

Psi Counselling news

NEWSLETTER OF THE APS COLLEGE OF
COUNSELLING PSYCHOLOGISTS

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From our National Chair

Elaine Hosie

The National Executive, in its current form since March 2007, is busy liaising with the APS on matters common to all Colleges, on re-writing course guidelines and visiting universities for course approvals (Roger Cook), on processing membership applications (Maria Pirello), on editing *The Australian Journal of Counselling Psychology* (Geoff Denham), on balancing the treasury (John Alder), on attending to secretarial duties (Bob Rich), on approval of Professional Development activities (Elizabeth Tindle and now Lyndon Medina) and on running the State Branches (Elizabeth Tindle, Qld; Kim Maserow, WA; Lyndon Medina, Vic; Helen Vidler and Tom Schick, NSW). In addition, Gerard Webster and Peter Delaney attend to IT requirements and Carrie Casey is the student member. These people give many hours of voluntary time to the College and I am eternally grateful to each and every one of them for their significant and substantial voluntary contribution.

Current Initiatives

- Counselling course guidelines are currently being rewritten by Roger Cook.
- A survey of members is being developed to establish a profile of counselling psychologists in Australia.
- Thought is being given to the future of courses in counselling psychology in Australia and the possible development of new university courses.
- John Alder is developing a Life Experience Model of Counselling Psychology to feature professionally written profiles about longstanding, eminent members of the College, to be published in future editions of the Journal.

Award of Distinction

Past National and Victorian Chair, Marilyn Cobain, was given the 2007 Award of Distinction for her services to the College between 1993 and 2002.

Nominations for the 2008 Award of Distinction are currently being sought and names of possible recipients should be forwarded to the Secretary, Dr Bob Rich.

Similarly, names of eminent members worthy of profiling for the Life Experience Model of Counselling Psychology should also be forwarded to the Secretary.

The Executive values and seeks the input of members on these matters so take this opportunity to have your say in the running of the College.

Student Awards 2007 and 2008

In 2007, two student awards were given at the AGM in Brisbane.

- The Susannah Richardson Award for the best Master's thesis went to Sarah Crawford from Curtin University in WA for her thesis *The Impact of Grandchild Contact Loss on Grand-Parents' Wellbeing Following Family Breakdown: A Qualitative Study*.
- The best Doctoral Thesis was awarded to Dr Julie Fricker of Swinburne University in Victoria for her thesis on *Predicting Infidelity: The Role of Attachment Styles, Lovestyles and the Investment Model*.

The College congratulates Julie and Sarah on their outstanding work, as well as the other applicants. All the theses were of high quality. The College encourages you to become active members. I thank the three judges, Bob Rich, Elizabeth Tindle and Tom Schick, who gave considerable personal time to read the submitted theses.

Conference 2008

The Executive wishes to have a higher profile for counselling psychology at the 2008 APS Conference in Hobart. All members are encouraged to submit their work for the Conference under the counselling psychology banner. We hope to hold a symposium of case studies profiling the work of counselling psychologists. If interested in submitting a case study or research, please contact Elaine Hosie on

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edhosie@mgs.vic.edu.au.

The Executive is currently investigating the possibility of bringing an overseas counselling psychologist to speak at the Conference as part of the counselling psychology stream day.

Medicare

The APS has recently released figures showing the Counselling College Member Medicare applications. Overall, 99 counselling College members have applied for eligibility for Medicare Category Two. 43 of these applicants have been granted eligibility, 16 have assessments in progress and 25 have been granted Individual Bridging Programs (IBP). 15 members have been deemed unsuccessful. Please see the College website for the breakdown of these numbers by category of qualifications.

A number of six and four year trained college members are being given Individual Bridging Programs. The 15 unsuccessful applicants were all four year trained and these applications were deemed too far removed from the eligibility requirements for clinical membership to warrant an IBP.

Members of the Executive are engaged in discussion with the APS about perceived inconsistencies in the assessment of applications from college members for Medicare Category Two eligibility.

In making application for Category Two clinical eligibility, it is incumbent on each individual applicant to demonstrate the extent of their particular clinical training and knowledge. The same course can look quite different because of choices of elective subjects, placements, supervision and the research topic. If you believe your counselling degree, subsequent experience, professional development and supervision meet the criteria for the clinical college (available on the APS website under Medicare) the Executive encourages you to apply now.

The College is looking to develop of a template to assist applicants to mount their individual case for eligibility for clinical membership for Medicare.

The Executive is making every endeavour to raise the profile of counselling psychology, to demonstrate the variety and range of work done by counselling psychologists including clinical, intrapersonal, interpersonal, relational and life span developmental counselling to name just a small sample of our work.

I personally wish you all a restful break over the holidays from the considerable demands of your work as a counselling psychologist, in which you take time to rejuvenate yourself so you can resume 2008 with renewed energy and vigour.

Elaine Hosie
National Chair

The Editor's Rave

One privilege of being on the National Executive is occasional glimpses into the actions and motivations of people central to the APS. As a result, I'm convinced that Lyn Littlefield has done her honest best for all psychologists. The government, probably on the advice of the AMA, wanted to limit Medicare to Clinical Psychologists. Our negotiating team got rebates for us too—if only as second-class providers.

What would it take to convince the decision-makers that this was a silly thing to do? **Evidence.** We are scientists; let's offer the tools of science.

If I had academic affiliation, I'd do an experiment, or supervise a student at it.

1. Select a relatively homogeneous source of subjects, e.g., callers to Lifeline with serious suicidal ideation; people contacting the OCD Foundation; or women going to a refuge who score positively on a standardised PTSD test.

2. Seek the involvement of a number of members of the Clinical College in private practice who claim to be competent at working with the presenting issue, and who are willing to bulk bill. Ensure they vary widely in experience.

3. Match them on age, gender, years of training and years of experience with Counselling Psychologists. I am happy to volunteer — if the experimenter can find a Clinical Psych who can match my years of training and experience.

4. Use a suitable outcome measure at the start, at termination, and if relevant after 6 and 12 sessions. Reapply it 1, 3 and 6 months after termination.

Dependent variables: reason for termination; number of sessions; scores on the outcome measure.

My guess is that there will be no significant differences. If there are, then Counselling Psychs will perform better than Clinical.

Why?

No difference is most likely, because anyone with specialist training and experience should be competent. Any difference will be due to differences in ethos, in the emphasis of the training, in the atmosphere in past or present workplaces. There may be a tendency for Clinical Psychs to follow the medical model, focus on diagnostic category, prefer manualised treatments. However, people who gravitate to Counselling Psych usually prefer to focus on people, on the therapeutic bond, on working with the person rather than the problem. Insofar as our training differs from that of other specialties, it is this same thing.

As it happens, the very considerable information from outcomes research bears our approach out.

Thank you for the Award

from Marilyn Cobain

Dear Elaine and Selection Committee,

Thank you to all concerned for your decision to honour me with an Award of Distinction from the College of Counselling Psychologists.



The College is very special to me and my work. There was part of me saying thank you to all who assisted me through nine years of part time study and finally making it to a place where I have been able to work with a passion!

What a privilege.

Counselling Psychologists can benefit enormously from the College, as we who are in it know.

Best wishes to the committee for the coming year,
Warm regards,
Marilyn Cobain.

Whom should our College honour?

Each year, The College of Counselling Psychologists makes an Award of Distinction to a person who has provided exemplary service to the community, to the APS, and in particular to the College. Last year's Award went to Patricia Strong. At the AGM this year, we had the pleasure of honouring Marilyn Cobain.

Who should it be in 2008?

Nominations are now open. Any member of the College may nominate any other member, but do state your reasons. We need to know what this person has done to deserve an accolade. Typically, we are looking for someone with years of outstanding contribution.

If you have a person in mind, send an email to me: bobrich@bobswriting.com.

The 2008 APS Conference

There will be a symposium on Counselling Psychology at the next annual Conference. Such things only work if a few people present interesting papers.

Often, the presenters are all too few.

Expressions of interest are NOW invited.

Are you doing research that will be of interest to Counselling Psychologists? Are you supervising a student with a worthwhile project in hand? Are you a clinician who has had success with a novel approach, or something else from your practice that would be of general interest? Have you studied some aspect of the literature that gave you insights you'd like to share?

Don't be shy. Share your wisdom.

Please contact Elaine Hosie if you are interested: edhosie@mgs.vic.edu.au.

Responses to the last issue

In the May issue, I asked people for possible alternatives to 'Counselling'. Here is Megan Grigg's answer:

Hi Bob,

Here's a response to your query about suggestions for new name.

My view is that the term 'counselling' has entered the popular culture with positive definitions that are consistent with the work we do.

'Counselling Psychology' likewise seems to have public recognition consistent with our work.

I think changing it would be counter-productive, and would work against recent strivings to increase the public profile of our specialty, and that there would likely be a negative backlash to any other name that seemed to remove the specialty from the lay person's language.

Well, there's my 2 cents worth,
cheers, Megan Grigg.

Bob,

Congratulations on a marvellous, lively edition full of interesting articles and discussion. We are indeed fortunate to have your skills on the National Executive and after reading this edition I have a sense that counselling psychology certainly has a future. You have created a positive counselling energy.

See you soon,

Elaine Hosie

What a great newsletter. Thank you to all those who put it together, and especially to the contributors.
Claudia Ovenden

Bob,

You MUST stop this untoward levity. Psychology is a serious business. Life is a serious business. The College of Counselling Psychologists of the APS is a serious organisation, which may be brought into disrepute by your casual attitude.

This must stop!

Ranald MacDonald NAPS

Poems or Snippets

Blank spaces like this are a nuisance. I am looking for filler items: poems, very short stories, announcements, raves and whinges.

Of course, any item will need to be suitable to the theme of Counselling Psychology, even if only marginally or by implication.

See submission guidelines on the last page.

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Medicare concerns

by Carmel O'Brien

I have several concerns about the decisions about Medicare rebatable items for psychological services. I am interested in whether others have similar misgivings, and would like to hear some other views. I manage a large team of counsellors and their supervisors in community welfare, and also have a small private practice of many years standing. There, I rent rooms to 18 counsellors, mostly psychologists. This breadth of involvement has exposed me to some of the implications of the new funding arrangements.

Accreditation for Focused Psychological Services (any registered psychologist) and Specialist Clinical Psychological Services (Clinical Psychs) seems arbitrary and divisive to APS membership, and hence to our profession as a whole. Assumptions include:

- all registered psychologists can competently provide FPS;
- all Clinical Psychologists can competently provide the more 'specialized' services;
- services by Clinical Psychologists qualitatively differ from services by non-clinical psychologists;
- client presentations seen by Clinical Psychologists differ from those seen by other psychologists;
- CBT is the best option for clients referred by doctors (or interpersonal therapy for depression).

At the APS conference, I heard a number of statements in relation to this debate, from APS Board members and from Counselling College Board members. I also heard confirmed that the APS, not the Federal Dept of Health, is responsible for decisions about who can provide which level of services.

I often heard that Clinical Psychologists specialize in mental illness, while other psychologists deal more with mental health or less complex distress. This is nonsense, at least in private practice and in community welfare. I often wish the 'worried well' would present, rather than my client load of psychosis, suicidal depression, bipolar disorder, crippling anxiety, trauma, dangerous anti-social behaviours and chronic substance abuse, usually with high co-morbidity.

Mandating CBT indicates a poor understanding of what facilitates change in client cognitions and behaviour. CBT is often used by effective counsellors, but usually combined with other evidence-based methods, always in the context of a respectful relationship, with added complex skills to ensure that the tools used suit the needs of the client. It is simplistic and patronizing to mandate that psychologists operate in a restricted and linear fashion with all clients.

Nowhere have I seen any evidence for the assumptions stated above. What have I seen? This year,

I have interviewed two Clinical Psychologists wishing to rent rooms at my practice who had **no** experience of practicing individual therapy with clients apart from their student placements (one recent, one some time ago). I also interviewed a registered psychologist wanting to rent rooms, who had never worked with clients, but was thinking of 'winding down' and 'seeing a few clients under Medicare.' I advised them all to get some supervised practice with an employer before starting a practice. I find this alarming. A better way of accrediting psychologists might be to check out their experience as well as their qualifications, as did the Victims of Crime scheme.

The APS hierarchy, now realizing that everyone wants to be 'clinical', is to offer 'bridging' courses for psychologists to 'upgrade' their skills. This may be very much needed by some practitioners, both general and Clinical. However, I was shocked that when the APS President announced this, there was applause from some well known Counselling Psychologists! You cannot claim that Counselling Psychologists have the necessary specialist skills, and yet be excited about being offered training to gain them.

It was also suggested at the Counselling College AGM that the College concentrate on gaining recognition of the need for 'preventative work' in mental health, in the hope that this could be also funded by Medicare. This is totally unrealistic for three reasons: it's not what we do, it's not what GPs refer for, and it isn't what Medicare funds. Yes, we do preventative work, but that is outside of the Medicare debate.

I look to the College to stand up for and defend my hard won skills. I expect it to challenge those who disparage members' counselling expertise, not to allow another College, or the APS Board, to claim exclusivity in regard to skills that are core to every Counselling Psychology course and to each Counselling Psychologist's specialist skills. Most referrals for Medicare items are for counselling, which is the acknowledged expertise of Counselling Psychologists.

In summary, I have real concerns about the legitimacy and ethics of the claims of the past few months in relation to rebatable psychological services and the skills required to deliver them. There are important principles at stake here, relating to duty of care for clients and equality of opportunity for practitioners. On several occasions at the Conference, I felt that debate was shut down or diverted when such concerns were raised. We were told to be grateful that our services were eligible for any rebate at all, or that we don't know what Clinical Psychologists do (I have supervised Clinical Psychologists for years). I'd like to hear debate in this publication about these issues.

Many thanks,
Carmel O'Brien

Carmel O'Brien is a counselling psychologist with experience working with individuals, couples and families, including assessments for court. She has worked with DHS, the Women's Prison, OOC, and with general and relationship counselling and debriefing services. Carmel has conducted a part-time private practice in eastern Melbourne for the last 9 years. She also manages the clinical services programs for a large community agency, Doncare, including general counselling, clinical supervision and support programs for women. Carmel is a member of the APS College of Counselling Psychologists, National Secretary for the APS Child, Adolescent and Family Interest Group and is on the Victorian Committee of the Women and Psychology Interest Group. Her special clinical interest is the recovery of women from the impact of family violence.

What is Counselling Psychology?

Some time ago, a student asked me to define counselling psychology in 6 sentences. I didn't think that would do justice to the topic, so I sent him the following email:

Dear Daniel,

I tend to call what I do 'therapy' simply to distinguish it from what spiritual counsellors and crystal gazers and Tarot card readers do. In Australia, anyone can adopt the name of Counsellor and request payment for services.

However, I don't consider myself to be an expert on what Counselling Psychology is. I am attaching [a lovely paper from Dr Elizabeth Tindle](#). It is FAR more than 6 sentences though, and you'll need to ask her permission if you want to quote from it. It may be best just to read it and use it to inform your understanding.

I think that all specialisations in psychology are a matter of the target clientele, and of certain problems and resources that characterise this population. So, Clinical Neuropsychologists work with people who may have some form of brain damage. Educational and Developmental Psychologists work with youngsters. Clinical Psychologists would probably be better called Psychiatric Psychologists, because they tend to work with severe psychiatric disorders. Health Psychologists work with people suffering physical somatic problems. And so on.

Counselling Psychologists often work with just about any person, in just about any situation, with almost any problem. In medicine, one of the specialisations, and perhaps the most challenging one, is General Practice. I think I am the psychologist equivalent of this.

However, I think that both by training and by practice, we psychologists are much more like law-

yers than like physicians. A dermatologist and a heart surgeon have very different training and expertise. In contrast, all lawyers — and all psychologists — share very similar training, use very similar techniques and strategies in their work, and are distinguished more by interest and experience than by qualification. A solicitor practicing family law can be admitted to the bar, but won't thereafter do criminal practice. The distinction is between lower and higher levels, not qualification for specialisations. Really, although we pretend otherwise, the same is true for psychologists.

OK. A definition?

All applied psychologists use the one set of techniques, and hopefully all have similar attitudes. In other words, counselling skills are at the base of all the specialisations. However, Counselling Psychologists focus on using the therapist-client bond to bring out the strengths and resources of the client in order to have the client break out of the bonds imposed by one or more problems. This is done using a wide range of powerful, research-based techniques — most Counselling Psychologists will use any method that works. They do not go down the medical path of diagnosis - treatment, but assessment through reflective listening, advanced empathy to bring out the client's strengths and resources, and an intuitive bonding with the client.

:)

Bob

The Red Dress (My first day at High School)

by Elizabeth Tindle

My first day at JCS: I wore a bright red dress!

It was conspicuous in a sea of blue.

I put it on as directed but I was feeling so dejected.

My uniform so new and neat

The dressmaker had to complete.

I planned to look so smart and "posh",

But all my clothes were in the wash.

The only dress that still was clean,

Was red, and loud, the worst you've seen.

This was a day I'll always remember,

In 1950; early September.

Your National and State committees are there for you. We are all interested in your concerns, ideas, needs and enthusiasms. Contact details are up at http://www.groups.psychology.org.au/ccoun/offic_e_bearers/

All of these committees always need members who wish to contribute to the running of our College.

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The Morawetz Social Justice Fund

Most people will know David Morawetz as the insomnia specialist who runs very popular PD events on the subject. There is a LOT more to him though. Here are the first few paragraphs of a speech he made in 2005 at the Princeton University conference on “Philanthropy, Ethics and International Aid”:

When my father Paul Morawetz died, sadly, in April 2001, I inherited a share of his estate. It turned out to be far more money than I had ever expected to have. It was clear to me that I wanted to use most of this money to do something, no matter how small, to reduce social and economic injustice, and inequality of opportunity. I am eternally grateful to my father for providing me with the opportunity to do this. I am grateful to him, too, for the chance to test how deeply held my egalitarian beliefs are. I am happy to find that they are deeply held indeed.

Why a Social Justice Fund?

I have always believed that life is unfair. In particular, I believe that the biggest lottery in life is: what country are you born in, and into which family? I believe that it is unfair that, by pure accident of birth, some people (like myself) have a relatively easy start in life, being born into families that are relatively well-off, whereas others have to struggle all the way, because they are born into very poor families, or families who (for whatever reason) are less able to support and nurture them. This belief was strengthened 42 years ago when I spent a summer at age 18 backpacking and travelling on third class trains in India, seeing at first hand extreme poverty and deprivation. Although I am not a religious person, “there, but for the grace of God, go I” is a saying that still resonates with me (where “the grace of God” is perhaps replaced by “luck”).

Another way of saying this is that I believe in: “From each according to his or her ability, to each according to his or her needs.” I understand that, human nature being what it is, we don’t seem to be able to set up a workable political system along these lines. That doesn’t mean we can’t try to approach it on a personal basis. After all, why should 1% of the world’s population own more than 20% of the world’s resources? We are all born and have no choice where or when, we all die and have no choice where, when or how — to me, that makes us all equal. Why then, should we not do what we can to make economic opportunity and standards of living as equal as we can?

Most of my professional career has been spent trying to contribute to making the world a fairer place, so that those who are less well-off have a better chance of a decent and fulfilling life than they would otherwise have.

I first trained as an economist, specialising in the economics of developing countries. Over two decades, I worked as an economic consultant in Latin America, Asia and the Pacific, in countries including Bolivia, Chile, Colombia, the Dominican Republic, Mexico, Papua New Guinea, Peru, and Sri Lanka. I also taught economics at Boston University to post-graduate students from Africa, Asia and Latin America, students who would apply and implement what they had learned when they returned home. My aim was always to try to make a difference, so that at least some people in some developing countries around the world might be a bit better off.

At the age of 35, for a thousand reasons, I decided to change fields, and began studying counselling and psychology. In 1988, aged 43, I set up in full-time private practice as a clinical and counselling psychologist. My aim in private practice over the past 17 years has been again to help those in difficulties, with the emphasis this time being on emotional difficulties rather than economic ones.

In recent years, I have been inspired by the Dalai Lama. One of the things the Dalai Lama said on a visit to Australia was: “If you want to be happy, help people, because you are the one who gets the help — if they get some help as well, that’s a bonus.” I believe strongly in this principle. Certainly, it is deeply fulfilling for me to be able to contribute to the promotion of social and economic justice.

Read the rest at

<http://mudsmith.net/morawetz.html>.

Grants in DEVELOPING COUNTRIES:

(a) Grants have provided safe drinking water, improved sanitation and health in Ethiopia, India, Malawi, Nepal, PNG, East Timor and Uganda.

(b) Grants have provided women and girls, and the poorest of the poor, with education and income-earning opportunities in Bangladesh, India, Laos, Malawi, Nepal, the Philippines, South Africa, a refugee camp in Thailand, East Timor, Uganda and Vietnam.

Within AUSTRALIA in 2006-07, grants have benefited indigenous infants, children and youth, public school students, refugee women, and youth with mental health problems. There have also been grants supporting a new progressive think tank (“Per Capita”), the campaign by Australians for Affordable Housing, and research by ACOSS into poverty in Australia.

Total grants for 2006-2007 were: \$430,500.

Accumulated total grants for 2003-2007 are: \$1,006,400.

For additional information, email David at morawetz@bigpond.com.

When your child has died:

“What do you do when... you want to pretend that everything’s okay...”

by Joan Hamilton-Roberts

Grief can be a debilitating house guest — it can creep through your bones, robbing energy, making you susceptible to illnesses, accidents and inviting that other freeloader, Self-Doubt, for an extended stay. It can be extremely frustrating to discover you can’t function as you used to B.G. (Before Grief), when all you can muster is to go through the motions — doing the bare minimum, all the while knowing you used to be capable of so much more.

It’s no wonder that people try all sorts of ways to evict these pesky visitors — they may even call on those Griefbusters: Busy, Stormy, Teardrop, Silence, Speak and Numb. Mostly these champions can give you respite and let you pace yourself. In a few reported cases, these Griefbusters became more of a nuisance than they were worth!

Eventually, the ‘okay’ days start and a smidgen of the old verve tentatively knocks on your door, inviting you out to Life. You may even go on to build a stronger bond with Okay. Maybe you befriend Okay by having a workplace or activity where nobody knows that you are bereaved; maybe it’s through being with people who know and understand you, and let you be just who you are now — even if you don’t even know who that is yourself. Okay can be a valuable friend to have — someone who can introduce you to Peace, Just Being, and Self-Acceptance.

And then come the Leftfield days, when you get captured by Grief once again and it’s hard to believe you had ever escaped It. These are the days when you want to pretend that everything’s okay — when you just know you will not be able to live up to your own nor other people’s expectations. When you just want to climb back into bed and sleep until It’s over.

These are the very days when it can help to befriend Self-Acceptance, who knows how to teach you that you are Okay, just a different sort of Okay to Before Grief.

This way you can get to a point where you can say, quite truthfully, you are “FINE”, when you are actually “Feeble, Insecure, Nervous and Emotional.”

You can remember that this pain is an expression of your love for your child; that the love will remain long after the intensity of the pain lessens; that Okay will return again one day.

Joan is the Manager of the Family Support Team at **Very Special Kids**

Supporting families of children with life-threatening illnesses



A confidence trick?

Hi Bob,

I don’t want you to publish my name, but I have a serious gripe. I feel as if a confidence trick has been played on me by the APS.

My daily work in private practice is not at all handicapped by the fact that I have only general knowledge of drugs. Occasionally I need to know the side and withdrawal effects of the antidepressants my clients are prescribed, but I can look these up on the internet.

However, I need Pharmacology to qualify for the higher level of Medicare. And with a great deal of fanfare, the APS offered courses by Simon Crowe. So, I spent my money and spent my time, and did a day course.

Now I am being told that this is not good enough. In principle, I could have sat through the course without taking in anything; it does not constitute any addition to my qualifications. For that, I am supposed to do a course that is formally assessed.

Why couldn’t I be told of this BEFORE deciding to do the course? Is it not a misrepresentation for the APS to have run these courses if in fact they count for nothing?

Anyway, I can accept that Clinical Psychologists who work in psychiatric wards need to know about Pharmacology. But then, my clients are not in that category. They are people who live in the community, and go to their GP because they are seriously suffering. If I have been able to successfully work with them for 12 years with my level of knowledge of drugs, why is this suddenly insufficient?

Angrily yours,
‘Lisa’.

When a parent has died

from Jill Crookes

Wombat's Wish — community based grief support for parentally bereaved children — is a charity founded in 2005 by Jill Crookes, counselling psychologist in Geelong. The cornerstone of the programme is a weekend camp, which has five primary clinical objectives. The services are designed to help bereaved children and families by providing increased opportunities for:

Support, information and education — supporting children and families to understand death and what it means to them.

Understanding and expressing grief — encouraging children and families to share and understand the feelings, thoughts and individual ways of coping with loss.

Remembering — helping families to find ways of

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remembering the person who has died.

Communication — encouraging family members to talk openly with each other.

Meeting others — providing opportunities to meet other families with similar experiences.

Wombat's Wish is based on a UK programme, Winston's Wish. Their research has indicated that the death of a parent/s in a person's childhood often has long term emotional and social impacts on adults. It is a common factor in a significant proportion of adults accessing counselling services, and in young people in correctional settings.

Contact Wombat's Wish at: 83 Garden Street, East Geelong, 3219 or jillcrookes@optusnet.com.au.

Spotlight on Queensland

by Dr Elizabeth Tindle, FAPS

The Queensland branch of the APS College of Counselling Psychologists has held a number of activities in 2006-7 and has continued to provide an important venue for the professional growth of Psychologists and Counsellors in SE Queensland.

Our Executive comprised Diana Greenhalgh, Nicole Detering, Secretary, Doreen Wesley, Brian O'Hanlon, Treasurer, Kath Ellerman-Bull, Jo Ehrlich and Elizabeth Tindle, Chairperson. All professional development meetings from 2006 and 2007 have been stimulating and very well attended, attracting an attendance of between 25 and 50. One seminar had to be repeated because of popular demand and insufficient places at our venue (which holds 50).

The College professional development meetings are an important component in the development of trainee psychologists in Queensland, offering opportunities for networking and meeting potential employers in the differing specialties of psychology. The meetings also fulfil an important role for provisionally registered psychologists (clinical, counselling forensic, health, sport, organisational and others) in providing inexpensive, quality PD which helps fulfil part of the requirement for registration as a psychologist in Queensland. The College seminars provide an important learning environment for the Psychology profession. As in previous years, Postgraduate Psychology Masters and Doctoral students from Griffith University, University of Southern Queensland (Toowoomba), The University of Queensland, Bond University, University of the Sunshine Coast, the Australian College of Applied Psychology, James Cook University and Queensland University of Technology as well as Intern Psychologists on placement in the QUT Counselling Service have been attendees. I would like to thank executive members for their input and support throughout the year.

Our meetings have also attracted a wide cross sec-

tion of psychologists from a range of government and private institutions: Disability Services, Queensland Health and Mental Health Services, Education Queensland, Department of Primary Industry, hospital staff, Family Services, Counselling psychologists from Independent Schools, Drug and Alcohol agencies, Relationships Australia and Corrective Services. We have many psychologists in private practice who use the College meetings for keeping in touch with colleagues as well as helping them to be at the cutting edge in their profession. Psychologists and other professionals continue to travel substantial distances to attend our meetings. We have attendees from Caboolture, Toowoomba, Gold Coast, Ipswich and the Sunshine Coast as well as the wider Brisbane area. Indeed some come and stay overnight in order to attend.

As in the previous year, our guest presenters and their work have been outstanding. We have been kept up to date with the latest "hard core research" and a number of members of the APS have presented their Doctoral theses. We have also benefited from hearing presentations based on years of experience in a specialist field, for example relationships counselling or working with families or children. Where possible we have invited local experts in their field to lead our meetings and we continue to enjoy a rich and unique variety of presentations. We have an enviable pool of local talent we can tap in to.

Our programme for 2006-7 was the following:

- 8/2/07 *Multisystemic Family Counselling*. This was a Master Scientist-Practitioner seminar presented by Dr Helen Stallman, clinical psychologist.
- 10/5/07 *Psychological Assessment: Working with the DSM IV*. Presented by Dr Jan Ewing, University of Qld and Private Practice.
- 16/8/07 AGM followed by Scientist- Practitioner presentation by Dr Sandy Sacre on *Counselling clients with Sleep Disorders*.
- 19/10/06 *Mindfulness and CBT*. Presented by Brian O'Hanlon. A Master Scientist-Practitioner Seminar.
- 30/11/07
- 30/8/07 *Psychopharmacology: Counselling clients on medication*. Master Scientist-Practitioner Seminar presented by Dr Genevieve Dingle.



On 6th December, 2007, Dr Genevieve Dingle, who has a degree with a major in Pharmacology as well as a PhD in Clinical Psychology and has a wealth of experience in hospitals, will be providing a two hour

Scientist–Practitioner workshop on *Counselling clients with addictive disorders and dual diagnoses*. These workshops have a before and after evaluation and make an important contribution to our members’ need for mandatory PD points.

2006-7 has been a very stimulating year for our college in Queensland. There seems to be a demand and a need for professional development seminars to continue and I am happy to help in my capacity as Chair of the Queensland Branch, to meet the needs of our members.

From Victoria

The Victorian committee is going well. Current members are:

- Chair: 1) Lyndon Medina
 Secretary: 2) Dr. Bob Rich
 Treasurer: 3) Michael Di Mattia
 Committee Members:

- 4) Dr. Naomi Crafti
 5) Monique De Zoete
 6) Monica Lederman
 7) Julian McNally
 8) Filia Papadimitriou
 9) Carolyn Poon
 10) Jan Seeley
 11) Linda Tilgner

Bill van de Meene has just resigned after several years of very effective service to the College, and we would like to thank him for his contribution.

The email addresses of all current members are at http://www.groups.psychology.org.au/ccoun/office_bearers/#vic.

INTEREST GROUPS

Psy Counselling News is happy to provide a venue to interest groups for publicising their activities. If you belong to one, you may want to ensure that your group takes advantage of this opportunity.

APS Women and Psychology Interest Group

18th Annual Residential Conference

Living and Working with Diversity as Women in Psychology II

Thursday 6th - Sunday 9th December 2007

Sunbury Hall, Victoria University

Hosted by the APS Women and Psychology Interest Group, the conference will be held at Sunbury Hall at Victoria University in Sunbury, Victoria. It is on the site of a superb heritage-listed facility, the former *Caloola* institution, that was the subject of Kelley Johnson’s book *Deinstitutionalising Women*.

The presentations will highlight feminist perspectives on psychological practice and research with women that take diversity into account. Topics on

body image, domestic violence, happiness, singing, Indigenous issues, health, family law, wellbeing, language, and other innovative understandings of feminism in psychology are in the program. Registration closes 1 Dec 07.

Date	Program
Thursday 6/12/07 7-10pm	Reception & Welcome by Jill Astbury. Movie and popcorn
Friday 7/12/07 9am-5pm 7pm-late	Keynote: Tania Jones; Papers & Workshops; AGM. Conference Dinner
Saturday 8/12/07 9am-5pm 8pm-late	Keynote: Kelley Johnson; Papers & Workshops. Theatre: “ <i>Hangups, Heartaches, and Headcases: A Psychologist Cabaret</i> ” Lizzie Matjacic
Sunday 9/12/07 9am-12:30pm	Keynote: Tracey Bunda; Workshop; Lunch

Want to know more about the conference?

Read about last year’s conference in our March 2007 Newsletter and see the detailed program and Registration online at:

http://www.groups.psychology.org.au/Assets/Files/women_psych_newsletter_Mar07.pdf

<http://www.psychology.org.au/events/EventView.aspx?EventID=2784&Highlight=1>

Psychologists for Peace, and Environmental Interest Groups

I belong to both these vital and energetic groups, although I am a rather quiet member. Understandably, their membership overlaps, but they each do their work with a great deal of dedication. They are working on changing the world for the better, and need your support. If you are interested in psychology and the environment, email Terry Bowles, t.bowles@patrick.acu.edu.au. For peace issues, contact Susie Burke at S.Burke@psychology.org.au.

Submission guidelines

Contributions need to be brief. Ideal is something to fit one page. I have reduced font size, so if it’s all text, that’s about 800 words. Pictures, tables etc. will reduce the word count. Perhaps not surprisingly, a single column is about 400 words. That’d be great too. And shorter filler items are invaluable.

Content should be relevant in some way to Counselling Psychology, using clear language. Anything inflammatory, discriminatory or libellous will be consigned to the deep.

Send contributions to bobrich@bobswriting.com.