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PRESIDENT’S REPORT
TRIBUTE TO IONE LEWIS

FEATURE ARTICLE
Responsiveness to client preferences: challenges and opportunities for research, practice and service delivery
By Professor John McLeod, University of Abertay, Scotland
In October, PACFA’s 2014 AGM will take place in Melbourne. This will be an opportunity to review achievements in the last year and to prepare for new opportunities and challenges in the year ahead. The AGM will include discussions on two news items in this edition of eNews - the proposed PACFA restructure and the proposed purchase of the Psychoz business by PACFA. Both initiatives are important developments which are aimed at strengthening PACFA as peak body for counselling and psychotherapists and positioning us to better represent and promote the profession to government and the community.

I am delighted to include a feature article on client preferences by Professor John McLeod from the University of Abertay, Scotland, which explores how, to be effective, practitioners and organisations need to be able to respond flexibly to a wide array of preferences. Professor McLeod reviews the research which indicates that compared to therapy that does not take account of client preferences, any model of therapy that is preference-sensitive demonstrates three main advantages: lower rates of drop-out early in therapy, stronger therapeutic alliance ratings, and better outcomes on completion of therapy. This is a significant finding for practitioners. The article also considers the relevance of preferences for front-line counselling services and the ways that an overtly preference-oriented stance is consistent with the traditions and values of counselling.

Other new items of interest are an update on PACFA’s submission to the DoH’s Review of Natural Therapies, information about resources available from the Royal Commission into Institutional Responses to Child Sexual Abuse, and another call for articles for our online journal, PACJA. As we do every year, PACFA acknowledges and promotes World Mental Health Day on 10 October. Readers are encouraged to get involved this year by making a mental health promise to yourself and by helping to promote the Mental Health Begins with You! campaign.

I am also pleased to include an article based on a presentation delivered at this year’s conference by PACFA Research Chair, Dr Elizabeth Day, on PACFA’s data collection project. With such large numbers of practitioners from the PACFA community delivering client sessions every week, this is a large pool of professional intelligence that is not currently being utilized to improve outcomes. The article canvasses some of the available data collection tools and explores whether some form of data collection by counsellors and psychotherapists could be introduced to gather client feedback on a routine basis. This could provide data to support effective clinical practice and to help advance opportunities for recognition of psychotherapists and counsellors.

As usual some professional development opportunities are featured in the news section of eNews as well as in the classifieds. There are also three research studies being promoted on ethics, sexual abuse and attitudes to overweight and obesity. Practitioners and their clients are invited to consider participating in these studies.

I would like to close my editorial by saying thank you to Ione Lewis who will step down at the October AGM after four years as PACFA President. In this edition of eNews, read Ione’s final President’s report and a beautiful tribute to Ione written by Board member, Andrew Little. Ione has made a substantial contribution to PACFA, working many, many, long hours for PACFA as a volunteer. I have been PACFA CEO for about three and a half years now and in that time, I have seen PACFA make some really significant advances under Ione’s leadership. These include professionalising PACFA as an organisation, building collaboration with PACFA’s Member Associations, and developing and implementing strategic plans to advance PACFA’s mission. Ione will continue on the Board for another year as Past-President and will also continue contributing to PACFA as a member of the PACFA Research Committee.

Maria Brett
eNews Editor
This is my final report as President for the PACFA eNews. I have been honoured to be President for the past four years and to work with such a high functioning, cohesive and hardworking Board, CEO, Office staff and the committees of PACFA. I would like to thank and recognise all of these. I have also enjoyed and benefited from the links with Member Associations and some very significant connections developed over the past four years, in particular with South Australia and Tasmania.

When I look back over the past four years, I am amazed at what PACFA has achieved internally and externally. We now have an academic journal; a very fine publication in eNews; a flourishing research culture; high quality conferences, policies and procedures that ensure good governance; participatory Council and AGM meetings with World Café discussions and MA forums; expansion in the number of courses accredited with PACFA; and additional register listings for mental health practitioners, supervisors and interns. The PACFA register and PACFA’s documentation for practitioners has been externally audited and included in private health rebates. The counselling and psychotherapy workforce has participated in mental health and ethics training provided through PACFA, the ARCAP register has been established, the Constitution has stayed up to date with the evolution of PACFA, and joint PACFA/ACA lobbying of government for recognition of counsellors and psychotherapists is now accepted as how we do business. The number and quality of submissions to government has skyrocketed.

Four years ago, there was no CEO or Ops Manager for a six month period. I ran weekly staff meetings by phone with the PACFA Office, edited eNews, and consulted with Member Associations about what they wanted from PACFA. PACFA had to rebuild relationships with government and private health funds, and decided to fund research through tenders rather than funding a Professor at La Trobe University.

I would like to acknowledge the work of the Board and the PACFA CEO, Maria Brett, as all have contributed to these changes in the quality and effectiveness of PACFA. They have generously contributed their expertise, time and corporate knowledge to rebuild PACFA. The current PACFA restructure discussions and the progress of the working party is evidence of our maturity and evolution as an organisation.

Nonetheless, the challenges currently facing PACFA are serious. Some Member Associations are finding it difficult to function. We are moving into an era in which practitioners expect to be served rather than to serve. There is a fracturing with some modalities setting up their own national associations – hypnotherapy, psychoanalysis and family therapy. The small private trainings in specialised modalities have found it difficult to survive in a regime of regulation of higher education. Individual practitioners find it difficult to make sense of the PACFA structure and feel alienated. There is a lack of knowledge among our community of practitioners of the activities PACFA undertakes on their behalf. Although considerable progress was made last year before the change of government in plans to include counsellors and psychotherapists in Medicare funded programs, discussions with government had to begin anew with the election of the Coalition government. In a climate of low political consultation, the number of submissions made to government by PACFA has significantly dropped.

As a profession, we have much more to do in the areas of ethics, professional practice, developing the evidence-base for counselling and psychotherapy, communicating with and enlisting the support of employers of counsellors and psychotherapists and organisations that provide therapy, keeping pace with technological changes and how practice is evolving, demonstrating our relevance to practitioners, engaging with the huge pool of VET Diploma of Counselling graduates across Australia, and outlining our points of difference, strengths and limitations with regard to psychology and other health professions in order to establish the professional identity of counsellors and psychotherapists.
I look forward now to my role as Past President of PACFA and serving on the Board for the next twelve months. I and the Board strongly support the nomination of Charles Wilson as incoming President and Di Stow as Vice President. There have been productive succession planning, discussions in Board meetings, and the future Vice Presidents are lined up behind Di.

**Consultation with Member Associations about PACFA restructure**

The high level themes coming from the consultations with Member Associations about the proposed PACFA restructure are summarised below:

- Identity of the profession: cohesion as a profession / emphasis on modalities
- Member Associations do want to see greater recognition for the profession, but struggle to have ongoing engagement with their own members regarding supporting the work of PACFA at times – needs to be greater clarity on the value for money equation
- Many Member Associations are happy to hand over repetitive administrative tasks to PACFA and do see the point in streamlining governance so that energy and resources are focussed towards our collective aims rather than dispersed in running multiple organisations
- Sustainability of Member Associations: varying levels of sustainability and buy in from members
- Larger associations are more difficult to run
- Some Member Associations are doing very well
- Organisations wishing to join PACFA and/or stay separate – both must be accommodated in the new structure
- Differences sometimes apparent between views of executives of member associations and views of their members
- Need to recognise the views and needs of individual practitioners who may or may not be currently listed on the PACFA Register.
- Clearly the current structure does not make sense to students and practitioners
- Differing views on the new structure
- Colleges need to represent counselling as well as psychotherapy
- More voice needs to be given to family therapy as distinct from counselling and psychotherapy
- A call for PACFA and the profession to 'own' the terms counselling and psychotherapy
- Psychotherapy Member Associations pressing for distinguishing psychotherapy to maintain diversity within the profession and clear points of difference from other allied health professions
- Good financial modelling imperative- if we can arrange the finances so that it does not cost more and there is better value for money and the recognition of the profession is advanced, this would be ideal.

**PACFA Facebook page**

The PACFA Facebook page has increased significantly in “likes” with the activity around the conference. There are currently 895 people who like the page, which means they receive posts from PACFA in their feed. The number of new likes per week has noticeably lifted since the conference and the reach of PACFA posts has increased. Four years ago PACFA did not have a Facebook page so this is a considerable development for reaching people with counselling and psychotherapy messages other than members of Member Associations, nationally and internationally.

**Research Committee**

I continue to be active on the Research Committee and as a PACJA reviewer. This role will continue into the future.

_Ione Lewis_

PACFA President
Acknowledging Ione Lewis
who steps down as PACFA President at the Next PACFA AGM in October this year.

A personal tribute.....
By Andrew Little, PACFA Board member

You have come amongst us for both a short time and a long time
It is with a sense of gratitude that I look upon the new
Emerging out of the wreckage of the old
A fairy godmother was not needed,
Joan of Arc was, a different kind of Joan of Arc
Someone with the light touch of an angel’s wing
Who also has the fire
A person possessed with fire, determination, and passion
Seeing through all the crap with eyes of intelligence and compassion
Knowing the right thing to do
I can count it a blessing to know someone
Close at hand
That touches into greatness
A turn to beauty
A turn to listening
A turn to watching quietly
A turn to listening
A turn to watching quietly
A turn to writing

Tapping away at keys on a range of machines
That just cannot keep up.
Some of them have even got up and flown away.
I know you thought it was you.
They just had to get away and give someone else a turn.
There is a sizzle
A scorch
A clearing
A more open space from which spring will come.

The eyes of the owl see all
Especially in the small hours.
The necessary comes beckoning
Here are the tools
Just use them

You have done so much healing with others.
Time now for your own rest and recuperation
In connections with this sunburnt and colorful land.

There is a blackbird in a tree that calls your song
In amongst all the noise, I know you hear it
The journey goes on
It is a simple clear song
The rocks know you
The sky knows you
They all call you
Welcome home to where you have always been

The sound of wood lightly tapping on wood
Signals a time for a party!
Editor's note:

John McLeod was a keynote speaker and workshop presenter at this year’s conference. I attended both of John’s presentations which were on the theme of client preferences. John managed to articulate what I, and many others practitioners already do (and sometimes wish we could do better) - responding to our clients with the interventions that are going to be most helpful for them. I found John’s approach of client preferences so incredibly helpful, I wanted eNews readers to have the opportunity to read about John’s work. Thank you very much to John McLeod for his willingness to contribute to the PACFA eNews. John will also be contributing another article on the same topic to PACJA, PACFA’s online journal.

Introduction

There are many ways that the effectiveness of counselling and psychotherapy can depend on the extent to which the service that is offered to a client corresponds with that person’s understanding of what they need, and what would be most or least helpful for them. For example, someone who is struggling to deal with crippling fear and anxiety in their life, may know that what they need to do is to talk through the terrible events in their childhood that remain part of their everyday experience. Another person who is highly anxious may have no interest at all in making sense of where their fears come from – what they have come to therapy for, is to acquire skills and techniques in how to control and manage their emotions. Some people find it useful to receive therapy on an intensive basis, either several times each week or within a residential treatment facility. Others may only want to see their therapist on a monthly basis. These are just some of the many differences that exist in people who come to therapy, in terms of their ideas about what will be most helpful for them.

These examples describe various ways in which people bring their own ideas about therapy into the counselling room. This broad topic has been a focus of a substantial amount of research over several decades. Historically, researchers have described this topic in terms of concepts such as expectations, attitudes, beliefs, credibility of therapy approaches, and theory of cure.
More recently, this area of inquiry has crystallised around the concept of preference. In contrast to other ideas that refer to broadly similar processes, the concept of preference pays particular attention to the relationship between the client’s attitudes and beliefs, and the likelihood that they might act in a certain manner. When someone states a preference, they demonstrate an in-principle commitment: when they are offered an option that reflects that preference, they will take it and use it. Research on preferences therefore has the potential to be of practical value, in creating a better understanding of how to engage clients in therapy.

Research on client preferences

Within the field of counselling and psychotherapy, research into client preferences has examined a range of scenarios through which preferences may play a role in practice. Some studies have invited clients to indicate whether they prefer one approach to therapy rather than another (e.g., CBT or psychodynamic), or prefer therapy rather than medication, and have looked at the impact of allocation to a preferred or non-preferred option. Other studies have asked clients, before the start of therapy, about the specific therapeutic activities that they believe would be most helpful for them (e.g., homework tasks, expressing emotions, receiving support) and have then investigated the extent to which those who receive preferred activities do better in therapy. A further type of research has explored the effect of therapy that is designed to be flexibly responsive to client preferences across the therapy process as a whole. At this time, there are more than 30 studies that address one or another of these possibilities. Taken as a whole, the findings of these studies have tended to converge on a consistent set of conclusions. Compared to therapy that does not take account of preferences, any model of therapy that is preference-sensitive demonstrates three main advantages: lower rates of drop-out early in therapy, stronger therapeutic alliance ratings, and better outcomes on completion of therapy. Systematic meta-analytic reviews of this literature have been carried out by Swift and Callahan (2009; 2013) and Lindhiem et al. (2014). More descriptive, practice-friendly reviews can be found in McLeod (2012, 2013a).

Preference-informed practice

It is my belief that there are huge advantages for the counselling profession, in embracing the concept of client preference. At the present time, there is no generally accepted understanding of the difference between counselling and psychotherapy – these labels are used in different ways in different situations. Nevertheless, I would suggest that in Australia, the UK, and many other countries, counselling tends to be used to describe front-line, generalist services, whereas psychotherapy generally refers to therapeutic practice that is conducted in secondary care, or offers a specialist ‘brand-name’ theoretical model (McLeod, 2013b).

The relevance of preferences for grassroots, front-line counselling services arises from the realisation that, to be effective, these organisations need to be able to be flexibly responsive to a wide array of preferences. On the whole, people turn to a counselling agency because they are in crisis, and need help as a matter of urgency. Counselling clients do not choose a particular model of therapy – what they choose is to seek help. By contrast, when someone enters a more specialist form of therapy, such as psychoanalysis, or Dialectical Behaviour Therapy (DBT) for borderline personality disorder, it is probably the case that an extensive process of selecting, filtering and choice-making will have taken place before the first appointment is even made.

There are many ways that an overtly preference-oriented stance is consistent with the traditions and values of counselling. This type of flexible, tailored approach to therapy also enables the counselling profession to mark out a distinctive territory within the world of psychological and mental health care:
1. A new kind of evidence-based practice

The powerful movement that has promoted evidence-based or empirically-validated forms of therapy, has been grounded in research that claims to show that certain therapy approaches are more effective than others, for specific client problems. In my view, current research findings have produced serious difficulties for this line of argument. There is accumulating evidence that both the person of therapist (Okishii et al., 2003; Kraus et al., 2011), and the extent to which the client is offered a preferred set of therapeutic activities (see above), have a much stronger bearing on outcome, compared to the model of therapy that is used. In other words, if a care system is to be truly evidence-based, it would not be organised around the provision of evidence-based approaches. Instead, it would be based on (a) ensuring that it recruited and nurtured the best possible therapists, regardless of which model they used; and (b) implemented procedures for allowing the maximum amount of collaborative negotiation between the client, the therapist and the organisation, around factoring in client preferences. There may in fact be a link between therapist effectiveness and preferences, in the form of evidence that the most effective therapists have been shown to possess exceptional interpersonal skills around the process of being open to feedback from clients, and their willingness to learn from clients (Anderson et al., 2009; Jennings and Skovholt, 1999; Nissen-Lie, Monsen and Ronnestad, 2010). By espousing a commitment to being responsive to client preferences, front-line counselling agencies can claim to be employing a form of practice that is not only highly appropriate to the needs of their client group, but which is also strongly supported by current research.

2. Culturally-sensitive practice

A further set of possibilities is opened up by the ways in which responsiveness to preferences locks a culturally-sensitive approach into mainstream, routine practice. There exists a great deal of evidence that major forms of therapy, such as CBT, psychodynamic and person-centred, do not necessarily make sense to clients from non-Western cultural groups. It is not that these approaches are completely lacking in relevance or potential efficacy. Instead, they need to be adapted to the world-view of the client, and work alongside their pre-existing existing indigenous healing practices. A review of research into culturally-adapted therapy, by Benish, Quantano and Wampold (2011), has shown that cultural adaptation, particularly in the area of world-view, makes a highly significant difference to therapy effectiveness. Attention to client preferences can be regarded as a means of applying a ‘culturally-adapted’ stance in relation to all clients, not just those whose cultural identity is markedly different from that of the therapist. This is because the preferences articulated by any person receiving therapy, are ultimately drawn from cultural discourses around mental health, well-being and cure.

3. Alignment with other community resources

It seems to me that a dimension of client preferences that has yet to be fully appreciated by the counselling and psychotherapy profession, is the use by clients of other forms of help alongside psychological therapy, and their wish in some instances for these activities to be integrated into therapy. Research by Jorm et al. (2004) has shown that people who are experiencing psychological problems, such as depression, will typically make use of a number of other sources of help, either before they seek psychotherapy, or in parallel to therapy. These sources include exercise, diet, spiritual practice, art-making, travel, and much else. There is also evidence that people may prefer to be helped by someone they already know, such a nurse, doctor or teacher, rather than seeking out a therapist who is a stranger (McLeod and McLeod, 2014).
There are also many examples of initiatives in which counsellors or psychotherapists work alongside practitioners with complementary skills, for instance in adventure therapy, horticultural therapy, equine-assisted therapy, and some creative arts-based therapies. The key point here is that taking client preferences seriously leads counsellors in the direction of forming productive allegiances with other groups and networks within society. This is good for clients, but it is also good for the profession.

There is much potential value in adopting more flexible ways of working that are responsive to client preferences. However, it is also necessary to acknowledge that there are many challenges associated with this direction of travel. For many clients, it is hard to articulate their preferences. What about clients who just prefer to be told what to do, by a trusted expert? What does a therapist do when the client’s preferred way of working falls outside of their competence? What are the skills and competencies that are required for preference-informed practice, and how can these capabilities be learned? There is undoubtedly a huge amount of implicit understanding of how to handle these issues, already available to the profession. After all, it seems likely that the most effective therapists are those who work in a collaborative, preference-oriented manner. It is also possible to develop therapeutic strategies that are specifically preference-informed (for some useful ideas, see Tomkins, Swift and Callahan, 2013).

With Mick Cooper, and others, I have been involved in the development of a ‘pluralistic’ model of practice that is organised around a set of procedures for eliciting and taking account of client preferences (Cooper and McLeod, 2011; McLeod, McLeod, Cooper and Dryden, 2014). This set of ideas can function as a distinctive integrative model of therapy, or it can operate as a framework for practitioners of ‘unitary’ approaches who are looking for ways to incorporate attention to client preferences into their work. There are also many other initiatives and ideas that are available, around how preferences can be harnessed. For example, Pearson (2011) has pioneered ways of using ideas about multiple intelligences as a means of enabling clients to identify therapy activities that will provide a best fit with their way of making sense of the world. Carey (2005, 2007) has experimented with allowing clients to decide on the scheduling of their sessions.

In conclusion, I would suggest that we are at a point in the development of counselling and psychotherapy, where the issue of client preferences has emerged as a key issue. When the pioneers of therapy, such as Freud, Rogers and Wolpe were developing their approaches, it was undoubtedly the case that the majority of their clients would not have read much about therapy. In addition, the ‘doctor’ would have had more authority, as a source of knowledge and expertise. Now, it is easy for clients to read about therapy on the internet, and there are many aspects of social life that promote the desirability of being an active consumer who is willing to confront the doctor. In that sense, the therapy professions may be viewed as being forced, by consumer demand, to face up to the fact that clients have ideas about what will help. It is my belief that these developments are long overdue, and that, in our roles as practitioners and service providers, we have a lot to gain by taking client preferences seriously.
References


PACFA News

Breaking news - PACFA considering purchasing PsychOz business

PsYchOz Publications
RESOURCES FOR EFFECTIVE PSYCHOTHERAPY AND COUNSELLING

PACFA is in negotiations to purchase the highly respected and successful business, PsychOz Publications.

The PACFA Board has been exploring this opportunity for some time and the owners of the business have now indicated interest in proceeding with a sale to PACFA. A Special General Meeting is taking place this week for the PACFA Council to consider the proposed PsychOz purchase, which could take place as soon as 1 December 2014.

If the purchase on PsychOz goes ahead, it would give PACFA new sources of income to support our mission as peak body for the counselling and psychotherapy profession.

The main parts of the Psychoz business are:

- **Psychotherapy in Australia**, the leading national journal for the Psychotherapy and Counselling profession. The journal has been published quarterly since 1994 and has an Editorial Advisory Group of senior academics and practitioners. Along with peer-reviewed papers, each journal has regular contributions from senior practitioners in the field, as well as editorial and book reviews. Subscribers to the journal receive a printed copy and also gain access to an online article archive of over 400 articles published in the journal since 1994. The journal is highly regarded and is already the journal of choice for the members of two PACFA associations, with other Member Associations also interested in subscribing. Many practitioners who subscribe to the journal were very sad to hear the journal was going to close down. Purchase of the journal by PACFA would mean that this excellent resource for our profession would be able to continue.

- **The Human Condition Bookstore**, the leading specialist bookstore for the psychotherapy, counselling and psychology professions. The bookstore offers a vast range of reference books and professional resources (DVDs/CDs) through its strong online presence and from retail premises in Kew. There are just over 10,000 titles on offer, which are promoted to the client database via regular electronic newsletters for new releases and bestsellers, as well as special clearance sales. The bookstore is also a preferred supplier to a number of government departments, university libraries and schools.

The operation of the PsychOz business would be consistent with PACFA’s mission as peak body for the psychotherapy and counselling profession, and its charitable mission as a health promotion charity. As PACFA is a not-for-profit organisation, all earnings from the PsychOz business would be reinvested into supporting PACFA’s mission.

Watch for more news of PsychOz. Enews readers will be able to support this new venture by becoming a subscriber to Psychotherapy in Australia and becoming a regular customer of the Human Condition Bookstore.
At the last PACFA Council meeting, Council decided to establish a Working Party to continue work on the proposal to restructure PACFA. Representatives of thirteen Member Associations offered to participate in the Working Party.

The Working Party met in person on 15 August 2014 with representatives of twelve MAs (including two PACFA Board representatives) and the PACFA CEO present.

The meeting was productive and positive with participants making valuable contributions. Many different perspectives were shared and the outcomes and recommendations reflect the needs of PACFA and its diverse Member Associations.

The Working Party considered the risks versus the opportunities of changing PACFA’s structure or keeping the current structure. There was a clear consensus that it is necessary to change PACFA’s structure in order to ensure that those Member Association that are struggling will survive, and to ensure that PACFA can be a stronger national peak body for psychotherapy and counselling in the future.

As requested by Council, the Working Party is working on the details of the proposed PACFA restructure. While there are still many details for the Working Party to work through, the work of the Working Party so far is summarised in a new Discussion Paper prepared by the Working Party. The Discussion Paper includes suggestions for the PACFA restructure and questions for the PACFA Council to consider at the forthcoming PACFA Annual General Meeting taking place on 11 to 12 October.

The Discussion Paper is now available for download at the PACFA website, [www.pacfa.org.au](http://www.pacfa.org.au) under Announcements.

The Working Party encourages individual practitioners to provide feedback on the Discussion Paper, either directly to the Working Party (email the PACFA CEO at maria.brett@pacfa.org.au) or, if you belong to a PACFA Member Association, you can provide feedback to your Member Association.

Members of the Working Party are:

- Di Stow (Chair, PACFA Board, PCA TAS)
- Margie Abbott (AANZPA)
- Barry Borham (CAPA NSW)
- Maria Brett (PACFA CEO)
- Christine Butera (ASCP)
- Simone Falvey-Behr (CAPAV)
- Tara Green (ATERC)
- Neil Harris (CCAA)
- Andrew Little (PACFA Board, SCAPE)
- Jyan Mayfield (AARC)
- Joanne Marsh (ASPA)
- Kath McCarthy (GANZ)
- Paul Scully (QCA)
- Peter Zanol (CASA)
In 2013, PACFA was invited to participate in the Department of Health’s Review of the Government’s Private Health Insurance Rebate for Natural Therapies. Although the DoH has delayed releasing the findings of the Review until 2015, we do have an update on what is happening with the Review from PACFA’s perspective.

Background

The Review was looking at the evidence base for the effectiveness of a wide range of natural therapies and, surprisingly, psychotherapy was on the list of therapies being reviewed. Only those therapies for which there is an evidence-base will be covered by the rebate that policy holders currently receive from the government on their private health insurance policies.

While we wouldn’t actually see psychotherapy as a “natural therapy”, PACFA did see our inclusion in the Review as an opportunity to strengthen our efforts to gain greater recognition for psychotherapists by Private Health Funds. PACFA’s submission to the DoH can be viewed at the PACFA website.

In our submission, PACFA argued that counselling – as well as psychotherapy - should be in scope for the review given that some private health insurance rebates are already available for counselling and that there is no black and white demarcation between psychotherapy and counselling; these terms are sometimes used interchangeably.

We fully expected that the Review would find that there is a strong evidence-base for the effectiveness of psychotherapy and counselling (this can’t be disputed as the evidence is very clear) and that this might encourage Private Health Funds to talk to us more seriously about increasing rebates for services provided by psychotherapists and counsellors.

Update

In July I wrote the Chief Medical Officer who is chairing the Review to express our concerns about the delay in the release of the Review findings. I was quite shocked to receive a reply advising me that psychotherapy and counselling (and also hypnotherapy) had been removed from the scope of the Review. The reason for this was that Medicare rebates are already available for psychotherapy, counselling and hypnotherapy – the implication being that if Medicare rebates are already available the evidence-base must already be there for these therapies.

Of course my next concern was this response doesn’t actually help counsellors and psychotherapists who don’t have Medicare numbers. Will this just entrench the existing system with the practitioners who have Medicare numbers (i.e. psychologists) continuing to be favoured by Private Health Funds?

In response to my next very concerned letter to the Chief Medical Officer, I was reassured that this outcome could in fact help psychotherapists and counsellors to access more rebates from Private Health Funds. We will have to wait and see if this is true once PACFA contacts the Private Health Funds again.

I now have a contact name in the Private Health Insurance Section of the DoH and I intend to follow this contact up to get advice on the best strategy to gain recognition from Private Health Funds for counsellors and psychotherapists. I provide another update as soon as I have more news to report.
The profession of Counselling and Psychotherapy is still emergent and its growth and development depend increasingly on the volume and quality of research into an already crowded allied health space. The Common Factors research has demonstrated that evidence-based practice constitutes only a small portion of therapeutic effectiveness, and that the centrality of the therapeutic alliance calls for client informed practice enriched by feedback (Duncan, Miller, Wampold & Hubble, 2010).

In response to these findings the PACFA Research Committee is planning a research project to explore the feasibility of introducing simple, routine, data collection by counsellors and psychotherapists. This initiative has the potential to significantly and positively impact the field as routine data collection has many potential benefits for practitioners, their clients and our profession more generally.

PACFA has more than 3,000 members within its Member Associations. Of these, approximately 1,400 are registrants and at least another 600 are practising clinically. If we can assume that the average caseload is 10 clients per week, then these practitioners are collectively consulting 20,000 clients weekly. This is a large pool of professional intelligence.

It is noteworthy that PACFA’s Evidence-Based Practice Statement asks Member Associations to encourage their members to use standardised measures of psychotherapy and counselling to ensure that they receive systematic feedback on the effectiveness of their services.

If PACFA were able to share with government the outcome data from those estimated 20,000 weekly client sessions this would deliver for our profession advantages based on the fact that:

- data would contribute to optimising both the clinical work we do and the stories we can tell about it;
- pooled data is more powerful and compelling than individual, or no, data;
- analysis and reporting allows benchmarking;
- good outcomes makes the profession competitive;
- in outcome informed practice clinicians take responsibility and control of their own real-time feedback and development.

**Defining research**

There is no single discipline nor research method that informs our profession, yet the current economic and regulatory context calls for a unified body of research and a coherent narrative about our disciplinary bases and the effectiveness of our modalities.

The disciplines that inform psychotherapy and counselling practice vary across a spectrum of ontological and epistemological knowledge production, and result in one of two practice models respectively:

- **Ontology** is the study of being, is intersubjectively oriented and privileges uncertainty; and its related practice model is the *reflective practitioner* informed by the disciplines of the humanities and social sciences; it incorporates the subjective elements of practice and knowing as a direct contribution to the ongoing development of knowledge.

- **Epistemology** is the study of knowing, is objectively oriented and privileges certainty; and its related practice model is the *Science-practitioner model* informed by the disciplines of behaviourist and related sciences and empirical research methods that aim for objectivity and repeatability and exclude the role of practitioner from the technique/s they deploy.
The profession of psychology has been successful in positioning and promoting itself based on a clearly defined discipline and adoption of the Science practitioner model.

However, the Common Factors research is shifting the ground of practice. Its implications are that that particular therapeutic treatments cannot and ought not to be mandated: “the notion of requiring clinicians to use empirically supported treatment or evidence-based treatments simply is not supported by the research evidence” (Wampold, 2010, p. 72).

By this logic it no longer makes sense to use documentation of a specific evidence-based treatment as a measure of accountability. Rather, the therapist themselves becomes accountable for the outcomes and is the measure of effectiveness based on client feedback.

Identifying a Client Feedback Instrument

To this end it is timely to consider the identification of a validated instrument for client feedback. For the purposes of PACFA’s data collection project there is no need to create a new instrument – a costly and time-consuming venture – as there are several excellent instruments already in use.

Examples of feedback instruments tailored to longer-term psychotherapeutic practice can be found at: www.experiential-researchers.org/instruments.html.

Below is a brief summary of several other well utilized instruments for client feedback, measuring outcomes of individual sessions or the therapy in its entirety.

**Outcome Questionnaire (OQ45)**

The OQ45, comprising 45 questions, considers a client’s initial level of distress and early response to therapy as indicators of therapeutic effectiveness (Lambert, Lunnen, Umphress, Hansen, & Burlingham, 1994). It is completed at intervals in the treatment over time. Responses are used to create expected recovery curves from the initial score. Significant change, positive or negative, is indicated by a large deviation from the expected score and curve (Sundet, 2012).

**The Outcome Rating Scale (ORS)**

The ORS was developed out of the OQ45 and significantly simplified the feedback process, comprising only four questions. The client completes the ORS (Miller & Duncan, 2000) at the commencement of each session to indicate their levels of individual, interpersonal, social, and overall daily functioning. It is quick and simple for clients to complete:

```
OUTCOME RATING SCALE

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels

Overall: (general sense of well-being)
[-------------------------------------------------------------------------------------------------------]

Individually: (personal sense of well-being)
[-------------------------------------------------------------------------------------------------------]

Interpersonally: (family, close relationships)
[-------------------------------------------------------------------------------------------------------]

Socially: (work, school, friendships)
[-------------------------------------------------------------------------------------------------------]
```
The Session Rating Scale (SRS)

The SRS comprises four questions. The client completes the SRS (Miller, Duncan & Johnson, 2002) toward the end of each session. It shows the therapist areas of client dis/satisfaction with the session and, if time is set aside for it, allows the therapist to redress any issues as needed, or flag them for the next session. For some clients it is easier to provide written rather than verbal feedback on alliance issues. If modifications to the therapeutic approach are made in response to the feedback it can build trust and deepen the alliance. The conscious act of evaluation can provide the client some agency regarding the progress and style of therapy and improves therapeutic outcomes (Miller, Duncan, Brown, Sorrell, & Chalk, 2006). It can also reduce dropouts, as clients' and therapists’ idea of the quality of the alliance can differ significantly (Shaw & Murray, 2014; Hafkenscheid, Duncan, & Miller, 2010).

Collating data

Therapists can process their feedback through apps and software to summarise their individual outcomes.

Existing free outcomes measures, with psychometric properties are available online from: www.psychoutcomes.org or www.centreforclinicalexcellence.com

The following are not free, but require purchase or subscription.

- the app TOMS (to store and graph scores) (purchase)
- ASIST Outcome Management Software www.clientvoiceinnovations.com/index.html (purchase)
- MyOutcomes.com (subscribe);

Concluding thoughts

There is increasing evidence in support of the use of feedback instruments for effective therapy. A randomized clinical trial has indicated 90% improvement of therapeutic outcomes when counsellors used the ORS and SRS scales for formal feedback from their clients (Anker, Duncan & Sparks, 2009). In addition outcomes from the use of Goodman’s (1997) Strengths and Difficulties Questionnaire (SDQ) show that 80% of children who undergo play therapy display a reduction in maladaptive behaviours (Pidgeon, Parson, Mora, Anderson, Stagnitti & Mountain, 2014).

Notwithstanding clinical evidence of the effectiveness of client feedback instruments, there may be concerns in the profession about some of the data collection instruments, such as that:

- scales are a better fit for science-practitioner and shorter-term therapies, at the expense of reflective -practitioner and longer-term psychotherapy;
- the ORS instrument will raise the alarm on the low affect that is a normal part of the change curve in longer-term therapy;
- in transferenceal therapeutic process the client’s perception of a poor alliance may be validly interpreted as a necessary temporary experience for the client, and integral to the therapeutic process;
- the SRS is an unnecessary intrusion into a relational therapeutic process.

However, the case for including routinely gathered formal client feedback in therapy is that it is collaborative, empowering and valuing of client input into the direction of the therapeutic process: ‘collecting feedback from clients directly privileges their voice, attends to the client-counselor relationship, and establishes a framework for constructing individualized, client-directed counseling’ (Shaw & Murray, 2014, p. 44).

As with much else in therapeutic practice, the instrument is a support for a therapeutic alliance not a replacement nor intrusion into that space. It is a flexible tool that can be used to manifest transparent practice, and the skill is in the application and integration of the intelligence that it brings.
How can you get involved?

The PACFA Research Committee invites Member Associations and practitioners to consider the following seven points.

Whether as a researcher and/or a clinician you:

- support the notion that data gathering is to the benefit of the profession;
- are willing to conduct further research to identify an instrument for this purpose;
- have identified a preferred instrument for this purpose;
- are willing to use this instrument regularly in your clinical practice;
- are willing to record/notify PACFA regularly of your data (say every 3-6 months);
- are willing to offer support in the compilation and analysis of collective data on an ongoing basis;
- have other constructive suggestions relating to this project.

References


Applications open soon for Member Associations wanting to join the Counselling & Psychotherapy Portal

The Counselling and Psychotherapy Portal, which was launched by PACFA and four PACFA Member Associations (MAs) in May, will soon be open to other MAs interested in joining the system.

Readers can find out more about the Portal by visiting www.portal.pacfa.org.au.

The Portal offers the following benefits:

- Online membership applications and renewals
- A joint renewal process for MA members who are on the PACFA Register – these members only have to renew once
- Online logs for logging professional development activities and supervision
- Therapist Profiles for practicing members which can be accessed via the MA’s website as well as the PACFA website
- An Audit System for monitoring compliance with renewal requirements (to reduce time spent checking renewal documentation every year)
- Bookings and management of professional development events via the Portal
- Credit card payments via the Portal’s payment gateway
- Remittance to the MA’s bank account of all payments received for the MA via the Portal
- The option of other payment methods if preferred
- The opportunity to contract membership management to PACFA in the future if required

Member Associations should watch their emails for the Portal Information Pack coming out in October. The pack will provide information on the process to join the Portal, the work involved to get your members on to the Portal, the opportunities the Portal will provide to improve your Association’s capacity to manage your memberships and, if needed, to seek support from PACFA with membership administration.

For Portal enquiries, contact Operations Manager, Kim Smythe, kim.smythe@pacfa.org.au.
The Psychotherapy and Counselling Journal of Australia (PACJA) is PACFA’s new FREE online journal which aims to promote and disseminate research and learning for the psychotherapy and counselling profession. To view the journal, go to www.pacija.org.au. PACJA is currently working on publishing its third edition and planning is also underway for the fourth edition. Articles are now being sought from interested practitioners and researchers.

**Call for articles – PACJA**

The Psychotherapy and Counselling Journal of Australia (PACJA), PACFA’s official e-Journal is calling for articles for the fourth edition of the journal to be published in 2015. Articles are also being sought for a special edition of psychodynamic psychotherapy.

Aspiring authors are encouraged to submit articles and new authors have the opportunity to be mentored throughout the submission and publication process.

For information on how to submit, go to the PACJA website, www.pacija.org.au

**PACFA CPD events coming up**

This is a reminder that only four more PACFA PD events are being offered for the rest of the year. PACFA’s mental health and ethics courses are open to Registrants and other practitioners.

To book a place, please go to the Counselling & Psychotherapy Portal. Online registration is easy. Register for the Portal (if you do not already have log-on details), 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.

**Practical Ethics for Counsellors and Psychotherapists (6 hours CPD)**

This course was developed by PACFA in partnership with the Cairnmillar Institute. The course is offered as face-to-face workshop and as an online course. The on-line 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: $165 (inc. GST)  Non-members $220 (inc. GST)
Online Mental Health Course (8 hours CPD)

This online course was developed by PACFA in partnership with 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: $220 (inc. GST)  Non-members $330 (inc. GST)

2014 course dates for PACFA Professional Development events:

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<th>Dates</th>
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<td>20 October – 2 November</td>
<td>Online Mental Health Course</td>
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<td>31 October – 13 November</td>
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Free webinar - Online mental health resources

Webinar: Navigating the e-mental health web: An introduction to online resources for primary health care providers

Date / Time: Wednesday, 15th October 2014, 6:30pm AEDT

All psychotherapists and counsellors are invited to participate in a free e-mental health webinar hosted by the ANU’s National Institute for Mental Health Research. The webinar will introduce the main types of online mental health resources and ways that they can be incorporated into counselling and psychotherapy services. Participants will learn about the benefits of using e-mental health and how to find relevant tools for clients.

The webinar will provide the foundation for upcoming webinars in this series, which will cover specific clinical needs, client groups, and technologies in greater detail.

In the webinar learners will:

- Learn about the evidence supporting e-mental health programs;
- Be introduced to key resources available and ways of using them with clients.

Please join the webinar if you are interested in finding out more about e-mental health. Read more or register at [http://www2.redbackconferencing.com.au/NIMHR](http://www2.redbackconferencing.com.au/NIMHR) (Participants won’t need to download any new software). For more information about this or future webinars please email emhprac@anu.edu.au. eMHPrac is funded by the Australian Government.
The Royal Commission into Institutional Responses to Child Sexual Abuse is an important national inquiry that is having a substantial impact on the community. The Royal Commission is of relevance to the mental health and wellbeing of individuals, their families and communities and potentially for some practitioners’ clients.

The Royal Commission was established in 2013 to look into how institutions with a responsibility for children such as schools, churches, sporting clubs, and foster care, have responded to allegations and instances of child sexual abuse. Six commissioners were appointed to conduct the inquiry and will make recommendations on how to improve laws, policies and practices in Australia to better protect our children.

Mental Health Australia, of which PACFA is a member, has prepared a Fact Sheet into the Royal Commission which is available for download at www.mhaustralia.org.

The Royal Commission has produced number a really useful resources including:

- A guide to the Royal Commission
- A booklet of Support Services which lists national, state and territory support services for survivors of child sexual abuse
- A booklet about Public Hearings which provides a step-by-step guide to attending public hearings
- Brochures, posters and postcards on the Royal Commission aimed at encouraging individuals to share their stories about child sexual abuse
- Separate booklets and posters for Aboriginal and Torres Strait Islander people

Readers can order these excellent free resources for your clients or to distribute in your local community. Simply visit www.childabuseroyalcommission.gov.au/resource-centre.

Discount places on Grief Journeys weekend retreat

eNews readers have been offered two discount places for a Grief Journeys weekend retreat taking place in Leura, NSW, from 24 to 26 October.

The weekend retreat aims to provide a supportive, reflective therapeutic space for people bereaved by suicide, using art, therapeutic groupwork and meditation. For full details of the retreat, see the full-page advertisement in the classifieds section.

The retreat normally costs $450 and the discount rate is only $200 for the weekend, to cover accommodation and catering costs.

To receive one of the discount places, please email Julia Bilecki at enews@pacfa.org.au. The discount places will be given to the first two readers who contact Julia by email.
You can share your story
If you were sexually abused in an institution when you were a child, you can share your story with the Royal Commission.
It doesn’t matter how long ago it happened.
There are three ways you can share your story:
• Speak to the Royal Commission over the phone.
• Write them a letter.
• Meet them in a private and safe location.
You can bring someone to support you when you share your story.

How to contact the Royal Commission
If you would like to tell your story, you can:
Tel: 1800 099 340
Email: contact@childabuseroyalcommission.gov.au
Post: GPO Box 5283, Sydney, NSW 2001

Mental Health Begins with YOU!
One in five Australians will have a mental illness this year, almost half of us in our lifetime. We’ve heard the statistics, but what can we do about it?
October 10 marks World Mental Health Day. This year Mental Health Australia, of which PACFA is a member, is running a campaign called Mental Health Begins with Me!

The campaign has three themes:
• Encouraging people to seek help when they need it
• Helping to break down stigma in relation to mental illness
• Bringing communities together

PACFA invites you to help promote this important campaign and reach as many people as possible.
Almost 70% of people with a lived experience of mental illness don’t seek help, but by showing your support for mental health we can start to change this. Also, joining the campaign will help break down the stigma that stops people from seeking help when they need it.
It all happens at the campaign website, http://1010.org.au.

You can support the campaign by making a simple mental health promise to yourself, and by encouraging others to do the same. You can head to the website, either at your computer or on your smart phone or tablet, make a promise using predefined avatars and text, or upload a photo and write your own. It’s easy.

Please also share your promises on social media, using the hashtag #WMHD2014.

Sharing is just as important as making a promise, only by showing others that it’s OK to talk about mental illness, whether we have an illness or not, can we help break down the barriers to getting help when we need it.
Here are some pre-prepared Tweet and Facebook posts for you to use to encourage action on the campaign. Or make a promise and use that instead. Why not do both!

**Twitter** - Oct 10 is World Mental Health Day. Help @aumentalhealth by making a #mentalhealth promise at 1010.org.au #WMHD2014

**Facebook** – Every year, one in five Australians will experience a mental illness. October 10 is World Mental Health Day. This year Mental Health Australia is asking us all to make a mental health promise to ourselves. Whether we have a mental illness or not, making a promise can help break down the barriers that stop people seeking help when they need it. Go to [http://1010.org.au](http://1010.org.au) and make your promise now! Help change the face of mental illness #WMHD2014.

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**PACFA-funded research project: Keeping Trust in Real-Life Therapy Sessions**

Dr Andrea Lamont-Mills and Mr Steven Christensen from the University of Southern Queensland have Ethics approval to undertake a study looking at how informed consent and confidentiality is talked about in real-life counselling or psychotherapy consultations. The study has received a research seed grant from PACFA.

According to PACFA’s Code of Ethics, gaining and maintaining the trust of clients is critical to best practice. The code explicitly requires that practitioners obtain explicit informed consent to provide therapy with a client. We are inviting practising counsellors and psychotherapists to participate in the research study which will extend our knowledge of how informed consent and confidentiality is introduced by counsellors and psychotherapists and how it is understood by clients. The study will help improve the therapy process by helping counsellors and psychotherapists become more aware of how they talk to clients and how different ways of discussing informed consent and confidentiality can impact upon client understandings of these issues.

To participate in the study, please email andrea.lamont-mills@usq.edu.au. For further information about the study, please contact Dr Andrea Lamont-Mills via email or phone (07) 3470 4134, mobile 0409 639 148.
**Study on attitudes to Overweight and Obesity**

Dr Sharon Grant and Mr Toby Mizzi from Swinburne University of Technology have Ethics Approval for a study on *Attitudes to Overweight and Obesity in Mental Health Professionals*.

Weight bias has been described as one of the last socially acceptable forms of prejudice (Lewis & Van Puymbroeck, 2008). Although anti-fat attitudes are widespread, factors such as motives to control prejudice may account for differences in such attitudes. Devine, Plant, Amodio, Harmon-Jones, and Vance (2002) distinguished between internal motives to control prejudice (internalisation of egalitarian motives) and external motives to control prejudice (e.g., impression management). One might expect internal motives to control prejudice to increase over the course psychotherapeutic studies or work experience, as practitioners learn to accept and empathise with others. If this is the case, then training components to address stigma in health sciences courses may assist in reducing weight stigma among health professionals.

The current study aims to assess implicit and explicit anti-fat attitudes and motives to control prejudice among training (provisional) and registered psychologists and counsellors. The researchers have completed similar projects in 2012 measuring biases among undergraduate psychology student cohorts (first and final year). Additionally, this study will explore several factors which may contribute to anti-fat attitudes and pro-thin bias such as knowledge of obesity, how someone might make judgements based on appearance, and experience in working with obese individuals. If you wish to participate in this project, please go to [http://research.millisecond.com/socialpsych/CombinedStudy2.web](http://research.millisecond.com/socialpsych/CombinedStudy2.web).

For further information, please contact Tony Mizzi at tmizzi@swin.edu.au or phone (03) 9214 4436.

**Study on sexual abuse**

Lucetta Thomas from the University of Canberra has Ethics Approval to undertake research on sexual abuse in Australia. This research is being supervised by the Head of Psychology, Faculty of Health at the University of Canberra.

Sexual abuse practitioners and their male clients are invited to be part of this important new research study. Practitioners and male clients who choose to engage in this research are invited to do so voluntarily, and may withdraw from the study at any time without giving a reason. Responses will only be seen by the principal researcher and the research supervisory panel. Your response will be deidentified and completely confidential, and will be securely stored in accordance with Australian privacy legislation.

Males who have been sexually abused (possibly still undisclosed) and sought and/or received counselling support are invited to complete their own questionnaire online at [http://canberra.az1.qualtrics.com/SE/?SID=SV_1zd1ZwJetVexXud](http://canberra.az1.qualtrics.com/SE/?SID=SV_1zd1ZwJetVexXud). New questions have been added to this survey, as suggested by male victims of sexual assault.

Practitioners are invited to complete an online survey at [http://canberra.az1.qualtrics.com/SE/?SID=SV_3PH3S8VTl59n5xH](http://canberra.az1.qualtrics.com/SE/?SID=SV_3PH3S8VTl59n5xH). This survey focuses on practitioners’ background and approach to counselling males and is open until 12 December 2014.

If you know of agencies or males that may be interested in participating in this research, please share this article with them and invite them to consider participating. Practitioners can obtain a poster for publicising the study to their male clients by contacting the researcher, Lucetta Thomas.

For more information or if participants have any problems with the survey, please contact Lucetta Thomas via email, u123015@unicanberra.edu.au.
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.

QUEENSLAND COUNSELLORS ASSOCIATION INC
Oct/Nov
Professional Development opportunities

Sunshine Coast (Cooroy)  Friday 3 October 8.30am - 12.45pm Making the most of Supervision - Jean Tulloch
Brisbane Saturday 18 October 9-10.30am Owning the Past, Claiming the Present: Prospectives on the Treatment of Dissociative Patients - Adjunct Prof. Warwick Middleton
Sunshine Coast (Cooroy)  Friday 31 October 5-7pm Working with High Conflict Individuals – Susan de Campo
Brisbane Saturday 29 November 9.15am-1pmTreating Complex Couples using Gottman Marital Therapy – Trish Purnell-Webb

Bookings/details:
E qca@qca.asn.au  W www.qca.asn.au  P 0411 468 369

Daring Way™ groups in Sydney

The Daring Way™ is a highly experiential methodology based on the research of Dr. Brené Brown. The method was designed for work with individuals, couples, families, work teams, and organizational leaders.

It can be facilitated in clinical, educational, and professional settings. During the process we explore topics such as vulnerability, courage, shame, and worthiness. We examine the thoughts, emotions, and behaviors that are holding us back and we identify the new choices and practices that will move us toward more authentic and wholehearted living. The primary focus is on developing shame resilience skills and developing daily practices that transform the way we live, love, parent, and lead.

More information and bookings for the groups:
Andrea Szasz CDWF
Mobile: 0414 309 003

Professional Development

Friday 3rd October 7pm- 9pm
Lisa Frese Counsellor and Psychotherapist - Working with the Body Psychodynamically - Re-enactment in Psychotherapy.
Lisa will talk about how deep trauma often can only be seen through re-enactments. She will share a case study of a client she worked with both psychodynamically and somatically to illustrate.

North Sydney Community Centre behind Stanton Library
* Members Free  * Non Members welcome $20
Details: www.somaticpsychotherapy.asn.au/

Buddhism and Psychotherapy – Professional Training Course
Begins February 15 2016

This course is suitable for those with a clinical qualification in areas such as psychiatry, psychology, psychotherapy, counselling, or social work. Other relevant tertiary qualifications will be considered.
Applications are also encouraged from Buddhist Sangha who wish to develop their understanding of the value of psychotherapy in the support of Buddhist practitioners.
For enquiries email: info@buddhismandpsychotherapy.org
A Grief Journeys weekend retreat

for people
bereaved by suicide

Weekend program

This weekend retreat aims to provide a supportive, reflective therapeutic space for people bereaved by suicide, using art, therapeutic groupwork and meditation. The retreat will take place in a heritage stone cottage in the midst of beautiful gardens in Leura, on 132 acres of bushland. The weekend program is facilitated by Dr Ione Lewis, Sharon Walker and Rochelle Hersch, experienced grief therapists; an artist Dr Linda Knight; and a meditation leader Professor John Fulcher.

The retreat begins on Friday evening at 6pm with dinner. The first group session on Friday evening will create a memorial space for the retreat by remembering people lost to suicide, and clarify participants’ aims for the weekend.

Saturday will begin with meditation and a walk, followed by an art session to foster the expression of participants’ grief journeys and experience of loss using visual images. After lunch, small group sessions will focus on making sense of suicide, living with feelings of guilt and failure, and positive grieving. There will be free time after afternoon tea to walk around the bushland, do some journaling and artwork, get to know other participants, and relax.

After dinner on Saturday there will be a group session to share the experience of the day and a group meditation.

Sunday will begin with a meditation and a walk, followed by the second art session. After lunch, the final small group sessions will be held, preparing for the next steps in participants’ grief journeys.

After lunch there will be a final gathering as a large group and a ceremony for finishing the retreat. The retreat will end at 2.30pm.

Travelling there

The centre is 90 minutes west of Sydney, accessible by car and train. Leura railway station is ten minutes away by car or taxi.

Accommodation

Accommodation for participants is in twin share bedrooms with ensuite bathrooms. All meals are provided in the dining room overlooking the valley.

**Date:** Friday 24 October 6pm - Sunday 26 October 2.30pm 2014

**Venue:** Brahma Kumaris Centre for Spiritual Learning
186 Mount Hay Road Leura NSW
Centre for Existential Practice

Training & Professional Development for Practitioners who wish to enrich their practice & client relationships

Upcoming Training

Wheel of Supervision Part 1
SYDNEY: 5 Days - Mon 20 to Fri 24 Oct

Worldview of Supervision: Understand the theory, beliefs & attitudes of the supervisory relationship and learn how to put it all into practice

Meets PAFCa accreditation pathway
Endorsed by AAOS (Australasian Association of Supervisors)
ACA approved Course of Study

Visit our website for details and to register: www.cep.net.au
Email: admin@cep.net.au  Phone: 0431 401 659

"LEARNING IS FOREVER"

School Counsellor

❖ Fulfilling Role Within a School Environment in Roma
❖ Work with Students, Teachers and Parents
❖ School Term Role

Our client is recognised by their influence within the educational sector, as a not-for-profit organisation. With a strong presence throughout South East and South West Queensland, we require a School Counsellor to join the multi-disciplinary team in their Roma School. As the successful applicant, you will apply your skills during the school terms, and be on call during the holidays for emergency purposes only, to provide an integral service to the co-ed school of students from Prep through to Grade 12.

Utilising your skills as a professional School Counsellor, you will be proactive in your approach to initiate and promote the social, emotional and educational development of students, as well as the mental health and wellbeing of all students, in partnership with the school community. You will be working alongside Teachers, Support Staff and various CEO specialists to promote school initiatives in advancing the pupil's resilience and capacity.

Reporting to the Principal, you will be required to carry out the following:
- Providing end to end counselling services to the students;
- Recommending relevant, classroom based strategies to teachers and support staff for assistance with student behavioural management, self-regulation issues, social competency skills etc.;
- Working with parents to gain an overall understanding of student development;
- Utilising the WISC and other testing instruments to provide detailed analysis on students cognitive and adaptive ability;
- Conducting assessments with students and providing reports to both teachers and parents; and
- Providing professional development on social and emotional issues to teachers.

To be successful in this role, you will be a registered Counsellor or Psychologist (or a probationary professional). There is a significant amount of students with English as a second language; therefore your ability to communicate effectively within a multi-cultural community will be a necessity.

If you are looking for a rewarding role where you can see the improvement and development of students through proven strategies then this will be an opportunity that will see your career flourish. To apply for this position, send you resume and cover letter to JP Smith Recruitment and HR, quoting reference number 1727483, by the 13th of October, 2014. For all enquiries, please contact Jamie Smith or Rachel Storey on 07 4659 7400.
8th Annual Conference on the Treatment of Personality Disorders: Understanding narcissistic and borderline disorders

Conference: Friday, 7 November 2014
Workshop: Saturday, 8 November 2014
University of Wollongong, NSW

Our keynote speaker is Professor Ken Levy (Pennsylvania State University and New York Presbyterian Hospital/Cornell Medical Centre) who will also give an all day workshop on Transference Focused Psychotherapy for Borderline and Narcissistic Personality Disorders.

w: projectairstrategy.org
e: info-projectair@uow.edu.au
p: 02 4298 1571

Challenging Responses to Family Violence
Conference and Training Days, 11th to 14th November 2014

Ballarat Community Health proudly announces their inaugural conference, focussing on innovation in professional responses to Family Violence. This professional development opportunity brings together Dr Allan Wade and Dr Steven Stosny, international key note speakers/trainers, along with national and local speakers. The conference will be accompanied by training on the 12th and 13th of November.

The conference theme, Challenging Responses to Family Violence, reflects the need to challenge professional, societal and cultural views about Domestic and Family Violence. It promotes opportunities for practitioners to explore best practice models for ongoing prevention and support for those affected by family violence. Follow the link below for more information and CPD details.

Conference 12th & 13th of November
Ballarat Lodge 613 Main Rd, Golden Point VIC

Training Days
Dr Allan Wade 11th November 2014
Dr Steven Stosny 14th November 2014
Ballarat Community Health, 12 Lilburne Street, Lucas VIC

For more information or to register, go to www.bchchallengingresponsestv.org.au

Get nationally accredited training in Art & Play Therapy

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Nationally Recognised Training
Australian Qualifications Framework
10393NAT Graduate Diploma of Art & Play Applications in Therapy
Ten-hour workshop presented by Dr Tania Pietrzak

Severe emotional and behavioural disorders in young children: Early identification, diagnosis and management

This ‘hands on’ workshop aims to familiarise participants with early interventions, diagnostic processes and treatments for young children with ADHD, ODD and CD, - collectively known as severe emotional and behavioural disorders. It is suitable for psychologists, social workers, teachers, child and maternal health nurses, paediatricians and GPs.

Workshop format: Friday evening 6-9 pm; Saturday 9-5
Brisbane: Friday evening 17th & Saturday 18th October
Melbourne: Friday evening 14th & Saturday 15th Nov

COST: $374 (GST inclusive)
Early bird and student discounts are offered.

For more information, venue and registration details: www.somaticpsychotherapy.asn.au
or phone 03 9705 2216

Four-day workshops with Dr Monica O’Kelly & Dr Dominic DiMattia

Certificate in Cognitive Behaviour Therapy
Brisbane 16 - 19 October 2014
Melbourne 23 - 26 October 2014
Sydney 30 October - 2 November 2014

In this four-day certificate course, participants will develop a thorough theoretical understanding of cognitive behaviour therapy and the skills specific to this mode of therapy. Teaching approaches will include lectures, modelling and a strong emphasis on skills practice in small groups with supervision. Suitable for the beginner and for those wishing to refresh their skills.

Certificate in CBT - Advanced
Sydney 6 - 9 November 2014

This workshop is a follow on available to those who have previously completed the Certificate in CBT course. This program will cover advanced disputation strategies and a range of challenging issues such as PTSD and OCD.

COST: $1276 (GST incl) Early bird discount offered.

ASPA
Australian Somatic Psychotherapy Association

MELBOURNE November Professional Development

PRESENTER: Sheryl Callanan - Trauma and the body - an experiential session

WHEN: Saturday Nov 22, 1pm - 4pm
VENUE: Unless otherwise specified PD is held at:
Collingwood Library 11 Stanton Street , Collingwood VIC 3066

Further information: www.somaticpsychotherapy.asn.au/

Professional Development

Friday 5th December 7pm-9pm
Cecile Barral Psychotherapist - Working with clients with Borderline Personality Disorder using the Conversational Model

Cecile works mainly using the self psychology model. She will present a case study a client with borderline personality disorder.

North Sydney Community Centre behind Stanton Library
* Members Free  * Non Members welcome $20
Details: www.somaticpsychotherapy.asn.au/

Learn to Help Others and Change Lives

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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.

Dimensions and booking details

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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.

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