IN THIS ISSUE
EDITORIAL
PRESIDENT’S REPORT

FEATURE ARTICLE
Managing practice difficulties before they manage you
By Dr Elizabeth Riley, Dr Di Stow and Jean Tulloch
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editorial</td>
<td>2</td>
</tr>
<tr>
<td>President’s Report</td>
<td>3</td>
</tr>
<tr>
<td>Feature Article</td>
<td>4</td>
</tr>
<tr>
<td>Managing practice difficulties before they manage you</td>
<td></td>
</tr>
<tr>
<td>By Dr Elizabeth Riley, Dr Di Stow and Jean Tulloch</td>
<td></td>
</tr>
<tr>
<td>PACFA News</td>
<td>9</td>
</tr>
<tr>
<td>Final consultation on the PACFA Restructure</td>
<td></td>
</tr>
<tr>
<td>Submission to Senate Inquiry on mental health of ADF personnel</td>
<td>11</td>
</tr>
<tr>
<td>PACFA lobbying activities</td>
<td>12</td>
</tr>
<tr>
<td>PACFA supports campaign for mental health reform</td>
<td>13</td>
</tr>
<tr>
<td>PACFA Board profiles</td>
<td>14</td>
</tr>
<tr>
<td>PACJA edition 3 now available</td>
<td>16</td>
</tr>
<tr>
<td>PACFA Research Seed Grant success story: Developing an iPad app for assessment in dance movement therapy</td>
<td>18</td>
</tr>
<tr>
<td>Mothering and Psychoanalysis</td>
<td>20</td>
</tr>
<tr>
<td>Medibank Private – First Aid Certificate requirements</td>
<td>20</td>
</tr>
<tr>
<td>Reminder – PACFA registration renewal</td>
<td>21</td>
</tr>
<tr>
<td>PACFA CPD events coming up</td>
<td>22</td>
</tr>
<tr>
<td>Research participants wanted for study on the impact of mental health work on practitioner wellbeing</td>
<td>23</td>
</tr>
<tr>
<td>Classifieds and Professional Development</td>
<td>24</td>
</tr>
<tr>
<td>eNews Advertising Guidelines</td>
<td>29</td>
</tr>
</tbody>
</table>
The lead up to the PACFA Annual General Meeting in October is speeding by, as PACFA puts the finishing touches on our final proposal for the PACFA restructure. Read about the restructure proposal in this edition of eNews and the proposal is now available for download at the PACFA website. In a report from the PACFA President, Charles Wilson, read more about the restructure as well as news of our new PACFA Strategic Plan for 2016 to 2018.

I have contributed two articles about PACFA’s recent efforts to increase recognition of counsellors and psychotherapists. I was in Canberra in July for an ARCAP meeting with the Minister for Health, The Hon Sussan Ley, and was greatly encouraged by the Minister’s positive response to ARCAP’s proposal to extend Medicare numbers to counsellors and psychotherapists. The Minister is now considering our proposal for a rural/regional trial.

In June, PACFA made a submission to the Senate Inquiry on the Mental Health of Australian Defence Force Personnel and their families, highlighting the opportunity to address workforce shortages by including counsellors and psychotherapists as providers for the Department of Veterans’ Affairs (DVA). While in Canberra, ARCAP also met with the Chair of the Senate Inquiry to make our position known to them. Leveraging of successful meetings in Canberra, I also had a positive meeting with the adviser to the Minister for Veterans’ Affairs in Melbourne. Getting support for our position within the DVA will help support our campaign for Medicare numbers.

In this edition of eNews, we are fortunate to have a stimulating feature article from three members of the PACFA Ethics Committee, in which we are challenged to apply ethical principles to the issue of the scrutiny of other practitioners who may be impaired in undertaking their roles as counsellors or psychotherapists. And after a long wait, the third edition of PACJA (the Psychotherapy and Counselling Journal of Australia) is now available online at the PACJA website, www.pacja.org.au. A rich Editorial from the PACJA Editor, Dr Petra Bueskens, highlights the interesting reading on offer in the latest edition of PACJA.

We have decided to profile members of the PACFA Board in this month’s eNews as not all readers know about the wealth of experience and expertise that our Board brings to PACFA. It is interesting to note that the Board currently has a good mix of psychotherapists and counsellors and includes practitioners, managers and academics.

In the news section, read a report on a recent conference presentation in Ireland on mothering and psychoanalysis, and read about a successful research project, funded by a PACFA Research Seed Grant, which developed an iPad app for assessing clients in dance and movement therapy. The app was launched in July at the Dance Movement Therapy Association of Australasia conference in Melbourne.

There is also a reminder about PACFA renewals which are now due, and information for PACFA Registrants about Medibank Private’s requirement to undertake First Aid training for those who wish to retain access to Medibank Private Provider Numbers.

PACFA is again running our online course in Mental Health, scheduled to take place in September, and our Online Practical Ethics course is taking place in October. After three successful Research Forums so far this year, we only have two more forums to go on Body-focussed Psychotherapy and Supportive Counselling. Readers are encouraged to book a place for any of these fantastic PD events via the Counselling & Psychotherapy Portal.

As usual we invite readers to participate in a research study, this time investigating the impact of working in the mental health field on practitioner wellbeing. Readers working in the mental health field are encouraged to participate.

Maria Brett
eNews Editor
President’s Report

We have had been very busy since the April Council meeting held in Sydney, finalising the proposal to restructure PACFA and developing a new strategic plan for 2016-2018.

The final restructure proposal has now been released at the PACFA website and I will very soon be writing to Member Associations about the final round of consultations on the proposal. The final restructure proposal has taken into account the various comments from the Council meeting and from the joint meeting of the Board and the Restructure Working Party held in June. The Board is united in its belief that the new restructure is essential for the future viability of PACFA and our Member Associations. There will be a resolution to approve the proposed new structure at the AGM to be held on 10th October in Melbourne. Before then, Board members will be discussing the restructure with Member Associations to ensure that any last minute queries are addressed.

Considerable time was spent at the April Council meeting discussing ideas for PACFA’s next Strategic Plan for 2016-2018. The Board has been working on the plan since the Council meeting with the aim of presenting it at the AGM for comment. Currently the Board has identified 8 draft strategic aims within the plan. These are:

1. Support the individual and organisational members of PACFA and advance their interests
2. Strengthen the capacity of PACFA as a peak body for the psychotherapy and counselling profession
3. Regulate the profession and the practice of counselling and psychotherapy
4. Promote the health and wellbeing of diverse groups in Australian communities
5. Lobby government, private health funds and other key stake holders for recognition of counselling and psychotherapy
6. Undertake, support and disseminate counselling and psychotherapy research
7. Develop the counselling and psychotherapy workforce to meet the needs of diverse communities
8. Consult widely to ensure the views and needs of diverse practitioners and clients are addressed by PACFA’s policies, standards and activities

It will be noted that some of these aims have been formulated with the assumption that that the proposed restructure will be passed at the AGM. The Board would welcome comments on these strategic aims.

PACFA has been busy with a variety of lobbying activities. In addition to the recent lobbying activities reported later in eNews including a very positive meeting with the Health Minister, PACFA joined with the mental health sector in calling for the Prime Minister and First Ministers to urgently implement reforms to Australia’s mental health system.

Thank you to Maria Brett and Ione Lewis for writing another excellent PACFA submission to government. Our most recent submission was made to the Senate Inquiry on the mental health of Australian Defence Force personnel. The submission was particularly timely and strategic given that we have been lobbying the Department of Veterans’ Affairs for the last two years for recognition of counsellors and psychotherapists in the DVA workforce. Maria Brett will be appearing before the Senate Inquiry in August.

In conclusion I would like to thank our CEO, Maria Brett, and office staff for their hard work in an extremely busy time, and the Board, Committee Chairs and Committee members for their voluntary work for PACFA.

Charles Wilson
PACFA President
Counsellors and psychotherapists who experience personal crises, operate in stressful environments, or have heavy client loads, are susceptible to inept decision-making and practice. Stadler and colleagues reported in 1988 that addressing impairment among counsellors had severely lagged behind other professions (Stadler, Willing, Eberhage, & Ward, 1988). Decades later, although impairment in the counselling and psychotherapy profession is addressed through codes of ethics and the provision of complaint procedures, the focus is predominantly on sexual exploitation, and the major source of support available to practitioners is supervision.

When practitioners experience a dawning awareness that their colleague’s level of competence has become compromised, there is an uncomfortable struggle of allegiances, especially when fear of retaliation results in silence. At the same time, the impaired colleague may be anxious, ashamed or in denial about the impact that their circumstances are having on clients, colleagues, and the profession.

This paper, initially delivered as a workshop at the 2014 conference hosted by PACFA, the Australian Association of Relationship Counsellors, and the Counsellors and Psychotherapists Association of NSW, aims to raise awareness of the complexities involved in addressing the impairment of a colleague. A case study and ethical decision-making model is presented to stimulate practitioners’ reflective thinking and problem solving around ‘fitness to practice’.

As counselling and psychotherapy is a self-regulating profession, practitioners are required to self-monitor in terms of their capacity to practice and efficacy. Moreover, the paucity of guidance on how to respond if practitioners suspect or know that a colleague is impaired indicates the complexity and sensitivity of this situation. Recognising impairment and the signs of its development is an important step in managing circumstances that may lead to client distress or harm.

Impairment has been defined by psychologists as “interference in professional functioning due to chemical dependency, mental illness or personal conflict” (Laliotis & Grayson, 1985, p. 84). Medical physicians have commonly described impairment as “the inability to deliver competent patient care resulting from alcoholism, chemical dependency or mental illness (including burnout or the sense of emotional depletion which comes from stress)” (Kempthorne, 1979, p. 24). Actively engaging in processes to promote understanding and dialogue with at risk colleagues may help to counteract the consequences of impairment and assist colleagues to better manage their practice with clients.

Impairment may be caused by a heavy client load, a personal difficulty, or some other vulnerability. A major difficulty for a practitioner who is considering whether to raise concerns with a colleague about his or her practice is embarrassment and/or shame. Moreover, practitioners tend to lose a degree of self-awareness and insight as impairment emerges (Herlihy, 1996).

Furthermore, if a practitioner’s declining ability to function effectively with clients is reported to the ethics committee of his or her association, stigma may impact the reputation of the practitioner in the long and short term (Warren, 2012).
The concerned colleague may feel in a bind, as the potential disastrous impact on the personal and professional lives of a practitioner against whom a complaint is upheld is very real. On the other hand, ignoring the situations places clients at risk (Olsheski & Leech, 1996).

Ethical scrutiny of a practitioner can provoke judgement and contribute to stigma (Warren, 2012). Reactions from colleagues may be self-righteous and distancing, creating an “us versus them” attitude (Celenza & Gabbard, 2007, p. 484), which may be the reverse of how therapists would respond to clients in a similar situation. In this environment, blame and judgement about a practitioner facing a complaint may flourish. Celenza and Gabbard (2007) identify faulty assumptions made about practitioners who have complaints made about them: colleagues may assume that the practitioner has mental health problems, has behaved in a similar way in the past or is incapable of safe practice.

Although this may be true for a minority of practitioners, it is not the case for the majority, even in the case of sexual transgressions. In order to avoid these judgments, Calenza and Gabbard (2007, p. 484) challenge practitioners to reflect on times when they “crossed minor boundaries”. A focus on personal accountability and vulnerability to ethical mishaps discourages a sense of superiority and instead promotes a sense of compassion for impaired colleagues or those who have been accused of misconduct (Welfel, 2013). Professional development opportunities in which practitioners are encouraged to share their transgressions and therapeutic mistakes can encourage empathic responses, and may help to develop a more humble and supportive culture.

This reflective practice also grants practitioners the space to consider that perhaps their own practice could benefit from a review of ethical conduct, and that an element of luck may be involved regarding claims of misconduct, instead of the assumption that “it couldn’t happen to me” (Celenza & Gabbard, 2007, p. 484).

Some individuals are better equipped for self-reflection, due to variances in training, life experience, knowledge and skills. Personal and professional routines, the capacity to use supervision effectively, as well as familiarity with a relevant code of ethics, contribute to practitioners’ ability to recognise and respond to their own ethical dilemmas and the transgressions of others. Professionals may be disturbed by the reality that their practice is somewhat less professional than they aspire to be (Welfel, 2005).

Welfel’s (2005) model for professional accountability about reprehensible misconduct encourages practitioners to face their limitations, and aims to reduce the sense of shame and blame which is commonly experienced by respondents to complaints. Welfel invites practitioners to pay attention to and manage any escalation of emotional distress that can lead to impairment. Welfel (2005) describes three scenarios which involve experienced, competent professionals in moderately compromising situations that would usually not become known to anyone other than the practitioners themselves. The scenarios cover confidentiality, personal triggers leading to vulnerability, and sexual attraction. The recovery steps include the recognition of error, experience of regret or remorse, evaluating possibilities of restitution, and rehabilitation to prevent recurrence.

The case studies provide opportunities for practitioners to recognise various ethical principles and develop a deeper understanding of the application of these principles. During this process, therapists may be able to question their practice and consider the ethical implications involved. Welfel stresses the importance of developing and internalising virtues and personal qualities that aid a process of recovery; namely integrity, moral courage, respectfulness, compassion and discretion.

In situations where individual practitioners fail to adequately self-monitor, more uncomfortable challenges arise for their colleagues. Noticing that a fellow professional is not coping challenges a practitioner’s desire to be collegial, supportive and empathic.
Nonetheless, the impaired practitioner poses a threat to the public’s confidence in the profession, to the wellbeing of clients, and potentially undermines the reputation of other practitioners in the individual’s place of work.

Drawing on this theoretical framework, the workshop was based on a case study involving a practitioner whose level of competence had become significantly impaired. Participants were invited to apply ethical decision-making to the case study using an integrative model developed from Herlihy’s (1996) process model, combined with McAuliffe and Chenowith’s (2008) inclusive ethical decision-making model. McAuliffe and Chenowith’s (2008) model features four “essential dimensions”: accountability, critical reflection, cultural sensitivity (which is central to social justice), and consultation. These dimensions slot together as a jigsaw. Participants were provided with practical, sequential steps in applying the model to the case study, incorporating cultural sensitivity, self-development and ways to improve practice.

Bevan is a counsellor in private practice who shares office space with three other counsellors. One of his officemates is Karina, whose child was diagnosed with leukaemia six months ago. Bevan as a friend was supportive and available to her when her child died. Karina has recently returned to practice. Bevan cannot but notice that she sometimes calls in sick and that she frequently arrives late, keeping clients waiting. He is also quite certain that he can smell alcohol on Karina’s breath in the afternoons after she returns from lunch. When Bevan has an opportunity, he gently questions whether Karina is ready to resume her practice. Karina insists that work is the only thing that can save her sanity and that she “must get on with her life.”

Herlihy’s process model (1996) outlines the following sequence of steps, which are applied to the case study.

**Step 1: Identify the problem and the counsellor’s relationship with it**

In order to identify the problem, it is desirable to be specific and objective, check information sources (facts versus conjecture), and those who might be impacted (for example, self, practitioner, client/s, employer, counselling profession). For example, how did Bevan identify that there is a problem? Does he know for certain that Karina has consumed alcohol before seeing clients? In this step, Bevan reflects on his own needs, how these might be impacted by the situation, and how natural self-interest about engaging or not engaging with the situation may be influencing his thinking.

**Step 2: Apply a professional code of ethics**

The PACFA Code of Ethics (PACFA, 2014) specifically addresses the situation of impairment and its impact on clients. Counsellors have a responsibility to protect clients when they have reason to believe that other practitioners are placing them at risk of harm (Code of Ethics, paragraph 3.1.6A). The Code (paragraph 3.1.6.C) suggests that consulting with experienced colleagues, supervisor, or the PACFA Ethics Committee, is appropriate at this point. Consultation results in a richer complexity of discussion and understanding. In the situation outlined in the case study, Bevan could, for example, identify an appropriate practitioner with the capacity to be objective to consult with, who will not be able to guess Karina’s identity.

In this step, Bevan considers ethical principles relevant to the situation and their implications: fidelity, autonomy, beneficence, non-maleficence, justice and self-respect (Code of Ethics, Section 2.2). Counsellors and psychotherapists often hold themselves to unrealistic standards, overlooking the fact that they share the same human struggles as clients. It may be helpful for Bevan to acknowledge the
potential presence of guilt and shame that Karina may be feeling (Kilburg, Nathan & Thoreson, 1986, as cited in Helihy, 1996). It may be challenging for Karina to consider shifting from the role of healer into the role of help seeker.

Step 3 Generate potential courses of action

In this step, Bevan considers the various options available to him. This includes considering the potential impact on all parties of taking no action at all. Unaddressed impairment may have a ripple effect, extending outwards from the individual, to impact on clients and potential damage to the organisation that employs Bevan and Karina. Karina’s impairment may have implications for the general public’s confidence in the counselling and psychotherapy profession. Furthermore, it is important that the public is not given cause to suspect the counselling profession of protecting its own members at the expense of clients (Herlihy, 1996).

One of the mechanisms of impairment is reducing self-awareness, and even denial that there is a problem. Therefore, an informal approach may be a suitable first step to foster awareness (Herlihy, 1996). Such an approach might involve a sensitively conducted conversation, with critical attention, listening and empathy for Karina’s experience, specific aspects of the situation, for example Karina’s grief, and her primary concerns. “Only then can options such as seeking help, suspending or limiting practice, or self-reporting be explored” (Herlihy, 1996, p. 122).

Some practitioners might be tempted to offer help to their impaired colleague. If Bevan considered offering therapeutic support or supervision, the consequences of this course of action, such as the dual relationship of colleague and therapist/supervisor, need to be thought through with an external supervisor (Code of Ethics, paragraph 3.1.1D).

Step 4 Evaluate the selected course of action

Before proceeding to act, Herlihy (1996) suggests a final check using the following four tests:

- Would I be comfortable if my actions were reported in the press? (publicity)
- Would I recommend the same choice to other professionals in a similar situation? (universality)
- Do I have any lingering feelings of doubt or discomfort? (personal moral sense)
- Would I treat another professional in the same way? (justice)

Step 5 Critical analysis and evaluation

McAuliffe and Chenowith’s Inclusive Decision Making Model (2008) provides additional elements for ethical decision making about colleagues’ impairment, including critical reflection, cultural sensitivity, review of consultation and accountability, and organisational factors. These elements informed the development of the following questions for individual self-reflection or exploration in supervision:

- What have I learnt about the way I make decisions?
- Have I changed my behaviour as a result of this process?
- Have I acted in a culturally sensitive manner?
- Is there anything I neglected to explore?
- How well did I use consultation and support? Is there anyone else I could have consulted?
- Are there any issues I need to raise regarding policies and procedures, ethical codes, or service users?
- Can I confidently own my part in this process?
Good, Khairallah and Mintz (2009) highlight that practitioners’ level of functioning varies continuously due to a range of factors. If practitioners do not stay aware of their own issues and shortcomings, they may begin to believe that they are healthy and others troubled; that they are somehow different from those why are more evidently impaired.

Despite extensive training, research findings on ethical practice, and insights gained from personal therapy, practitioners are not immune to the challenges of life. These challenges range from the capacity to focus on clients, interest in work, personal happiness, and rest, to more major life stressors such as relationship difficulties, family crisis, changes in employment, ill health, and aging. In addition, practitioners often working alone with clients facing a multitude of complex life experiences, with limited time and opportunity to debrief and refresh (Good et al., 2009).

Self-care is essential to functioning well as practitioners. Engaging in positive self-care such as healthy diet, exercise, regular sleep, stress management, and positive interpersonal relationships is key, as well as employing strategies to minimise anxiety, depression, substance abuse, and interpersonal issues. Maintaining regular supervision is paramount. “In sum, wellness and impairment should not be viewed as an “us and them” issue, but rather as an “us and when” issue” (Good et al., 2009, p. 21).

References


Final consultation on the PACFA Restructure

After two and a half years of preparation, the formal proposal to restructure PACFA is ready and Council will vote on the proposal at the PACFA Annual General Meeting in October.

The current PACFA structure has served us well for 20 years, helping us to unify as a profession, but we have now outgrown this structure. The proposal to restructure PACFA has been prompted by the need to have a structure that is more efficient and cost-effective. There is duplication of many functions undertaken by PACFA and Member Associations, such as governance, membership management and finances. Some Member Associations face challenges running their associations and with insufficient volunteers to operate, some are considering closure. PACFA also needs a more secure financial base to ensure we can fulfil PACFA’s mission. The proposed new structure will enable us to grow and increase our financial and human resources in order to better represent the profession.

The restructure proposal is available for download at the PACFA website.

Feedback on the proposal is invited. Please send feedback to the PACFA CEO at maria.brett@pacfa.org.au.

The main elements of the proposed new structure

Under the proposed new structure, PACFA will have individual members as well as continuing to have Member Associations. It is proposed that existing Member Associations will be able to choose whether to stay as Member Associations or to become part of PACFA structurally. Where a Member Association chooses to become part of PACFA structurally, the MA’s members will be offered individual membership of PACFA. Individual PACFA membership will include PACFA registration for all practising members, including interns.

It is proposed that individual members will have membership of a local PACFA Branch and the option to join one or more PACFA Colleges (if they meet the membership requirements of the Colleges). PACFA Branches will provide a regional presence of PACFA made up of individual members of PACFA in that geographic area. PACFA Colleges will provide a focus for members of the College, who come from particular psychotherapy or counselling modalities or who share other professional interests, to collaborate and advance members’ interests. There will also be the possibility of new Interest Groups developing around shared professional interests. Members of PACFA Member Associations will also be able to join PACFA Colleges and Interest Groups.

The PACFA Council will continue as PACFA’s peak strategy and policy body and a new Member Congress will be established to enable individual members to have a voice within PACFA.
Main elements of the proposed new PACFA Structure:

1. Individual PACFA membership for:
   - Members of MAs that elect to become part of PACFA structurally
   - Potential new members
2. Some Member Associations elect to continue as MAs – the current arrangements remain unchanged
3. New PACFA Divisions:
   - Branches
   - Colleges
4. New PACFA Interest Groups
5. Governance arrangements that will ensure fair representation of Individual Members, MA’s and the new PACFA Divisions:
   - A new Member Congress
   - The PACFA Council
   - The PACFA Board

Proposed new membership categories

Individual members:
- Full (practitioners and educators who meet the PACFA Training Standards)
- Intern (still completing 200 supervised practice hours)
- Student (enrolled in a counselling or psychotherapy course)
- Affiliate (non-practising membership category)
- Life (honorary membership with no fee payable)

Organisational members:
- Member Association (same as current arrangements)
- Affiliated Organisation (for other organisations that wish to be affiliated with PACFA)

Proposed membership benefits

The membership benefits for the new individual PACFA members will include:
- PACFA registration for practising members
- Membership of nearest State/Territory Branch
- Membership of up to one College for eligible practitioners (optional)
- Membership of additional Colleges for additional fees
- Voting rights on the new Member Congress
- Professional development events, including some which may be subsidised or free for members
- Free membership of PACFA Interest Groups
- Insurance (optional) for practising members for an additional fee

Membership benefits for Member Associations will continue unchanged for those MAs that elect to continue as Member Associations.

There will also be new benefits for Member Associations and their members:
- MA Members who meet the PACFA Training Standards will have a vote on the new Member Congress
- MA members can join Interest Groups for free and eligible MA members can join Colleges for a small fee

There will also be some membership benefits for Affiliated Organisations:
- Non-voting attendance at Council meetings as determined by the Council
- Employees and volunteers receive member rates on PD, conferences and merchandise
Financing the new PACFA structure

The restructure proposal has been fully costed based on the following principles:

- Membership fees should be reasonable and affordable
- Branches and Colleges would receive a budget based on planned activities not on member numbers – this is fairer as small groups will not be disadvantaged
- Colleges and Branches would be expected to run in a business-like manner and to be accountable for their budgets

Constitutional amendments

To implement the new structure requires amendments to the PACFA Constitution. The proposed constitutional amendments are being finalised by PACFA’s lawyers and will be distributed to Member Associations for consultation. Member Associations will vote on the proposed constitutional amendments at the AGM on 10 October 2015 if there is support to go ahead with the proposed restructure.

The PACFA Board encourages all Delegates to the PACFA Council to attend the AGM in October and to vote in favour of the restructure. If Delegates are not able to attend in person, there is a Proxy Form that can be completed.

Submission to Senate Inquiry on mental health of ADF personnel

In June, PACFA made a submission to the Senate Inquiry on the mental health of Australian Defence Force (ADF) personnel. PACFA’s submission has been very well received as the PACFA CEO, Maria Brett, has been invited to appear before the Senate Inquiry in August.

With the prevalence of mental illness among returned service personnel being significantly higher than in the general population, the inquiry is important to identify shortcomings in the service system which may be impacting on outcomes for returned service personnel, and to address the growing mental health needs of this client group.

In its submission, PACFA called on the Inquiry make specific recommendations to improve the effectiveness of mental health care for returned service personnel and their families and to promote their mental health and wellbeing through counselling and psychotherapy services.

Counselling and psychotherapy are interdisciplinary activities provided by a range of professionals, including counsellors and psychotherapists, as well as psychologists, social workers, occupational therapists, nurses, doctors and psychiatrists. Counselling and psychotherapy are not ‘owned’ by any one of these professional groups. It is therefore surprising that counsellors and psychotherapists have long been overlooked as part of the Department of Veterans Affairs’ (DVA) mental health workforce. With the introduction of a statutory registration system for DVA mental health providers, the workforce has been limited to practitioners with Medicare provider numbers. The Veterans and Veterans’ Families Counselling Service (VVFCS) has also limited its workforce of outreach counsellors to psychologists and mental health accredited social workers. Furthermore, PACFA is not aware of any PACFA-registered counsellors or psychotherapists being employed by the VVFCS as staff counsellors. In PACFA’s view there is no valid rationale for these workforce restrictions. Counsellors and psychotherapists are highly trained and skilled, and those registered with PACFA as Mental Health Practitioners are recognised as meeting key mental health competencies.
Access to counselling and psychotherapy for returned service personnel and affected family members is essential for effective outcomes, particularly as an early intervention strategy; to promote mental health and well-being; and as a treatment option for clients requiring more intensive clinical treatment. There is an abundance of evidence for the effectiveness of counselling and psychotherapy. This evidence holds true when these interventions are delivered by qualified counsellors and psychotherapists. There are also specialist therapies such as family therapy, relationship counselling, art therapy and body-focussed psychotherapy that should be delivered by specialist practitioners in these fields, such as specialist PACFA-registered counsellors and psychotherapists. Additionally, counsellors and psychotherapists are more widely available in rural and regional Australia than psychologists.

**PACFA recommendations to the Senate Inquiry and the DVA:**

1. Include registered counsellors and psychotherapists in the workforce of the VVFCS to broaden VVFCS clients’ choices about the practitioners, models, skills and interventions available to them.

2. Develop DVA’s purchasing guidelines to enable registered counsellors and psychotherapists, who are skilled and qualified to provide evidence-based interventions, to become DVA providers.

3. Support the extension of Medicare provider numbers to registered counsellors and psychotherapists to enable DVA to use them as providers. This will improve client choice, better match practitioners and interventions with client needs and preferences, and address workforce shortages in rural and regional Australia.

4. Offer specialist interventions, provided by suitably trained practitioners, such as art therapy, body-focussed psychotherapy, family therapy and relationship counselling, to returned service personnel and their families.

5. Increase access to VVFCS programs to strengthen the capacity of spouses, partners, carers and family members to support returned service personnel with help seeking behaviours, healthy lifestyles and recovery.

6. Consult with PACFA, which has research expertise, to help build the evidence base for counselling and psychotherapy as elements of effective mental health care.

**Download PACFA’s submission to Senate Inquiry**

**PACFA lobbying activities**

*By Maria Brett, PACFA CEO*

In June, I was in Canberra with Philip Armstrong from the ACA, to meet with the Health Minister, The Honourable Sussan Ley MP, and two of her advisers. Lobbying of the federal government is undertaken through ARCAP, the Australian Register of Counsellors and Psychotherapists, which is the platform established by PACFA and ACA for joint representation of the counselling and psychotherapy profession.

The Minister was very interested in the idea of using counsellors and psychotherapists as a cost-effective alternative to psychologists in the Better Access Initiative. The Minister and her advisers understood the potential benefits of extending Medicare numbers to us not only for the BAI but also potentially for other programs including Veterans’ Affairs services. They were also persuaded by our suggestion that a rural/regional trial would be a good place to start, given the significant workforce shortages in some rural/regional areas.
The Minister seems serious about engaging with us. We are now waiting to see if the Minister wishes to progress to the next stage in discussions, which will involve preparing a more detailed proposal.

While in Canberra, we also met with Senator Alex Gallacher, ALP Senator for SA and Chair of the Senate Inquiry on mental health for ADF personnel and their families. For details of PACFA’s submission to the Inquiry, see the separate article on this in this edition of eNews. The meeting was a good opportunity to brief the Senator about the submissions made to the Inquiry by both PACFA and the ACA. This is a bi-partisan policy area so it was refreshing not to be side-tracked by competing party political positions but to be able to have a frank discussion about how to improve mental health service outcomes for veterans and their family members.

I followed up the Canberra trip with a meeting with one of the Minister for Veterans’ Affairs advisers in Melbourne. Leveraging off the successful meeting with the Minister for Health, I highlighted the opportunity for DVA to use counsellors and psychotherapists as DVA providers if Medicare numbers can be secured. There was also interest in the DVA potentially participating in the proposed rural/regional trial. The adviser agreed to distribute our materials to key bureaucrats in the DAV to raise awareness.

I look forward to continued positive collaboration through ARCAP on lobbying for recognition of counsellors and psychotherapists and to seeing how things progress in our discussions with the Health Minister and the Department of Veterans’ Affairs.

---

**PACFA supports campaign for mental health reform**

PACFA has joined the mental health sector in calling for the Prime Minister and First Ministers to urgently implement the changes COAG agreed to in 2012, and commit to fixing the mental health system. These commitments included the adoption of clear targets and indicators for improving mental health outcomes as well as a fully developed and funded national agreement on mental health reform.

Ahead of the COAG Leaders Retreat on 22 July, PACFA signed a joint letter to Australia’s First Ministers calling for a decisive action on reform.

The joint letter is available for [download at the PACFA website](#).

The Government appears to be delaying action on mental health as there has been a further delay of eight months since the National Mental Health Commission handed down its review findings and still no recommendations have been implemented. PACFA believes we have waited too long for mental health reform. The system is in crisis right now, and we need action; not after the next budget, not after the next election, but starting now with a commitment from our leaders.

In its submission to the Mental Health Commission review, PACFA identified some actions that could be taken immediately to begin addressing failings in the mental health system. These were also highlighted in our recent lobbying efforts in Canberra in a meeting with the Minister for Health, The Hon Sussan Ley.

From the recent report by the National Mental Health Commission and the subsequent announcement of a Mental Health Expert Reference Group (ERG), to the National Disability Insurance Scheme (NDIS) and the Federation White Paper process, the case for urgent mental health reform is clear.

PACFA agrees with the recent comments by the Federal Health Minister when she said Australia needs a ‘national’, ‘coordinated’ and ‘binding’ agreement on real and meaningful mental health reform. It must be signed by all Australian governments with implementation commencing in 2015.
Editor’s note: We have decided to profile the members of the PACFA Board as not all readers know about the wealth of experience and expertise that our Board brings to PACFA. It is interesting to note that the Board currently has a good mix of psychotherapists and counsellors. Some are trainers or academics who have worked in a wide range of training institutes and universities. Currently Board members are members of six different PACFA Member Associations and most have held or continue to hold executive positions in various MAs.

President - Charles Wilson
BA, MLitt, MA, LTh, Assoc Dip Wel Studies, Grad Dip Mgt, MAPS, AARC, AFAIM
Email: natpres@pacfa.org.au

Charles Wilson was elected as PACFA President in October 2014 and also serves as an ARCAP Director. Charles is CEO of Integricare Sydney, a not-for-profit service provider and has had over 25 years’ experience in the community sector. In the past he has worked as Deputy General Manager, Welfare Services for Anglicare NSW, Regional Manager Campbelltown Life Care Counselling, and Executive Director for Churches of Christ Community Care Department. In addition he works in private practice as a relationship counsellor, psychologist and supervisor. Charles has been a counsellor for over 30 years and been actively involved on a National level in the Australian Association of Relationship Counsellors (AARC). He served as the National President of AARC for 10 years. He has also held a variety of roles on the PACFA Board including Vice President, Secretary and Treasurer. Charles is also actively involved in providing pre-marriage and marriage enrichment training programs.

Past President – Professor Ione Lewis
PhD (UNSW), Grad Dip Cont Ed (UNE), Dip Psychotherapy (ANZAP), B Soc Stud – SocWk (USyd)

Ione Lewis is the immediate Past President of PACFA, has served as an ARCAP Director, and is Professor of Counselling and Psychotherapy in the School of Counselling, Australian College of Applied Psychology. Ione has been involved in undergraduate and postgraduate counselling, psychotherapy and supervision education, training and supervision of higher degree research students for 21 years as well as practicing clinically for over 26 years. Ione has previously held academic roles at the University of Western Sydney and University of Canberra, and made active contributions to PACFA at these institutions. She is an active researcher in counselling and psychotherapy professional identity, the relationship between HIV and violence, gender, evaluation of women’s health services, supervision and consumer participation in research. She is a member of SCAPE and AASW.

Vice President - Dr Di Stow
PhD. Masters Counselling. Masters Education. Dip Ed. BA
Email: natvp@pacfa.org.au

Dr Di Stow is a counsellor and supervisor in private practice in Hobart. Previously Di worked for many years as a primary and senior secondary teacher, and in health education curriculum and education administration. Di also worked as an elected union representative and Vice President of the Australian Education Union. In addition Di worked for the Justice Department in Tasmania, managing grievances and code of conduct investigations. During this time Di completed her PhD in grief and loss ‘Looking Up and Out: Transcending Techniques in Counselling for Grief and Loss with Philosophy’. As a member of the PACFA Board since March 2011, Di began representing member associations, chaired the PACFA Conference Committee in 2012, and was PACFA Secretary for two years before accepting her current roles as Vice President, Chair of the PACFA Restructure Working Party, member of the PACFA Ethics Committee and has been newly-appointed as an ARCAP Director. Di is Immediate Past President of the Professional Counselling Association of Tasmania, a position she held for six years.
Di is passionate about representing counselling and psychotherapy to communities and government and developing the evidence-base for counselling and psychotherapy; respecting and supporting the diversity of approaches within the profession and fostering professional identity; and ensuring public accountability for practitioners.

**PACFA Treasurer and Chair of the Professional Development Committee - Rob Salmon**  
MCouns, BA (Christian Couns), Clinical Member of CCAA  
**Email:** nattreas@pacfa.org.au  
Rob Salmon is well respected for his relational style and multi-faceted abilities in the workplace. Rob has operated his own counselling practice since 2003 whilst completing his Masters in Counselling through Tabor Adelaide. He joined the Life Design Counselling team in July 2007 and continues to work as a counsellor and supervisor there until present. Coming from a dysfunctional family of origin, Rob has used his own journey to help develop a greater understanding of the issues facing people today. He has extensive experience working with men in both individual and group settings, providing insight and tools for change. Rob also has extensive experience working with couples in pre-marriage counselling as well as working through a variety of relationship issues. Rob is President of Christian Counsellors Association of Australia (SA) and National Membership Chair and Website Manager and Promotions Chair of CCAA. In addition to his role as PACFA Treasurer, he is Chair of PACFA’s Professional Development Committee and also is chairing the Conference Committee for the combined PACFA, CCAA and SCAPE Conference 2016.

**Secretary and Scape Representative - Andrew Little**  
MSW, BSW, BComm, Cert IV Workplace Training and graduate of the Australian Institute of Company Directors  
**Email:** natsec@pacfa.org.au; scaperep@pacfa.org.au  
Andrew Little has made a significant contribution to PACFA having had previous terms on the PACFA Board and as founding Chair of PACFA’s Education Program Accreditation Committee (EPAC). Andrew is a member of the Board and President Elect of the Association of Psychological and Educational Counsellors of Asia-Pacific (APEC) and is a Past President of the Society of Counselling and Psychotherapy Educators (SCAPE). He is a member of the SCAPE committee. For the last 15 years Andrew has worked in tertiary education, mostly in counselling and psychology education. Andrew’s current role is as Principal and EGM of the Navitas Professional Institute which includes the Australian College of Applied Psychology (ACAP), Navitas College of Public Safety (NCPS), Health Skills Australia (HSA) and the Australian TESOL Training Centre (ATTC) where he oversees academic and support structures for 6,000 students and teaches in the counselling program. Prior to working in counselling education, Andrew worked for 15 years in a range of community service organisations, mostly in the counselling and family support fields.

**Professional Practice Committee Chair and Professional Standards Committee Chair - Dr Alison Strasser**  
DProf (Psychotherapy & Counselling), MA, BA(Hons)  
**Email:** nattrain@pacfa.org.au  
Dr Alison Strasser is a psychotherapist and supervisor in private practice. She is also the founder of the Centre for Existential Practice that delivers professional development workshops and ongoing training for counsellors and psychotherapists. Previously, Alison was the Academic Director at the Australian College of Applied Psychology where she was involved in expanding core curriculum and the accreditation of the counselling programs. During this time, Alison completed her doctorate in the development of supervision training in Australia. She has written chapters in various edited books on supervision and existential therapy and co-wrote with her father ‘Time-Limited Existential Therapy: the Wheels of Existence” (1997). As a member of the PACFA Board, Alison began as Chair of the Training Standards Committee before commencing her current PACFA positions as Chair the Professional Practice Committee and of the Professional Standards Committee.
Research Committee Chair - Dr John Meteyard
M.Couns., M.A.Chr.St., B.Psych.(Hons)
Email: natres@pacfa.org.au

After originally training as a medical research scientist, Dr John Meteyard retrained as a counsellor. He is currently a Senior Lecturer and Convenor of the Master of Counselling and Psychotherapy course at the Australian College of Applied Psychology in Brisbane. Prior to that John was a Senior Lecturer and Coordinator of the Master of Counselling course at the Christian Heritage College. John’s major research and publication interests include differentiation of self and, more recently, the identification of and intervention for learning difficulties and related social and emotional problems in children and young people from diverse backgrounds, including those who have experienced trauma. John also has an interest in the relationship between Christian spirituality and counselling and is a member of the Christian Counselling Association of Australia. John has been in private practice as a counsellor for more than 18 years. In addition to his private practice, which involves mostly working with children in schools, John is a registered educational psychologist.

Member Association Representative - Kathy Laverty
CTA, TSTA, Dip Theology, Dip Psychotherapy (ACIS), Grad Dip Counselling (ACAP)
Email: Kathy@psychotherapistcounsellor.com

Kathy Laverty is a teaching and supervising Transactional Analyst. She works as a psychotherapist in Sydney where she has run a private practice for the last 15 years. She is a graduate of ACIS and ACAP. Between 2009 and 2011 Kathy was the Australasia regional representative on the International Transactional Analysis Association Board of Trustees. In 2013 she was appointed to the Transactional World Council of Standards and was appointed as the co-chair in 2014. She has examined and presented workshops in Canada, Spain, South America, Japan, India, South Africa and the United States. Kathy is the current Scientific Chair of ITAA/FTA international conference on Group Dynamics, since 2008 she has been a committee member of the Eric Berne Future Fund. Kathy has been a clinical member of PACFA since 2005 and a MA council delegate for WAPATA/ATAA since 2007. Kathy is committed to psychotherapy both nationally and internationally and the role the profession plays in changing societies. Kathy is a director of Relational Consulting.

PACJA edition 3 now available

Edition 3 of PACJA, the Psychotherapy and Counselling Journal of Australia, is now available at the PACJA website, www.pacja.org.au. PACJA is PACFA’s online, peer-reviewed journal.

This is a bumper issues with seven articles, two literature reviews and 7 book reviews. Happy reading!

Peer-reviewed articles:

Editorial – Third edition of the Psychotherapy and Counselling Journal of Australia (PACJA)
Petra Bueskens, PACJA Editor

Psychotherapy and counselling in Australia; profiling our philosophical heritage for therapeutic effectiveness
Elizabeth Day, Australian College of Applied Psychology
Vision for the future? The contribution of the Psychotherapy and Counselling Federation of Australia to the profession
Ione Lewis, Australian College of Applied Psychology

Counselling and Psychotherapy: Professionalisation in the Australian Context
Denis J. O’Hara, Australian College of Applied Psychology, Brisbane, Australia and E. Fiona O’Hara, University of the Sunshine Coast, Sippy Downs, Australia

Client preferences: building bridges between therapy and everyday life
John McLeod, University of Abertay, Scotland

Identifying Client Emotional Signatures: Development of a New Scale
Michelle Webster, Institute for Emotionally Focused Therapy and Julie Fitness, Macquarie University

Reflection points

Spiritual Connectedness and Healing
David Tacey, La Trobe University, Melbourne

How can Psychology and Counselling be agents of change for Aboriginal Australians?
Frankie Merritt, The University of Notre Dame Australia

PACJA literature reviews

The effectiveness of Supportive Counselling, based on Rogerian principles: A systematic review of recent international and Australian research
Nicky Jacobs and Andrea Reupert, Monash University, Melbourne, Australia

The effectiveness of body-oriented psychotherapy: A review of the literature
Alexandra Bloch-Atefi and Julie Smith Melbourne, Australia

Book reviews

Book Review for Susan Pollock, Thomas Pedulla and Ronald D. Siegel Sitting Together – Essential Skills for Mindfulness-Based Psychotherapy
Ann Moir-Bussy, University of Sunshine Coast

Amanda de Clifford, School of Humanities and Communication Arts, University of Western Sydney

Book Review for Denis O’Hara Hope in counselling and psychotherapy
Jenny Coburn, Australian College of Applied Psychology

Book Review for Morris Eagle’s Attachment and Psychoanalysis: Theory, Research and Clinical Implications (Guilford Press, 2013)
John Meteyard, Christian Heritage College

Sally V. Hunter, University of New England, Australia

Book review for Oliver James’s Love Bombing: Resetting Your Child’s Emotional Thermostat
Pia Cerveri

Book review for Jon Frew and Michael D. Spiegler Contemporary psychotherapies for a diverse world (first revised edition)
Elizabeth Day, The Australian College of Applied Psychology
Researchers Sue Mullane and Kim Dunphy are partners in the consulting organisation, Making Dance Matter, which was established in 2012 to contribute to evidence-based practice in dance movement and other expressive arts therapies. The two were successful in their application to PACFA in 2013 for a Research Seed Grant for a trial of an iPad app they were developing for assessment in dance movement therapy. This invention responded to a problem the two had identified for their profession: a dearth of relevant and accessible assessment frameworks and functional tools to collect data, and a lack of technological innovation to support data collection and analysis.

Recently the process reached a significant milestone with the launch of the app at the Dance Movement Therapy Association of Australasia’s conference in Melbourne in early July. Professor Sherry Goodill, Chair of Creative Arts Therapies Department at Drexel University, Philadelphia, officiated at the launch, offering her very enthusiastic support for the project and its potential to address therapists’ challenges with assessment. She imagined a future that included ‘Big DMT Data’ – which she thought might be possible if practitioners adopt the app, and use it to collect and share data. This would address many of the problems for the dance movement therapy profession, which has a developing, but not yet adequate, evidence base for its work, and professionals whose mode of practice precludes the writing of client notes and assessments that other deskbound professionals can make as they sit with their clients.

Sue and Kim also spoke at the launch about the impetus for the development of the app. It is based on an earlier invention, a Framework for Dance Movement Assessment the two devised for assessing progress of clients with disability, including intellectual disability in dance movement therapy (DMT) programs. The Framework measures therapeutic progress across five domains: physical, cognitive, emotional, personal and interpersonal.

However the very first application of the Framework in Sue’s classroom made it clear it was not a practical tool. 96 pages of assessment data (12 pages for each of 8 students) were generated in the first of six sessions Sue would run on a normal school day. These needed processing after class, yet the day’s program allowed nothing near the time required to deal with that much paper. A more efficient process was clearly required.

A search for a technological solution led the two to the creative team from Advaita Digital, Frank Ryder and Dennis Claringbold. These technical experts brought backgrounds in education and assessment to the task of devising an app that would be easy to use, while providing strong data on which the DM therapist could base her assessment of clients. The initial request of an app that a DM therapist could tap, rather than write, assessment notes on was soon achieved. This allows the therapists to tap the appropriate number on a Likert scale for each measure selected to match the goals of a particular session or program. The scale can be tapped once in a session, or each time the behaviour is observed, or at time intervals throughout a session. The data is graphed – with number of taps measured and average of assessments recorded as well.
This initial brief was expanded by requests for additional features including photo and video capacity to enable capture of specific moments in a session, and a notes function to allow inclusion of information beyond quantitative assessment responses. The next request was for a drawing function to enable therapists to draw or sketch notes to supplement their notes. This feature could also potentially be used by clients to respond to assessment data – a capacity particularly important for this client group who are mostly non-verbal and not literate.

Preliminary trials of the app were undertaken with therapists and peer professionals at two sites, a special developmental school in Melbourne, where Sue works as a dance movement therapist, and a community program for children with special needs in Chicago, USA. The app was found to be usable by DM therapists as well as education staff with varying degrees of training, with a high degree of consistency between assessments made by each different group. Favourable responses to the app were offered by all users, indicating its potential for use by dance movement therapists in different contexts and client groups. An international trial is planned for 2016, with DM therapists in a wide range of contexts and countries having signed up to trial the app after seeing it in use at the American Dance Therapy Association Conference in 2014.

Interest is also being shown by other professionals who lack technological solutions for assessment. It is possible that the app could be useful for other therapists and teachers, with the therapeutic goals and measures adaptable within the basic structure. It seems particularly significant that PACFA supported this initiative at the same time as instigating a strong push for practitioner-collected data.

The research outcomes have been submitted for possible publication in PACJA, PACFA’s peer-reviewed journal.

For more information about Marking the Moves, go to: www.makingdancematter.com.au.

In addition to the PACFA grant, the app development was also supported by the Hanny Exiner Memorial Foundation of the Dance Movement Therapy Association of Australasia.
Mothering and Psychoanalysis

Dr Petra Bueskens, editor of the *Psychotherapy and Counselling Journal of Australia* and lecturer at the Australian College of Applied Psychology recently attended the *Motherhood and Cultures* conference at Maynooth University in Dublin, Ireland. The keynote speakers were Professor Nancy Chodorow and Professor Andrea O’Reilly – both leaders in the field of motherhood studies. Sessions focused on motherhood in contemporary art, literature, media and culture, including in psychology and psychotherapy research and practice.

Dr Bueskens chaired a session on mothering and psychoanalysis with papers by Professor Rosemary Balsam, author of *Women’s Bodies in Psychoanalysis* (Routledge, 2012), Dr Nollaig Frost, academic psychologist and psychodynamic counsellor and Dr Anthony McCarthy, perinatal psychiatrist. Petra also presented a paper in a panel “politics of the home” on her doctoral research in sociology on mothers who use periodic absence to reconstruct gender dynamics in the home. She says that meeting Professor Chodorow, the author of *The Reproduction of Mothering*, chosen by *Contemporary Sociology* as one of the ten most influential books of the previous twenty-five years, was a real highlight.

Professor Chodorow’s work has been hugely influential in the sociology of gender, in psychoanalytic analyses of gender-identity formation and in many other disciplines including ethics, literary studies, cultural studies, gender studies and more. Professor Chodorow appears in Dr Bueskens’ recent book *Mothering and Psychoanalysis: Clinical, Sociological and Feminist Perspectives* (Demeter Press, 2014). Dr Bueskens will also be co-editing a special 40th anniversary edition of *The Reproduction of Mothering* in 2016.

Medibank Private - First Aid Certificate Requirements

In June 2015, PACFA was audited by Medibank Private to check that we are meeting all their requirements for Registrants to have continued access to Medibank Private Provider numbers. Following the audit, Medibank Private advised us that practitioners are required to provide evidence of current First Aid training in order to retain their Medibank Private provider numbers.

The PACFA CEO wrote to Medibank Private to ask them not to remove Medibank Private provider numbers from PACFA Registrants without allowing time for them to complete the required First Aid training. Fortunately, Medibank agreed to allow all Registrants three months to complete the First Aid training and to provide evidence of completion.

PACFA wrote to all PACFA Registrants in June to advise them that if they wish to retain their Medibank Private provider numbers, they will need to undertake a First Aid course by 30 September 2015.

A number of Registrants have asked what type of First Aid Certificate is accepted and Medibank have now advised the following:

- First Aid Course HLTAID003 is a nationally recognised qualification course in Australia. This course is valid for 3 years and the Australian Resuscitation Council recommends a resuscitation update every 12 months.
- Medibank Private also accept current registration as a nurse as being acceptable when it comes to First Aid.
Registrants should send a copy of their First Aid Certificate to the PACFA office, preferably via email, to register@pacfa.org.au by 30 September 2015.

Registrants who do not have a Medibank Private provider number, and those with provider numbers who no longer wish to be Medibank Private providers, don’t need to do anything.

Medibank have advised that any Registrants who have not complied with this request by 30 September 2015 will automatically lose their Medibank Private Provider numbers.

If you are not able to complete the First Aid training by 30 September, it is possible to reapply for a Medibank Private Provider number at any time upon completion of the required First Aid training.

We realise that Registrants who do not currently hold a First Aid Certificate will find this requirement an inconvenience and many Registrants are busy with their membership renewal and end of financial year activities. Unfortunately, this is a Medibank Private requirement and must be completed if you wish to continue to be a Medibank Private provider.

For queries about Medibank Private numbers, please contact the PACFA office at register@pacfa.org.au.

Reminder - PACFA registration renewal

Renewals for 2015/16 are now open for PACFA Registrants via the Counselling & Psychotherapy Portal. Registrants will receive a renewal notice via email advising you how to renew your registration online.

To renew, Registrants are required to complete the online Logs in the User Profile where Registrants record client and supervision hours and continuing professional development activities completed. Please ensure your complete your online logs as this is a mandatory requirement for all PACFA renewals.

PACFA Registrants who belong to one of the participating Member Associations (AARC, ASPA, CAPAV, GANZ, PACAWA, QCA and SCAPE) will only have to renew once using the joint online renewal form.

Renewal is easy, just click on the relevant renewal form and complete the online renewal.

Click here for PACFA Registration renewal form.

Click on the link below for the joint renewal form for participating associations:

AARC / PACFA Joint Renewal
ASPA / PACFA Joint Renewal
CAPAV/ PACFA Joint Renewal
GANZ / PACFA Joint Renewal
PACAWA/ PACFA Joint Renewal
QCA / PACFA Joint Renewal
SCAPE / PACFA Joint Renewal

Payments can be made online via credit card but offline payments are also available. Paper forms for PACFA renewal will be available to renew in the old-fashioned way, but will incur an administrative fee of $35 (inc. GST). If you wish to renew using the paper form, please contact the Register Administrator at register@pacfa.org.au to request the form.

For help using the Portal, please contact the Helpdesk.

Portal Helpdesk:
Phone: 03 9486 3077
Email: portal@pacfa.org.au
Also look for the FAQs in the navigation bar
In September, PACFA is again running its popular online *Mental Health Course* and in October, our online course on *Practical Ethics for Counsellors and Psychotherapists*. The courses are being delivered with our partner the Cairnmillar Institute and are open to all practitioners.

PACFA is also hosting 5 FREE Research Forums throughout 2015. With three successful forums already completed, only two more forums will be running this year on *Body-focussed Psychotherapy* (in Sydney) and *Supportive Counselling* (in Brisbane).

To book a place, go to the Counselling & Psychotherapy Portal. Online registration is easy. Register for the Portal (if you do not already have log-in details), select the course you are interested in attending and complete the simple enrolment form. Payments can be made online using VISA or MASTERCARD. Offline payment methods are also available.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 September 2015 6pm-7.30pm</td>
<td><strong>Body-Focussed Psychotherapy Research Forum</strong></td>
<td>Sydney</td>
</tr>
<tr>
<td>7 to 20 September 2015</td>
<td><strong>Online Mental Health Course</strong></td>
<td>Online</td>
</tr>
<tr>
<td>18 October to 1 November 2015</td>
<td><strong>Online Practical Ethics Course</strong></td>
<td>Online</td>
</tr>
<tr>
<td>13 November 2015 6pm-7.30pm</td>
<td><strong>Supportive Counselling Research Forum</strong></td>
<td>Brisbane</td>
</tr>
</tbody>
</table>

**PACFA Research Forums (1.5 hours CPD)**

PACFA is hosting five FREE Research Forums in 2015 to provide an opportunity for practitioners and academics to discuss implications of the research findings from literature reviews into the effectiveness of therapeutic modalities practised under the banner of PACFA. The literature reviews were commissioned by the PACFA Research Committee from 2012-2014.

In each Research Forum, a panel will lead discussion based on the findings of one of PACFA’s literature reviews, including an overview of the research evidence, an interactive discussion with Panel members and a question and answer session.

These events are **free** for all participants and refreshments will be provided.
Practical Ethics for Counsellors and Psychotherapists (6 hours CPD)

This online course was developed by PACFA in partnership with the Cairnmillar Institute. The course includes four interactive sessions that are usually run during the week in the middle of the day. The key themes are:

- Foundations of Ethical Practice - morals, values and ethics
- Stages of Ethical Decision Making - including common ethical traps
- Record Keeping - including record keeping for social media connections
- Dual Relationships - including boundary-crossing and self-reflection
- Confidentiality - including circumstances when it is OK to break confidentiality
- Cultural Sensitivity - strategies for responding to multicultural practice issues

Members: $175 (inc. GST)   Non-members $230 (inc. GST)

Online Mental Health Course (8 hours CPD)

This online course was developed by PACFA in partnership with Catherine Hungerford from the University of Canberra. The course aims to build skills and competencies to support clients with their mental health.

- Module 1: Mental Health and Illness
- Module 2: Mental Health Assessment
- Module 3: Mental Health Interventions
- Module 4: Consumer Centred Models of Care, and Ethical Questions

Participants complete the course at their own pace over a 2 week period using the Moodle e-learning system. Teaching and learning approaches include audio-visual materials, case studies, recorded lectures, online communication threads and facilitated discussions.

Members: $230 (inc. GST)   Non-members $340 (inc. GST)

Research participants wanted for study on the impact of mental health work on practitioner wellbeing

There is increasing interest in protecting employees and preventing ill-health by promoting healthy lifestyle behaviours, self-care and colleague support. This research project is seeking the participation of mental health professionals who are employed by organisations to work with clients experiencing mental illness. The study investigates employee health, burnout and engagement and factors such as participation in health behaviours, workplace belonging and psychological capital.

This study is being undertaken by Lisa Johnson as part of her Masters of Organisational Psychology degree at Griffith University, Ethics approval number: PSY/83/15/HREC, and is supervised by Professor Paula Brough.

Participation involves completing an anonymous online questionnaire. After completing the questionnaire, participants are able to provide their contact details (separate from their questionnaire responses) to go into the draw for one of three $50 Coles/Myers vouchers. The online survey should take approximately 15 minutes to complete.

All mental health professionals are encouraged to participate. Simply click on the link the anonymous online research questionnaire: http://griffithbbh.co1.qualtrics.com/SE/?SID=SV_dp2GLT05jCqTHy5
eNews Advertising Policy

Advertisers are reminded that our Advertising Guidelines require payment at the time of booking advertisements. This hasn’t been strictly enforced in the past but this has led to more work when invoices are not paid on time. Please forward payment with your Booking Form and a receipt will be issued promptly.

QUICKSILVER COUNSELLORS ASSOCIATION INC

Professional Development opportunity

Transformative Mindfulness – Therapy or Self Care
Ruth Donnelly Brisbane
Saturday—15 August 9.15am-1pm
Three spheres of hope: Generalised, Particularised, and Transformational
Dr Denis O’Hare Brisbane
Saturday 17 October 9-11am
E qca@qca.asn.au W www.qca.asn.au P 0411 468369

Getting the Love You Want
An Imago weekend workshop for couples
Join the thousands of couples worldwide who have transformed their relationship in just this one weekend.

Presenters: Yvonne and Brian Pauling
Email yvonne@pauling.net.nz
Date 1-2 August 2015
Where Brisbane QLD
Website http://yvonnepauling.net.nz/couples-workshops/

CAPA Professional Development Event
Methaphoric Symbolised Imagery (MSI)TM: Building Resilience presented by Peter Richard-Herbert
Date: Tuesday 4th August 2015
Time: 6:30pm for 7pm – 9pm
Venue: Crows Nest Centre - Johnson Hall
Level 2 - 2 Ernest Place, Crows Nest NSW 2065
Bookings close 6pm Sunday 2 August 2015
Further information www.capansw.org.au/

Sessional consulting rooms available
Woolahra
No contract, monthly basis from as little as four hours a week. After hours and weekends available.
Six month and twelve month contracts also available.
For photos, details and fees please see our webpage
www.parksclinic.com/rooms
Healing Power of Illness
The Calling of Our Body Symptoms
Sat. 19th and Sun 20th September 2015
Randwick, Sydney

A 2 day experiential workshop led by David Bedrick (author of ‘Talking back to Dr. Phil: Alternatives to mainstream psychology’) and Dr. Christina Nielsen (Ch Med)

Learn how to hear the message of your symptoms and use your body experiences to connect to your deepest self.

PD Certificate available.

FOR MORE DETAILS AND TO RESERVE YOUR PLACE:
www.metavision.com.au/seminars • 0248 622 559

Changes in Family Law?
Family Law is constantly changing
Find out what's happening for FREE!
Visit mflf.com.au and JOIN the more than 5,000 other readers who subscribe to our free fortnightly e-newsletter, The Family Flyer.

Michael Lynch Family Lawyers has the most Accredited Family Law Specialists in Queensland and we are here to help.

Let us keep you and your clients up to date!

Phone 07 3221 4300
For client testimonials and much more visit www.mflf.com.au

State Conference
Children, Stepfamilies and Fathers
Victorian State Conference this year is on a theme of Families in the varied issues if children, stepfamilies and fathers.

This will be more than ably presented by various presenters being Dr Vivienne Mountain, Irene Gerrard and Andrew Hacker.

Venue: Stirling College 44 Jacksons Rd, Mulgrave Victoria
Event date: 28-08-2015 7:00 pm Event End Date: 29-08-2015 3:30 pm
Bookings: www.caa.net.au

State Conference
Children, Stepfamilies and Fathers
Victorian State Conference this year is on a theme of Families in the varied issues if children, stepfamilies and fathers.

This will be more than ably presented by various presenters being Dr Vivienne Mountain, Irene Gerrard and Andrew Hacker.

Venue: Stirling College 44 Jacksons Rd, Mulgrave Victoria
Event date: 28-08-2015 7:00 pm Event End Date: 29-08-2015 3:30 pm
Bookings: www.caa.net.au
SAVE THE DATE
24-28 NOV 2015

STAYING UP TO DATE WITH THE LATEST IN
ACCEPTANCE & COMMITMENT THERAPY
RFT & CBS

ANZ ACBS CONFERENCE
Victoria University of Wellington, Wellington, New Zealand
24-28th NOVEMBER 2015

Mark out your diary and start planning now for this year’s ANZ ACBS when it returns to New Zealand.
We are fortunate to have Steve Hayes, the founding father of ACT and RFT present at what will be an outstanding event.
Expect all the things you have come to love about ANZ ACBS conferences – preconference workshops, exciting and thought provoking plenaries, panels, workshops, follies, opportunities to connect and more.

Guest Speakers:
FEATURING PRE-CONFERENCE WORKSHOPS, WORKSHOPS & PLENARIES WITH
STEVEN HAYES,
CO-FOUNDER OF ACT,
ROBYN WALSER,
JACQUELINE PISTORELLO,
RUSS HARRIS,
DARIN CAIRNS,
RACHEL COLLIS,
ERIC MORRIS,
LOUISE HAYES
AND MORE....

Start planning for 2015 today!
For more details please visit our website
www.anzacbsconference.com
The Daring Way™ is a highly experiential methodology based on the research of Dr. Brené Brown.

The method was designed for work with individuals, couples, families, work teams, and organizational leaders.

It can be facilitated in clinical, educational, and professional settings. During the process we explore topics such as vulnerability, courage, shame, and worthiness.

We examine the thoughts, emotions, and behaviors that are holding us back and we identify the new choices and practices that will move us toward more authentic and wholehearted living.

The primary focus is on developing shame resilience skills and developing daily practices that transform the way we live, love, parent, and lead.

Contact Andrea Szasz andi@bravetherapy.com

www.bravetherapy.com
Family/Systemic Constellations is an approach for revealing the hidden dynamics in a family, or other system, so that they can be worked with and healed. Family constellations view the whole family as a single field of intelligence, a field that includes our ancestors. The history of this field has a significant influence over the family and its individuals. By working with this field and allowing the hidden entanglements to be revealed, we are able to rapidly resolve painful and stuck patterns of behaviour and entrenched relationship difficulties.

The founder of this work, Bert Hellinger, says we are working with Soul energy.

The Australasian Constellation Intensive 2016 brings together experts and leaders in this pioneering field of therapy with streams available for all levels of experience, from beginners to experienced trainers.

**International Faculty:** Jan Jacob Stam, Ah Fung, Ingala Robl, Francesca Mason Boring, Stephan Hausner, Angwyn St Just

**Guest Presenters:** Anton de Kroon, Michael and Tanya Knorr-Vieten

**Venue:** The Collaroy Centre, Collaroy NSW

For more info visit [www.constellationintensive.com](http://www.constellationintensive.com) or like us on FB to learn more.

**Email:** info@constellationintensive.com
PACFA eNews Advertising Guidelines

PACFA eNews is the electronic newsletter from the Psychotherapy and Counselling Federation of Australia that is published bi-monthly and also available on the PACFA website.

Bookings and Payment

Please provide your advertisement and booking form before the submission date. All prices include GST and payment is required at the time of booking advertisements. Please forward payment with your Booking Form.

Format for Classified Listings

Classified listings may be up to 3 lines in length. Listings for PD events should include the following information:

- Name of the event
- Date/s for the event
- Location of the event (Suburb/State)
- Contact details: Contact name, telephone number, email address or website.

<table>
<thead>
<tr>
<th>FORMAT</th>
<th>SPECIFICATIONS</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Page</td>
<td>(19 cm W x 27.5 cm H)</td>
<td>$530 (Includes GST)</td>
</tr>
<tr>
<td>Full Page 2 month website listing</td>
<td>(19 cm W x 13.5 cm H)</td>
<td>$570 (Includes GST)</td>
</tr>
<tr>
<td>Half Page Horizontal</td>
<td>(19 cm W x 13.5 cm H)</td>
<td>$330 (Includes GST)</td>
</tr>
<tr>
<td>Half Page 2 month website listing</td>
<td>(9 cm W x 27.5 cm H)</td>
<td>$380 (Includes GST)</td>
</tr>
<tr>
<td>Half Page Vertical</td>
<td>(9 cm W x 13.5 cm H)</td>
<td>$330 (Includes GST)</td>
</tr>
<tr>
<td>Quarter Page</td>
<td>(9 cm W x 13.5 cm H)</td>
<td>$150 (Includes GST)</td>
</tr>
<tr>
<td>Quarter Page 2 month website listing</td>
<td>(9 cm W x 6.75 cm H)</td>
<td>$210 (Includes GST)</td>
</tr>
<tr>
<td>Eighth Page</td>
<td>(9 cm W x 6.75 cm H)</td>
<td>$110 (Includes GST)</td>
</tr>
<tr>
<td>Eight Page 2 month website listing</td>
<td>Line item up to three rows</td>
<td>$180 (Includes GST)</td>
</tr>
<tr>
<td>Classified Advertisements</td>
<td>Line item up to three rows</td>
<td>$55 (Includes GST)</td>
</tr>
<tr>
<td>PD Website listing one month</td>
<td></td>
<td>$70 (Includes GST)</td>
</tr>
<tr>
<td>PD Website listing two months</td>
<td></td>
<td>$100 (Includes GST)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>BOOKING AND PAYMENT</th>
<th>DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>Friday, 16 January</td>
<td>Each issue of eNews is scheduled for distribution by the end of the month of publication. Please make a note of this if your advertisement includes dates.</td>
</tr>
<tr>
<td>March</td>
<td>Friday, 13 March</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Friday, 15 May</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>Friday, 17 July</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Friday, 18 September</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>Friday, 13 November</td>
<td></td>
</tr>
</tbody>
</table>

Advertisement format: JPEG prepared to the correct dimensions and of high resolution prior to publication.

CPD listing format: Email content and logo via email to enews@pacfa.org.au.

For full Advertising Guidelines please see the PACFA website or email enews@pacfa.org.au

Submission of News and Articles

We welcome your feedback and input in the form of news, views, poetry, letters, articles etc. Please forward these to Julia Bilecki at enews@pacfa.org.au