of their freedom and responsibility in therapy. Therapy becomes a servant to the invisible client, a kind of psychological plastic surgery. There are blind spots in any relationship, regardless of our degree of differentiation. For me, personal therapy, although my greatest teacher, has been more generally than specifically useful in practice. It’s hard to target a blind spot before you find yourself in the middle of one. Williams also explores this balance in his discussion of boundaries in supervision and speaks of counselling within supervision “...but only for such time that (the therapist) can get herself to a state of being able to see (her client) again as a client and to be able to be consultant to herself.” (1992, p.6) I like this idea of lifting up to see. I like how it connects to the feeling of relief and support that allows me to have something to offer other people as I’m being held myself. I’m lifted so we can see the same view. Maybe one day we can be friends.

Zoë Krupka, BA Honours Anthropology and Women’s Studies, Master of Counselling and Human Services, Qualified Member of the Australian Counselling Association

REFERENCES

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Draft ACA Policy on Evidence-Based Practice

The following draft has been written to be included in ACA policy. All members are asked to read this draft and send any comments to ACA. The draft will be adopted unless members indicate otherwise.

**AUGUST 2006**

This policy document attempts to bridge the divide between research and practice in professional counselling noted by Sexton (1999). In line with trends within the medical community and other allied health professions that promote the ideal of evidence-based practice (EBP: e.g., World Health Organization, 2004), the ACA hereby officially recognizes the importance to the counselling industry of counsellors adopting a standard of practice that emphasizes both the knowledge of, and research towards the understanding of, counselling interventions.

Whilst this policy does not preclude the use of experimental interventions or those that have a weak basis in research, it places a responsibility upon the counsellor to be aware of the nature and extent of research that supports a therapeutic modality. This is necessary because, absent such a background, a counsellor is in no way able to obtain truly informed consent from a client for an intervention.

The responsibility placed upon a counsellor to know the limits of a therapeutic modality is no different than the responsibility to refer appropriately when a client brings in issues that are outside the scope of the counsellor’s training. The client’s unawareness of the limits of the counsellor’s skills is not something to be taken advantage of, but rather to be dealt with fairly by the counsellor. By analogy, a lack of evidence for a modality is deemed to be an issue for a client whether or not the client raises it, or is aware of it. This implies that some preface about the strength or weakness of evidence for a therapeutic modality is a necessary part of briefing the client at the initial session.

In turn, this responsibility of counsellors to be aware of, and to understand relevant evidence places a responsibility upon training providers, who must meet ACA standards in terms of educating counsellors about life-long learning skills that they will need to remain so aware.

**Levels of Evidence**

General frameworks for understanding evidence are given by the US National Guideline Clearinghouse (n.d.) and the University of Sheffield School of Health and Related Research (n.d.). These ideas are adapted here with brief explanations. Research depends heavily upon the idea of a control group, which is comparable in every way except for the intervention in question that is given to the treatment group.

It is important to note that these levels apply both to the positive effects of an intervention and possible negative side effects. The same applies to counselling interventions as to medical interventions, for example, the potential for iatrogenic development of disorders not apparent on presentation.

**Level I:** Strong evidence from at least one systematic review

“Strong” evidence is that which includes one or more Level II studies, where evidence from all studies reviewed points overwhelmingly to the efficacy of an intervention. “Systematic review” means an exhaustive search of the literature, and not merely a slanted presentation of all supportive – or non-supportive – work.

**Level II:** At least one randomized controlled trial (RCT) that demonstrates a statistically significant difference in at least one important outcome defined by p < .05

**Level II** evidence involves the true random assignment of cases to one of two or more treatments (for instance, Cognitive Behavioral Therapy versus hypnotherapy), and the measurement of outcomes using valid and reliable instruments (e.g., the Beck Depression Inventory).

**Level III:** A RCT that does not meet Level I criteria

**Level III** evidence resembles **Level II** evidence, but has a weakness of some sort, eg., the statistical probability was marginal due to small sample size, outcome measures were of lower reliability or validity than usual in the literature, or outcomes were not the best suited to proof of concept. Failures of randomization place the study at a lower level.

**Level IV:** A nonrandomized trial with contemporaneous controls selected by some systematic method. A control may have been selected because of its perceived suitability as a treatment option for individual clients.

The lack of random assignment means that people whose problems were less severe ended up as controls, which can seriously bias the results.

**Level V:** A before-and-after study or a case series of at least 10 clients using historical controls or controls drawn from other studies

This falls lower than the RCT because there is the confounding problem of time as a factor in purely pre-/post- studies. People are in crisis when they come for treatment and are at their worst, so by definition they will be improved soon. The extent of the natural improvement is thus confounded with the improvement -if any- due to treatment. Comparing against controls from a different time or place has many problems due to differences of sample, counsellor, method and so forth.

**Level VI:** A case series of at least 10 clients with no controls

A pattern in 10 or more cases may provide some weak evidence, and certainly provides justification for proposing better-controlled research on a topic. However, without controls, we do not know what would have happened naturally without treatment, or under another, more well supported treatment.

**Level VII:** A case report of fewer than 10 clients

This reflects the principle that smaller samples in general provide weaker evidence, that weakness being proportional to the sample size.

**Level VIII:** Expert opinion.

Well-reasoned, published expert opinion can be a valuable guide, however, it is not a substitute for soundly designed research. The exception is an expert “systematic review” of all research on a topic.
including all Level II and III evidence, thereby placing it at Level I.

Level VIII: Non-expert opinion.
This includes newspaper reports, popular books, and other materials written more as journalistic exposés than as scholarly reports aimed at professional practitioners.

The guidelines have been adapted by adding Levels VII and VIII, as such materials need to be placed in their proper context. It is also important to understand that each level of evidence may contain either peer-reviewed or non-peer-reviewed papers and that it is important to be aware of the difference. Peer-reviewed articles have been subjected to intense scrutiny as part of journals’ quality control process and are more highly regarded, because experts in the area - the journal editors - have determined that they make a significant contribution to a field. The gap widens as one moves from Level II to Level VIII, however, as the highest levels of evidence go through significant pre-screening processes before the studies are even done, and therefore are far more likely eventually to be published than are weaker levels of evidence.

**ACA Implementation of EBP**

Training organizations need to be aware that in the future ACA accreditation procedures will be adapted to use this framework in considering ongoing and new applications. Counsellors should be aware that this framework may also be applied in the ACA complaints process where clients raise an issue about a therapeutic modality, such that counsellors will be expected to be able to explain their basis in evidence to the tribunal. Where experimental procedures are involved, counsellors will be expected to have pointed this out to the client.

Counsellors are therefore urged to consider the sources of their training materials and place them in the relevant part of the framework. Training institutions are urged to place their curriculum into this framework, and to teach counsellors to understand fully the import of this policy. The ACA will continue to monitor developments in the field, and provide, in the form of our professional journals

Counselling Australia and Counselling, Psychotherapy and Health, access to cutting-edge developments in this area. However, counsellors’ attention is drawn to these outlets as they are two of many such sources of evidence, and reading should not be limited to these as primary sources for many interventions.

The ACA also proposes not only to promote research within the industry, but also develop an ethics committee to review and approve research to be undertaken by ACA members who, due to their private status, do not have access to the academic review committees usually associated with Universities.

In view of the preceding, counsellors not apprised of the journals and books in their own specialty areas are urged to become well-acquainted with them through the manifold sources now available through the Internet. A search on the site http://scholar.google.com is a good place to start, as a search for the terms counseling OR counselling (to capture American as well as standard English spellings) identifies over one hundred and eighty thousand articles. The Cochrane Library at http://www.cochrane.org is a major source of systematic reviews, with 93 article matching those search terms.

**References**


University of Sheffield School of Health and Related Research (n.d.). What evidence can be found? What should you be looking for? Online document at http://www.shef.ac.uk/scharr/reswce/results.htm [accessed 14/6/06]


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Reviewed by Philip Armstrong

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“Shared Parenting – A New Frontier in Family Law”
By Michael Lynch, Family Law Specialist

What is happening?
On 1 July, 2006 the most significant changes to the Family Law Act in 30 years will commence.
The changes will include:
• A change in terminology. “Residence” and “contact” will be removed and replaced with “lives with” and “spends time with and communicates with”;
• The introduction of a presumption of “shared parental responsibility”;
• The Court having to consider making an Order that a child spend “equal time” with each parent or failing that, having to consider making an Order that a child spend “substantial and significant” time with each parent;
• The commencement of Family Relationship Centres;
• The “Children’s Representative” will become the “Independent Children’s Lawyer”;
• Commencement of the “Children’s Cases Program”; and
• New “Contravention” provisions.

When will Equal Time be Ordered?
The presumption of shared parental responsibility will apply in most cases.
Determining what is in a child’s “best interests” will be considered under “primary” and “secondary” considerations.
The “primary considerations” relate to the benefit to the child of having a meaningful relationship with both parents and the need to protect the child from harm.
The “secondary considerations” include 12 factors such as, the child’s views, the child’s relationship with the parents and other people (including grandparents), for the child.
• The presumption does not apply if there has been family violence.
• If a Court Orders that a child’s parents have equal shared parental responsibility the Court must then consider whether the child spending “equal time” with each of the parents would be in the child’s “best interests” and “reasonably practicable”.
• If the Court does not make an Order for “equal time” the Court must consider whether the child spends “substantial and significant time” with a parent if it is in the “best interests” of the child and “reasonably practicable”.

A new factor that the Court must also consider is “the willingness of each parent to facilitate and encourage a close relationship between the child and the other parent”.

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the likely effect of any change in the child’s circumstances, practical difficulties and expense that may arise, the maturity of the child, family violence and cultural issues.

A new factor that the Court must also consider is “the willingness of each parent to facilitate and encourage a close relationship between the child and the other parent”.

Whether an arrangement is “reasonably practicable” will require the Court to consider how far apart the parents live, the parents capacity to implement such an arrangement and communicate and resolve difficulties with each other and the impact of the arrangement on the child.

**What is “substantial and significant” time?**

“Substantial and significant” time is when the child’s time with the parent includes weekends, holidays and days that do not fall on weekends or holidays and that time allows the parent to be involved in the child’s daily routine and significant events and allows the child to be involved in occasions that are special to the parent.

**Who makes day to day decisions?**

“Long term” issues (i.e. “shared parental responsibility”) include a child’s education, religious and cultural upbringing, health, name or a change to the child’s living arrangements that make it harder for the child to spend time with a parent. Decisions outside of that are termed “day to day” decisions. Unless specifically covered in a Court Order “day to day” decisions will be made by the person caring for the child without a need to consult the other parent.

**What are parenting plans?**

A parenting plan can deal with a wide range of child matters, but not Child Support. They are not registered in Court and are not enforceable.

Where there is no Court Order the terms of the most recent parenting plan must be taken into account by the Court, when making a parenting Order. A Court Order is subject to a parenting plan if the plan is subsequently entered into by the parents, irrespective of the circumstances leading to the making of the plan and the Order.

**Who has to go to Mediation?**

Over the next 3 years Family Relationship Centres will open across the country as a “single entry point” to the Family Law system. These Centres are designed to provide general information and (if appropriate) Mediation services, not legal advice.

Mediation will be necessary before any Application to the Court can be made.

Compulsory Mediation will be rolled out in 3 phases.

Phase 1 (1 July, 2006 to 30 June, 2007) will make the existing dispute resolution provisions under the Family Law Rules apply to all Courts applying the Family Law Act.

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- Hypnotherapy-Psychotherapy Register (Ireland)

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**Where** : Brisbane, Montserrat Day Hospital, Spring Hill.

**Contact** : Peter McMahon Ph: (07) 3833 6735

**More Course Information** : www.HypnotherapyQueensland.com
"Shared Parenting – A New Frontier in Family Law" (Continued)

Phase 2 (1 July, 2007 to 30 June, 2008) will prevent the Court hearing an Application unless the Applicant files a certificate from a family dispute resolution practitioner (some exceptions will apply).

Phase 3 is unclear in its terms but will operate from 1 July, 2008.

**What if you want to change a current Court Order?**

Variation of a current Court Order requires the Court to be satisfied that there has been a “significant change in circumstances”. The new legislation will not constitute a “significant change in circumstances”.

**What is the Children’s Cases Program?**

The Children’s Cases Program is how the Court will deal with matters at a Final Hearing stage. The program represents a move away from the adversarial Court process towards a Mediation process managed by a Judge.

**Get Advice:**

The new laws will most likely result in increased time in “Contact” Orders and make it difficult for “resident” parents to relocate. It will also effect the evidence that is required and how the Court deals with it.

It is critical that you get Specialist Family Law advice.

For further information contact us on telephone (07) 3221 4300 or visit us at www.michaellynchfamilylawyers.com.au.

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**Playback Theatre**

There are many community groups and workers in Sydney. They strive to help people find their place, to feel connected and valued. Yet it is an uphill battle. I grew up in the suburbs of Brisbane where a walk down the street was to say hello many times to people I knew. Where my neighbours were my friends and if someone new moved in you’d invite them to tea.

In Sydney the people in the street are strangers. My neighbours do not talk to me, and when I have invited them to tea they have regarded me with distrust.

It is not by accident that I have spent almost half my life in a theatre company that seeks to create community. I am the Artistic Co-Director of Playback Theatre Sydney. Some of the words that I would use to describe Playback are improvised, entertaining, unique, confronting at times and absolutely real.

Playback is a theatre form where people in the audience are encouraged to share their real life experiences; the actors and musician then transform these into instantaneous theatre. Playback is entirely dependant on the audience’s willingness to share.

Playback theatre has been going since 1980. It is one of the oldest companies on the planet and it is part of an ever-increasing global network of Playback companies. As our population increases the need for a sense of community is being lost. Playback is in ever increasing demand as a place for people to come and feel connected.

Playback has performed for many different types of organizations, such as Community Groups, Schools, Government Departments, and increasingly the corporate sector.

We have been used in many contexts: to celebrate the achievements of a community group; to give a voice to Haemophiliacs who have contracted HIV through blood transfusions; to open up discussion on a issue that would be otherwise difficult to tackle, to launch/conclude a conference. Playback is incredibly malleable. As long as there is a group of people there is a place for Playback.

Essentially, Playback seeks to break down barriers between people, to get them talking, to create community through the sharing of our stories and experiences. There is always laughter and sometimes tears. Playback strives to be true to the teller. A person’s story will be recreated with the same truth and honesty as it was told, with a little poetic licence. A person will never have a better experience of being listened to and responded to, than when a Playback company gives them its full artistic attention.

My love of this unique theatre form has kept me in the company for more than 18 years. It revolves around my deep regard for other people and the innate value of their experiences. I never tire of listening to people share their stories and I have been richly rewarded with insight and valuable experiences from my many years of involvement.

Should you have a group of people that would benefit from this unique opportunity, then Playback Theatre Sydney can be contacted through www.playbacktheatre.com or phone 0417 065 664 & email playbacktheatresydney@yahoo.com.

Playback performs publicly at the Newtown Theatre (Cnr of Bray and King St Newtown) on the last Sunday of the month. Cost is $20 or $17 concession.

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**Phase 3:**

Phase 3 is unclear in its terms but will operate from 1 July, 2008.

**Children’s Cases Program:**

The Children’s Cases Program is how the Court will deal with matters at a Final Hearing stage. The program represents a move away from the adversarial Court process towards a Mediation process managed by a Judge.

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**Register of ACA Approved Supervisors**

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<th>Name</th>
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<th>Phone</th>
<th>Qualifications</th>
<th>PP Hourly Rate</th>
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<td><strong>NEW SOUTH WALES</strong></td>
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<td>Claire Clark</td>
<td>Albany Hills</td>
<td>0412 6041 1913</td>
<td>Dip. T. B. Ed. MA Couns., Cert IV Ass &amp; Work Trng</td>
<td>$66</td>
<td>Face to Face, Phone</td>
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<tr>
<td>Malcolm Linnard</td>
<td>Beerwah</td>
<td>07 3200 5611</td>
<td>Dip. Ministries, Dip. Couns., Fam Ther., Miss Soc Sci. (Coun)</td>
<td>$60 to $80</td>
<td>Face to Face, Phone</td>
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<tr>
<td>Dawn Sprinks</td>
<td>Bribie</td>
<td>0417 633 977</td>
<td>BA (Psych &amp; Education), MPH</td>
<td>$110</td>
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<tr>
<td>Dr Eunice Ranger</td>
<td>Caboolture</td>
<td>07 5426 6341</td>
<td>Dip Prof Couns., Dip Prof Couns., Govt Trainer, Facilitator</td>
<td>$100</td>
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<tr>
<td>Myra Cumming</td>
<td>Durack</td>
<td>0412 537 647</td>
<td>Dip Prof Couns., Prof. Supervision Training (APC)</td>
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<td>Cameron Coven</td>
<td>Mundulla</td>
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<td>Maria Brennan</td>
<td>Evertown Park</td>
<td>0412 792 300</td>
<td>B. Soc Sci, Supervisor Trng</td>
<td>$70</td>
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<tr>
<td>Judy Boyland</td>
<td>Springwood</td>
<td>0413 356 234</td>
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<tr>
<td>Philip Armstrong</td>
<td>Orange</td>
<td>07 3356 4307</td>
<td>B. Couns., Couns., Supervision Trng (Rel Aust)</td>
<td>$88 to $25 Grp</td>
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<td>Bob Pedersen</td>
<td>Hervey Bay</td>
<td>0409 940 764</td>
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<td>Boyo Barter</td>
<td>Wynnum</td>
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<td>Southport, Gold Coast</td>
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<td>07 5485 2621</td>
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<td>Stacey Lloyd</td>
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<td>Lorraine Hagaman</td>
<td>Bridgeman Downs</td>
<td>0413 800 090</td>
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<td>Anila Banta</td>
<td>Richmond &amp; Montrose</td>
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<td>Bakery Hill</td>
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<td>Kerry Cavanagh</td>
<td>Adelaide</td>
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<td>Yvonne Parry</td>
<td>Bridgewater</td>
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<td>Adrienne Jeffries</td>
<td>Erindale</td>
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<td>Moira Joyce</td>
<td>Freeling</td>
<td>1300 586 892</td>
<td>B. App Sc (Soc Wks), Cert. Mediation.</td>
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<td>Anne Hamilton</td>
<td>Gladstone</td>
<td>08 9662 2396</td>
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<td>Dr Barry Lloyd</td>
<td>Magill</td>
<td>08 9332 7118</td>
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<td>Carol Moore</td>
<td>Old Reynella</td>
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<td>Yvonne Howlett</td>
<td>Sellicks Beach</td>
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<td>Reg Nurse, Dip Prof. Couns., Supervisor Trng (APIC)</td>
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<td>Dr Nadine Pelling</td>
<td>Adelaide</td>
<td>0402 598 580</td>
<td>M.A. Ph.D Psychologist &amp; Counsellor</td>
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<td>Christine Ockenfels</td>
<td>Lomagum</td>
<td>0404 164 713</td>
<td>MA Couns., Dip Couns., Prof. Sup. Couns.</td>
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<td>Dr Kevin Franklin</td>
<td>Mt Lawley</td>
<td>08 9308 6684</td>
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<tr>
<td>Carolyn Midwood</td>
<td>Sorrento/Victoria Park</td>
<td>08 9448 3210</td>
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<td>Evi Lenz</td>
<td>Fremantle</td>
<td>08 9308 3330</td>
<td>Adv. Dip. Educ., Couns., M.A., Religion, Dip Teach</td>
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<td>Beverley Able</td>
<td>Scarborough</td>
<td>08 9341 7681</td>
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<td>Howrah</td>
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<tr>
<td>Kari Pombouts</td>
<td>Parap</td>
<td>08 9861 8030</td>
<td>Dip Mental Health, Dip Clin Hypno, Supervisor Trng</td>
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<td>Hoong Wee Min</td>
<td>Singapore</td>
<td>65 9624 5885</td>
<td>MA Social Science, Supervisor Trng</td>
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Book Review

ACA would like to acknowledge the following publication that has been published by our permanent Chair of the complaints committee and president of our member association Clinical Counsellors Association Inc.

**LOGBOOK**

**Australian Hawk Over The Western Front**

by Adrian Hellwig at £18.00

LATEST from prolific Grub Street is this well-researched illustrated biography of Australia’s ‘NW1 ‘ace of aces’ Major Roderick ‘Stanley Dallas DSO*, DSC and ‘ Croix de Guerre avec Palme. With the benefit of the airman’s own private correspondence, notes and artistic sketches, not to mention many personal photo albums, the author paints a lively portrait of ‘Stan’ Dallas arid his highly successful and eventful combat career. With almost 50 victories, Dallas was one of the highest-scoring Commonwealth aces and gained most of them flying Nieuports, RAF SE5as, Sopwith Camels and, notably, the Sopwith Triplane.

The narrative is peppered with verbatim combat reports, many of which are enhanced with notes, and other sources such as contemporary accounts and unit record books add an air of authenticity that permeates every page. This is no dry read either and the author’s enthusiasm for his subject is clear from the earliest pages. Someone once said, I forget whom, that to succeed in writing an honest biography, the author should get to like the character he is writing about. No doubt about either here ...

With an inspiring cover from Russell Smith beautifully capturing Dallas’ first ever confirmed victory - on 20 May 1916 - and a great selection of mostly crisp photos this is one of Grub Street’s best yet. (ISBN 1 904943 34 9) - review copy from the publishers, 4 Rainham Close, London, SW11 6SS.

WINDSOCK International Vol. 22, NoA,
This is the well known workshop designed by Philip Armstrong which has now been run for over five years. This workshop encompasses all the issues of starting up a new allied health practice. All participants will receive a free copy of Philip’s best selling book ‘How to Develop an Allied Health Practice’. This book is the second edition of the first sell out edition of “How to Build a Successful Practice”. Philip’s own practice won the 2005 Business Achievers Award for Professional services and is a finalist in the 2006 awards. The strength of this workshop is that the designer has successfully applied the principles himself. There is no better recommendation than Professional Recognition.

Professional Supervision
13 – 16 November 2006 Brisbane, Melbourne & 3 - 6 November Sydney $550

This is a four day workshop designed for anyone who wishes to learn what Professional Supervision is and how to apply it. The workshop encompasses theory and practice. The completion of the assessment phase of this workshop meets the educational requirement (further eligibility requirements exist) for registration with ACA as a Professional Supervisor.

How to Build a Successful Practice
18 November Melbourne, 20 November in Brisbane $170

This is the well known workshop designed by Philip Armstrong which has now been run for over five years. This workshop encompasses all the issues of starting up a new allied health practice. All participants will receive a free copy of Philip’s best selling book ‘How to Develop an Allied Health Practice”. This book is the second edition of the first sell out edition of “How to Build a Successful Practice”. Philip’s own practice won the 2005 Business Achievers Award for Professional services and is a finalist in the 2006 awards. The strength of this workshop is that the designer has successfully applied the principles himself. There is no better recommendation than Professional Recognition.

Lifelines
17 November in Melbourne, 21 November in Brisbane

A history taking tool that puts emphasis on significant events and family of origin issues. Lifelines are a tool that maps out your clients entire life enabling you to put together a plan for recovery. Clients can actively join with the counsellor in this history taking tool. A lifeline does not use codes and therefore can be easily understood by clients and therapists alike. This tool is handy for anyone who is required to record client’s histories as part of intake or therapy.

For further information and/or a registration form:
email admin@counsellingcentre.com.au or phone 07 3356 4937
Clinical Hypnotherapy is a valid and effective therapy that is used in both clinical and professional practice to assist clients in reaching their full potential. A Diploma in Clinical Hypnotherapy may lead you to a total change in career or simply the opportunity to add to your skill base and incorporate this therapy into your current profession. Hypnotherapy is becoming widely used in the everyday practices of counsellors, teachers and health professionals.

Our college, a Registered Training Organisation, is privileged to have engaged the most experienced board of lecturers in Clinical Hypnotherapy in the country. We offer the most professionally accredited Diploma in Clinical Hypnotherapy in Australia, being recognised by the Australian Society of Clinical Hypnotherapists, the Australian Traditional Medicine Society, the Council of Clinical Hypnotherapists and the Australian Hypnotherapists’ Association. Usually completed over 2 years, this special intensive consists of six blocks of five days and 2 practical assessment days completed within twelve months. Commencement date is October 13, 2006.

There are no formal requirements in terms of pre-requisite competencies for this Diploma, however, applicants need to demonstrate a commitment to applying the highest ethical standards to their work. Qualifications and experience in an appropriate field of a human services profession, eg. counselling, HealthCare, communication, psychology, education, human resources, or law is recommended but not mandatory.

We are pleased to announce also a 2-day program for practitioners looking to do a refresher and update their current skills or simply those wishing to ‘put their toe in the water’ before embarking on a Diploma in Clinical Hypnotherapy.

Those who undertake the 2-day program and then go on to enrol in the Diploma, will have the $350 deducted from their Diploma course fees. Enrolments are strictly limited to twenty for both the Diploma and the 2-day Introduction, so we recommend you book early to secure your place.

National College of Traditional Medicine
A Registered Training Organisation

Introduction: Using Self-hypnosis Personally & Professionally
2 Day Program $350 Saturday & Sunday
23 & 24 September, 2006 10.00am – 4.30pm

www.nctm.com.au 1800 630 512
For on line membership information and details about . . .

the Association for Counsellors in Australia

please visit the

ACA Website

at

http://www.theaca.net.au