IN THIS ISSUE

- Editorial
- President’s Report
- News
- Classifieds & Professional Development

FEATURE ARTICLE

Is the concept of the “Dark Night of the Soul” relevant to contemporary life?

By Dr Kaye Gersch
## 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>5</td>
</tr>
</tbody>
</table>

### Feature Article

Is the concept of the “Dark Night of the Soul” relevant to contemporary life?

*By Dr Kaye Gersch*

### PACFA News

Advocating for recognition of counsellors and psychotherapists

“But we do that too”! Terminology and the challenges in differentiating the counselling profession from other professions that counsel

Budget response 2017

PACJA 5th edition coming in July 2017

Report on PACFA Council Meeting

Reviewing PACFA’s LGBTI Position Statement

Climate for change – Victorian gathering

Call for Occasional Research Papers

### Membership Matters

PACFA launches new CPD Policy

Counselling Association of South Australia 20th Anniversary

Introducing PACFA’s Branch and College Leadership Groups

PACFA CPD and networking events 2017

Transferring to PACFA membership from other Member Associations

New insurance offers from Insurance House

### Classifieds and Professional Development

### eNews Advertising Guidelines
I frequently receive emails from practitioners wanting to know what PACFA is doing about recognition of our profession. Rest assured, PACFA is working very actively in this area. Read in this edition of eNews about PACFA’s strategy to advocate for recognition of counsellors and psychotherapists.

There is also a summary of the 2017 budget announcements relating to mental health funding. Following budget week, I assisted my contacts in the Senate with preparation of questions for Senate Estimates.Senate Estimates is the Senators’ opportunity to ask serious questions about the budget allocations for mental health. It is also an opportunity for me as PACFA CEO to work with Senators and along the way build positive collaboration.

Thank you to Dr Kay Gersch for contributing this edition’s Feature Article which is based on her presentation at the 2016 PACFA conference on the “Dark Night of the Soul”. Perhaps we all have some experience of this both personally and professionally. Kaye’s moving article is an exploration and affirmation of the value of the Dark Night of the Soul in contemporary life.

Thanks also to Nathan Beale from the University of Southern Queensland who has contributed an article with his personal reflections on the counselling and psychotherapy profession and how we are distinguished from other professions working within our multi-disciplinary field.

April saw PACFA focussed on the PACFA Council meeting which was held in Sydney. This was a harmonious and productive meeting and it was a pleasure to work with all Council Delegates. Outcomes from the meeting are reported in the news section, including news of changes to PACFA’s CPD Policy, progress with the review of PACFA’s Training Standards, and work on the development of a new membership system for PACFA. Details of PACFA’s new CPD Policy are covered in a separate eNews article.

PACFA is delighted to congratulate the Counselling Association of South Australia on their 20th Anniversary. Read about their anniversary dinner, held in May, at which they celebrated their achievements as a professional association. We are particularly excited about CASA members transferring over to PACFA membership from 1 July, and the launch of PACFA’s new South Australian Branch.

PACFA is planning to review its Statement on support for LGBTI clients and their families, to be led by our new LGBTIQ Interest Group. There will be opportunities for stakeholders to be consulted on this important policy document which aims to promote awareness around working with LGBTIQ clients and their families. There is also a new initiative to hold a gathering in Victoria – Climate for Change. This group aims to support psychotherapists and psychologists to explore the psychological challenges posed by climate change.

I continue to be encouraged by the development of PACFA’s new Branches and Colleges which are putting on more CPD and networking events as the year progresses. See our 2017 Calendar of Events for details of forthcoming activities. Thank you to the Leadership Groups for their dedication to our shared vision to develop the counselling and psychotherapy profession. This edition features the Leadership Group of the College of Counselling.

There is a short article announcing the forthcoming fifth edition of PACJA (PACFA’s online journal) which will be published in July; and the PACFA Research Committee is again calling for submissions for Occasional Research Papers. This is a great opportunity to have your research published by PACFA and to help advance our very important research mission.

Maria Brett
eNews Editor
Dear colleagues

It’s beautiful autumn and Hobart is at its best colour -- gorgeous shades of red and yellow and more colours, beautiful blue skies (mostly!), and cooler need-your-coat weather. I’ve been having fun – and being physically active. Here’s a photo taken at Mt Field National Park last month, fagus* love!

* Editor’s note: Fagus is Tasmania’s only deciduous tree

And another photo taken in North Hobart last week, ready for a fun run!

I’ve had a busy and productive time in my private practice over the last couple of months. And very good PACFA work too.

I’d particularly like to highlight CASA’s 20 year celebration earlier this month, marked by what was, by all accounts, a fabulous dinner on Saturday 20 May, and a time to reflect on CASA’s many and varied successes over two decades. It was I believe a poignant celebration too, happy and sad, as CASA is transitioning to PACFA membership. My message to CASA President Pat Bradley on 20 May:

Dear President Pat! Congratulations to you, your Executive, and CASA members. 20 years - sensational achievement. Have a wonderful celebration tonight and a fabulous dinner. I’m with you in spirit to cheer you on. And welcome to you all as individual members of PACFA in the coming months. I so value your contribution to the counselling and psychotherapy profession. Thank you. And best, Di, PACFA President.
I met with Philip Armstrong, CEO of the Australian Counselling Association (ACA), last month in Melbourne, and we had a very good discussion about matters of mutual interest, in particular ARCAP, and of course the counselling and psychotherapy profession in Australia and internationally. It may be fruitful in the future for the two organisations to work together on joint proposals to Government.

I've set up a range of meetings for June with Federal politicians from all sides: Tasmanian politicians, those based in Hobart in the first instance. The purpose of the meetings is to introduce PACFA, introduce myself as President, and start a conversation about our profession -- what a great and significant contribution the counselling and psychotherapy profession makes to the Australian community. I'm looking forward to these meetings very much.

I'm travelling to Perth on 1 June to meet with the Leadership Group of PACFA West, participate in a professional development event, and meet with Western Australian State politicians to talk with them about counselling and psychotherapy, and how services can be better accessed in remote towns and locations well beyond Perth. I'll also be meeting with senior health professionals in Western Australia. For each of these meetings I'll be accompanied by members of PACFA West. This will be a great trip, and especially working with WA colleagues.

The June Board meeting is in Brisbane and we're being hosted by PACFA Secretary, Don Secomb, and Relationships Australia, Spring Hill. The Agenda for that meeting is rich and full as seems to be the case for all our meetings!

My compliments to the Board and Committees, and to the PACFA Office, for the very good work that is done, and the very good spirit that goes with that.

Dr Di Stow
PACFA President

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Is the concept of the “Dark Night of the Soul” relevant to contemporary life?

By Dr Kaye Gersch

The Dark Night of the Soul is the title given to a poem by 16th-century Spanish poet and mystic, Saint John of the Cross. He wrote the poem and extensive commentary on the Dark Night. If you search for “Dark Night of the Soul” on Google you will find 58 million results - and counting. 58 million! The Dark Night of the Soul still speaks to us after 400 years. It speaks to a deep and perplexing place in us. The durability of the idea of the Dark Night suggests that it’s an archetypal process intrinsic to the demands of being human. As you have chosen to read this, I am taking for granted that you know something of this place already. So I speak to you as a person undergoing your own soul’s journey, and perhaps guiding others through their own Dark Night.

The use of myth to accompany our investigation of the Dark Night

We have many examples of Dark Night experiences in myths and religions through processes of descent. Dying and rising gods were common in ancient times: Mithras, Adonis, Dionysus, Osiris, for example. I am going to take some time to ponder the Sumerian myth of Inanna, which is recounted in “Descent to the Goddess: a Way of Initiation for Women by Sylvia Brinton Perera” (Perera, 1981). The myth (c. 1900-1600 BCE) tells of Queen Inanna-Ishtar and her descent into the underworld to Ereshkigal, her dark ‘sister,’ or shadow. Inanna remains in the underworld for three days and three nights. She returns to the top-side world after retrieving her sister, or shadow-life, and is subsequently known for her wisdom and many fine qualities. The message we can take from this is that the descent enables us to reunite with lost or disowned parts of self, and that these parts are then integrated into a “wider horizon” of consciousness, as Jung said. The myth also states that Ereshkigal holds the “water of life”, the water of regeneration (Perera, 1981, p. 60). So the descent experience is required in order to access that water, and through it we are restored to a more abundant life.

Inanna-Ishtar has found her way into the centre of the Christian calendar as Easter, through the celebration of the death and resurrection of Christ. What insights might we take away from this familiar, nearly ubiquitous metaphor of dying and resurrecting gods? The gods can be understood as symbolic psychic energy, and the myths as rituals of our own processes. C.G. Jung writes, “Myths are original revelations of the preconscious psyche, involuntary statements about unconscious psychic happenings” (9i,Jung, 1977, p. 157). In other words, myths connect contemporary people to their own inner world, the world of personal meaning. So how might we make personal connection, rather than historic meaning, to the crucifixion, death, descent and resurrection of Christ?

As Dr Bradley Olsen, an author writing for the Joseph Campbell Foundation (Olsen, 2017) says: “symbolically and psychologically, the crucifixion of Jesus reflects an archetypal journey undertaken to realize the self. The self is fertilized, one might say, by a harrowing of psyche that includes polar, diametric shifts and reversals in perceptions and beliefs, sometimes so extreme that one loses any sense of subjective self-identity; functions are suppressed and familiar reference points are annihilated; panic may overcome rational thought, and death seems possible.” Certainly symbolic death occurs. The loss of subjective self-identity is the loss of ego-function. Jung however, says that “the moment may come when the relinquished ego must be reinstated in its functions…. It must hold fast or be thrown catastrophically off balance. The holding fast can be achieved only by a conscious will, i.e. of the ego…. The urges of consciousness towards wider horizons cannot be stopped; they must needs extend the scope of the personality.
Jung is stating that any gain of “light” consciousness requires or invites a compensatory Dark Night aspect, where the ego is initially surrendered but also required to endure for the sake of integration. Or, put another way, the “wider horizons” of the individuation process cannot be achieved without descent.

In the annually repeated events of Easter in the Christian calendar, we are being given personal instructions into the conduct of our own Dark Night experience - with the promise of renewal or even rebirth. The Dark Night is worth enduring with this kind of reassurance. As Dr Olsen points out, Jesus refers to the rite of baptism as a form of rebirth and to his death on the cross as a baptism: “But I have a baptism to be baptized with; and how I am straightened till it be accomplished” (Luke 12:50). Jesus compares the woe of his own death to the pangs and hardships of birth. But this new life isn’t simply a new physical, material existence, rather it is a psychological and spiritual rebirth facilitated by introspection and reflection - attitudes that are commonly illustrated by the motif of descent.

One may make the argument that it was a psychological hell, which Jesus descended to and remained in for three days and nights after surrendering to the process. New life coalesces in one’s own depths, and these depths constitute a form of psychological hell. “The dread and resistance which every natural human being experiences when it comes to delving too deep into himself is, at bottom, the fear of the journey to Hades” (Vol 12, Jung, 1977, para 439). Jung’s words here are revealing - he says “too deeply”, indicating that he too dreads the descent. St Teresa of Avilla wrote that when anyone under her care was undergoing a descent, a Dark Night of the Soul, the others were extremely respectful and also in dread. Jung’s words and St Teresa’s experience remind us that the encounter with the numinous comes with both awe and dread.

Going back to Jung’s statement about the fear of the journey to Hades, what is Hades referring to here, and how this might relate to Dark Night experiences? During the late 350’s C.E. the Apostles’ Creed was solidified and the words that were agreed upon to describe Christ’s descent into hell were “…decendit ad inferna,” descent into the grave (the word grave may mean serious and dangerous, and gives itself to the word gravid, or pregnant) rather than the more literal decendit ad infernos, decent into hell”. Regardless of whether we have “hell” or “the grave” in mind the words are non-literal moves to describe a descent into serious, dangerous psychological territory, a place of rebirth and a new life (Olsen, 2017). The descent is inward, and deflects our gaze from outer life, to inner meaning. Not collective meaning, but personal meaning. The meaning that fuels individuation.

Let us turn now to the predicament we find ourselves in in contemporary culture.
Is the Dark Night of the Soul in conflict with the medical paradigm?

Modern medicine, and indeed modern psychology, does not do well with Dark Nights of the Soul. The use of cognitive therapies, of anti-depressants, of “getting over” things as fast as possible, of finding closure, of minimizing suffering are nonsense when one is in a Dark Night. A sufferer of the Dark Night can feel very misunderstood and incorrectly treated by the medical model; because there are certain passages in a lifetime, when all the usual frameworks of understanding the human condition, our own and that of “the other”, prove to be inadequate. If we are clinicians in the medical model, the diagnostic frameworks we use try to contain the suffering client and perhaps to protect the clinicians own bewilderment and helplessness. As the client, diagnostic frameworks can all too easily diminish both our suffering and our capacity for endurance and resilience; of descent and return. What we long for is someone to witness or accompany our journey.

The spiritual dimension of psychology

Carl Jung said that inevitably a spiritual dimension is necessary in psychological work - after all, it is soul-work, psyche work. He is saying that the Dark Night has both spiritual and psychological dimensions. If we follow Jung’s thoughts here, the sorrow and suffering are in the service of the soul’s journey, the Night’s Sea Journey, as he called it. Jung also found a paradigm that allows for this experience in the processes of alchemy, in the nigredo or blackening. The ego resists blackening. It does not like descent into the “perilous chasm, where one falls into deep, swirling, unknowably dark waters”, as the I Ching puts it, (Barrett, Hexagam 29). No detours are possible, the only way is through. We feel hopeless, helpless, betrayed, thwarted - and depressed, especially depressed. Modern medicine and psychology are aimed at removing the depression.

If we are the physician or therapist, how can we discern whether this particular Dark Night is a psychotic episode, or a wrestling with despair in the darkest corners of inner and outer life which will, in time, evolve to create depth of character and resilience? What about duty of care, ethical guidelines and the constraints of ten sessions? What about our own limitations in bearing the suffering of others?

Spiritual traditions give us clues how we might navigate this trackless territory. The Dark Night is not fundamentally a religious experience, but it is often the spiritual traditions that provide language and metaphors for the experience. Thomas Moore in his very popular book “Dark Nights of the Soul: A Guide to Finding Your Way Through Life's Ordeals” (Moore, 2004)” speaks to this potent place, as one who knows it well. Transformation does not necessarily result from all suffering, as therapists will know. The outcome of the Dark Night of the Soul, however, is posited by all traditions that embrace it, as ultimately transformative. We are changed, we look at life differently, our attitudes have changed, our values have changed.

How friends, family and therapists treat you during a period of suffering will influence whether this is a transformative journey or not. This is an extreme challenge to the therapist, who is often the one accompanying the journey. Good guides are important. Some of my guides have been C.G. Jung, John Weir Perry, R.D. Laing, Thomas Moore and Pema Chödrön.

What we believe about the purpose and nature of suffering will make a big difference to how we are able to be in a Dark Night

The unique power of Thomas Moore’s book “Dark Nights of the Soul” is that he speaks from the experience, not about it. His words are thus able to meet us in our own Dark Night experience. Christian mystics such as St John of the Cross and Teresa of Avila knew the Dark Night well, and the power of their words is likewise gained from their living of it. A very current example is Pema Chödrön, the Buddhist teacher, who I will quote later.
A Dark Night forces us to review our philosophy of life

An inadequate philosophy, based on cultural norms and myriad distractions collides with the real needs of our soul life, and we are stuck. If we look for another distraction we are likely to become radically disappointed. Some of the many distractions available are legal or illegal drugs, sex, alcohol, food, our technological devices with ever-new apps, or yet another set of guidelines that have been created by someone else. A life crisis shows us the cracks in our philosophy, so that we need to reframe, renew or even completely change our philosophy. “I’ve tried everything”, we say. Yes, perhaps everything we already know about, but there are huge capacities of soul that are yet to be mined, by travelling the dark journey within. Ideally, the therapist is the companion, careful witness and midwife.

A map of the Dark Night of the Soul: How is this new meaning, the new philosophy, built?

At the beginning of a Dark Night experience we are inclined to deny it, try to push it away, and flail about. But, as it progresses we are overwhelmed by the weight and darkness of it, and we become still. Our energy is focused inwards, we begin to accept that things are the way they are, and we prepare to endure.

As therapists we can become very uncomfortable when faced with a client’s dilemmas in the Dark Night, which we are helpless to fix. It takes considerable courage to trust the place of meaningless that comes with the Dark Night. Yet from it is built new meaning that is specifically relevant. The finding of new meaning might be through providing deep and penetrating conversation, using mythology and poetry and other imaginative vocabulary to discuss depression, suggesting thought-provoking literature, challenging accepted beliefs. Inevitably we listen to the tangled emotions of lost love and hope and much grieving. Thomas Moore emphasizes, “Dark Nights ask for intelligence and deep thought on our part, not just emotion” (Moore, 2004, p. 33). Intelligence and deep thought contribute to the new building.

Jung, in contrast with other psychology pioneers, valued the Dark Night, and found it to be an essential aspect of individuation. Many people turn to the writings of Jung during a Dark Night, simply because he provides language that meets experience. He himself struggled to find meaning in something that seems to evade rational attempts at meaning. Jung quotes the medieval alchemists and mystics, who understood this process, in his Collected Works:

“O blessed Nature, blessed are thy works, for that thou makest the imperfect to be perfect through the true putrefaction, which is dark and black. Afterwards thou makest new and multitudinous things to grow, causing with thy verdure the many colours to appear” (Volume 19Jung, 1977, p. para 179).

This alchemist author, says Jung, conceives the ‘spiritual night’ of the soul as a supremely positive state, in which the invisible, and therefore dark, radiance of God comes to pierce and purify the soul.
Jung does not unreservedly praise the Dark Night, as I’ve already alluded to. To navigate the Dark Night, Jung says, one needs a “good deal of experience of life and a certain amount of maturity. Young people, who are very far from knowing who they really are, would run a great risk if they obscured their knowledge of themselves still further by letting the ‘dark night of the soul’ pour into their immature, labile consciousness” (Vol 4, Jung, 1977 para 762). Jung goes on to say that an immature consciousness can be present in someone of any age. The more mature we are, or the further along the individuation path we are, the more able we are to let go of the egoic position, which is required in Dark Night experiences.

A contemporary thinker, familiar to most of us, is Eckhart Tolle. He says that through the Dark Night you “awaken into something deeper, which is no longer based on concepts in your mind. A deeper sense of purpose or connectedness with a greater life that is not dependent on explanations or anything conceptual any longer. It’s a kind of re-birth. The dark night of the soul is a kind of death that you die. What dies is the egoic sense of self. Of course, death is always painful, but nothing real has actually died there – only an illusory identity” (Tolle).

Jung described the Dark Night process as “a borderline experience” (Vol 8, Jung, 1977 para 431). While his understanding of borderline is not borderline personality as in the DSM, some people feel right on the edge or even over it, when in a Dark Night. How often, in a Dark Night, have we wondered if we are going mad, if the psyche can remain integrated under such pressure? In Jung’s view, the Dark Night is an integrating experience, where lost parts of self are retrieved. He’s been there himself and his biographers have tried to work out if he was insane or inspired.

Thomas Moore has undoubtedly been my own most reliable guide in my Dark Nights. He says:

“A dark night of the soul is a kind of initiation, taking you from one phase of life into another. You may have several dark nights in the course of your life because you are always becoming more of a person and entering life more fully…. One simple rule is that a truly deep dark night requires an extraordinary development in life” (Moore, 2015).

Avoid shallow advice and empty distractions

When in the Dark Night, Thomas Moore adjures us to avoid shallow advice givers, popular psychology, experts in general, and the distractions of mass entertainment. Become acquainted with yourself on the deepest level possible, and in the smallest detail. Become the expert on your own journey. Pay attention. Be aware of when you avoid, excuse, justify and explain, and any hint of being a victim in your story. As Thomas Moore says: “winnow out any subtle innuendos of resistance.”

Don’t struggle to get out of the Dark Night until it lets you go. Let the experiences and sorrow do their work in you. Wait. Usually it lasts for a while - a day’s worry does not constitute a Dark Night, says Thomas. Write a journal. Track the face of your soul – it will be much more visible now, in darkness. Thomas says,

“I want to encourage you to enter the darkness with all your strength and intelligence, and perhaps find a new vision and deeper sense of self. Even if the source is external - a crime, rape, an abortion, being cheated, business pressure, being held captive, or the threat of terrorism - you can still discover new resources in yourself and a new outlook on life” (Moore, 2004, p. XVI).
When in a Dark Night simplify your life. Let go of as many things as possible that are not essential to you and your family. The Dark Night takes a lot of energy. Use your energy wisely. At the same time keep up something that anchors you to your responsibilities to the outer world, such as your job. When Jung was in his Dark Night, which lasted for years, he said it was family life with his wife and five lively and demanding children that held him together. While the Dark Night directs us towards solitude, resist the temptation to diminish your life even further than the Dark Night already dictates.

When in a Dark Night, look after yourself. Keep a regular routine - do your best to eat, sleep, have basic exercise and care for your health. This can be hard to do when none of it makes you feel better immediately.

It is inevitable that the Dark Night will be experienced in or as depression. Remember that nigredo means blackening. Indeed, part of the Dark Night challenge is staying with the depression and having faith that out of it will come depths that you could not have dreamed of. As Thomas Moore says, allow for the gifts of depression:

“You probably know more about the depths of your soul from periods of pain and confusion than from times of comfort. Darkness and turmoil stimulate the imagination in a certain way. They allow you to see things you might ordinarily overlook. You become sensitive to a different spectrum of emotion and meaning. You perceive the ultraviolet extremes of your feelings and thoughts, and you learn things you wouldn’t notice in times of normalcy and brightness” (Moore, 2004, p. XV).

You do a disservice to yourself when you treat your feelings of despair and emptiness as deviations from the normal and healthy life you idealize. The dark times leave their mark and make you a person of insight and compassion.
"Trust whatever comes up"

Pema Chödrön directs us to trust whatever comes up, whatever you feel, as a necessary and absolutely valuable part of the Dark Night experience. She goes on:

“Working with adverse situations is what wakes me up, not avoiding or distracting myself from what is the searing pain in my own heart and mind. Accepting this has taught me everything, including an increased sense of wellbeing and happiness. This is a Buddhist tenet, of letting the painful and disturbing aspects of life be one’s teacher. At the same time being unconditionally friendly towards myself, to the feelings which outer circumstances bring up in one; the sorrow, the suffering, accepting the unacceptable.

Don’t get caught up in the mind story, but stay with the felt experience, located in the body. It might be shame about something I’ve done, or self-loathing, feeling really bad about oneself. Finding deep acceptance of oneself, beginning in the body, staying with something, for short periods at first, till we understand that we are fundamentally good, complete and whole. So, don’t get caught in the stories you tell yourself, but cultivate a feeling of warmth and kindness to yourself. No matter how dark, stay present with the feelings.... Ultimately this leads to compassion and empathy for all others. Melancholy, sadness and despair are not sicknesses; we do not need to pathologize them.” (Chödrön and Lang 2015).

The Dark Night and love

Fundamentally, the Dark Night is about love. Whether longing for love, mourning the loss of love, or the loss of the loved one, or love that is beyond understanding, love is beyond reason and beyond reasoning with. Thomas Moore says,

“I am convinced that love is the most common source of our Dark Nights. It may be romantic love; it may be the love of a child. In all our loves we have little idea of what is going on and what is demanded of us. The Dark Night of love is shocking in its contrast to the bright airy quality of love’s beginnings. Love is ultimately an affair of the soul and is intimately tied to your destiny. The impossibility of love slowly cracks you open, teaches you the limits of human understanding, and gives you a bridge from the human to the divine, to further depths of soul” (Moore, 2004, p. 124).

So love takes us to the Dark Night, and also arises from the expanded horizons of the Dark Night.

What can you do, if you are the therapist of someone in the Dark Night who is suffering the slow transformation fuelled by the deep issues that construct meaning? Irvin Yalom (Yalom, 2011, p. 34) in “The Gift Of Therapy” says, the “paramount task is to build a relationship together that will itself become the agent of change.” So it’s about the relationship that you build with your client, and is not about techniques. In the Inanna myth, Inanna had witnesses to her ordeal. She was accompanied by mourners provided by the earth-God Enki. Sylvia Brinton Perera sees Enki as the Patron of therapists. She says

“he is able to accomplish a basic restructuring of psychic inertia by using whatever is at hand...He moves the situation to a different perspective...Healing occurs not only because the meaning or image is found, but because the process of life is given attention and empathetic presence and a mirroring that touches it wherever it is. As therapists, we are like those little non-oppositional yin creatures, servants of the god Enki, in our work at this level of the psyche. We are present, and accepting and letting be, expressing the truth of the dark affects.” (Perera, 1981, p. 74).
Finally, the Dark Night introduces us to paradox, to the proximity of opposites, such as suffering and joy. Thomas yet again brings us wise words: “While giving a dark night its due, you can also cultivate a love of life and joy in living that doesn’t contradict the darkness. You can be dedicated to your work and your vision for humanity and also feel overwhelmed by the suffering in the world” (Moore, 2015). Indeed, when we have plumbed our own depths, the suffering of the world cannot be denied. When we are plunged deeply into our own humanity, we are as one with all humanity. I spoke before of the need for an adequate philosophy of life. This philosophy needs to include paradox, where conflicts come together and we understand that darkness and joy can be side-by-side, not necessarily sequential.

To return to the title of this article: Is the concept of the “Dark Night of the Soul” relevant to contemporary life?

Are you a therapist taking the role of Enki’s mourners? Or are you the one who is in the dark descent, or who has passed through this vast but narrow place? What has been most valuable to you? What is the gold that came after the nigredo?

How relevant is the Dark Night of the Soul to your life?

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News

Advocating for recognition of counsellors and psychotherapists

By Maria Brett, PACFA CEO

PACFA’s 2016-18 Strategic Plan features strategies to raise the profile of counsellors and psychotherapists, increase government recognition and improve employment opportunities.

Strategic Aim 5:

Lobby government, private health funds and other key stakeholders, and campaign for recognition of counsellors and psychotherapists

* Promote clear, positive key messages about the benefits and effectiveness of counselling and psychotherapy
* Lobby federal government via ARCAP for recognition of counsellors and psychotherapists, focusing on identified priorities and in response to emerging opportunities
* Lobby state and territory governments for recognition, focusing on identified priorities and in response to emerging opportunities
* Seek further recognition of counselling and psychotherapy by private health funds and increase coverage in health insurance policies
* Participate in government consultation processes
* Seek membership of advisory committees relevant to counselling and psychotherapy
* Promote the skills, training and expertise of counsellors and psychotherapists to potential employers and other stakeholders

New opportunities are emerging in 2017 in response to continuing growth in demand for mental health services, and renewed commitment from government to address these needs.

Past and current efforts to seek Medicare numbers for counsellors and psychotherapists to provide services under the Better Access Initiative (BAI) have, unfortunately, been unsuccessful. Governments from both sides of politics have been concerned about the budget implications of adding new practitioners to BAI. In PACFA’s view, the problem is really the design of the BAI, which is very expensive to deliver and is therefore unsustainable into the future.

PACFA will continue to pursue Medicare numbers but our strategy in 2017 is broadening to include pursuing a range of other opportunities for recognition as well.

We are a self-regulating profession

I am also often asked whether we can seek regulation under AHPRA (Australian Health Practitioner Regulation Agency) because there is a perception that this would guarantee us Medicare numbers. However in all previous discussions with government on this question, we have been advised that we are a self-regulating profession and that we will not be regulated by AHPRA. This is because we do not pose sufficient risk to the community to warrant regulation by government. It is interesting to note that Mental Health Social Workers, who do have Medicare numbers, are also a self-regulating profession.
It is extremely unlikely that government will wish to revisit the question of AHPRA regulation for our profession, especially now that the National Code of Conduct, which applies to our profession - and to many other self-regulating health professions, is now being rolled out nationally.

**Better Access Initiative**

BAI has never been well-targeted. It is an expensive way to deliver primary care counselling as GPs are the gatekeepers and they receive a fee to write mental health plans for every referral, even though consumers only receive an average of five sessions of counselling under BAI, making the necessity for a mental health plan – and the diagnosis of a mental disorder that goes with it – extremely questionable. Furthermore, referrals are often made to clinical psychologists; for many consumers with mild to moderate depression or anxiety, this is also unnecessary. This over-servicing is wasteful of limited resources as clinical psychologists receive a higher schedule fee than other psychologists, who in turn receive a higher schedule fee than social workers, even though all practitioners under BAI deliver the same service i.e. focused psychological strategies.

Furthermore, the focused psychological strategies allowed under BAI are not well targeted as only a narrow range of interventions is allowed. The emphasis is very much on CBT, despite evidence that other interventions are also effective. PACFA advocates for the inclusion of additional evidence-base interventions within the definition of “Focussed Psychological Strategies”. For example, there is no reason to limit Better Access to individuals. There is research evidence that couple counselling and family therapy are effective treatments for depression, anxiety and eating disorders. PACFA has registered practitioners who are specialist relationship counsellors and family therapists who provide evidence-based couple and family interventions.

The implications for counsellors and psychotherapists of not having Medicare numbers are significant. There is a range of government-funded health programs that use practitioners with Medicare numbers. For example, the Department of Veterans Affairs (DVA) uses the same list of providers as the Department of Health i.e., those with Medicare numbers. The Veterans and Veterans Families Counselling Service (VVCS), which is funded through DVA, only employs psychologists in counselling roles. When PACFA enquired whether they could employ counsellors and psychotherapists for these roles, they said they could not, advising that this is a “whole of government” approach.

Even at State Government level, where Medicare numbers are not used, it is often the same pool of practitioners i.e. psychologists, that come within the State Government’s definition of “Allied Health Professional”.

It is time for BAI to be replaced with a better targeted, more affordable program that will be sustainable into the future. There are certainly models from overseas of well-designed programs that make better use of limited resources, and which give counsellors and psychotherapists a central role as providers delivering targeted, early intervention services to address the high prevalence of depression and anxiety.

Being included as providers in such a program would mean counsellors and psychotherapists would be formally recognised as Allied Health Professionals. This could have a knock-on effect on recognition with various Federal and State Government departments.
BAI was introduced in 2006 when Tony Abbot was the Health Minister. While Mr Abbott was Prime Minister, moving on from BAI was very unlikely, even though it was clear that the program was expensive and unsustainable. We now have two possible scenarios – a Turnbull government or a new Labor government after the next election. The question is, will either government be willing to tackle BAI and replace it with a better targeted program that includes a role for registered counsellors and psychotherapists, and to allow a wider range of evidence-based interventions that can be matched to client needs and preferences?

PACFA looks forward to working with current and future governments on this important initiative.

Federal government – Social services

There are various federal government programs, funded through the Department of Social Services, that could use counsellors and psychotherapists to deliver counselling services. PACFA is in the process of mapping these opportunities, for example:

- Family Mental Health Support Services
- Drought Assistance for Farming Families and Communities
- A Better Life (ABLE)
- Carers and Work
- Personal Helpers and Mentors (PHaMs)
- National Disability Insurance Scheme (recognition to participate already confirmed)

Private Health Rebates

In meetings with some private health funds, PACFA has been advised that the health funds only recognise psychologists because they are following government’s lead on this. Other Health Funds have indicated they can only use providers that are registered with AHPRA. Both responses seem like easy excuses for the private health funds to avoid bearing their share of the burden of the cost of mental health services.

PACFA is interested in collaborating with the Private Health Consumer and Carer Network in our future discussions with the private health funds. This group represents consumers and carers who use private mental health services and could be an excellent ally in this cause.

Other initiatives

In the coming year, PACFA also plans to leverage off the recognition PACFA Registrants have in NSW as WorkCover service providers to pursue this recognition in other States and Territories. Similarly, we will attempt to leverage off the recognition we have to work as school counsellors in Catholic schools in NSW, to seek this recognition in other States and Territories.

There is also a new campaign to target employers in order to raise awareness of the training and expertise of counsellors and psychotherapists as suitable practitioners to apply for a range of roles involving counselling services. Counselling is a multi-disciplinary field, delivered by multiple professions. There is no valid justification for counselling jobs to be restricted to psychologists and social workers.
“But we do that too”! Terminology and the challenges in differentiating the counselling profession from other professions that counsel

By Nathan Beel, Counselling Discipline Coordinator, University of Southern Queensland

Editor’s note: I was pleased to receive this article from Nathan Beel as it explores issues of professional roles and identity from the perspective of a counsellor working in a multi-disciplinary higher education setting.

Several years ago, the counselling discipline I worked in merged into the university’s school of psychology. With the changes came a greater emphasis on collaboration between the psychology and counselling disciplines but also questions about what the differences were and where the boundaries should be. In addition to this, students often asked staff to describe the differences so they could determine their own study pathways, and the answers would differ from different members of staff. Some psychology staff assumed counsellors only assisted the ‘worried well’ and were obliged to refer clients with diagnosable disorders to psychologists. Some counselling staff had perceptions that psychologists were generally wedded to the medical model with a limited modality scope, and were pathology-oriented rather than client-oriented.

As we have engaged in conversations over the years, both disciplines’ staff have become more aware of the substantial overlaps in therapeutic treatment between counsellors and psychologists, and the great variation within both professions. When we have attempted to define differences, the most common phrases heard by staff in both disciplines were “We do that too” and “We value that too”. An additional challenge for the counselling staff was distinguishing what were our personal ideological allegiances and values, and what was representative of the counselling profession as a whole.

One of the problems between distinguishing counselling from other professions who use counselling is recognising categorical differences in counselling terminology. Categorical confusion often leads to problematic comparisons. Recently I read an attempt to discuss differences between the professions of psychology and counselling by providing a history of psychology alongside a history of counselling. At face value it appeared justified, however it displayed categorical confusion. It compared a profession against a practice. To avoid this type of confusion we need to be clear about the categories counselling terminology describes.

The first category I would suggest is that of counselling practice. Counselling practice is not limited to registered counsellors. It is undertaken by psychologists, psychiatrists, social workers, pastors, counsellors, crisis support workers, among others. These professions utilise overlapping theories and methods. Individual counsellors cannot differentiate themselves from other helping professionals by practice. They cannot say, for example, that counselling by registered counsellors is strength-focused, while counselling by psychologists is pathology-focused, because such statements ignore the diversity of practice values within both professions and is overly reductionist.

A second category is the role of a counsellor. People who practice as counsellors work in private practice but may also be employed in counsellor roles. People who work as counsellors may belong to a range of professions. They may be registered counsellors, psychologists, social workers, etc., or they may have no professional registration. Working as a counsellor implies counselling practice but does not imply the registered professional identity to which one might or might not subscribe.

The third category is the professional identity of the person. The term counsellor can denote the professional identity of the person. A registered counsellor is a designation used to identify that the person is a recognised member of the profession of counselling. Others may identify as counsellor but not have endorsement from a professional body.
They may adopt the identity for themselves or may be endorsed as a counsellor by title of their position in the workplace. Likewise, their employment title may be different, such as lecturer, however they may align their professional identity as a counsellor.

The fourth category is that of the **counselling profession**. The counselling profession, like other professions who use counselling, has its own professional associations, entry requirements, and identity. Members of other professions cannot join counselling associations unless they meet the criteria of the counselling association, and vice versa.

Registered counsellors are members of a counselling association, or the term may refer to those on the Australian Register of Counsellors and Psychotherapists (ARCAP) which was established by PACFA and the ACA. The title they use in employment may or may be “counsellor”. One thing that distinguishes the counselling profession from other professions who also use counselling, is that for the other professions, counselling may be a specialisation within the profession, whereas for the counselling profession, counselling is the predominant focus and identity.

**What values might distinguish the profession of counselling from similar professions?**

It is risky to portray other professions to which we do not belong, given our favourable allegiances to our own profession and the limitations of outsider knowledge. I’m going to attempt to provide some differentiation that I perceive contributes to the values of registered counsellors. Firstly, the counselling profession does not appear to promote the Scientist / Practitioner model, and neither does it appear to privilege recognised EBTs over other approaches. The counselling profession seems to align with a more inclusive belief in the relatively equal merit of all ethical interpersonal approaches intended to be therapeutic. These practices include therapies that are artistically, experientially, scientifically, philosophically, and/or spiritually-oriented. The counselling profession acknowledges but does not prioritise a focus on structural social change as a primary theory of what causes problems or as a preferred vehicle for assisting clients to wellbeing. Counselling tends to focus on helping clients (i.e. individual, couple, group, etc.), via means of counselling skills within a therapeutic relationship, to empower clients whereby they determine their own responses and values in relation to their lived context. Various sociological and psychological theories of pathology and treatment inform counselling training and practice, but what is prioritised by the profession is the skilful and ethical delivery of counselling delivered via a therapeutic relationship.

**Conclusion**

This paper has explored some challenges in differentiating the profession of counselling from similar professions. One challenge is the range of overlap between, and diversity within related professions and the counselling profession itself. A starting place is to recognise how the words such as counsellor and counselling can refer to activities, roles, identities, and the profession itself, thus reducing risks associated with categorical confusion. The profession of counselling shares the therapeutic skills and models of other professions yet leans towards its own values of inclusivity in treatment recognition and its central placing of direct work with clients and the therapeutic relationship.
On 15 May, Treasurer Scott Morrison presented the 2017 Budget which identified $167 million to be invested by the Commonwealth Government in mental health care.

Minister for Health, The Hon Greg Hunt MP, provided a short video briefing for the peak body, Mental Health Australia, on the budget measures. The video can be viewed here.

PACFA welcomes the additional mental health funding as mental health has long been underfunded. Government still has a long way to go, however, as mental health funding has been declining in real terms and is now less than 5.3% of the total health spending, despite the fact that mental illness represents 24% of the non-fatal burden of disease in Australia.

It is not clear from the budget measures whether all the funding commitments represent new funding or whether some of the funding has previously been promised. PACFA has requested this question to be raised by our Senate contacts during Senate Estimates. Senate Estimates is an opportunity for Senators to challenge the government on the details of the budget announcements, and potentially to influence implementation of the budget measures.

**Health Budget**

1. The Government will provide $80 million over four years from 2017-18 for psychosocial support services for people with mental illness who do not qualify for the National Disability Insurance Scheme (NDIS). This funding is contingent on a matching commitment from the States and Territories, which will secure a national approach to maintaining community mental health services outside the NDIS.

2. The Government will provide $9.1 million over four years from 2017-18 to improve access to psychological services through telehealth in regional, rural and remote Australia. The Government will amend Medicare Benefits Schedule items to allow psychologists to provide video consultations to clients living in eligible regions, improving access and outcomes for people who currently have to travel to access these services. This will mean people living in regional, rural and remote Australia will get the same access to psychologists as those living in major cities.

3. The Government will provide $15 million over two years from 2017-18 to support research into mental health, including contributing to the National Centre for Excellence in Youth Mental Health (Orygen) for research infrastructure, and the Black Dog and Thompson Institutes for further work on prevention and early intervention.

4. The Government will provide $11.1 million over three years from 2017-18 to help prevent suicide at high risk locations and provide additional support, including:
   - $9 million for the States and Territories to fund infrastructure projects aimed at preventing suicide by installing barriers, fencing and lighting; and
   - $2.1 million for Lifeline to help support its activities preventing suicide.

**PACFA response:**

PACFA welcomes the $80 million investment in psychosocial services to address gaps created by existing services being rolled into the NDIS. For those that require these services but who do not qualify for the NDIS, it is essential that the gaps are addressed.
PACFA has asked Senators to raise questions at Senate Estimates about the way the $80 million will be implemented.

Q/ Will this funding be provided as block funding for existing psychosocial services that have a proven track record or will the funds go towards new services to be commissioned by Primary Health Networks (PHNs)?

Q/ If the services are to be new services commissioned by PHNs, do the PHNs have the skills and experience to effectively commission mental health services?

The announcement that psychologists can now offer Better Access sessions via video consultation for clients in rural and regional areas does not address concerns previously raised by PACFA about inequitable access to services in rural and regional Australia. PACFA has previously suggested to government that counsellors and psychotherapists could address workforce shortages in rural and regional areas. A client may prefer to see a counsellor in person, or may not have access to the technology required for telehealth services.

PACFA believes the government is missing an opportunity to provide in-person services to clients in rural and regional areas using counsellors and psychotherapists. Approximately 25% of PACFA Registrants live in these areas.

Technically this is not new funding as the telehealth services are part of the Better Access Initiative and are paid for out of the Medicare budget which is uncapped. However, PACFA has been informed that the $9.1m will be for a telehealth loading as video consultations attract a loading of 50% of the consultation fee to cover the running costs of the technology. PACFA queries whether such a loading is necessary or is a good use of available resources. There’s also payment for personal support at the patient end. The funding might also cover the initial purchase of equipment by psychologists.

Questions at Senate Estimates:

Q/ Given that services under existing Medicare Benefits Schedule items such as the Better Access Initiative are already funded, this does not appear to be new funding. Can you explain how the $9.1 million is calculated and explain how it is an efficient use of mental health funding?

Q/ What safeguards are there to ensure providers use secure video platforms? Video platforms are not always secure and this raises concerns about client confidentiality.

Q/ What are the eligible regions and what are the criteria for determining eligibility?

Veterans’ Affairs Budget

1. The Government will provide $33.5 million over four years from 2017-18 to expand the range of mental health conditions current and former Australian Defence Force members can seek treatment for on a non-liability basis. Eligible services will now cover treatment for all mental health conditions listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, irrespective of whether the treated condition is linked to military service.

2. The Government will provide $9.8 million over three years from 2017-18 to fund pilot programs to improve mental health services for veterans and support suicide prevention efforts. Activities will focus on supporting better continuity of treatment for veterans after they are discharged from hospital and providing more holistic treatment for veterans who have both chronic physical and mental health conditions. This measure supports the Government’s priority commitment to address veteran suicide and mental health.
3. The Government will provide $8.5 million over four years from 2017-18 to expand access to the Veterans and Veterans’ Families Counselling Service program for the:

- partners and children of current and former Australian Defence Force (ADF) members who hold a Gold or White Repatriation Health Card; and
- ex-partners of current and former ADF members for a period of five years following separation, or for the duration of their co-parenting responsibilities for children under 18 years of age.

**PACFA response:**

The announcements for additional funding for mental health services for current and former Australian Defence Force members are welcomed by PACFA. There is a serious need for more services for these clients who face a range of serious mental health conditions. Like Medicare funding, funding for mental health services for veterans is demand-driven and not capped. However, the budget top up extends the parameters to expand the non-liability health care program to cover all mental health conditions. This change is therefore welcomed.

Senator Jacqui Lambie, who is a Veteran herself, and a passionate advocate for mental health services for Veterans, has informed PACFA that some of the Veterans’ funding is not new funding. PACFA has therefore requested this matter to be raised in Senate Estimates.

**Questions at Senate Estimates:**

Q/ Funding for twelve innovative suicide prevention trials was announced in August 2016. The first of these trials planned for Townsville still hasn’t commenced. Is this budget measure actually for the pilots that were previously announced (in which case it is not new funding) or are these different trials?

Q/ When will the Townsville pilot commence?

The additional funding for the VVCS is welcomed by PACFA. However, PACFA has been advocating for several years now that employment as a counsellor with the VVFCS, which is currently restricted to psychologists, should also be open to counsellors and psychotherapists.

As PACFA CEO, I appeared before the Senate Inquiry on mental health services for Veterans and their families in 2016, making a strong case that the specialist skills of somatic psychotherapists and arts therapists would be of value to the Veterans, particularly to work with PTSD. PACFA Registrants could provide these services through employment with the VVCS.

Maria Brett
PACFA CEO
The fifth edition of the Psychotherapy and Counselling Journal of Australia (PACJA) is due for publication in July, 2017. This edition is being edited by Dr Jillian Lynch, and is shaping up to be yet another excellent publication of this journal. It includes a collection of papers by counselling and psychotherapy practitioners and researchers; two literature reviews, one of which was commissioned by PACFA; and several book reviews.

Published since 2012, PACJA is a peer-reviewed, open-source journal for the publication of Australian and international original and quality research and conceptual papers related to counselling and psychotherapy. PACJA is PACFA’s official e-journal. It aims to build the evidence-base for the effectiveness of counselling and psychotherapy and to increase learning and knowledge in the field.

PACFA is pleased to be able to offer this quality publication to our wide membership. See previous PACJA editions at http://pacja.org.au/.

The PACFA Council is PACFA’s policy and strategy body made up of Delegates from PACFA Member Associations, Branches and Colleges, the PACFA Board and PACFA Committee Chairs. We also welcome representatives of Affiliated Organisations to meetings as Observers.

The Council met over the weekend of 1 to 2 April in Sydney. In addition to approving changes to PACFA’s Continuing Professional Development Policy (see separate eNews article), Council received reports on PACFA’s activities and discussed key policy matters affecting PACFA.

PACFA President, Dr Di Stow, announced that the next PACFA conference will take place from 1 to 3 March in Sydney with Jenny Coburn and Kate Briggs from the College of Educators jointly convening the conference. Di Stow is now one of PACFA’s ARCAP Directors and she announced her intention to meet with the ACA to discuss issues of relevance to both organisations. Di Stow and Maria Brett had had a planning day in January and put together an annual plan for 2017, prioritising PACFA’s strategic activities, including lobbying for recognition.
PACFA CEO, Maria Brett, reported on PACFA’s lobbying strategy which is aimed at increasing recognition of counsellors and psychotherapists by government. A new employment campaign is also being launched aimed at improving understanding by employers of the training and expertise of counsellors and psychotherapists in order to improve employment opportunities for practitioners. Maria Brett reported on other new initiatives such as PACFA’s National Awards Scheme and plans to implement a new membership management system and Member Portal.

Council discussed the review of PACFA’s Training Standards. This included a robust discussion of the issue of whether PACFA should require training to be TEQSA-accredited for the purposes of PACFA registration. TEQSA is the Tertiary Education Quality Standards Agency which oversees government accreditation of tertiary education programs. There was general understanding from Council of the need for PACFA to raise its standards by moving towards requiring training to be TEQSA-accredited. If we are to make any significant progress with our strategy to seek recognition by government, it is important that PACFA can say our Registrants have all completed a tertiary qualification of at least a Bachelor’s degree that is accredited by TEQSA.

Council also considered work being undertaken by the Australian College of Counselling and Psychotherapy Educators (ACCAPE) to create a new College membership category. This is aimed at enabling leaders and researchers in the counselling and psychotherapy education field, who may have undertaken different training from the training normally required by PACFA, to join the College. There was strong support for this initiative from Council Delegates.

As usual, the meeting included the Stakeholder Forum at which Delegates were able to speak for a few minutes on the achievements and challenges of each of their groups. It was pleasing to hear the new PACFA Branches and Colleges speaking at this forum about their activities. It gave us a sense that the College and Branches, like Member Associations, are actively working for their members. At the close of day one, the inaugural meeting of the PACFA Branch and College Liaison Group was help. This informal group is aiming to improve communication and collaboration between the Branches and Colleges.

Maria Brett
PACFA CEO
Reviewing PACFA’s LGBTI Position Statement

PACFA’s new LGBTIQ Interest Group is interested in reviewing PACFA’s Position Statement on therapeutic support for lesbian, gay, bisexual, transsexual, transgender and intersex individuals and their families.

The Position Statement was developed by the PACFA Research Committee in 2012 to address concerns about so-called reparative or conversion therapies with LGBTI clients. Research evidence has found these practices to be harmful to these clients and these practices are therefore not supported by PACFA. Practitioners are encouraged to familiarise themselves with PACFA’s LGBTI Statement as it provides important guidance on working with LGBTI clients and their families.

The Interest Group will work with the PACFA Research Committee and PACFA Board on the review but is also interested in engaging with the LGBTIQ community during the review process and in seeking feedback from members of PACFA and PACFA Member Associations.

Interested readers can read PACFA’s Position Statement and provide feedback or suggestions to the CEO, maria.brett@pacfa.org.au.

Climate for Change - Victorian gathering

You, like most Australians, are probably concerned about climate change. Maybe you are also confused and somewhat overwhelmed, like most Australians, in knowing how Australia should respond or what you personally can do. Psychology for a Safe Climate is a group of helping professionals working in the community to foster emotional engagement with climate change.

Psychology for a Safe Climate is using the model created Climate for Change (C4C) of holding a small gathering to inform and discuss the issue of climate change. C4C is a social movement that is committed to helping create the social climate in Australia for effective action on climate change. Social change happens when ordinary people start having conversations with those they know and trust. C4C supports people to have effective conversations about climate change, and to take actions that will inspire others.

C4C have taken the party-plan model: it starts with a host, who invites friends to their home. C4C send a trained facilitator to present information, answer questions and facilitate a conversation about climate change. Guests are invited to take action regularly, and to host their own gatherings so that conversations can grow exponentially!

The C4C event for psychologists and psychotherapists in Melbourne will focus on the experience of practitioners in working with the inner world of clients in a climate troubled outer world. If you are interested in attending this (or a future) free event, on please contact Carol Ride at PsychologySafeClimate@gmail.com.

DETAILS: Saturday June 17, 2.30pm to 5pm, Kathleen Syme Centre, 251 Faraday St, Carlton. Bookings at https://www.eventbrite.com/e/climate-for-change-for-psychologists-and-psychotherapists-tickets-34714790874.
CALL FOR

EXPRESSIONS OF INTEREST

PACFA OCCASIONAL RESEARCH PAPER SERIES

The PACFA Research Committee recently published the first in a series of Occasional Papers

You are invited to submit a paper on the evidence base of counselling and/or psychotherapy for publication

To be published on the PACFA website www.pacfa.org.au

For more information contact: Prof Ione Lewis, natresearch@pacfa.org.au
GUIDELINES FOR SUBMISSION OF OCCASIONAL PAPERS

PAPERS MUST BE WELL WRITTEN IN AN ACADEMIC STYLE USING THE APA REFERENCING STYLE (6TH ED.)

THE CONTENT OF SUBMITTED PAPERS MUST BE A SCHOLARLY REVIEW OF A MODALITY OR TOPIC THAT CONTRIBUTES TO THE EVIDENCE BASE OF COUNSELLING AND PSYCHOTHERAPY IN AUSTRALIA

PAPERS ARE TO BE 3,000 – 4,000 WORDS IN LENGTH

ABSTRACTS ARE TO BE NO LONGER THAN 300 WORDS

THE PACFA RESEARCH COMMITTEE WILL REVIEW SUBMITTED PAPERS WITHIN FOUR WEEKS OF SUBMISSION AND MAY REQUIRE REVISION IN A TIMELY FASHION PRIOR TO PUBLICATION

THE COMMITTEE RESERVES THE RIGHT NOT TO PUBLISH PAPERS THAT DO NOT ALIGN WITH THESE GUIDELINES
At the PACFA Council meeting in April, changes to PACFA’s Continuing Professional Development (CPD) Policy were approved. The new Policy, which is effective from 1 July 2017, is simpler and will be easier for Members and Registrants to follow. There are now fewer categories of CPD and the CPD is counted in hours, not points.

For the forthcoming renewal period, which takes place in June/July 2017, the old CPD Policy still applies. When the new membership year commences on 1 July 2017, Members and Registrants are requested to follow the requirements of the new CPD policy for the next membership year from 1 July 2017 to 30 June 2018.

For more details, including details of Categories A and B, download the CPD Policy 2017.

**Annual CPD requirement – 20 hours**

There are two categories from which the annual 20 hours of CPD required for renewal may be accrued (see definitions below).

**Category A:**
Minimum annual requirement – 15 hours
The whole of the annual requirement of 20 CPD hours may be accrued from Category A only.

**Category B:**
Maximum claimable annual allowance – 5 hours

For PACFA Accredited Mental Health Practitioners, it is recommended that 5 hours of CPD relates specifically to mental health practice. This may involve activities from Category A or B.

For PACFA Accredited Supervisors it is recommended that 5 hours of CPD relates specifically to supervision practice. This may involve activities from Categories A or B.

The 20 hours of CPD must be accrued in the 12 months prior to membership renewal i.e. between 1 July and 30 June in the previous 12 months. The CPD requirements for a registration period of less than 12 months can be taken pro rata in the first year of membership or registration. Pro rata CPD will be calculated on a monthly basis, for example, for 6 months of registration, the requirements will be halved to 10 hours.
Counselling Association of South Australia 20th Anniversary

On Saturday 20th May 2017 we celebrated 20 years since CASA was formed. It was an honor and a privilege to welcome current and past members of the Association to our celebration which was attended by over 100 guests.

The event was held at the award winning Glenelg Golf Club which is a stunning venue and provided a perfect location for such a special occasion.

Our MC for the evening was Geoff Haynes (Executive Officer) and we were entertained between speeches by the amazingly talented Vogue Duo. A big thank you to Geoff for all the organizing and the historical slideshow – what a great job!

20 years is a milestone and one we felt was tremendously important to celebrate. It was an ideal opportunity to look back and reflect on CASA’s evolution.

As the venue began to fill there was a wonderful energy in the room filled with people connecting and relating! It was such a pleasure to be with so many friends and colleagues as well as quite a few sages from our profession!

We had planned for a speech from our first President, Vicky Sanders, who convened both the initial Steering Committee and the inaugural meeting of CASA in 1997, but sadly she was unable to attend. We were lucky that her close friend, Melanie Parry-Jones, and fellow at that inaugural meeting was happy to step in at short notice and read Vicky’s speech. Melanie delivered the speech beautifully and with great integrity, and much to the delight of our guests!

Vicky’s memories were fascinating to hear, the evolution of counselling theories and their impact on various professions and the need to evolve a sense of identity for the emerging counselling profession; the beginnings of practice standards, ethical codes and training standards, a much needed support network for counsellors, educating the public about what counselling was and what it wasn’t. All in the context of having next to no status in the world outside counselling.
So in South Australia, 1997 saw CASA become an Incorporated Association introducing a constitution, a definition of counselling, a code of ethics, and a philosophy for the Association. By 1998 CASA and PACFA were already liaising with each other.

It was wonderful to hear that the early management of CASA was focused on developing a clear identity, recognition of the profession, ensuring high standards of practice and support for members, and that focus has remained true through so many different Executive and volunteering teams over 20 years. Somehow the baton has always been passed from the outgoing Executive to the incoming.

It was a very celebratory evening embracing all that CASA evolved to be – all with such a sense of pride and affection. A sense of sadness was also part of the evening but that felt right and proper too, given our forthcoming transition to direct PACFA membership.

Rob Bullock (Past President) gave a moving and entertaining speech and spoke of our great sense of ‘tribe and belonging’ within CASA. He likened our reaching 20 years to coming of age and leaving home - a necessary move for us to progress our profession to the next stage on a national level. A continuation nonetheless, of the journey began back in May 1997.

We celebrated CASA as the highly respected Counselling Association which has made a huge contribution to our profession. I truly believe that contribution from South Australia will continue – now in a different shape and space. It is a new era to be embraced but still working towards those original foci of a greater professional recognition whilst maintaining professional standards and offering support to practitioners.

Although the celebration was about 20 years of CASA and ALL the people who have contributed over those 20 years, we were very much aware of just how much Dr Pamela Brear has invested in CASA from the very beginning and is still investing today. It felt right and fitting that her contribution be honored and recorded. Pamela was presented with a beautiful bouquet of flowers and her outstanding contribution to CASA and the profession was acknowledged and applauded by all the guests.

As the evening drew to an end, Vogue Duo stepped up the pace and got everyone dancing – very impressive and energetic it was too. I never knew that we had such talented dancers in our midst! Wonderful!

I want to close by saying how tremendously proud I am to be part of ‘Team CASA’ and to work alongside such amazing people.

Pat Bradley, CASA President

PACFA is working closely with the CASA Executive Committee to plan the transition to enable CASA members to transfer to PACFA membership from 1 July 2017. PACFA looks forward to welcoming CASA members to PACFA. The Leadership Group for the new South Australian Branch has been formed and is already planning activities for the South Australian members of PACFA.
Introducing PACFA’s Branch and College Leadership Groups

eNews is running a series of articles introducing the Leadership Groups for the new PACFA Branches and Colleges. In this edition, we are pleased to feature the Leadership Group for the College of Counselling.

Leadership Group Members – College of Counselling

Pat Bradley  M.Sc. Thr Coun, PG Dip Coun, Dip Primary Care Coun, Dip Sup., Cert CBT, runs a private practice in Adelaide offering counselling and supervision to individuals and EAPs. Pat originated from the UK where she was employed as a Senior Specialist Counsellor and Supervisor by the National Health Service (NHS) as well as running a private practice. She began her career in the NHS as a Primary Care Counsellor working in a GP surgery for 9 years. She then joined a mixed team of Counsellors, Psychologists, CBT therapists and Wellbeing Practitioners in a stepped care program for the South London & Maudsley NHS Trust, delivering time-limited interventions in a deprived inner London Borough. Pat is Convenor of the College of Counselling and is also the Counselling Representative on the PACFA Board.

Fiona Griffith  BA Dip Ed, MSS (counselling), Dip Clinical Hypnosis, is a Clinical Counsellor and Supervisor who commenced private practice in 2001 in the Adelaide Hills. Fiona works with a wide range of clients, particularly adolescents, and works with depression, anxiety, trauma, grief, loss and change. As a supervisor, Fiona and has a particular interest in Counsellors in educational settings. Beginning her career as a teacher in Victoria, Fiona went on to teach in the counselling post graduate program at the University of SA in Adelaide, Hong Kong and Singapore until 2010. Fiona designs and facilitates training for counsellors and others in the helping professions. Fiona has recently completed a Diploma in Clinical Hypnosis, a tool she finds useful in helping the client deepen their insight and focus as part of the counselling session.

Dr Ione Lewis  PhD (UNSW), Grad Dip Cont Ed (UNE), Dip Psychotherapy (ANZAP), B Soc Stud – SocWk (USyd), has been involved in undergraduate and postgraduate counselling, psychotherapy and supervision education, and supervision of higher degree research students for 20 years, as well as practicing as a psychotherapist and supervisor for over 26 years. Currently Ione is Director of QA Higher Education, an educational consultancy, and is in private practice as a Clinical Social Worker and Psychotherapist. Ione is an active researcher in PACFA’s contribution to the profession, professional identity, the relationship between sexual health and violence, gender, evaluation of women’s health services, supervision and consumer participation in research. She is a member of PACFA and AASW and Chair of PACFA’s Research Committee.

Emma Hodges is a Counsellor and Psychotherapist with a Master of Counselling and BA (Psychology), both from the University of Queensland; she is currently conducting research as a doctoral candidate for her Professional Doctorate in Creative Arts Practice. Emma is a Clinical Counsellor working in the area of complex trauma for the past decade particularly with infants, children and women who have experienced violence and abuse. Drawing from a trauma-informed framework, Emma employs primarily arts and play-based modalities and is one of a few practitioners to use Narrative Exposure Therapy in Australia with adult clients.
PACFA now has an annual Calendar of Events for Continuing Professional Development and professional networking events.

To book a place on a PACFA CPD event, email the booking email address or go to the [Counselling & Psychotherapy Portal](#). Online registration is easy. Register for the Portal (if you’ve never registered before), select the course you are interested in 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>2 June 2017</td>
<td>PACFA West PD event Working with Suicide &amp; Suicide Ideation: Assessment &amp; Risk Assessment</td>
<td>Wembley, Perth</td>
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<tr>
<td>3 June 2017</td>
<td>PACFA West networking event Meet the PACFA President</td>
<td>Mt Hawthorn, Perth</td>
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<tr>
<td>3 June 2017</td>
<td>PACFA TAS PD event Developing Spiritual Awareness and Enhancing Integration Skills</td>
<td>Sandy Bay, Hobart</td>
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<tr>
<td>3 June 2017</td>
<td>College of Counselling PD event Trauma-Informed Counselling Practice</td>
<td>Online Webinar</td>
</tr>
<tr>
<td>17 June 2017</td>
<td>Canberra &amp; Region Branch PD event Psychodrama and Embodied Imagination</td>
<td>Canberra CBD</td>
</tr>
<tr>
<td>29 June 2017</td>
<td>Victorian Branch Network Event</td>
<td>Carlton, Melbourne</td>
</tr>
<tr>
<td>15 July 2017</td>
<td>College of Relationship Counsellors PD event Mindfulness in Couple Work</td>
<td>Crows Nest, Sydney</td>
</tr>
<tr>
<td>10 August 2017</td>
<td>PACFA TAS PD event <strong>SAVE THE DATE</strong></td>
<td>Sandy Bay, Hobart</td>
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<td>Canberra &amp; Region Branch Event <strong>SAVE THE DATE</strong></td>
<td>Canberra CBD</td>
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<td>15 August 2017</td>
<td>PACFA NSW PD event The Power of Autogenic Therapy</td>
<td>Crows Nest, Sydney</td>
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<td>Dates</td>
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<tr>
<td>4 – 15 September 2017</td>
<td>Mental Health Training Course</td>
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<td><em>Book online at the PACFA Portal</em></td>
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<tr>
<td>10 October 2017 6:30pm – 9:00pm</td>
<td>NSW Branch The Benefits of a Horizontal Perspective</td>
<td>Crows Nest, Sydney</td>
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<td>26 – 27 October 2017</td>
<td>PACFA TAS PD event <strong>SAVE THE DATE</strong> Sexuality in Couple Work</td>
<td>Sandy Bay, Hobart</td>
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<tr>
<td>13 – 24 November 2017</td>
<td>Practical Ethics for Counsellors &amp; Psychotherapists</td>
<td>Online</td>
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<td><em>Book online at the PACFA Portal</em></td>
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**REFUND POLICY:**

- Cancellations made **5 or less working days** prior to the course commencement date are 100% non-refundable.
- Cancellations made **more than 5 working days** prior to the course commencement date may apply via email to admin@pacfa.org.au for a 50% refund.
- Alternatively, course bookings may be transferred to another person or to a future course. Transfer requests must be sent to admin@pacfa.org.au prior to the course commencing.
- After the commencement date/time of the course, no refunds or transfers are possible.

**Online Mental Health Course – 4 to 15 September 2017 (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: $250 (inc. GST) Non-members $350 (inc. GST)

This event counts as 8 hours (16 points) of category A CPD for PACFA’s renewal requirements.

**Online Ethics Course – Online 13 to 24 November (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: $190 (inc. GST) Non-members $250 (inc. GST)

This event counts as 6 hours (12 points) of category A CPD for PACFA’s renewal requirements.
PACFA has arranged two new insurance packages, at very affordable rates, with Insurance House, a national insurance broker specialising in Professional Indemnity Insurance. PACFA also receives support, in the form of sponsorship, from Insurance House to help advance our mission.

While PACFA does not endorse any particular insurance company, PACFA has arranged these packages so that members can have access to affordable insurance. It is, however, the practitioner’s responsibility to arrange your own insurance and to determine the policy that best meets your needs.

Insurance House offers PACFA Members and members of PACFA Member Associations a combined professional indemnity and public liability policy at very attractive rates.
There are two options: the PACFA Master Insurance Policy and the Individual Insurance Policy.

Option 1 - PACFA Master Insurance Policy

PACFA has negotiated a Master Insurance Policy with Insurance House for both practitioners and educators.

* The Master Insurance Policy is available to Individual PACFA Members ONLY.
** Registered Psychologists are required to pay the premium for Registered Psychologists.
*** The Master Policy option is one of the most affordable insurance available which provides a very high level of cover for a very low premium.

The Master Insurance Policy provides $20,000,000 of professional indemnity cover, $20,000,000 of public and products liability, access to 1 hour of free legal advice per year via the Insurance House advice line, and unlimited run-off cover when you retire.

Every member who takes up the Master policy has a limit of up to $20,000,000 cover for both professional indemnity and public liability cover. FREE cover under the PACFA Master Policy is provided to counselling and psychotherapy students who are Student Members of PACFA.

For information on the very low premiums, download the PACFA Master Insurance Policy Premiums. For information on how to take up this insurance option, see the PACFA website.

Option 2: Individual Insurance Policy

PACFA has negotiated an Individual Insurance Policy with Insurance House for both practitioners and educators.

* This policy is available to Individual PACFA Members and members of Member Associations.
** Registered Psychologists are required to pay the premium for Registered Psychologists.

The level of cover available is between $1,000,000 and $20,000,000 for Professional Indemnity, and between $10,000,000 and $20,000,000 for Public Liability cover, depending on the level of cover you select. The policy includes access to 1 hour of free legal advice per year via the Insurance House advice line, and unlimited run-off cover when you retire.

For information on the very low premiums, download the Insurance House Individual Policy Premiums. For information on how to take up this insurance option, see the PACFA website.

Switching to one of the new insurance options

Practitioners can switch to one of the Insurance House insurance options if you think it will meet your insurance needs.

You can take up one of the new insurance offers:

- when joining PACFA or a PACFA Member Association for the first time;
- when your current insurance expires; or
- at any time when you decide you are ready to switch.
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.

Psychotherapy and Counselling Federation of Australia

Tasmanian Branch PD Event

Developing Spiritual Awareness and Enhancing Integration Skills

CCAA Tasmania and the PACFA Branch of Tasmania have come together to provide a one day workshop to empower and equip Supervisors and Counsellor’s to process their clients, and their own Spirituality. Presented by Maureen Ireland and Bill Van Schie.

Date: Saturday 3 June
Time: 8:45am—5:00pm
Venue: The Royal Yacht Club of Tasmania, Marieville Esplanade, Sandy Bay, Hobart.

PACFA & CCAA Members: $70 (inc. GST)
Students: $40 (inc. GST)
Non-members: $90 (inc. GST)

This event counts as 6.5 hours (13 points) of category A CPD for PACFA’s membership renewal requirements

Register Online: www.portal.pacfa.org.au
For assistance, please contact PACFA on (03) 9486 3077 or email: tasmanianbranch@pacfa.org.au

Psychotherapy and Counselling Federation of Australia

PACFA West PD event

Working with Suicide & Suicide Ideation Assessment & Risk Assessment — Antonia Murphy

PACFA West and Abbotsford Private Hospital are collaborating to offer you the opportunity to attend a workshop presented by Antonia Murphy. This workshop aims to enhance understanding and challenge concepts of mental illness and suicidality.

Date: Friday 2 June 2017
Time: 9:30am - 4:30pm
Venue: Telethon Speech and Hearing Centre, 36 Dodd Street, Wembley WA

Registration: $110 (inc. GST)
Student Registration: $75 (inc. GST)

Lunch and refreshments are included.

This event counts as 6 hours (12 points) of category A CPD for PACFA’s membership renewal requirements

Register Online: www.portal.pacfa.org.au
For assistance, please contact PACFA on (03) 9486 3077 or email: pacfawest@pacfa.org.au

Sessional consulting rooms available
Bondi Junction / Woollahra

No contract, monthly basis for as little as four hours a week. Or 6 month / 12 month contracts if you prefer. After hours and weekends also available. Choice of four quite different, special purpose rooms. Wifi, waiting room, bathroom, off-street parking (some days). It would suit practitioners who want a very neat, well-groomed presentation.

For photos and details re rooms and current availability, please see our webpage:
www.parksclinic.com/rooms
Professional Development Event

Trauma—Informed Counselling Practice

The College of Counselling is facilitating its inaugural professional development event with a webinar exploring trauma-informed practice for counsellors. New evidence-based approaches to treating trauma enable client safety by addressing and regulating trauma symptoms. The panel will be made up of two practicing counsellors experience in trauma work, Fiona Griffith and Emma Hodges and consumer and carer representatives.

Date: Saturday 3 June
Time: 12:00pm—2:30pm AEST
11:30am—2:00pm ACST
10:00am—12:30pm WST
Venue: Online Webinar

Members: $15 (inc.GST)
Students: $10 (inc.GST)
Non-members: $20 (inc.GST)

This event counts as 6 hours (12 points) of category A CPD for PACFA’s membership renewal requirements

Register Online: www.portal.pacfa.org.au
For assistance, please contact PACFA on (03) 9486 3077 or email: counsellingcollege@pacfa.org.au

Interactive Drawing Therapy

“Working with imagery and metaphor to unlock inner resourcefulness”

IDT FOUNDATION COURSE TRAINING
IDT is a unique, page based way of working with words, images and feelings, and Interactive Drawing Therapy Limited run a range of courses using the IDT modality.

For information on course dates and locations please visit our website:
www.InteractiveDrawingTherapy.com.au
Contact: Info@InteractiveDrawingTherapy.com.au
IDT Foundation course are accredited to earn PD points for a wide range of professional bodies.
Psychotherapy and Counselling Federation of Australia

23-25 June: The Jungian Foundation, Sandplay Therapy

Laura Soble, MFT, REAT, CST-T STA/ISST, Teaching Member

Learn to understand Sandplays as Dora Kalff, founder of Sandplay Therapy did: - with a Jungian perspective. Jungian Analytic Psychology is deeply embedded in Dora Kalff’s method, and essential to using sandplay equipment as she designed and taught. This program meets the training standards of the International Society for Sandplay Therapy, as founded by Dora Kalff herself. Learning hours count towards Certification, PACFA, ACA and other PD hours.

Laura Soble, Jungian trained Teaching Member of Sandplay Therapists of America and ISST visits for this enthralling three day program, only available in this country via the Australia New Zealand Sandplay Therapy Institute.

If you missed the prerequisite Fundamentals in Sandplay Therapy program, and don’t have 17 ISST certified Sandplay Therapy learning hours you can CATCH-UP! Enquire about the CATCH-UP Fundamentals of Sandplay Therapy on-line program at admin@stenza.asn.au

Canberra & Region Branch PD event

Psychodrama and Embodied Imagination

This event includes two workshops

* Psychodrama with Annette Fisher
* Embodied Imagination with Jennifer Hume

Date: Wednesday 17 June 2017
Time: 1-5 pm
Venue: Griffin Centre, Room 6, 7/20 Genge St, Canberra City

Members $70 (inc. GST)
Students $45 (inc. GST)
Non-members $90 (inc. GST)

Afternoon Tea Included

This event counts as 3.5 hours (7 points) of category A CPD for PACFA’s membership renewal requirements

Register Online: www.portal.pacfa.org.au

For assistance, please contact PACFA on (03) 9486 3077 or email: admin@pacfa.org.au
GROUP THERAPY WORKSHOP
A high quality delivery of experiential facilitation and participation

Workshop target:
- Psychotherapists
- Psychologists
- Counsellors
- Social Workers
- Mental Health Professionals

About the Workshop

The purpose of this three day workshop is to provide participants to experience the effectiveness of the group experience.

Participants will be given the opportunity to learn and develop facilitation skills with a focus on process and interpersonal awareness. This is especially useful for those working with the addicted population within group settings. Yalom and Flores model will be both demonstrated and taught.

When: 23rd to 25th June 2017
Where: 62 to 64 Highbury Rd, Burwood Vic.
Cost: $720 - Registration and cost to be made by 12 June to secure your position.
To Register
Please send your expression of interest to:
frontiercounsel@outlook.com

PD Hours: 19.5

About the Facilitator:
Jean Lucas (PACFA Reg Clinical)

Jeff has specialised in the treatment of addictive disorders over the past 20 years managing and developing rehabilitation programs that have a core emphasis on group therapy.

He has also developed and facilitated group therapy workshops within the Addiction Treatment industry for all those that want to learn how to develop or further develop their group therapy facilitation skills.

Throughout the course Jeff will demonstrate the art of group therapy and coach participants to facilitate the group. Past participants have asked for more practical group time during the course and this has been structured into the course timetable.

‘Past participants comments’:
“I found this experience confronting, challenging but above all else an opportunity to grow: it touched my humanity”

“Fascinating insight”

“This was a very intense and informative course: what I will be taking away with me is invaluable and hope to do a further workshop in the future”

Discover the facilitator you want to be...
Psychotherapy and Counselling Federation of Australia

The Power of Autogenic Therapy - Helen Gibbons

Helen Gibbons brings over 20 years’ experience as an Autogenic Therapist. Autogenic Therapy is evidence-based therapy for mind-body health and enhanced performance. Participants of this workshop will be given an overview of how this powerful therapy can benefit their clients as well as some hands-on experience of the technique.

Date: Tuesday 15 August 2017
Time: 7:00pm - 9:00pm
Venue: Pat Brunton Hall, Crows Nest Centre, 2 Earnest Place, Crows Nest NSW 2065

Members: $15 (inc. GST)
Students: $10 (inc. GST)
Non-members: $20 (inc. GST)

Coffee and tea included

This event counts as 2 hours (4 points) of category A CPD for PACFA's membership renewal requirements

Register Online: www.portal.pacfa.org.au
For assistance, please contact PACFA on (03) 9486 3077 or email: newsouthwalesbranch@pacfa.org.au

Mindfulness in Couples Therapy

Geoff Dawson has based this workshop on a theoretical model that integrates an understanding of the emotional maturity of the individual within the relationship system that he or she is embedded in. A central theme will be to address the issue of narcissism in intimate relationships—a contemporary topic that has been given considerable sociological attention of late but has not yet found its way into couple therapy.

Lunch and refreshments included.

Date: Saturday 15 July 2017
Time: 9:00am—5:00pm
Venue: Fuller Hall, Crows Nest Centre, 2 Ernest Place, Crows Nest NSW

Members: $95 (incl. GST)
Students: $80 (incl. GST)
Non-members: $110 (incl. GST)

This event counts as 6 hours (12 points) of category A CPD for PACFA’s membership renewal requirements

Register Online: www.portal.pacfa.org.au
For assistance, please contact PACFA on (03) 9486 3077 or email: relationshipcounsellorscollege@pacfa.org.au

New South Wales Branch PD event

Professional Development Event

Professional Development

Core Belief Balancing – For Professionals

Date: June 17 @ 9:00 am - 4:00 pm
Booking: www.trybooking.com/282120
Venue: The Relaxation Centre 15 South Pine Road (Cnr Wakefield St) Alderley

Website: www.qca.asn.au

Please Book Early – Numbers Limited to 20 only

Contact: John Nutting
Email: nutting2015@growingaware.com
Phone: 0414 57 00 16
International Grief & Loss Events

Dr Robert Neimeyer

This internationally renowned researcher, author and clinician in the field of Grief & Loss presents two highly experiential and hands-on workshops:

Intervening in Meaning: Finding Significance in Grief & Loss
- MELBOURNE: Mon 31 July & Tues 1 August 2017
- BRISBANE: Fri 4 & Sat 5 August 2017
- SYDNEY: Mon 7 & Tues 8 August 2017

Grief & Loss: What Supervisors Need to Know
- MELBOURNE: Wed 2 August 2017
- SYDNEY: Wed 9 August 2017

3-Day Package of both workshops available in SYD/MELB

Centre for Existential Practice

full details & registration @ http://www.cep.net.au/RobertNeimeyer.html

Additional four-day workshops from CBT australia

COGNITIVE BEHAVIOUR THERAPY AUSTRALIA

By popular request the Certificate in CBT workshop focusing on working with children and adolescents will be repeated again this year in Melbourne.

Certificate in Cognitive Behaviour Therapy with Children & Adolescents

presented by Ms Bronwyn Tarrant & Dr Dom DiMattia

During this four-day interactive training program, participants will be introduced to CBT techniques and strategies for working with children and adolescents. Specific applications for use with parents, and for use in the classroom will also be covered. Teaching approaches include lectures, modelling and skills development in small groups with supervision.

Melbourne 5 - 8 October 2017 Albert Park 3206

The workshops will run from 9am - 5pm each day with morning and afternoon tea and lunch provided.

For information on venue, presenters and registration: www.cbtaustralia.com.au
training@cbtaustralia.com.au or call 03 9705 2216

The Certificate in CBT four day program continues to impress in Australia as well as overseas.

Certificate in Cognitive Behaviour Therapy

presented by Dr Monica O’Kelly & Dr Dom DiMattia

Participants will gain a thorough theoretical understanding of cognitive behaviour therapy and the skills specific to this mode of therapy. Areas covered include CBT with Depression, Anxiety, and with Anger. Suitable for the beginner and for those wishing to refresh or build on their current skills. A qualification in a health or “helping” profession is a prerequisite. Therapists working in a variety of settings should benefit from this comprehensive training.

Melbourne 12 - 15 October 2017 Holmesglen
Sydney 26 - 29 October 2017 Camperdown
Brisbane 2 - 5 November 2017 Boondall

AND the Certificate in CBT ADVANCED for those who have already completed the Certificate in CBT course will be held in Sydney 9 - 12 November.

COST all workshops: $1416 (GST incl)
Early bird and student discounts offered - refer to website.
UPGRADE OR BEGIN YOUR CAREER IN COUNSELLING.

DIPLOMA OF COUNSELLING AND COMMUNICATION SKILLS
BACHELOR OF APPLIED SOCIAL SCIENCE (COUNSELLING)
MASTER OF COUNSELLING AND APPLIED PSYCHOTHERAPY

LEARN IN A REAL CLINIC WITH JANSEN NEWMAN INSTITUTE AND TORRENS UNIVERSITY AUSTRALIA

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1800 777 116 | www.jni.edu.au

DEGREES THAT WORK
The Benefits of a Horizontal (sibling) Perspective in Psychotherapy and Counselling

Dr Servaas van Beenkum

In this workshop, van Beekum presents an overview into the vertical paradigm, central to Freud’s theoretical framework. He gives insight in the reasons why it has become the dominant perspective before moving to the emerging insights in the horizontal (sibling) perspective and the reasons why it has recently gained traction. The presentation also highlights an exercise and practical work for the professional interested in applying these new insights.

Date: Tuesday 10 October 2017
Time: 6.30pm - 9:00pm
Venue: Johnson Hall, Crows Nest Centre, 2 Earnest Place, Crows Nest NSW 2065

Members: $15 (inc. GST)
Students: $10 (inc. GST)
Non-members: $20 (inc. GST)

Coffee and tea included

This event counts as 2.5 hours (5 points) of category A CPD for PACFA’s membership renewal requirements.

Register Online: www.portal.pacfa.org.au
For assistance, please contact PACFA on (03) 9486 3077 or email: newsouthwalesbranch@pacfa.org.au

Online Practical Ethics Course—2

This is a six-hour online course which covers all key areas of Ethical practice including:

* A Personal Inventory of Ethical understanding
* 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

13th - 24th November 2017

Members $190 (inc. GST)  Non-members $250 (inc. GST)

For PACFA Registrants, the course counts as 12 points of Category A CPD (Continuing Professional Development).

Register Online: www.portal.pacfa.org.au
For assistance, please contact PACFA on (03) 9486 3077 or email: admin@pacfa.org.au
understanding and supporting people affected by forced adoption

Training for health professionals

“I felt the extreme pain of forced separation. The grief never went away or ever will go away.”

PERSON AFFECTED BY FORCED ADOPTION

In Australia, between the 1940s and the 1980s, state and federal governments, churches, charities and hospitals, medical staff and bureaucrats were involved in the forcible removal of newborn babies from their mothers. It is estimated that up to 250,000 forced adoptions occurred, and the majority of these are now considered to have been forced.

The impacts of these forced adoptions on the mothers, fathers, adopted people and their families have been significant and include grief, trauma, anxiety, depression and problems with self-identity and relationships. These impacts are often life-long.

In 2013, the Australian Government apologised for these policies and practices, and the resulting impacts on individuals affected by forced adoption.

As part of their efforts to redress these actions, the Australian Government Department of Health funded the Australian Psychological Society to develop online training for health professionals working in mainstream services to support people affected by past forced adoption policies and practices in Australia.

The training has been developed with expert input from each of the major health professions and is free (through Australian Government Department of Health subsidised places) for health professionals working with people affected by forced adoption.

Up to eight CPD points can be claimed.

For more information and to register, visit www.psychology.org.au/forced-adoption

For terms and conditions, visit www.psychology.org.au/forced-adoption/terms
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>Dimensions and booking details</th>
<th>2017</th>
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<table>
<thead>
<tr>
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<th>BOOKING AND PAYMENT</th>
<th>DISTRIBUTION</th>
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<tbody>
<tr>
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<td></td>
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<td>Friday, 17 March</td>
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<tr>
<td>May</td>
<td>Friday, 12 May</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>Friday, 14 July</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>September</td>
<td>Friday, 15 September</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>Friday, 17 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 enews@pacfa.org.au