

THE PROFESSIONAL COUNSELLOR

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01

The Australian Institute of Professional Counsellors National Newsletter

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Front Cover Illustration –
“Girl Drawing”

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The Australian Institute of Professional
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Using Expressive Counselling Tools to Enhance Emotional Literacy, Emotional Wellbeing and Resilience: Improving Therapeutic Outcomes with Expressive Therapies

ABSTRACT

Research supportive of the use of an Australian approach to Expressive Therapies, developed since 1987, that has a focus on resolving emotional drives, is reviewed. Expressive Therapies (ET) utilises an emotion-focused, growth-promoting way in which clients can be engaged through the use of a range of creative arts-based, projective techniques. In particular, the engagement with creative arts tools has been found, by the authors, to enhance long-term changes and resilience.

The development of Inner-Life Skills is discussed, with particular value being placed on the skill of emotional literacy. Evidence that a focus on emotions deepens therapeutic outcomes is discussed. Supports for the cultivation of wellbeing within the therapeutic relationship are gathered, including the way multiple intelligence theory enhances practice. Reference is made to recent research in neuroscience relevant to optimum therapeutic outcomes, and the development of resilience.

Current and past writers on human development and therapy suggest that creativity is an inbuilt drive and a major goal within the psyche. Poets, writers, dancers and painters all use expressive forms in attempts to convey the heart and soul of human experience. The imagination that inspired ancient Aboriginal rock art, paintings and inscriptions in Egyptian tombs, and Neolithic cave paintings arouses constant curiosity. How can counselling be practiced in a form that harmonises with, and supports the development of, imagination and meaning-making, while complementing the characteristic elements required by stakeholders in the counselling process - elements such as goal setting, productive outcomes, and fostering a positive helping alliance?

The goals of this essay are fourfold:

1. to examine evidence on the effectiveness of applying an Australian emotion-centred, growth-focused experiential approach to counselling;
2. Explore possible links between positive therapeutic outcomes and experiential activities in session;
3. Explore the way Inner-Life Skills can enhance resilience, emotional literacy and emotional competence; and

4. Investigate the contribution of Gardner's (1983) theory of Multiple Intelligence in relation to effective counselling.

Evidence that a focus on emotions deepens therapeutic outcomes is discussed, and support for cultivation of wellbeing within the therapeutic relationship is examined. Reference is made to recent research in neuroscience relevant to optimal therapeutic outcomes, and the development of resilience.

What is ET and where did it come from?

Expressive therapy has been defined as the use of drama, painting, music and literature for psychotherapeutic purposes which include improving and enhancing the physical, emotional and cognitive functions of individuals, resolution of conflicts and stress reduction (Pies 2008).

Development of an Australian model of applying creative arts therapies or Expressive Therapies (ET) for therapeutic change, began in 1987 through the brainchild of Pearson and Nolan and their work with youth exhibiting persistent negative and anti-social behaviour. Initially referred to as Emotional Release Counselling (ERC) (Pearson & Nolan 1991), the interactive techniques developed and taught as Expressive Therapies in Australia have, over the last 20 years, been consistently explored and revised by the authors' clinical observations, as well as through feedback from clients, students, and professional counsellors working in schools, sexual assault associations, private practice, government and agency-based settings.

ET can be offered as a time-limited therapeutic option of say 6 – 8 sessions, or as a more open-ended strategy. Client ages range from 6 years through to later adulthood. ET is an approach to counselling that promotes client wellbeing through offering a range of interactive, creative arts-based, projective techniques.

“Explore the way Inner-Life Skills can enhance resilience, emotional literacy and emotional competence”

ET has been identified in the USA as being beneficial for a broad range of productive and positive therapeutic outcomes (Gladding 1998; Malchiodi 2005; McNiff 2004).

The Australian approach to ET has been developed, primarily, as an experiential, activity-based, psychodynamically oriented style of counselling and psychotherapy. It offers emotion-focused promotion of creative problem-solving, and a constructive dynamic for deepening counsellor / client interactions.

The practice of ET evolved from adaptations and new processes created from a blend of traditional verbal counselling, creative arts therapies, Gestalt methods, Jungian approaches, Emotion-Focussed Therapy and Transpersonal Psychology, underpinned by practical implementation of a psychodynamic framework.

Creativity, Counselling and Expressive Therapies

Creativity is an in-built drive and a major goal within the psyche (Crane 1999; Gardner 1993; McNiff 2004; Maslow 1962; Reich 1979). Essentially, creativity can be said to refer to the production of work that is both 'novel and appropriate' (Thoresen 1969 cited in Gladding 1998). So how can the elements of efficacy, appropriateness, sensitivity and flexibility in counselling be blended into creative practice that harmonises with and complements client needs and focus with outcomes required by both client and agency?

Augmenting creativity in professional work, being able to support clients to develop more resourceful cognitive processes, and therefore enhancing productive decision making, has been found to be increased through the use of experiential techniques and client-centred approaches such as ET; approaches that advocate flexibility in implementation (Payne 1993; Pearson & Wilson 2007; Robbins 1980). Developing imagination can be regarded as critical in a person's learning process (Heath 2008). Heath argued that being able to imagine is prerequisite to being able to consider another person's point of view or how they experience the world.

There are similarities and differences between ET as it is taught in Australia, and expressive arts therapies as practiced in international therapeutic settings. The key difference in Australian settings would be cultivation, in a client, of increased tolerance for experientially working through emotional difficulties. What ET in Australia has in common with international practice is the use of methods such as self-awareness activities, visualisation and relaxation techniques, expressive writing, developing and recording personal narratives, and the use of art and music.

Underlying Tenets

Hallmarks of ET are respect for, and cooperation with, natural self-healing mechanisms in the psyche, as posited by Jung (Fordham 1991); support for working more directly with emotion (Fosha 2000; Greenberg

2001, 2004; Grof 2001; Whitfield 2006), and use of an experiential, multiple-intelligence-focused range of modalities (Gardner 1983; Malchiodi 2005; O'Brien & Burnett 2000; Rogers 1993).

Theoretical frameworks supporting ET include Rogerian client-centeredness (Rogers 1951); the benefit of working through difficult emotions as proposed in Greenberg's Emotion-Focussed Therapy (Greenberg

“Central to the process is the client-driven creation of ‘emotional doorways’ that activate interest in self, and curiosity about navigating the experience of the inner world.”

2001); development of somatic awareness (Eiden 2002; Leijssen 2006; Lowen 1975; Lude 2003; Reich 1979;) and acquaintance with the concept of transpersonal experience (Boorstein 1997; Cortright 1997; Grof 2000). Resilience-building is also an important aspect of the ET strength-based approach (Bjorklund 2000; Howe 2005; Pearson 2006).

In session, the therapist focuses on drawing out client narratives to discover central themes and emotional disturbances,

and to guide assessment, particularly in relation to whether an ET intervention is appropriate or supportive, and if so, which one. The offering of a particular activity is linked to a client's interests and emotional needs. Central to the process is the client-driven creation of 'emotional doorways' that activate interest in self, and curiosity about navigating the experience of the inner world.

Emotion and Therapeutic Change

Beck (1995), Greenberg (2004) and Whitfield (2006) have posited that accessing emotional content heightens cognitive processing of emotion-charged life experiences. ET enhances the capacity to supportively decrease a client's psychological proximity to, and associated tolerance of, the emotional charge around, a distressing experience.

This is achieved through offering interventions such as symbol work (Pearson & Wilson 2001), emotional release processes, somatic focus activities, self-discovery worksheets (Pearson & Wilson 2007), therapeutic writing (Thompson 2006), and emotional literacy tools (Bolton, Field & Thompson 2006), use of art (Wadeson 1995), sandplay therapy (Ammann 1991; Carey 1999; Kalff 2003; Weinrib 1983), projective techniques (Clark 1995) and bioenergetics (Lowen & Lowen 1977). The concept of a positive natural self-healing movement in the psyche was posited by Jung (Fordham 1991); a movement Jung likened to the

body's natural healing mechanism (Allan & Brown 1993).

Central to the practice of ET is a focus on safe, therapeutic processing of emotions, supporting emotional healing, along with essential integration activities. Emotional healing leads to the desired changes espoused by several approaches to therapy. CBT, behaviour modification programs, systemic therapy work and strength-based problem-solving, seek to support positive relational and behavioural change (Porter 1996). ET has a compatible focus.

In ET, emotional healing and self-regeneration may take place when activated emotions can be brought to awareness and processed, when the emotional charge attached to past events is reduced, and the client experiences a sense of moving forward with increased freedom from negative life patterns.

Fosha (2000) suggested that, within the therapeutic setting, contact with powerful emotion contributed 'to metamorphoses of the self', and becomes the central agent responsible for therapeutic change. Fosha (2000) also found that 'core affective states' contain powerful adaptive forces and processes with a heightened therapeutic potential capable of accelerating therapeutic change. It is these adaptive forces that emerge naturally when children are safe and free to play (Lowenfeld 1935). Subscribing to the concept that a nurturing connection with a caregiver sets human beings on a pathway to psychological and emotional wellbeing (Bowlby 1988; Cozolino 2006) it would seem critical that cultivation of experiences of supportive, meaningful relating about the emotional world assist significantly with emotional regulation, psychological growth and overall wellbeing.

ET supports a client to process activated, distressing emotions through combining somatic, emotional and cognitive processes. The concentration on an intrapersonal focus within ET sessions has been found, by the current writers, to generate increased client cooperation with the client's own uniquely experienced, innate healing drives, thus reducing resistant responses.

The ET session framework identifies six stages of a session: joining and rapport-building, developing self-awareness in the client, focussing on emotional processes, integration, reflection on strategies, and a time for future focus, reflection on self-care and possible post-session

homework (Pearson & Wilson 2001). After initial engagement, development of self-awareness may provide an opportunity for clients to enhance their somatic awareness.

In the next stage the focus becomes centred on processing emotional distress, the integration stage offers time to engage a client's focus on review and reflection of the process. The final stage supports consideration of future actions and direction. After analysing several research projects Greenberg (2001) confirmed that combining expression and reflection together in a therapy session led to beneficial outcomes. ET sessions typically combine times of self-expression and self-reflection.

ET processes are offered by a trained therapist in such a way that emotional disturbances that have been negatively influencing behaviour, attitudes and relating, are given safe exposure; re-experienced in symbolic form; and expressed in a way that releases the emotional charge surrounding the experience or event. This has been found to support a client to regain the feeling of a calm and balanced state (Greenberg 2004; Pearson & Wilson 2001; Robbins 1980).

Accessing emotions

People who do well in therapy move from talking about external events in a detached manner, through to focusing on internal feelings in 'a richly descriptive and associative way', to readily accessing feelings to solve problems (Greenberg 2001; Whitfield 2006). Moving, in therapy, beyond content level to a process level has been claimed to encourage authenticity in session and better integration of the concept of a more complex 'self' (Teyber 2006).

In his research into consciousness, Damasio (2000) found emotion was necessary for rational thought. Body sensations cue awareness of emotion, underlie emotions and form the basis for weighing consequences, deciding direction, identifying preferences (Damasio 2000). Awareness of body sensations may then be a foundation for accessing the emotional messages that support a client into rational states (Le Doux 1998; Lowen 1975; Roberts 2004; Saarni 1999).

Long-term change often occurs by extending an intellectual understanding of oneself to include emotional experience of oneself (Greenberg 2001). The finding that therapy works most profoundly to promote change by activating deep, and sometimes painful, emotions (Greenberg 2001) underpins the practice of ET. Greenberg's research lead him to state that 'Processing bodily felt experience and deepening this in therapy in a good therapeutic relationship environment may be a core ingredient of change in psychotherapy' (Greenberg 2001, p. 7). Developing experiences of mastery over emotions, within a good therapeutic alliance, by experiencing emotions long feared, has been shown to

“ET supports a client to process activated, distressing emotions through combining somatic, emotional and cognitive processes.”

be regenerative and empowering for adult clients (Fosha 2000).

A significant therapeutic outcome from encountering a deep emotional experience within a supported context was that clients were found to experience increased aliveness and meaning (Fosha 2000). Fosha (2000) claimed that the experiencing of what she termed 'core affect', provided healing in and of itself.

Practice application of ET activities can be adapted to each particular client's needs – for example, with regard to the level of emotional content and expression with which a client is comfortable. ET's flexible approach provides a non-threatening connection with the individual's emotional life, awareness of body sensations, and self-direction from accessing positive emotions. Using expressive means can also support a client to utilise emotions as a guide in positive and constructive problem-solving and productive self-direction (Greenberg 2001; Pearson 1997; Rogers 1993).

Positive Emotional Functioning

An individual may have spent many years attempting to avoid re-experiencing difficult emotions, believing that they are to be ignored, forgotten, or that re-awakening 'sleeping dogs' might be threatening, or dangerous, to the sense of self. Fosha (2000, p.13) noted that people disconnect from their emotional experience 'only to pay the price later in depression, isolation and anxiety'. The therapeutic encounter benefits from patiently developing positive trust and rapport, a sense, for the client, of psychological safety, and provision of some rationale for reversing unhelpful self-protective mechanisms (Cozolino 2002; McNiff 2004).

An effective therapeutic experience that leads to change, produces a combination of increased emotional, somatic and cognitive awareness. Emotional healing can be said to have occurred when incomplete emotions, impulses, urges, actions in the psyche are completed, when unfinished business no longer intrudes on cognition, motivation, or causes reactivity.

For example, emotional healing can lead to clearer thinking, improved behaviour, better relating and access to personal strengths (Greenberg 2004; Malchiodi 2002; Pearson & Wilson 2007).

Healing can be enhanced by accessing, symbolising and externalising internal conflicts so they can be recognised and worked with; for example through art, sandplay or symbol work (Ammann 1991; McNiff 2004; Malchiodi 2005; Pearson & Wilson 2001). For this to occur within the therapeutic setting, a sense of trust

and safety is essential (Cozolino 2002; Fosha 2000; Greenberg 2001; Pearson 1997).

Emotional healing can also take place on several levels within the psyche – biographical (from birth to the present), perinatal (around the birth) (Chamberlain 1998) and the transpersonal or metaphysical domain (Grof 2000). While therapists can most readily support clients to access feelings and issues from the biographical domain, an individual's psyche may ultimately require some resolution of conflicts or stress from any of these three dimensions.

Integration in ET

A central task of therapy is facilitation of the 'activation, organisation and release of emotional energy' through verbal and nonverbal means (Robbins 1980). An important fourth element that ET provides to expand this framework is integration (Pearson & Wilson 2001).

Integration is an essential final step in dealing with emotions – a step not identified in existing research on the process of emotional ventilation. Integration follows activation and expression and can involve linking heart and head, body and brain, left and right hemisphere functioning (Cozolino 2002; Siegel 2005). Integration, using calming verbal and non-verbal reflective activities, and the sharing of the experience with a 'trusted guide', consolidates a transformational experience (Greenberg 2001; Siegel 1999).

The aim of the integration stage is to support emotional restoration - for a client to make sense of their experience, begin to view their life from a broader perspective, and in this calmer space, begin to plan self-care and new directions. Within ET training courses it is considered unethical to guide a client into activation and expression of emotions unless there is adequate time for full reflection and integration (Pearson & Wilson 2007). In addition, the need to conclude therapy sessions with an integration stage is highlighted in ET training, to consolidate gains from the expressive steps in session. The integration stage of a therapy session purposefully offers a client time to focus on reflection, self-care, problem solving and action steps.

Within the early stages of ET sessions, and in the integration phase, frequent use is made of projective techniques. These can be helpful to provide symbolic or metaphorical representation of challenging conflicts and to gain supportive imagery in the reflection stage.

Projective Techniques

Projection is a natural phenomenon in the psyche through which intrapsychic material that has been disowned can be externalised (Grant & Crawley 2002) without immediate recognition of the contents. The use of projective techniques is an ideal intervention with neglected, abused and traumatised clients, for whom overload of the nervous system, or retraumatisation, should be avoided (Rothschild 2000).

“Practice application of ET activities can be adapted to each particular client's needs.”

Through projection, emotional states can be externalised with less impact from defence mechanisms. A fundamental assumption of projective techniques is that the client spontaneously expresses or 'projects' his or her personality through the use of art, symbols and the completion of set tasks (Clark 1995). Projective techniques provide alternative means to traditional verbal disclosure. The process of projection allows the client to create an external reality, give visible shape, through story, word, symbol or picture to both known and unknown aspects of the psyche that are emerging for resolution. Both spontaneous and directed projective art has been found to be an effective way for unconscious impulses, memories and feelings to emerge (Furth 2002).

Projective techniques greatly enhance client and counsellor interaction since there is an intermediate activity that calls forward involvement in the client. This intermediate activity can also diminish client defensiveness and reduce the level of transference (Pearson & Wilson 2001).

The relaxed attitude of many projective techniques – that depend on 'allowing' in contrast to a 'doing' effort - opens up neural pathways that allow easier discharge of feelings (Robbins 1980). This opening up, or activation, of neural pathways allows for change. Robbins suggests that the neural pathways are freed for the reorganisation involved in new learning and adaptation.

Projective techniques allow focus on reparative methods rather than beginning with a problem focus (Clark 1995). Weinrib (1983) pointed out that initially clients using Sandplay therapy passively project their fantasies onto the figurines. After some transformation a client may exhibit more energy, awareness and self-assurance; the projection is more meaningful to them and more purposeful. ET utilises a range of projective techniques that are incorporated in modalities such as Sandplay therapy, symbol work, use of drawing, music, and art media, dreamwork, and expressive writing.

Spontaneous projection of meaning through the use of miniatures, sandtrays, art, verbal metaphors, personal narratives allows clients to move carefully and safely towards challenging core issues (Pearson & Wilson 2001), and can be the foundation for increased self-awareness, communication, and emotional literacy.

Inner-Life Skills and Emotional Literacy

Emotional literacy is a core Inner-Life Skills (ILS) that clients can develop through an ongoing therapeutic relationship (Pearson 2004). ILS are the range of abilities clients develop through the experiential work, with an expressive therapist. Sometimes these skills are taught directly, in most cases clients gain them indirectly, simply through involvement in the activities. These skills provide improved means of dealing with personal issues,

greater access to the intrapersonal intelligence. Use of these skills is reinforced as clients repeat some activities and reflect on their process of growth, healing and change.

There are several broad categories of ILS used in ET that support emotional healing and the ability to regulate emotional expression (Pearson 2004). Emotional literacy involves the skills of self-knowledge, understanding the emotions,

“Projective techniques allow focus on reparative methods rather than beginning with a problem focus.”

self-expression and communication. Other ILS include managed emotional and physical release, relating to and supporting others, and understanding motivation and direction in life.

The core skills of emotional literacy require some competency in using what Gardner (1993) identified as the intrapersonal intelligence, and Goleman (1995) has named the emotional intelligence. The present

writers have observed that the more experienced a client is with intrapersonal exploration, the more effective and lasting the therapeutic encounter can be. Gardner defines intrapersonal intelligence as 'knowledge of the internal aspects of a person: access to one's own feeling life, one's range of emotions, the capacity to effect discriminations among these emotions and eventually to label them and to draw upon them as a means of understanding and guiding one's own behaviour' (Gardner 1993, p. 24).

Emotional literacy includes the ability to sense and locate emotions in the body, recognise and name emotions, communicate about them, speculate about causes and express or process them in a suitable way (Pearson 2006). Ability with emotional literacy supports emotional healing, therapeutic release, the integration of emotional experiences, and the ability to regulate emotional expression beyond the therapy room. Observations from implementation of *The Innerspace Programs* (Pearson 2006) indicate that emotional literacy contributes to the speed with which rapport can be established in group work.

Natural development of emotional literacy can occur, to a certain extent, through positive modelling and use of multiple intelligences in education. Emotional literacy can be enhanced through the use of creative media within the therapeutic relationship, within personal growth Groupwork, and in educational settings. Some of the tools used in ET to develop emotional literacy include: self-discovery worksheets, body outlines, mandala artwork, feeling word lists, texture examples and words, use of

colours, lines, shapes, and use of recorded or live music (Pearson 2006). Informal feedback over a few years from practitioners using these tools indicates that they develop in clients and group participants a sense of optimism and confidence about self and communicating emotional experience. They find there is a way to talk about challenging experiences and to gain relief from difficult affect.

The option to choose from an array of emotional literacy tools supports a client to find and make use of their preferred intelligence. When clients can use their preferred intelligences they are more able to communicate, express, process, learn and understand (O'Brien & Burnett 2000).

Multiple Intelligences in Therapy

We are all different, largely because we all have different combinations of intelligences (Gardner 1993). Gardner recommended that 'if we can mobilise the spectrum of human abilities, not only will people feel better about themselves and more competent; it is even possible that they will also feel more engaged' (Gardner 1993, p. 12).

Initially Gardner (1983) described seven intelligences, however, his further research provided evidence for an eighth intelligence. There is ongoing discussion about the possibility of a ninth intelligence. His ideas have had the most considerable impact in the field of education. Gardner (1983, 1993) proposed that quality education depended in part on providing instruction and learning experiences that involve accessing a wide range of intelligences.

He argued that western education had predominantly focussed on verbal/linguistic and mathematical/logical intelligences. An extrapolation of Gardner's ideas may be that western counselling and psychotherapy, in general, have also focussed excessively on these two intelligences.

We are indebted to O'Brien & Burnett (2000) for researching the link between Gardner's theory and the field of counselling. Multiple intelligence theory highlights the way counselling and psychotherapy approaches seem to specialise in one or two of the intelligences. O'Brien and Burnett (2000) drew links between ET and Gardner's (1983) theories of multiple intelligence.

Their research - based on Sandplay Therapy and ET modalities - strongly supported the effectiveness of a counselling approach that utilises multiple intelligences. Gardner's framework also sheds light on some of the reasons that the availability of a range of in-session modalities - therefore choice of intelligences

- will often lead to beneficial therapeutic outcomes (O'Brien & Burnett 2000).

The way in which emotional experience is encoded is non-linear and not based on language, but is regarded as primarily body-focussed, and experiential (Fosha 2003). This would suggest that to work through challenging emotional experiences the use of the bodily / kinaesthetic intelligence and the intrapersonal intelligence may be essential. Fosha (2003, p. 225) describes how right brain functioning . . . 'involves processes that are affect-laden, visual/imagistic, sensorimotor, and somatic'. In the emotional healing stage of a counselling session the client may be supported to use right-brain functions that process issues in a multiple-intelligence way: imagery (visual / spatial intelligence), emotional experiencing (intrapersonal intelligence), body awareness and movement (bodily / kinaesthetic intelligence). The session may be completed with reflection (intrapersonal), discussions (interpersonal), problem-solving and planning (logical / mathematical intelligence).

Neurobiology and emotional wellbeing

It is becoming more widely recognised that emotional experience is not processed through language and logic alone (Fosha 2003; Greenberg 2001; Rothschild 2000). As the right hemisphere of the brain 'speaks a language of images, sensations, impressions, and urges toward action, therapeutic discourse must be conducted in a language that the right hemisphere speaks' (Fosha 2003, p.229). The promotion of healthy brain development through the modulation of emotion (Stien & Kendall 2004 cited in Gil 2006) therefore becomes a central focus in therapy. The ET approach embraces the findings of neurobiological research that argues the case for supporting emotional stability through interventions that most adeptly maximise opportunities for integration of left and right hemispheres of the brain (Siegel 2005).

Surveying recent neurological research reported by Cozolino (2002), and Greenberg (2001) revealed a compelling argument that, in terms of brain function, emotion precedes cognition. Sustainable emotional and behavioural change requires neurological change, neural reorganisation - 'plasticity in the brain' (Schoore 2003). Emotional healing through multi-modal activities that stimulate somatic, emotional and cognitive experiences has the possibility to deepen change in this way. Cozolino (2002, p.63) posited that catharsis in the absence of cognition did not lead to integration and that the prerequisite for 'optimal neural functioning' was participation of both

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the client's affect and cognition. For example when client and therapist co-construct narratives what is created neurologically, is an environment in which multiple neural networks can become integrated (Cozolino 2002).

In support of constructing narratives through a variety of expressive means, ET provides activities that use images, metaphor, symbol, draw attention to sensations, open memories and explore impulses; in other words, these techniques work to motivate action in the right hemisphere through first initiating right-brain activity (Gil 2006).

In a treatment that promoted the expression of unresolved angry feelings and then postexpression reflection, clients resolved their feelings more effectively than clients in a condition that only promoted either expression or reflection (Bohart 1977). Therapy that brings a synthesis of expression and reflection offers optimal results. In terms of what is happening neurologically during therapy, it would seem that emotional and somatic awareness and expression should be the initial focus, followed by developing reflection on the process and on possible future actions. The integration stage of a session aims to create associations between right brain activity through reflection, naming, description and timesequencing – activities that the left hemisphere favours. It is this stimulation of the left hemisphere that can result in positive actions and more optimistic motivation (Stien & Kendall 2004 cited in Gil 2006).

Siegel (2005) indicated that long-term change depended on 'neural plasticity' – adaptability and the ability for change in the brain - reflected in synaptic change. Synapses are the gaps, the joining places in the neurons. When neurons fire up, new connections can be made. Siegel pointed out that one important activity that fired up neurons is attention. Where attention goes, neural firing is activated, and new neural pathways are created (Siegel 2005, 2007).

New experiences alter connections in the patterns in nerve cells, networks and systems (Ratey 2001 cited in Gil 2006). So, turning attention within – a new experience for many clients - building up somatic awareness and emotional awareness – frequent activities in ET – invigorates new neural connections. Without new awareness, or new experience, previously established neural pathways – that is, previous symptomatic ways of being and behaving, the default settings, the old scripts or emotional schemas, tend to repeat. Supporting clients to connect to self, tune in, and attach value to intrapersonal awareness, may create new neural pathways and assist reversal of tendencies towards defensive dissociation.

Before therapy a client may have some recognition of emotional and physical impulses that are being acted out - or held in check. They frequently report cognitive confusion. During therapy, given that rapport, safety and motivation have been established,

a client would be sensitively supported by a trained facilitator to reconnect with experiences that are assessed to benefit from physical and / or emotional release.

Clients have reported to the current writers that strong emotions are experienced, somatically, as 'flowing' to and from specific locations in the body. The current writers have received substantial in-session feedback indicating clients have a felt sense of their emotions, their body and their energy oscillating between contraction and expansion, control and expression. After ET therapy clients often report

“When neurons fire up, new connections can be made. Siegel pointed out that one important activity that fired up neurons is attention.”

feeling a lighter or freer state, feeling calm and more expansive, as well as being aware of clearer cognitive processing.

Further support for the argument for a wider use of multi-modal, experiential and emotionfocussed ways of working with clients, comes from a review of the functioning of the two types of memory.

Memory

In creating memory, the brain processes perceptions and stores them as thoughts, emotions, images, sensations and behavioural impulses (Rothschild 2000). Each of these components of memory may need to be processed in

a specific way. Rothschild (2000) also described the two types of memory that need to be addressed in therapy, particularly with a traumatised client, as implicit (procedural) and explicit (declarative). Creating links between these two types of memory supports successful therapeutic outcomes.

Implicit (procedural) memory bypasses language, involves procedures and internal states that are automatic, and operates unconsciously. Projective techniques and the range of nonverbal activities routinely used in ET can build bridges between conscious and unconscious processes. This makes these techniques highly conducive to processing implicit memory. Explicit (declarative) memory - dealing with facts, concepts and ideas - enables the telling of one's life story, narrating events, putting experience into words and sequence, and extracting meaning. These are some of the tasks that may be offered to a client in the later integration stage of a session. These emotional literacy tasks activate the left hemisphere functioning and explicit memory and build links to the right hemisphere functioning and implicit memory.

Providing Enhanced Support for Clients

Emotional healing requires that a client experience good rapport – along with safety, respect, choice, collaboration and presence from a therapist. Rapport has been described as an illusive ingredient that creates a sense of connection, understanding, and safety ‘within which vulnerabilities and insecurities can be explored’ (Morena 2008, p. 192). Morena (2008) claimed that without rapport healing did not happen. In researching the application of ET in Australian schools, Pearson (2003) found that the most common observation of changes in the way clients related to counsellors during sessions, after the introduction of ET, was significant improvement in rapport. Well-established trust and rapport with the therapist is essential, and is supported when the client feels that the counsellor is fully present to them.

Emotional healing is more likely to be achieved when the client has an experience of the counselling environment as safe (McNiff 2004). This environment should suggest respect, care, and contain a sense of beauty (Gibney 2003). Using art therapy with clients, McNiff (2004) found that his clients experienced therapy as most effective in an environment that felt safe and non-judgemental.

Safety in early attachment promotes an expanded range of exploration in the infant (Siegel & Hartzell 2003). It seems a similar process of creating a new, good attachment may be at work during therapy. . . . ‘therapist activities that promote the patient’s sense of safety are essential’ (Fosha 2003, p. 230). Kalff (2003) recommended creating the ideal ‘mother/child unity’ within therapy. She felt that the success of the Sandplay therapy process she created, was supported by providing a ‘safe and protected space’.

Schore (2003) pointed out that the same system in the brain that is shaped by the early attachment relationship also regulates expression of aggression. Could we extrapolate from this that the stimulation of a good attachment with a therapist could eventually, positively influence a client’s ability to regulate emotional expression?

Secure attachment is at the foundation of ‘optimal mental health and resilience, and operates as a powerful protective factor against the development of trauma’ (Fosha 2003, p. 225). It could be that the new experience of a secure attachment within therapy can support the therapeutic process and provide a corrective experience for some clients (Grof 2000). Research in early attachment (Siegel 2005) indicates that the response of the caregiver is embedded in neural firing patterns of the child – and then passed on.

Therefore, as therapists and counsellors who provide on-going care, how we respond to a client may be just as vital as what we try to do with them. How we are within the therapeutic relationship can be a direct neurological model for the client. The

discovery of mirror neurons (Siegel & Hartzell 2003) reinforces the need for therapists to be in a calm and focussed state. Mirror neurons may also ‘link the perception of emotional expressions to the creation of those states inside the observer’ (Siegel & Hartzell 2003, p. 65).

Mindful practice (Siegel 2007) creates in a therapist states of reflection and emotional availability that are at the heart of effective clinical work. ‘The ways that we help others grow will be directly shaped by our own mindful presence’ (Siegel 2007, p. 277).

Fosha (2003) summarises the evidence that just one relationship with a caregiver who is capable of autobiographical reflection can support long-term change in trauma victims. . . . ‘a caregiver who possesses a high reflective self function, can enhance the resilience of an individual’ (Fosha 2003, p. 223).

Use of self by a therapist within the therapeutic context is a core skill (Rowan & Jacobs 2002). Who we are, how we respond, the quality of our attention to the client, the sense of compassion the client experiences while with us, all this depends on the self-awareness we have developed through personal development. Cozolino (2004) claimed that the more fearless therapists are in self-exploration, the greater their self-knowledge, the better is their ability to help clients. This would suggest that training for therapists and counsellors should include significant experiential work where trainees are able to immerse themselves the client role.

It would seem that our responsibility as therapists is to be engaged in our own inner process, to strive for enhanced personal awareness, to have cleared some of the backlog of unfinished business, and to remain vigilant in noting any elements that may block our creativity, presence and acceptance of clients. The highly experiential training in ET programs can support enhanced self-awareness, and provides opportunities for counselling students to experience from peers the qualities they are called on to provide for clients.

Marinucci (2004) suggested that in order to offer a holding space for a client, therapists must be capable of listening to self, to be aware of the influences from their past, the present, and their desires for the future. ‘Any nexus of unconscious problems that remains ignored or non-elaborated profoundly alters a person’s sensitivity to the other’ (p. 88). A safe collaborative relationship with a therapist, as well as the therapist’s empathic attunement to clients’ feelings, are important preconditions for working with emotion (Greenberg 2001).

“Safety in early attachment promotes an expanded range of exploration in the infant.”

Factors, considered common to all forms of therapy, that produce positive outcomes have been described by Cozolino (2004) as the therapist's care, compassion, or empathic attunement; providing a balance of nurturance and challenge; providing a balance of affect and cognition. Use of the ET exercises allows a therapist to maintain a high level of nurturance, and support the client to deal with the emerging intrapersonal challenges. The therapist rarely has to apply the challenge. The ET activities and session stages make it possible to balance work with affect and work with cognition.

Outcomes from Emotional Healing

There are a wide range of emotional, cognitive and social outcomes reported and observed in clients who have completed a series of ET sessions that include some emotional release and emotional healing (Pearson 2003). Using ET has been shown to lead to a wide range of positive outcomes for a client, and has also been found to support heightened professional satisfaction in practitioners (Holian 2001; O'Brien & Burnett 2000; Pearson 2003; Tereba 1999).

Some emotional changes, observed by the authors, when a client works through emotions include: a calmer mood, less aggression, less anxiety, increased self assurance and assertiveness (Pearson 2003); sense of freedom, lightness and balance (Pearson & Wilson 2007); re-connection with a sense of control and emotional strength, resourcefulness and creativity; increased sense of self-acceptance; more hopeful view of the future (Pearson & Wilson 2001); confidence (Pearson 2006) aliveness and meaning (Fosha 2000).

Some of the cognitive changes, include: improved attention span and interest in learning; increased capacity for creative problem-solving. Relational or social outcomes include: improved capacity to relate positively, more willingness to cooperate, a more hopeful worldview – which can have a positive social impact (Pearson 2003). Fosha (2000) describes an energetic outcome from processing deep emotion: access to new resources and renewed energy. This leads to what she terms 'adaptive action tendencies'. The ability to adapt is at the heart of developing resilience.

Building and Promoting Resilience

Resilience is 'the individual's capacity for adapting successfully and continuing to function competently under stress and adversity' (Howe 2005, p. 219). According to the American Psychological Association (2007), basic resilience is developed through caring and positive relationships. Fosha (2003, p. 228) claimed that the roots of security and resilience are found in the sense of being understood by 'and having the sense of existing in the heart and mind of a loving, caring, attuned and self-possessed other'. In particular, Doyle (2003) found that a key factor is the presence of someone who can give the child

unconditional, positive regard, as advocated in the theories of Carl Rogers (1980, 1951).

ET aims to help clients access more resilient tendencies. To support the development of resilience ET therapists concentrate initially on promoting a warm accepting relationship with clients. Nurturance for the self of the client is encouraged through offering self-esteem building activities, self-discovery opportunities, supporting a client's more positive view of self and fostering their creativity for formulation of problem-solving steps (Pearson & Wilson 2007).

Offering choice and giving clients some control within sessions can also build a stronger sense of self (Baloche 1996). When expressive therapists offer choice - inviting rather than instructing – clients engage in some reflection, discernment, and this leads to a decision. The decision, although sometimes arrived at quickly, does support client motivation to participate (Pearson & Wilson 2007). Doyle (2006) found that children who believe they can have some control, and attribute any success and achievements to

“The ways that we help others grow will be directly shaped by our own mindful presence.”

their own abilities, are likely to do better than children who believe they have no control over the process. ET invites clients to participate, construct, create, play, manipulate and control media, and observe their creations. The client has tangible evidence of creative engagement.

The fact that something came from within them – an artwork, a sandtray picture, a clay sculpture, a piece of written work - enhances a sense of productivity and satisfaction through their own achievement. Positive aspects of the self that may have otherwise remained hidden or diminished can be encountered and explored (Field 2006).

When distressed children were able to form friendships, something that their behaviour often denies them, it was found to enhance resilience, reduce loneliness and build a sense of greater acceptance than in children without friends (Bolger & Patterson 2003). This might incline counsellors to offer group work for young clients, so that new bonds can form among participants. This is reinforced by the writers' observations - and practitioner feedback – on the bonding that takes place during *The Innerspace Programs* - a school-based Groupwork program for children (Pearson 2006). Howe (2005) indicated that enhancing a child's ability to 'mentalise' and make sense of themselves and others as psychological and intentional beings provided that child with high levels of resilience.

When a client can explore and integrate a new, positive image of self this supports the effectiveness of therapy (Siegel 2005). Through participation in ET clients can make sense of self and develop more sensitive awareness of others, build skill with what Gardner (1983) identifies as the intrapersonal intelligence, develop a new image of self, experience warmth and acceptance, make choices and activate imagination and creativity in problem-solving and decision-making. This process reinforces the research of O'Brien and Burnett (2000) that argued it is the intrapersonal intelligence that acts as the hub from which skill with other intelligences extends.

Conclusion

The natural healing movements in the psyche can be a third 'presence' in therapy. An expressive therapist aims to be alert for clues from the client's psyche that indicate the direction of these movements; and aims to follow and support the depth and focus that is individually appropriate.

Therapy is considered to be enhanced when a client has the time and space to re-focus their awareness on deeper self-reflection and self-connection. This happens when rapport is well established and when a client feels safe. Within the range of possible activities that an expressive therapist might offer are rapport-building, developing somatic awareness, safe, supported expression of emotion, integration, and reflection on the future. Except in a crisis or an emergency situation, the task of building rapport is regarded as prerequisite to effectively dealing with client issues and precede a focus on, or activation of, emotions. Allowing time and space to get to know the lens through which a client views the world is an important aspect of ET.

The use of projective techniques allows clients to explore and express both known and unknown contents of the psyche. The multiple intelligence framework helps counsellors find client-preferred ways to engage in and deepen their own healing process. Initially it is appropriate to process emotional experience through focussing primarily on right hemisphere methods. Training and experience are needed to enable practitioners to confidently offer activities suitable for both hemispheres and both types of memory, at the appropriate times.

There is evidence that how counsellors 'are' is vitally important, not just what they do (Blackburn & Price 2007; Shaw 2004; Weiss 2008). Personal development supported with practical supervision provides access to more effective use of self in a therapy setting.

The Future

Counselling and therapy using ET supports the processing of emotions, finding balance and building resilience. Resilience leads to adaptability, personal rejuvenation, and can be developed through the quality of the therapeutic relationship. It could be that

each generation of new counsellors will define client-centred practice in their own way. Rogers (1951) originally differentiated between having client-centeredness as 'operational' rather than just 'verbal'. His prescription for operating in a client-centred way was to experience the unconditional positive regard from another in personal development activities.

The establishment of small-group opportunities for student counsellors and experienced professionals to undertake personal growth, could become a regular activity, as important as supervision. The research on the therapeutic relationship brings implications for flexibility in supervision style; bringing focus at times on the client and their needs, and at times on the counsellor and their responses to the client, and their

“Therapy is considered to be enhanced when a client has the time and space to re-focus their awareness on deeper self-reflection and self-connection.”

own needs. Working through problematic emotions or reactivity could lead to better professional work.

Positive changes, as a consequence of engaging in ET techniques have been discussed and included: regaining sense of calmness and inner balance, behavioural, relational and academic improvements, aliveness and meaning and the added benefit of professional satisfaction for therapists. Drawing on neuroscience research can help counsellors discern a spectrum of treatment: the use of activities that support

management of behaviours and symptoms, and the use of activities that contribute to long-term therapeutic change.

Expressive Therapies methods and frameworks have been in evolution since 1987. There has been positive refinement in the practical application of methods and a broader understanding of theory. ET is currently widely studied and used in contemporary counselling around Australia, and has been enthusiastically studied and implemented in South-East Asia. Further evolution of ET can occur through enhancing practitioner self-awareness, refining therapeutic activities, and through pursuing more extensive empirical and practice-based evidence.

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Healing with Art Therapy: *A picture in their mind, but stuck for words?*

Art Therapy is an expressive form of therapy using basic art materials, enabling clients to communicate deep feelings and thoughts as well as helping them to move through emotional blocks to gain clarity and greater awareness in life. This article outlines the benefits of art as a psychotherapeutic process and clarifies the type of people who may find it most beneficial. Guidelines that govern art therapists and how to access one that best suits a client's needs will also be discussed.

What is art therapy?

Art therapy is a healing process that uses creativity to help participants express deeply personal thoughts and feelings, in an environment where they will not be judged. It can help participants find the root of what is troubling them and offers a medium through which to express their emotions attached to their memories as a way of helping them deal with such things and move on.

As well as being a useful way of dealing with specific traumas, art therapy can help participants overcome problems that they may experience in everyday life, including coping with stress, being more organised and anger management.

In an art therapy session, participants will have the opportunity to use a wide range of artistic forms, including painting, drawing, appliqué, exploring dreams, symbols and imagery. There are no rules, and no right or wrong. Materials are used in whichever way feels right for the participant at the time. They are given opportunity to discuss their work with the therapist, but they do not have to. The session is very much guided by the participant, and is supported by the therapist. Many people find that the creative process itself is therapy, even if no words are spoken.

How does art therapy work?

When one experiences trauma, the brain will usually store the memory of it as an image rather than words. Psychotherapy can help unlock and analyse one's feelings, yet this relies on being able to verbalise it. In every day life the participant may have found themselves stuck for words, even though they have a clear picture in their mind of exactly what they want to say. This can be all the more so when what they are trying to express is painful or abstract and very traumatic. Using another medium, such as painting,

drawing or collage can help to externalise one's feelings, and express what is difficult to put into words.

When a participant creates art, the combination of their personal traits and the artistic process itself creates potential for healing. A dynamic interplay exists between the client's behaviour patterns and responses to their art. Exploration and dialoguing with aspects of the art work can be used as a stage to role-play their automatic responses to a given situation or block in their life. These responses can be explored further to see if they still hold value in the person's life or if the behavioural and attitudinal responses need to be adjusted for future healing and a more positive outcome than they have achieved in the past.

Feelings of fear and pain themselves often hold intense creative energy. So, even if a participant is reluctant to create, and even if they feel they are unable to think of anything to draw, their subconscious will guide them even as they move with the art materials in a seemingly unstructured way.

The process of creating and working with the art transcends the physical as it taps into the energies behind the images. All creative depictions exude a vibe. An intuitive art therapist can ascertain which parts of the artwork exude stronger vibes than others. The stronger aspects often allude to the areas of a participant's life that need healing,

holding the key to change.

Transcending boundaries of time and space, art has the ability to access the subconscious realm and address the energetic blocks in a person's life. At the energetic level, through art, participants have the ability to remove blocks that may have prevented a clear connection to one's inner essence. This reconnection strengthens a person's core self and helps shift the locus of control inward rather than external.

Art's healing properties can reconnect the participant to their inner self with clarity. As dreams are an expression of the subconscious realm, the dream material can hold the key to healing. Dream explorations can help provide an understanding of things the client cannot verbalise. When clients remain open to healing, together with a trained art therapist they can be supported to become responsible for a new positive direction or life pattern.

“The process of creating and working with the art transcends the physical as it taps into the energies behind the images.”



Figure 1. *Thank You*, by John.



Figure 5. *Breaking Through*, by John.



Figure 2. *Random Chaos & Darkness*, by Sara



Figure 3. *Ordered Soft Pastel*, by Sara.



Figure 4. *Creative vs. Traditional Career path*, by Cathy.

How does the art therapist and participant talk about the work that is produced? – does the therapist interpret?

The art process itself is therapeutic, but talking about it can allow a client to develop a deeper connection with the images and experiences expressed in the artwork. The sharing of ideas and feelings is guided by the artist and insightfully developed with the therapist. In groups, everyone can exhibit at the end of the session, during which time a participant can receive extra support from other group members. How a participant treats art often reflects how they treat people in their life. Talking as the image and 'hearing its viewpoint' can become challenging because their images may be part of *them*. The reflection of the art is just as important as the creation of it. By becoming involved in the artwork clients can come to a deeper understanding of the experiences that they have expressed in the creative process.

Who can benefit from art therapy?

Art therapy is suitable for pre-school children, adolescents and adults, either in groups or individually. It can be especially useful in helping people deal with life changes, trauma, eating disorders, palliative care, illness, stress and relationship issues. Children who have been bullied or who display troubling behaviours can tell their story through images, which is less threatening than having to talk or organise their thoughts into words. It is often much easier for children and adults alike to express their ideas as a 'blurt map' or picture, releasing their inner thoughts when, where and how they arise.

The transition from childhood to adulthood can be particularly challenging at times and art therapy can help deal with some of the confusion. People with Asperger's syndrome can particularly benefit, as art therapy allows them to express themselves and process their deeper emotions without having to make eye contact with the therapist. Adults with anger issues can use various art media to express their anger such as clay or paint, and feel calmer afterwards (see Case Study # 1). People can use art therapy to gain more

insight into why they may find it difficult to make decisions on a daily basis, or to organise themselves.

Art therapy offers many options for people with disabilities, even if one has poor fine motor skills, or is wheel-chair bound. If it is hard to control a fine paint brush, a sponge with water colours could be used, or simply hands and fingers. Indeed, people often begin with their story of how they are physically limited – “I have no strength in my right hand” or “I can’t really see out of my left eye because of my tumour”. Yet as they lose themselves in the art, they tend to lose their old story. For instance, they discover strength in their right hand, or they may compensate with their right eye. As a result, participants can feel a special satisfaction and joy at the end of the session.

Art therapy can help people access deeply stored emotions and cope with fear, anxiety and depression. By becoming aware of and processing the deep feelings relating to their core-wound, they can detach the emotions from the memory. This awareness and release allows the participant to move through life without continuing to carry a debilitating emotional burden.

The emotional burden can shift from such a burden to simply being a memory with no threat on the present. Children of cancer patients can use art and creative activities to help the child sort out the huge emotions that come with a parent being sick. Children of cancer patients who are unable to express themselves can often have difficulties in school and concentrating in class. Younger children can even regress to earlier stages of development, expressing their inner confusion as to why Mum or Dad is so distracted.

Does the client need to have any prior art experience?

No - even people with no experience or obvious artistic talent can benefit enormously from art therapy. It is not the product or end result that counts, but rather the process of creating it. Art therapy can take many forms, including

- Drawing, painting and sculpture work
- Dance and creative movement
- Drama and poetry
- Photography
- Looking at and evaluating other people’s artwork

What if the client comes to a session and has a complete block?

There are no rules with art therapy - each session has a character of its own, as it depends on how the

“Art therapy is suitable for pre-school children, adolescents and adults, either in groups or individually.”

client feels at the time. If they arrive at a session and can’t get going, the trained art therapist can work with their block. The participant may find that choosing a different art medium to work with helps to move things along, or the art therapist may work with relaxation techniques. Sometimes, silence itself can be healing.

How does the client know if they need art therapy?

Art therapy could be the answer if: traditional counselling methods seem monotonous because the client does not feel like talking a lot; they feel that they have an artistic side within that hasn’t been given the chance to come out; there is place for spirituality in their healing that perhaps the traditional psychiatric model does not address; other forms of healing have not worked; they would like to gain insight through more creative methods. It may be very helpful for people who feel uncomfortable with ‘touch’ or ‘talk’ therapies.

Do participants refer themselves or through GP/school counsellor?

Clients can make contact directly without needing a referral.

It is important to assess if the art therapist is properly qualified

Clients should feel free to ask the therapist what training they have received, how many years of training they’ve had, how long they’ve been practicing, and which kind of clients they have worked with. Clients should also feel free to ask if the therapist has indemnity insurance (in case of negligence).

How long does a session take?

An individual session is usually one hour and a group session with 5-10 people usually will take about 90 minutes. Participants can choose whether to take part in group art therapy sessions or one-to-one appointments, depending on their needs.

How many sessions are required before a participant sees results?

In a client’s first visit, the art therapist will ask several questions about their problems or illness. They will then work with them to design a program of therapy that suits the client’s particular needs, problems and expectations. This includes how often they have therapy. The art therapist may encourage the client to do some artwork at home between sessions. The client may have regular therapy for weeks or months.

Clients may come with a desired result in mind or an issue that is not allowing them to move forward in life. Depending on the issues and their willingness or openness, clients may find results even after the first session. Other clients may simply enjoy the process of letting go and increasing their awareness and may come regularly for a long period of time. There can be no end to self-discovery. It can be a life long process if they want it to be.

What do art therapists do with the issues revealed by the therapy?

All art therapists are obligated to confirm to the Australian Counselling Association (ACA) standards of practice. These include participant confidentiality and mandatory reporting. Records of each session are kept for every participant. If necessary, participants may be referred to other health professionals. Generally the art therapy sessions come toward a healing close for the participant, and no further referral is necessary.

The relationship with the art therapist is important. They will not teach clients to draw or paint. They will encourage clients to use art to explore their feelings, develop their own confidence and be more self aware. In doing this, the therapist aims to help the client enhance their general wellbeing and quality of life. The art therapist is responsible for creating a safe and interesting setting for clients to work in.

This can mean that over time clients are able to express powerful emotions that would otherwise stay bottled up. Therapy may bring up some very powerful and at times uncomfortable feelings. But if participants do this in a safe environment with the support of an appropriately trained art therapist, it is usually a positive process.

“Art therapy offers many options for people with disabilities, even if one has poor fine motor skills, or is wheel-chair bound.”

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PERSONAL CASE STUDIES

Drawn from the Author’s Private Practice Experience as an Art Therapist

Case Study # 1 – An angry person with stress at work

This patient came to me through a Psychiatric Unit where he had been admitted many times before. He had attended the unit’s outpatient training program for 12 months. He had trouble at work and felt that the whole world was “stacked up” against him. Within the first few moments of our session, in a safe and gentle setting, he began to tell me his story. His mother had sexually abused him each night in her bed.

As he told his story his rage began to appear. He had “murderous thoughts” and was ready to break the furniture in the room. I encouraged him to release his anger in the paint. He began hesitantly but within seconds he was accessing his pain and anger, touching emotions “that I have never ever touched before”. Within two weeks of this session, the patient had

changed jobs, decided to shift homes and joined a sexual abuse support group. He said he felt freer than he ever had.

Case Study # 2 – A terminally ill father

Working in the Palliative Day Care Centre, I was told that my patient “has no use of his hands, and tires easily”. I quietly approached him. In the first few sessions I helped him hold a paint brush. We sat together as he chose images that I then glued into his album. At that time his energy lasted about half an hour. Months later, for a full two hour session, he was colouring in canvases with fine texts, using both hands and completed a detailed mosaic.

He chose coloured tiles, cut them with a tile cutter, glued them and then varnished his art. Amidst his chemotherapy and blood tests, the art therapy returned the quality and smile to his life. His artistic release made him more enjoyable to be around. His 5 year old son began spending more time with him, doing activities together that he had not done since he became unwell, such as fishing and creative activities at home.

If you would like to contact Simona Weinstein, please:

Write to: Indigo Art Therapy, 599 Dandenong Road, Armadale 3143, or

Email: indigoarttherapy@gmail.com or

Phone: 0407 746 662.

Website: www.indigoarttherapy.com.au

About the Author:

Simona Weinstein is a qualified Art Therapist working with Palliative Care at Calvary Health Care Bethlehem, with acute mental health at a psychiatric hospital in Melbourne, and in private practice. After working as an accountant for 15 years, she changed directions to combine creativity and helping people.

Following a Bachelor of Arts (Psychology) and a Bachelor of Business, Simona completed a Diploma in Theta Mastery and a Diploma of Transpersonal Art Therapy. Simona is fully insured, and a member of the Australian Association of Holistic and Transpersonal Counsellors (AAHTC).

If you would like to contact Simona Weinstein, please:

Write to: Indigo Art Therapy, 247 Waverley Road East Malvern, 3144, or

Email: indigoarttherapy@gmail.com or

Phone: 0407 746 662.

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SOCIAL ISSUES

We would value your input and opinions regarding this article. If you would like to comment on the content of this article please forward your feedback (for possible inclusion in an upcoming issue of *The Professional Counsellor* to: AIPC "Social Issues" Att: Editor, Locked Bag 15 Fortitude Valley Qld 4006 or send in an email to: editor@aipc.net.au.

Leading by Example

Read the passage below, written by David Penberthy and published at The Daily Telegraph:

"OF the many remarkable stories in *The Dirt*, the biography of heavy metal band Motley Crue, none comes close to the tale of bass player Nikki Sixx and his two heroin overdoses in one day in Japan. Sixx had returned to the band's hotel after playing a show, upon which he took a mountain of heroin and rang an escort agency asking that 100 prostitutes be sent to his room.

In a kindly gesture, he sent two of them to the room of the Japanese tour manager, a quiet, happily married man who had turned in for the night and was soon awoken by a knock on the door by one girl dressed as a Nazi, the other as a nun.

When the manager went to Sixx's room to remonstrate, he found the bass player with his eyes rolling about in his head as the prostitutes looked on.

An ambulance was called, Sixx was pumped full of adrenaline and spent the night in hospital. He discharged himself the next day, whereupon he scored, shot up, and had a second overdose right outside the hospital.

There is nothing amazing about the fact that four guys, barely out of their teens, with a limited education and money coming out of their ears, would choose to spend all their free time getting smashed on bourbon, taking drugs and having sex with half the planet.

What is troubling is that the grown men behind their operation knew absolutely everything that was happening and did nothing about it, as long as the gold albums and sold-out stadium shows kept the cash rolling in.

Our sports stars are often treated with the same borderline criminal neglect by the clubs and managers that claim to be acting in their best interests.

Players' lives can be spinning out of control, the circumstances known to everyone within the club

but unless the police or media find out about an incident, the general strategy is to keep silent and do nothing.

The near-tragedy of Ben Cousins was made possible by a culture of indifference at the West Coast Eagles. As long as the club was performing well - and it was certainly doing that - Cousins was allowed to descend into a genuine drug hell, consort with criminals, reaching his lowest ebb shirtless on the streets of Perth handcuffed against a police car."

Source:

<http://www.news.com.au/story/0,27574,25170417-5007146,00.html>

In recent times the media has been powered by discussions over the "bad behaviour" of athletes. Names such as Ben Cousins, Nick Darcy and even Olympic champion Michael Phelps have been

criticised over their publicised misconduct - often caused by drug or alcohol consumption, or as a direct result of it.

Many of us are drawn to think - "well, they are in a position of leadership and are very lucky to be there and should know better. If it was me, I would know better". But would you really?

The passage above offers an interesting perspective on this topic. If you were assigned to create a solution for this social issue, how would you act upon this problem...?

- Would you impose more severe punishments to athletes?
 - Would you invest in educating and supporting athletes through their clubs/sponsors?
 - Would you combine these, or do something else...?
- Many answers can arise from these questions - and we want to know your thoughts.**

Send your comments to editor@aipc.net.au and we'll consider it for publication in an upcoming edition of the Journal. Comments can vary from 300-600 words and should include your name, qualifications and contact details.

Contributors with published comments will receive a special "thank you" gift from the Institute - so don't forget to send your comments!

"He discharged himself the next day, whereupon he scored, shot up, and had a second overdose right outside the hospital. "

FEATURE

Counselling Dilemma – Counsellors Comment on Ethical Issues

Marcia, 29 years of age, came to you six weeks ago with issues of poor self-esteem and lack of self worth. She has been married for 8 years to Michael, however in session she speaks little about him and when the conversation turn towards him she quickly tries to change the subject or issue. Although you have noted this shift you have not challenged her regarding this relationship as you work on different areas and issues leading up to the relationship.

At the appointed time today Marcia shows up with an unannounced Michael for her session. He said he was there because Marcia was changing and he wanted to play a role in the process, while getting a notion about what was in Marcia’s mind at the moment.

Throughout the session you watch Michael dominate and bully Marcia into answers that she, you feel, would not normally give. At one point Michael tries to stand over you when you challenge this behaviour. Throughout the session you feel uncomfortable and have feelings of melancholy for your client.

At the end of a very strained session Michael declares that he thinks it would be better if he came to all Marcia’s sessions so he can see what going on and what you’re filling her head with.

After they had gone and you have reflected on the session you discover how his behaviours and her passivity have triggered feelings of unresolved helplessness in you – similar to those that you felt when your parents displayed these behaviours.

As her counsellor, how would you react to this situation?

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It’s very unfortunate that Michael was given permission at that stage to enter into a counselling situation with his partner, Marcia.

For this counsellor to have an understanding of the Australian Counselling Association Code of Conduct, it is stated clearly under Code of Practice 2.1 Issues of Responsibility; Client Safety Code 2.1.3.3. *“Counsellors must provide privacy for counselling sessions. The sessions should not be overheard, recorded or observed by anyone other than the counsellor without informed consent from the client. Normally any recording would be discussed as part of the contract. Care must be taken that sessions are not interrupted”.*

Taking into consideration the fact that Marcia would have signed a Counselling Contract at the outset

where the concepts of confidentiality and its limits would be outlined and presented in the form of a leaflet after explanation in detail.

Code 2.3.4 Exceptional Circumstances; Clause 2.3.4.2 *“Any disclosure of confidential information should be restricted to relevant information, conveyed only to appropriate people and for appropriate reasons likely to alleviate the exceptional circumstances. The ethical considerations include achieving a balance between acting in the best interests of the client and the counsellor’s responsibilities to the wider community”.*

Knowing and understanding these limits would place that counsellor in a better perspective for themselves personally, however this counsellor has been triggered through issues around feelings of unresolved helplessness so as a reaction to this situation, contacting their supervisor and also the code 2.6.1 Counsellor Competence and Education; clause 2.6.1.10 *“When uncertain as to whether a particular situation or course of action may be in violation of the Code of Ethics and Practice, counsellors must consult with their counselling supervisor and/or other experienced practitioners”.*

Ref: Australian Counselling Association, Code of Conduct, Version 4, October 2002, Retrieved from http://www.theaca.net.au/docs/code_conduct.pdf on 8th November 2007

Kathleen Casagrande,
Dip.Prof.Couns., Post Dip Voc Grad (Addictions)

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This is a very difficult situation but one that I would not necessarily allow to get this far. For instance, when Michael turned up at the session I would state that I usually only see individual clients and don’t do couples’ therapy (only if that was truly the case though). I would either offer them an alternative counsellor for couples therapy while Marcia continued to see me or I would suggest that they book in a

different time to see me as a couple, while I still focussed on Marcia's individual sessions.

If it got to the stage where they were both attending a session with me, I would ensure a contract was signed focusing on giving individual, open answers, not trying to influence the other's responses, no bullying, intimidation or threats and no violence. I would start off on a very neutral subject as Michael seemed very controlling.

I would share my time equally between them, using appropriate micro skills with each. If Michael attempted to bully Marcia into an answer, I would gently tell Michael that Marcia has a right to her own opinions and that he signed a contract saying that he

would not try to coerce Marcia. I would explain that the counselling sessions would not be valuable if he continued and remind him that I could refuse to see him if he displayed any aggressive tendencies.

I would talk to my supervisor after meeting Michael for the first time. I would discuss the fears I had for Marcia and the unresolved feelings of helplessness that I had felt.

Louise Whitehead,
BSc (hons) Psych

STAFF PROFILE



MIKALA CHILVERS
Student Support Co-Ordinator
Brisbane Student Support
Centre

Mikala Chilvers began working at the Institute in a casual role in 2002, helping out with Stock and Course Enquiries. In 2005 she moved to full-time capacity, in the current role of Student Support Co-Ordinator at the Institute's Brisbane Student Support Centre.

Mikala's tasks include responding to enquiries, processing enrolments, distributing study materials and assignments, organising seminar dates for QLD, TAS and NT, co-ordinating graduations and providing general student support. She certainly has plenty of tasks!

Mikala holds a Business Administration Certificate from Martin College and she is currently undertaking the Diploma of Professional Counselling.

On a personal note, Mikala enjoys playing basketball twice a week and loves watching her favourite Rugby League team (South Sydney Rabbitohs) play.

TREASURES FOR INSPIRATION

"Your world is a living expression of how you are using and have used your mind."

~ Earl Nightingale

GRADUATE SUCCESS STORIES

This segment is a regular feature in “The Professional Counsellor” I would like to invite Graduates to write to me with their own story for possible publication in an upcoming edition of “The Professional Counsellor”.

Whether you have begun your own counselling practice, are employed by an organisation or have gone on to study at University we would love to hear from you. Please send your story and photo to: AIPC, Editor, The Professional Counsellor, Locked Bag 15, Fortitude Valley Qld 4006.

This edition we are featuring graduate Bill Jackson, from Regional QLD.

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Bill Jackson

It is hard to believe that around this time five years ago I was ploughing through the A.I.P.C.’s Diploma of Professional Counselling course. Five years! It hardly seems that long, yet so much has happened since then. Five years ago I was working full

time for a church organisation where I was inevitably caught up in some counselling type work. While I always prided myself and would often begin sentences with the words “I’m no counsellor...but” I began to realise through some “clients” as well as some other positive feedback that while I wasn’t one, perhaps I’d like to become one and do it properly. With that in mind, after some searching around for appropriate courses, I enthusiastically enrolled in the Diploma. And so it began.

My previous study had been a mixture, an integration really of religion/theology and sociology. I was very keen to see how I could meld counselling into that model. The course, I must say was exactly what I both needed and expected. Challenging, affirming, informative, thorough and, I felt, well balanced between theoretical principles and presuppositions, yet complemented by ample opportunities throughout to practise what I was learning. And so it was. I was now a counsellor. Gulp!

Soon after completing the course my wife and I relocated to Kingaroy, a small town in rural Queensland. While a new job awaited her, a new challenge was waiting for me. I decided to open my own business and begin a part-time counselling service, to test the waters. The day I signed a lease on an office I had a phone call: my first client. It had started. The phone calls, I was soon to learn, would continue. The practice was off and running and

allowed me to see a couple of clients after work each day while also devoting one full day to it. Where would it end?

Less than three years later I made the decision to turn South Burnett Counselling into a full time business. At present it is going from strength to strength. Rural Queensland is indeed bereft of many health and allied health services of which Counselling is just one. Clients have materialised out of nowhere, businesses and other counselling agencies have and continue to refer to me, or to use me to speak to their staff members should the need arise (it does, more than you think). Here I was thinking that 2008 would be a steady year with enough business to keep me honest and enough free time for myself. I was wrong. I had never been busier. However.....

I have also never been so fulfilled, so satisfied. I absolutely love what I am doing; I love and value the opportunities that continue to present themselves to me. Last year I was involved in hosting a Mayoral Forum for the town, spoke at a Depression Awareness Forum, spoke to a local High School student assembly about Depression, spoke to service clubs, assisted in various other group activities and employer programs following several tragic accidents in the area. What a privilege.

In retrospect I still remember initially phoning AIPC to “find out more” about the Diploma. Little did I know where it would lead or where I would be five years later. The Diploma certainly proved a great starting point to kick off what is turning out to be a great career. Professional Development opportunities allow me to continue to learn and to hone my skills. While I never studied any particular “specialisations” throughout the Diploma, my clientele now helps determine what I choose to study in order to be a more effective counsellor.

I study now what I need, not what just takes my fancy. For me, this has proved a much more productive and equipping strategy.

My integration of various disciplines continues. I love the way I can and do combine my previous studies into a counselling model. More than that, I find they blend well as people who come to see me want to function better not just in themselves but in the greater societal and spiritual context. I know I can help them with that. I know I am making a difference to individuals, businesses, my community. I like how it feels. I intend to continue.

Bill Jackson,
AIPC Graduate

Book Review

Family Therapy: Concepts and Methods

Nichols, P., Schwartz, R. (2006). *Family Therapy: Concepts and Methods (7th Edition)*. USA: Pearson Education Inc.

497 pages

ISBN: 0-205-47809-3

In this volume Mike Nichols and Dick Schwartz tell the story of family therapy – and tell it very well. It's hard to imagine a more readable and informative guide to the field.

So states noted family therapist Dr. Salvador Minuchin in the opening paragraph of his foreword to this book.

The authors state that this seventh edition has a number of changes to bring the theoretical information right up to date and also has an increased emphasis on practical issues with more case studies. They have studied a number of leading practitioners, visiting them and sitting in on actual sessions.

Part One starts with the foundations and evolution of family therapy and introduces some of its more notable practitioners, including Palo Alto, Murray Bowen, Carl Whittaker and Minuchin. The work of these and other family therapists is covered in greater detail in later chapters of the book.

The last two chapters in Part One deal with the early models and basic techniques of family therapy, looking at group process and communications analysis and the fundamental concepts such as systems theory, social constructionism and attachment theory.

Part Two concentrates on the classic schools of family therapy and AIPC Diploma

graduates will be familiar with some of the theories discussed. The chapters on Bowenian family systems therapy, strategic, structured and experiential therapies and psychodynamic and cognitive behaviour family

therapy will provide both student and practising counsellors with a wealth of further information on these topics together with easy to read case studies giving a practical demonstration of specific therapeutic strategies.

Part Three starts by looking at family therapy in the 21st century and its application to multicultural, single parent and gay and lesbian families, continuing with a chapter each on solution focused therapy, narrative therapy and integrative models.

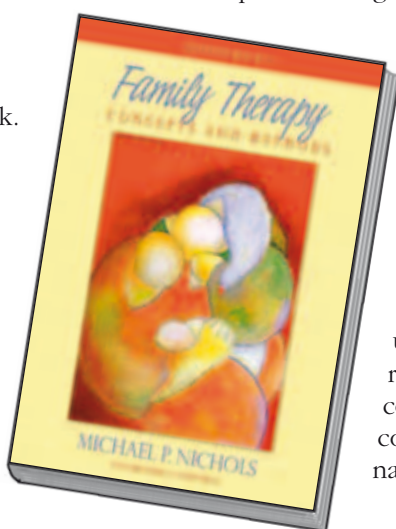
Part Four evaluates family therapy through comparative analysis and research, looking at how this approach might be used for a range of issues including depression, substance abuse, schizophrenia and eating disorders.

Each chapter of the book ends with a useful concise summary, a list of recommended further readings and a comprehensive reference list. The volume concludes with an excellent glossary and name and subject index.

The authors write in an accessible and readable style and the layout makes it easy to dip into and to find particular topics.

For anyone preparing to work with families, the book would provide a sound introduction to the wide range of issues and the variety of techniques applicable to this form of therapy. Following the recommended reading list and seeking out the referenced works would greatly increase the knowledge and expertise gained.

Copies of this publication are available at www.amazon.com.



“The authors write in an accessible and readable style and the layout makes it easy to dip into and to find particular topics.”

ASSIGNMENTS HINTS AND TIPS

SUBMITTING YOUR WORKBOOKS FOR MARKING

We receive a considerable number of workbooks from our students each day for marking. We have a number of processes in place that assist with ensuring all workbooks flow smoothly through the marking process and that all students receive equal access to marking services.

To assist our team with this ongoing process, here are some important points to remember when sending in your workbooks for marking:

- Complete and submit your workbooks in numerical order or in the order shown on your Assessment Cover Sheet.
 - Only submit ONE workbook at a time for marking... unless you have made prior arrangements with your Student Support Centre and a Priority/Multiple Submission Code has been obtained.
 - Units will only be marked in numerical order or in the order shown on your Assessment Cover Sheet and ONLY if the previous workbook has been marked Competent.
 - If you have a Priority/Multiple Submission Code and have sent in two workbooks of which the first workbook is NYC, the second workbook will be returned unmarked.
 - Priority/Multiple Submission Codes will only be provided for a MAXIMUM OF TWO WORKBOOKS at any one time.
- Always send in your Assessment Cover Sheet with every hardcopy workbook you submit for marking. Workbooks without an Assessment Cover Sheet will be returned UNMARKED.
 - Any extra books submitted will be returned to you UNMARKED.
 - It may take up to 3 WEEKS (from the day of receipt of your workbook at AIPC Head Office) to have your marked workbook returned to you. Marking your workbooks is a very important aspect of your studies with the Institute and we need to ensure all workbooks are marked accurately with results recorded correctly.
 - In certain circumstances, you may be eligible for your workbooks to be marked within 2 weeks. Please contact your Student Support Centre to determine your eligibility and obtain your Priority Marking code.
 - If a workbook has been marked NYC, you are able to resubmit it with your next workbook for marking without a Priority/Multiple Submission Code.
 - Seminars cannot be attended until the pre-requisite workbook/s have been marked Competent. It is your responsibility to ensure you submit the pre-requisite workbook/s with plenty of time for marking prior to booking your seminar.

These points are outlined in more detail in your Student Handbook. Please contact your Student Support Centre if you require any further assistance.

STATE NEWS

Melbourne

Hello again and welcome to the state news for Victoria for this issue of *The Professional Counsellor*.

2008 Graduation

On 21st November last year the Melbourne Student Support Centre once again held its annual graduation ceremony at the Jasper Hotel.

Thirty happy and excited graduates came along with their family and friends to celebrate the achievement of attaining their Diploma. Our first guest speaker was Nicole McAuliffe, a life coach and trainer, who spoke of her journey towards finding a fulfilling career in helping others. Our second speaker was Julie Farthing, an AIPC graduate who works as a career counsellor. Julie gave our graduates some great advice on what to expect when you are out there working as a counsellor.

The graduation ceremony for this year will be on the evening of Friday 13th November so if you would like to be a part of this year's ceremony then now is the time to start planning!

2009 Timetables

By now you all should have received your copy of the 2009 seminar timetables. If you haven't received a copy yet, please give us a call and we will happily arrange for one to be posted to you. Also, just a reminder about seminars...we can only take your booking for a seminar if you have paid and have been marked 'competent' in the relevant unit workbook pre-requisite. Please call Luisa if you are ready to book for your next seminar.

In-Class Studies

In addition to the Study Assistance Line and Online Resource Centre, the Institute also offers optional in-class studies for those students who like a bit of extra motivation and group interaction. There are two 2.5-hour sessions for each unit of the Diploma and you can choose to attend for all 22 units, or just for those units that you find more challenging than others.

The in-class studies really are a great way to give your studies a head-start so please call Rachel at the Melbourne Student Support Centre if you would like to book in for a class.

Until next time, good luck with your studies and if you have any questions then please give us a call at the Melbourne Student Support Centre, we would love to hear from you!

Katie, Luisa, Maree and Rachel

The Melbourne Student Support Team

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Brisbane, Northern Territory & Tasmania

Hello and Welcome to the first issue for 2009.

The Easter Bunny is getting closer.....gee the year has started quickly again.

A very warm welcome to students who are joining us for the first time. I hope you find this and future editions a valuable part of your counselling resource kit.

We have had a very busy assessment year so far. I've had many students comment to me that they made plans to get into their studies at the start of the year and they've stuck to those plans. In the past you might expect things to get a bit quieter here as the year starts but that's not the case. We've had a record number of units coming back over the last 2 weeks and I think the trend will continue.

I would encourage new students to push ahead with that first unit and send it off. You'll start the New Year with a great deal of confidence knowing you've got that one under your belt.

While I'm on the subject of 'Starting' studies I want to share a story with you about 'Believing'.

A young man fell asleep during math class. He woke up as the bell rang, looked at the blackboard, and copied down the two problems that were there. He assumed they were the homework for the night.

He went home and labored the rest of the afternoon and into the evening knowing if he didn't complete the work he would surely fail the class. He couldn't figure out either one but he kept trying for the rest of the week. Finally, he got the answer to one and brought it to class. The teacher was absolutely stunned. The boy feared he had done too little, too late. It turned out the problem he solved was supposedly unsolvable.

Power Commanders

How did he do it? He was able to do what was thought to be impossible because he believed it was possible. He not only believed it was possible, he believed that if he didn't solve it he would fail the class. Had he known the problem was unsolvable he could never have done it.

Beliefs are the commanders of our brain. When we believe something is true, we literally go into the state of its being true. Handled effectively, beliefs can be the most powerful forces for creating good in our lives.

The Birth of Excellence

Beliefs control our destiny: The belief we have in ourselves... the belief we have in our clients... the belief others have in us. The birth of excellence begins with the awareness that our beliefs are a choice.

Beliefs are the compass and map that guide us to our goals. Believe you can work through each unit of your studies and you'll be right.....every time.

Well done to a number of students who have achieved success with private assessment. Some students because of distance and health are unable to make it to the live supervised workshops so one-on-one assessment is their preferred alternative.

If you would like to do your practical work via one-on-one assessment just call us and we can help co-ordinate it for you.

A final note on e-mails. Due to the large number of viruses around at the moment if students are sending e-mail to:

- myself rcarrigan@aipc.net.au,
- Beverley beverely@aipc.net.au or
- Mikala mikala@aipc.net.au,

Can you please put your name and student number in the subject area? Any e-mails we receive that we can't recognise the sender are being deleted.

That's all from us at Student Support Services for this edition. From Myself, Beverley, Mikala, Belinda, Zahava, David and Tony we wish you the very best with your studies and look forward to catching up with you soon.

Best wishes,

Rob Carrigan
Manager, Brisbane

Regional QLD

Hello everyone and a special welcome to our new students. The topic this month, Expressive Therapies, is an interesting one, being quite a departure from traditional therapeutic practice. One of the advantages of this type of therapies is the ease of communicating sub-conscious feelings. People (especially children) can find 'normal' speech difficult. Difficult because it's hard to find the right words and difficult to have the confidence and trust in someone to share how we feel. Conversely, expressive therapies provide a trusting, non-threatening environment, conducive to self expression.

For expressive therapies to work, we must believe (as we do when using Person Centred Therapy) that each person has the knowledge and skill to know their own needs and solve problems (i.e. we can self-heal). The Therapist's role is therefore one of facilitation, providing a trusting and safe environment for the client to work through their own issues, using their mind, emotions and body.

One of the early expressive therapies, 'Sand Play' therapy evolved naturally with children in the 1950's, where figurines were used by children to 'play' in sand and create their 'world' in a three dimensional form. Essentially what occurs is that the unconscious

finds expression by means of symbols and the shaping of sand, releasing inner tensions.

Hence sand play is therapeutic in itself, however the Expressive Therapist also needs to understand how the symbols/images/expressions etc. relate to the client's external world, thereby providing information on situations that need addressing.

Other types of expressive therapies are drawing, painting, writing etc. – mechanisms which can provide an avenue for emotional release. From a work perspective, school guidance counsellors find expressive therapies a very relevant tool in their daily practice.

Enjoy your studies!

Peter Kesper
Manager, Regional Queensland

South Australia

'WELCOME' to all our new students, to all our regular readers HELLO AGAIN. Hope you are having a good start to the New Year; we hope this edition finds you in good health, and we trust you and your families are enjoying life. This is a good time of year for reflection & planning and I trust the planning of your study is going well.... If not call us and set a goal to get started.

The warm weather made a savage come back and it has been a long hot summer. Staying indoors with the air-conditioner is a great opportunity to get those books out and answer a few questions. Before you know it you will have another book completed.

If you feel stuck with your study ... I do understand, call me.

We have lots on offer to assist you in getting your study completed including: In-Class sessions, (we have classes for the first three blocks running)so if you are interested call us and join a group now; we also have the "Fast-Track" program; ASM Workshops & Tutorials, if you want more - let us know ... simply make a phone call to the Adelaide office and book your place, or discuss what your needs are and we will consider how we can help.

Make your study plans now ... plan to achieve your qualification by a set date ... remember...it is always a little harder to leave what you have **planned** to do ... and remember "smile often..... It leaves others wondering what you have been up to..."

WE have much happening at the Institute and some of you may have heard about the AUSTRALIAN INSTITUTE OF COMMUNITY SERVICES, which offers 8 courses in the community services training package ranging from Cert III to Diploma level. If you want to know more check out the AICS website (www.aics.net.au) or call us for a prospectus.

"Staff in the Adelaide support centre work with a **can-do attitude** to students' requests". So remember

... if you need help, all you need do is ask, (It is a far bigger weakness **not** to ask). We are here to enhance your learning experience... .. let us know what you need and we will endeavour to provide it.

Drop us a line - send us your ideas or comments - keep us informed of what **your** needs are. We enjoy all the contact we get from students! So we look forward to catching up with you as you progress through your studies in 2009...Good luckHope to see you at one of your seminars soon.

Staff in the Adelaide office would like to take this opportunity to offer our sincere condolences to those affected by the recent devastating Bushfires & Floods. To those who have lost loved ones and friends... "You are in our thoughts and we pray that you will find comfort from the nation wide embrace offered by all Australians".

The ACA have created a fantastic register of counsellors who have offered their services to those affected by the devastation. The register can be accessed at the following link:

<http://www.theaca.net.au/docs/Victorian%20Bush%20Fire%20Counselling%20Services%20Register.pdf>

ACA will continue to add further names as they receive further registrants.

My quote/s for this edition.....**"Fall down seven times ... get up eight"**.... I love this as I feel that it is the epitome of what has been in the media about the Bushfire victims.... Even through the devastation there were many stories of those who were down and got knocked down further by the fires ... yet they survived and they have stood up again...

We all need to assist those of our neighbours (not just those next door, but in the next street, suburb, state) who may have fallen. Be a tower for others to lean on now, because (bringing in another one of my favourite sayings) **"There but for the grace of god go I"** We never know when we will need a tower of strength to lean on.

Till next time... Take care of you and your families.
Kind Regards,

Carol, Kerry-Ann, Linda, Sally & Shona
The Adelaide Team

Regional New South Wales

Hello all,

A warm welcome to all our new and current students. I hope that you all had a relaxing and enjoyable Christmas and New Year and are reinvigorated to study this year.

As always we are having lots of changes here in the office, I would like to introduce you to our newest member of the team Jessica Dillon. Jess started with

us on the 4th February in the position of Administration Assistant. Many of you may have already spoken to Jess as she is the lovely voice that answers your phone calls and many of your questions.

Student Gathering

We had our first ever Student gathering in Dubbo on the 7th March (see photo), which was a great success.



The outcome of the gathering was that we will have a get together every 3 months with the next date being **13th June 2009** - please mark this date in your diaries and I will email you closer to the date.

How these days will work is that anyone that needs to do a Practical assessment will need to book with Jennifer Perino or the Student Support Centre on 1800 625 329 and Jennifer will try to accommodate as many assessments as possible, all other students are then welcome to sit in as clients as this is a great way to revise your work.

In the afternoon Jennifer will conduct revision sessions and assist students with any questions they may have. This gathering is an excellent networking opportunity for all students. It is great to meet other students in your area who are studying the course. For all our students in other areas do not despair we are hoping to come to your area soon.

Submitting workbooks for Marking

Just a reminder when you are sending your workbooks in for marking you **MUST** send in your original cover sheet as Head Office will no longer mark books with a temporary cover sheet. Head office receives many workbooks so it may take them up to 3 weeks to mark your workbooks from when they are received at Head Office.

That is all for now... until next time, I would just like to remind you that Renee, Jess and myself are here to support and facilitate your learning. If there is anything you need help with, please ring or email and we will do our very best to assist you.

All the Best from,

Amanda, Renee & Jess
Regional NSW & Gold Coast Support Team

Sydney

Hi to all students of the Sydney Student Support Centre.

Well, here we are, well and truly into 2009. We are always on the lookout for improvements to our student support procedures so if you have any suggestions for improvements that you think we could make, or if you're a Sydney branch student and you're not on our email broadcast list and you would like to be, then please feel free to email us at aipcsyd@aipc.net.au.

By the way, keep your eye open for our Advanced Study Major Workshops. We will be running every one of the Majors by the optional workshop program at least once this year, so make sure you book early for the ones you want to attend because they book out quickly.

I would like to take this opportunity to welcome all our new students to the Institute and remind you that the Study Assistance Line number for help with any aspect of your Workbook activities is 1300 139 239. It is important that you utilise this service if you are unsure about anything to do with the academic component of the course.

For any student support issues (other than education advice) you can contact us either at the above email address or on 9687 9688.

That's it for this issue, so from Jacqui, Ros, Sandra, Eve, Lorraine and myself, may we wish all our students 'progreso rapido' (that's 'speedy progress' in Spanish).

Kind regards,

Nev Randle
Manager - Sydney

Western Australia

Welcome to all our new students and HELLO to our regular readers.

We are well and truly into the New Year with exciting promotions and new students enrolling with us. It is always a good time to reflect on what has been achieved during 2008 with a lot of good work and progress being made by all students. To be able to make a positive difference in people's lives is an essential part of both our learning and putting into practice those skills you acquire during your courses and beyond that as well.

2008 was also a "Special" time, because it was the tenth year that Dr Kevin Franklin achieved ten years of service with the Australian Institute of Professional Counsellors. His interest and expertise in teaching Institute students has made a valuable contribution to the standard of counselling education provided to Perth students. I was privileged to make a presentation of a Plaque on behalf of the Institute in

recognition for Dr Franklin's commitment, dedication and expertise (see photo below).

In Counselling we are dealing with a wide variety of personality traits, behaviours, that can become complex requiring very effective skills acquired to assist people. One method is to use Expressive Therapy which provides the opportunity to not only talk about the problem, but in a holistic way provide real and lasting change.

It is based on the belief that each of us has our own inner wisdom and that we are individually, the one who within us knows what we need and who we are. So by each of us having an inner healer enables our therapeutic and indeed self discovery to come to the forefront and direct our healing journey.

Expressive Therapies allow the individual to access their own sub-conscious at their own level and pace; they are in essence non intrusive, self balancing and self regulatory. They include for example: Visualisation, Expressive writing, the process, Sand play, Symbol work reflection and completion, Emotional Release Process, Body focus...

EMAIL ADDRESSES

Do we have your current EMAIL address? EMAIL is an excellent way for us to keep in contact with you and also provide you with the latest information on what we are doing here at the Institute. If your email address has changed recently, please be sure to let us know by emailing lisa.g@aipc.net.au. Also, if your personal contact details have changed i.e. name, address, contact number, please let us know by emailing or calling our office.

We are all looking forward to our exciting new courses in Community services. The Perth Team of Lisa, Amiee and I are always available to assist you and provide a high level of support.

Bill, Amiee and Lisa.
The Western Australia Team.

SEMINAR DATES

Please book early to ensure that a place is reserved for you. Lunch facilities are available nearby, or you may bring your own.

Seminars provide an ideal opportunity to network with other students and liaise with qualified counselling professionals in conjunction with completing compulsory coursework. Below are upcoming seminars available in 2009 (note that in some locations, only the nearest upcoming dates have been included – for the full list visit www.aipc.net.au/students/seminars/).

To register for a seminar, please contact your Student Support Centre.

South Australia

Communication Skills I/Seminar A
04/04, 30/05, 01/08, 17/10, 05/12
Communication Skills II/Seminar B
05/04, 31/05, 02/08, 18/10, 06/12
The Counselling Process
09/05, 25/07, 12/09, 28/11
Counselling Therapies I/Seminar C
16 & 17/05, 15 & 16/08, 07 & 08/11
Counselling Therapies II/Seminar D
13 & 14/06, 19 & 20/09, 21 & 22/11
Case Management/Seminar E
13 & 14/06, 19 & 20/09, 21 & 22/11
Counselling Applications/Seminar F
26/07, 29/11

Note: pre-requisites apply for all seminars

Venue: AIPC, Adelaide office
Address: Level 10, 68 Grenfell St, Adelaide
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (08) 8232 7511

Please book early to ensure that a place is reserved for you. Lunch facilities are available nearby, or you may bring your own.

Northern Territory

Communication Skills I/Seminar A
04/07, 17/10
Communication Skills II/Seminar B
09/05, 22/08/09, 14/11
The Counselling Process
13/06/09, 26/10
Counselling Therapies I/Seminar C
04 & 05/04, 10 & 11/10
Counselling Therapies II /Seminar D
23 & 24/05, 21 & 22/11
Case Management/Seminar E
27 & 28/06, 05 & 06/12
Counselling Applications/Seminar F
18/04, 07/11

Note: pre-requisites apply for all seminars

Address: Suite 19/21 Cavanagh Street,
Darwin NT
Times: 8.15 registration
8.30 am start, 4.00 pm finish
Bookings: 1800 353 643

Please note that minimum booking numbers apply to allow these seminars to proceed. Lunch facilities are available nearby or you may bring your own.

Sydney

Communication Skills I/Seminar A
20/04, 14/05, 04/06, 22/06, 25/07, 20/08, 10/09, 28/09
Communication Skills II/Seminar B
29/04, 15/05, 05/06, 23/06, 27/07, 21/08, 11/09, 29/09
The Counselling Process
30/04, 23/05, 27/06, 28/07, 22/08, 26/09, 16/10, 14/11
Counselling Therapies I/Seminar C
28 & 29/05, 10 & 11/08, 29 & 30/10
Counselling Therapies II/Seminar D
02 & 03/04, 18 & 19/06, 28 & 29/08 16 & 17/11
Case Management/Seminar E
06 & 07/04, 29 & 30/06, 24 & 25/09, 26 & 27/11
Counselling Applications/Seminar F
18/04, 18/07, 30/10, 12/12

Note: pre-requisites apply for all seminars

Venue: AIPC, Parramatta Office
Address: Suite 21, 2nd Floor, Medical Centre,
152 Marsden Street, Parramatta.
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (02) 9687 9688

Lunch facilities are available nearby or you may bring your own.

SEMINAR DATES

Western Australia

Communication Skills I/Seminar A
09/05, 18/07, 05/09, 07/11
Communication Skills II/Seminar B
10/05, 19/07, 06/09, 08/11
The Counselling Process
23/05, 01/08, 17/10, 05/12
Counselling Therapies I/Seminar C
06 & 07/06, 12 & 13/09, 12 & 13/12
Counselling Therapies II/Seminar D
04 & 05/04, 20 & 21/06, 15 & 16/08, 21 & 22/11
Case Management/Seminar E
12 & 13/04, 28 & 29/06, 11 & 12/10
Counselling Applications/Seminar F
03/05, 02/08, 28/11

Note: pre-requisites apply for all seminars

Venue: AIPC Office
Address: Suite 1/110-116 East Parade,
East Perth
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (08) 9228 3026

Lunch facilities are available nearby during the week and on Sundays, but it is suggested that you bring your own on Saturday.

Tasmania

Communication Skills I/Seminar A
16/05, 15/08, 14/11
Communication Skills II/Seminar B
20/06, 19/10, 05/12
The Counselling Process
18/04, 18/07, 17/10
Counselling Therapies I/Seminar C
01 & 02/08, 12 & 13/12
Counselling Therapies II/Seminar D
13 & 14/06, 10 & 11/10
Case Management/Seminar E
11 & 12/07, 21 & 22/11
Counselling Applications/Seminar F
04/04, 08/08, 28/11

Note: pre-requisites apply for all seminars

Venue: David Hayden's Private Practice
Address: 6 Portsea Place, Howrah, 7018
Times: 8.45 registration
9.00 am start, 4.30 pm finish
Bookings: 1800 353 643

Lunch facilities are available nearby or you may bring your own.

Brisbane

Communication Skills I/Seminar A
04/04, 06/06, 08/08, 05/12
Communication Skills II/Seminar B
09/05, 11/07, 19/09, 14/11
The Counselling Process
18/04, 20/06, 22/08, 24/10
Counselling Therapies I/Seminar C
18 & 19/07, 21 & 22/11
Counselling Therapies II/Seminar D
16 & 17/05, 15 & 16/08, 12 & 13/12
Case Management/Seminar E
27/06 & 28/06, 17 & 18/10
Counselling Applications/Seminar F
14/02, 25/07, 28/11

Note: pre-requisites apply for all seminars

Venue: AIPC, Brisbane Support Centre
Address: 336 Stanley Rd, Carina Qld 4152
Times: 8.40 registration
9.00 am start, 5.00 pm finish
Bookings: (07) 3843 2772

Lunch facilities are available nearby or you may bring your own.

Melbourne

Communication Skills I/Seminar A
04/04, 30/04, 30/05, 18/07, 27/06, 23/07, 15/08, 03/09
Communication Skills II/Seminar B
05/04, 01/05, 31/05, 19/06, 28/06, 24/07, 16/08, 04/09
The Counselling Process
18/04, 19/04, 08/05, 09/05, 13/06, 16/07, 25/07, 07/08
Counselling Therapies I/Seminar C
02 & 03/05, 11 & 12/06, 11 & 12/07, 13 & 14/08
Counselling Therapies II/Seminar D
06 & 07/06, 09 & 10/07, 01 & 02/08, 24 & 25/09
Case Management/Seminar E
31/05 & 01/06, 05 & 06/07, 09 & 10/08, 20 & 21/09
Counselling Applications/Seminar F
17/04, 14/06, 17/07, 26/07, 12/09, 18/09, 23/10, 24/10

Note: pre-requisites apply for all seminars

Venue: AIPC, Melbourne office
Address: Level 1, 337 Latrobe Street
Times: 8.45 registration
9.00 am start, 5.00 pm finish
Bookings: (03) 9670 4877

Lunch facilities are available locally, or you may bring your own.

SEMINAR DATES

Sunshine Coast

Communication Skills I/Seminar A

30/05, 26/09

Communication Skills II/Seminar B

11/07, 31/10

The Counselling Process

19/04, 22/08, 28/11

Counselling Therapies I/Seminar C

12 & 13/09

Counselling Therapies II/Seminar D

16 & 17/05, 24 & 25/10

Case Management/Seminar E

08 & 09/08, 14 & 15/11

Counselling Applications/Seminar F

20/06, 12/12

Note: pre-requisites apply for all seminars

Venue: Kawana Community Centre

Address: Nanyama Street, Vuddinga, Qld

Times: 8.30-8.50 registration

9.00 am start, 4.30 pm finish

Bookings: (07) 5493 7455

Lunch facilities are available nearby or you may bring your own.

Gold Coast

Communication Skills I/Seminar A

28/02, 16/05, 29/08, 21/11

Communication Skills II/Seminar B

21/03, 27/06, 19/09

The Counselling Process

04/04, 25/07, 24/10

Counselling Therapies I/Seminar C

07 & 08/03, 31/10, 01/11

Counselling Therapies II/Seminar D

02 & 03/05, 28 & 29/11

Case Management/Seminar E

04 & 05/07

Counselling Applications/Seminar F

26/10

Note: pre-requisites apply for all seminars

Venue: AIPC Gold Coast office

Address: Kingfisher Centre, 11/13 Karp Court,
Bundall, QLD

Times: 8.45 registration

9.00 am start, 5.00 pm finish

Bookings: 1800 625 329

DESIGN A COVER

for 'THE PROFESSIONAL COUNSELLOR'
and WIN a free Advanced Study Major!

The Professional Counsellor would like to tap into the artist's among our readership and offer you the opportunity to contribute your artwork for publication.

The Institute will award the successful artist a free Advanced Study Major of their choice* for each original artwork that is published.

HOW TO SUPPLY ARTWORK:

Artwork will preferably be available as a jpeg image, depicting one of the following counselling issues:

- Counselling and Mental Health
- Internet and Other Alternative Delivery Methods of Counselling
- Dissociation

Artwork should be on a 22.5 x 20.7 cm (height x width) canvas and be supplied with the artists: Full Name, address and day time telephone number.

Send submissions to:

The Editor
The Professional Counsellor
Locked Bag 15, Fortitude Valley, Qld 4006
or by email to editor@aipc.net.au

The Advanced Study Major award shall be issued in the name of the Artist (who must be a student or graduate of the Institute), upon publication of artwork.

The editor reserves full rights over selection of artwork for publication. The Editor reserves the right to edit and cut copy and there is no guarantee that submitted artwork will be published. Once submitted the Institute reserves the right to publish the artwork with reference to the original artist; at any time through any medium.

* The design a cover award cannot be applied towards an existing Advanced Study Major enrolment.



Institute Education and Administration Centres

KEY WORDS IN COUNSELLING

*Expressive
Methods
“A general
label for a
variety of
diagnostic and
therapeutic
techniques all
of which
require that the
individual
freely act out
(or express)
some particular
role, part of
fantasy”.
(Reber & Reber,
2001)*

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Facsimile: 08 9227 6648

THE
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