Family Therapy As Re-Coordinating and Moving On Together
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We relate a social constructionist view of therapy that focuses on how conversation helps or doesn’t help family members, or families and therapists, to “move forward together.” Conversation is seen as the means by which differences are both understood and performed by family members and therapists. Where such conversational differences are understood and performed in objectionable ways we see therapy as potentially helpful in bringing forth preferred and alternative understandings and performances that can help family members in moving forward together. We conclude by sharing the therapeutic experience of one family and therapist where this view of therapy was enacted.

We see conversation as the primary means by which people coordinate understandings and actions within their relationships. Seen this way, their talking does more than represent what they want each other to understand; conversations are how they work out (or not) being in relationship. Coordinating understandings and actions, through conversation, relates to a longstanding theme in family therapy: talk is both informational and influential (Watzlawick, Bavelas, & Jackson, 1967). While talk can inform it can also be used to negotiate differences or advance speakers’ intentions where realizing those intentions involves others. Thus, conversations can be seen as junctures in relational life where differences are, or are not, worked out between people sharing lives.

Moving forward together in family life (i.e., working out differences in ways members can live with) requires a lot of talking. Close examinations of family conversations illustrate how this working out occurs in ways family members deem acceptable or objectionable (Anderson, 1997; Ochs & Taylor, 1992). Systemic therapists have long pointed out how the problems of one family member influence family interactions, particularly as this relates to conversation (Anderson & Goolishian, 1988; Haley, 1976). Where family conversations can not occur in ways that help families move forward together, objectionable conversations (those demonstrably unpreferred by at least one family member) often follow. We consider one aim of family therapy is to facilitate forward moving conversations where conversations have been objectionable. In this article we share ideas that guide our practice, offering a clinical example to illustrate our use of reflections, re-deliberations, and re-coordinations in moving forward together.

As increasing numbers of family therapists take up social constructionist notions of practice greater attention has been given to therapeutic conversations and what gets constructed in them (Anderson, 1997; McNamee & Gergen, 1992). Objectionable conversations, for any speaker, tend to negate any sense of moving forward together. Worse, objectionable conversations between family members can become coordinated in ways that sustain defensive or pathologizing interactions (Tomm, 1991). Pathologizing interactions are those which family members relate and respond to as objectionable, particularly for depicting problems as intrinsic to the characters of family members. How constructive or forward moving conversations occur where former conversations have been objectionable, can be as important as what gets said in them.

We draw from thinkers as diverse as Maturana, Shotter, Wittgenstein, and Bakhtin, and see therapeutic dialogue requiring adequate or accepted meanings and performances for coordinating how family members can “move forward” (i.e., in their ways) together. Uncoordinated talk is like uncoordinated dancing, the words and ways they are shared find people at cross-purposes, or simply out of sync with each other. But, objectionable talk can also be seen as coordinated in unpreferred patterns of interaction as well (Tomm, 1991). Coordinated talk, where meanings and how they are performed are deemed acceptable or adequate by family members, helps members to talk their ways forward together.

We agree with Derrida (1976) that people can be too “logocentric” (focused on words), so our concern is not only with differences in family members’ meanings, but with how they perform those differences. For us, therapy is a conversation where family members can reflect on what they say and understand, while also reflecting on how they respond to each other’s words and meanings.
Thus, therapy offers a means by which families can re-coordinate their ways of conversing and relating. For us, this occurs first in therapist invitations taken up by family members to collaboratively reflect upon objectionable and taken for granted understandings and performed meanings. Following such reflections, collaborative re-deliberation, where acceptable new understandings and performed meanings are considered, selected, then enacted deliberately, can help families re-coordinate how they move forward together. Next we share more about the ideas and practices we use in engaging families in re-coordinating conversations.

**Ideas That Orient Our Practice**

Therapists are drawn to diverse ideas to account for the concerns that clients present. In systemic family therapy, individual problems can be seen as arising from, or aggravated by, relationship problems. Indeed, one major contribution of family therapy to mental health practices in general is the idea of seeing mental problems as expressing interactions within a social system. Being oriented by particular ideas is different from being regulated, instructed, or ruled by them. So, preferred ideas can be seen as resources to inform and inspire practice rather than govern it. Our therapeutic focus here is on how relationships are understood as much as performed.

For clients, some ideas are better than others in accounting for the difficulties they experience. For example, clients (and therapists) commonly see mental problems as medical problems where illnesses, pathogens, or neurotransmitter imbalances are the “cause.” Other family members might see the “client’s” problems determined by personal beliefs, historical events, or social circumstances; or, by her or his weak spiritual or moral resolve. Differences among such ideas may be less an issue for families than how such differences are understood and talked about between family members, and between family members and therapists. We are less interested in promoting consensus or similarities of opinion than in exploring how these differences in meaning and action can be coordinated in a respectful manner that enables families (in Wittgenstein’s 1980 aphorism) “to go on” (p. 875) in understanding.

Family therapy is often sought when efforts to coordinate understandings and actions become inadequate or objectionable in some significant aspect of family life. Central for us is the idea that it is the objectionable use of language that is a problem when difficulties arise in family systems. This idea can orient therapists to objectionable words and how these are communicated, as these are heard and responded to—should they be protested, disapproved of, or unwanted by one or some family members. A consequence of such objections is that initiatives to move on can become blocked or arrested, as relationships get “stuck” conversationally and relationally. As family members use objectionable words and ways of talking this can elicit from other members other kinds of objectionable talk. As sharing and reacting to such objectionable ways of talking takes hold recurrent patterns of interaction emerge that do not serve family members well collectively.

Early proponents of family therapy pointed this out in highlighting differences between analogic and digital forms of communication (Watzlawick et al., 1967). We extend this earlier line of thought by suggesting that therapists can help re-coordinate not only what is being talked about but how the talk occurs. Therapists join such family conversations already well under way, and, from within them, find and enact options to alter meanings and ways of relating so families can move on.

We see people seeking acceptable or adequate meanings for their communications, to coordinate their lives together in “joint actions” (Shotter, 1993). But, we also focus on action (as opposed to focusing primarily on words and their varied meanings) seeing meanings as performed; words, stories, and discourses are used in relational activities. As people talk in taken-for-granted ways they come to develop a “common sense” (Vico, 1984) or shared implication—so they don’t always have to explain to each other what they mean. We acknowledge Vygotsky (1967) and Wittgenstein (1980) for whom enduring understandings and ways of relating begin in new social interactions that may be quite intentional and deliberate at first, but can later take hold as non-deliberate or taken-for-granted understandings and ways of relating.

As families develop, such taken-for-granted understandings and ways of relating may be put to the test, and sometimes these “tests” bring forth unexpected objections. Such objections may, in turn, be automatically objected to (via additional non-deliberate or taken-for-granted understandings and ways of relating) inadvertently coordinating family members in mutual objections, or pathologizing interpersonal patterns (Tomm, 1991). As this new pattern of common sense takes hold, family members can drift into increasingly objectionable interactions. Families then need to find new ways of moving on; ways to re-coordinate their objectionable understandings and patterns of relating. Therapy can help family members move beyond such patterns, by inviting members to reflect upon taken-for-granted meanings, develop acceptable or adequate meanings deliberately (i.e., re-deliberating), and re-coordinate ways of relating that help them move on together.

**Generic Practices In Our Social Constructionist Approach to Family Therapy**

Below we highlight generic practices we believe help families reflect, re-deliberate, re-coordinate, and move on in relationally meaningful ways.
**Practice 1: Attending to language use and communicative actions for their effects on interaction.**

Since social constructionists see language as not only a means for representing experience, but as the primary way by which people relate, focusing on how people use words and communicate is central to our approach to practice. Family therapists have focused on communicative interactions as a locus of problems and solutions since the early double-bind research (Bateson, Jackson, Haley, & Weakland, 1956) and the Pragmatics of Human Communication (Watzlawick et al., 1967). Adding to this, we are mindful of Garfinkel’s (Heritage, 1984) notion of indexicality: meanings are always indexed to particular experiences and thus can vary among individuals, including those within families. For example, while people may use words like “fighting” and “honesty” in similar ways, one person’s experience of fighting and honesty can differ dramatically from another’s. Our point here is that people use language in ways specific to their idiosyncratic and relational experiences and so their objectionable use of particular words needs to be inquired about and collaboratively reflected upon as such.

People make evident through their talking what results from their communicative efforts seen dialogically, the meaning of what a speaker says is borne out in what a recipient does with what was said. Discourse and conversation analysts (Edwards & Potter, 1992; Ten Have, 1999) agree on this point: people show each other understanding, agreement, or disagreement, and through talk they coordinate their ways of being with one another with varying success. The therapeutic issue is whether those coordinations reflect speakers’ intended meanings and ways of moving on together. We are therefore interested in how people use and respond to language in these coordinated efforts. Key, in our view, is how family members attend to and respond to each other’s communications. Are they accomplishing what they want by what they say, and how they say what they say?

“While we can never know what goes on in each other’s thinking, our thoughts and opinions are at least partially observable to each other as we interact.”

**Practice 2: Evaluating such effects for their acceptability or objectionability as they pertain to interaction patterns between family members, and between clients and therapists.**

While we can never know what goes on in each other’s thinking, our thoughts and opinions are at least partially observable to each other as we interact. Goffman (1967) saw people coordinating their interactions using observable features of talk, in what he termed “facework.” For discourse analysts (e.g., Edwards & Potter, 1992) such features of interaction (e.g., gestures, tones of voice) matter as meanings for the speakers involved, particularly as shown in the responses they elicit. Within families, such subtle responsive features become unreflectively “familiar” and can therefore afford a useful focus for therapeutic assessment and intervention. A raised eyebrow can say much about how one family member evaluates the comments of another; yet, over time, such evaluations can become taken for granted within their communications.

We do not suggest that such familiarities be interpreted on some theoretical basis, but suggest they may be worth inquiring about and collaboratively reflecting upon. Family therapists’ familiarities—their social science knowledge included—can also blind them to the unique familiarities that families present. Discourse analysts speak of being theoretically “agnostic” to the meanings of such familiarities, preferring instead to see how speakers make sense of each other. We propose engaging families similarly, paying heed to how family members attend and respond to each other in ways “problematically familiar” to them. In other words, families perform problems in ways that indicate what is being objected to. By “perform” we refer to how words are spoken and received, and how related actions occur simultaneously in family interactions.

Constructionist therapists advocate practicing collaboratively, in ways acceptable to or preferred by clients (e.g., Anderson, 1997; Freedman & Combs, 1996). This takes on added dimensions when trying to coordinate family members’ preferences. Early in therapy, family members make their objections known, usually explicitly but often in taken-for-granted and confusing (to the therapist) ways. How such objections are performed can play an important orienting role in showing how family members fail to coordinate their relations with each other, and with the therapist. For Wittgenstein (1980) such objectionable communications obligate people to find new ways of understanding and going on. Acceptable communications facilitate moving on; objectionable communications retard it.

**Practice 3: Conceptualizing family member interactions and client-therapist interactions as occurring within repertoires and performances of understanding that either enable or constrain the collaborative use of language.**

In reading about constructionist approaches to family therapy one encounters many ways meaning and its communication is described: narratives,
language games, discourses, metaphors, or interpretive repertoires. These descriptions refer to how meanings are given form through how people use talk in relationally responsive ways. Such descriptions refer to what is talked about or thought, and how that talking/thinking occurs. One can look upon such ways of meaning and communicating as packaged so as to be familiar to those so engaged. Part of this packaging, say critical discourse analysts (e.g., Fairclough, 1989), reflects particular values or preferences. To have the understandings and ways of talking we do, we pass over other understandings and ways of talking.

So, for example, psychiatric discourse (the DSM-IV-TR, 2000) affords one set of understandings for describing and relating to family concerns. But, if used as a sole means of understanding, other ways of talking about and understanding family concerns are shut down. Constructionist therapists often think in terms of repertoires (or multiple ways) of understanding and communicating; how each way of understanding and communicating facilitates particular conversational opportunities, while constraining or obscuring others. Meanings found in any discourse or way of talking are inseparably connected to how such meanings are performed or talked about. For example, patriarchal discourse not only carries different meanings; it is spoken differently from a discourse of collaboration. Such differences in speaking how a speaker talks, not what one says gets at what some term discursive practices (Law, 1999).

We are referring to another dimension of communication here; one that attributes less to words or discourses and more to differences that responsively arise for people in conversation. For Bakhtin (1984), understanding requires a creative process of reconciling differences, however small, for speakers to move forward together. We see such differences in understanding performed in how speakers might respond objectionably to each other.

Particular words can elicit such responses but so, too, can gestures and ways of communicating (e.g., volubility) trigger or raise objections for some speakers, galvanizing some objections into pathologizing interpersonal patterns. Thus, not only can particular word or discourse use constrain family members and therapists, how these are performed and responded to can be highly relevant to moving forward together. So, inviting family members to reflect upon how they understand and communicate, along with trying on alternative ways of understanding (i.e., re-deliberating) communicating, is part of our approach.

Practice 4: Intervening with statements or questions to promote substitutions of inadequate or objectionable understandings and communications with more client-acceptable ones.

Conversation analysts (e.g., Ten Have, 1999, p. 8) say that we “talk our understandings into being.” What makes talk constructive is how people use it to initiate, signify, and deliberate on how they want their experiences to be understood or acted on. No speaker does this solely based on what they alone say. In talking, they face challenges in furthering understandings that are acceptable, or at least adequate (i.e., nonobjectionable), for coordinating their relationships with each other, to move on together. But, it is also through conversation that speakers sustain meanings as acceptable or objectionable (Berger & Luckmann, 1967).

What speakers do with each other’s utterances has much to do with staying stuck or moving on. Stuckness often arises from the complementary (not complimentary) nature of speakers’ utterances and responses (Watzlawick et al., 1967). When therapists initiate talk with families they join ways of conversing and understanding already established, but still will likely influence how the family’s conversations will develop. By asking questions, for example, a therapist may shift the family’s conversational focus and help family members talk different, potentially helpful, understandings and ways of relating into being. Tomm’s (1987a, 1987b, 1988) descriptions of interventive interviewing point to this, showing how a therapist’s intentions are typically evident in her/his questions’ presuppositions. Interventive questions invite clients to speak from different positions (Davies & Harré, 1990; Winslade, 2005) presupposed in the therapist’s curiosities.

By speaking from new positions, new contexts of understanding, it is possible for family members to reflect upon what has been taken for granted, to in effect, re-deliberate upon the meanings which guide their interactions. Re-deliberate, in this sense, means to explore anew prior meanings—such as the meaning for a word or how it has been performed in conversation. But, it also refers to shifting from taken-for-granted meanings to more deliberately performed ones after such explorations and reflections. One barometer of the success of any new way of communicating or understanding is how family members take up such new ways of talking and understanding in the session-
particularly, each other’s. Of therapeutic interest is whether clients, in taking up a therapist’s curiosities and intentions, can talk relationally acceptable understandings and ways of moving forward together into being.

**Practice 5: Enabling sustained use of acceptable understandings and communications beyond the therapeutic context.**

It is one thing to talk new and re-deliberated understandings and ways of going on into being in the therapeutic context, but for them to be used and of value beyond that context is another matter. Needed, to paraphrase Bateson (1980), are “differences that make a difference.” This is important given how new understandings and ways of moving forward are performed in therapy, not just talked about (Holzman & Newman, 2004). Clients who successfully try on, or perform, new ways of understanding and talking together within therapy are more likely to continue using them beyond therapy. Therapists can see part of their challenge as joining such new ways of understanding and talking, while inviting more of the new talk, lest clients slip back into habits of objectionable talk. There are other ways therapeutic understandings and communications can be promoted beyond the consulting room, however. Narrative therapists (White & Epston, 1990) sometimes consider such changes as akin to anthropology rites of passage, as transformative events to signify and extend therapeutic developments. They also incorporate documents, celebrations, or ritualized performances to extend the conversation (Epston, 1994) by honoring and further crystallizing new understandings and actions beyond therapy.

**Practice 6: As further inadequate or objectionable patterns of language use are identified these too are attended to, evaluated, and reconstructed to enable further re-deliberations.**

As a preference-focused endeavor, constructionist approaches to family therapy are mindful of how clients can become ensnared in their narratives (Shotter, 1993), or in particular understandings and ways of communicating that limit their possibilities to move on. Sometimes it takes a well-honed question to help clients reflect and re-deliberate on taken-for-granted meanings and ways of talking to become aware of what is objectionable so a deliberate choice can be made to change. Other times, clients might want their objections acknowledged before moving on. Regardless, therapy offers a process whereby clients can be invited to reflect on the adequacy of their meanings and ways of talking.

Where these have been objectionable or inadequate, therapy can navigate and negotiate a linguistic course to more preferred meanings and ways of talking that enable family members to coordinate their efforts in moving forward together. However, attempts to alter understandings or ways of talking bear fruit only when they are deemed acceptable and are taken up by family members. We would now like to relate how we see these orienting ideas translating to actual practice.

**Constructionist Family Therapy in Action**

**The Consultation Begins: Understanding the Family as a System of Communicative Interaction.**

Karl Tomm, an experienced Caucasian therapist, recently met with a Caucasian family as part of a reflecting team consultation held at the Calgary Family Therapy Program Centre which he directs. The “A”s (we have altered names to protect the family’s privacy) had been seeing one of the Centre’s therapists over the course of the previous year. The parents, Don (54) and Lori (52), initially sought counseling because their children, Bert (17) and Dora (14), had been fighting. A week prior to the consultation the mother and daughter had fought physically so Lori elected to leave the family home. This session was the first opportunity to reunite as a family since Lori left.

Karl began by checking with each family member about past experiences in therapy, and asked what each member hoped to gain from the consultation. Early on, Lori shared her concern about addressing “core issues,” prompting clarifying questions from Karl, to which Lori spoke of “insecurities” and “deception” in her relationship with Don. Lori’s understandings were met with reactions that indicated the family was at an objectionable juncture: Don became visibly restless and withdrew into wary silence.

Karl did not see these as Lori’s concerns alone, and so he requested a “thicker” description, broadening the discussion to how “insecurity” and “deception” had influenced the family. Here, he asked circular questions pertaining to “deception,” questions associated with the Milan Family Therapy Team (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980), such as “What is your understanding of Don’s (deceptive) behavior?” Such questions invited a different way of conversing as a family, and Lori was asked to disclose understandings “deception” had for her, but in ways to which other family members could hear and add. Such questions invited re-deliberations on how the “A’s” discussed and understood “deception.”

This became even more evident as Karl directly involved Don in the discussion, asking him for his meanings for “deception” and the influence “deception” held in his life. The children later joined the discussion, collectively turning “deception” from a topic that entailed closed and “deceptive” communications into a topic openly and frankly discussed in the consultation. Possible new, and more acceptable, ways of moving forward together were being understood and performed in the consultation.
Karl’s questions also elicited other family members’ disclosures, their positions on “deception” (Harré & Langenhove, 1999). Positions can be seen as performed ways of understanding. Lori, in understanding Don as “deceptive,” positioned herself as someone expecting to be deceived by Don. Other family members, in turn, related to Lori’s and others’ positioned actions with their own. For instance, Don positioned himself defensively to protect himself from Lori’s judgments of being “deceptive.” At issue here is how such positioned understandings, and their related actions/reactions, serve family members in coordinating acceptable or unacceptable relations, for moving on or remaining stuck. By sharing understandings of terms like “deception,” including how “deception,” shaped each other’s behavior, Karl newly engaged the “A’s” in an unfamiliar dialogue in which “deception” could be re-deliberated.

Nowhere are understandings more crucial than in family members’ descriptions of each other’s identities, in the kinds of people they relate to each other as being (e.g., White & Epston, 1990). Being described by Lori as “deceptive” and “creating facades” within their relationship, Don reacted defensively, in further objectionable communications. As the consultation progressed, Karl implicitly drew attention to how the family and its members used language such as deception and the responses such use brought forth. This “A’s” story about “deception” not only accounted for past behaviors, its objectionable re-telling during the consultation disclosed what Karl has referred to as “pathologizing interpersonal patterns.” Needed were ways to go beyond these objectionable patterns of communication. His defensiveness was taken as a performance of deception and confirmed her belief about him being deceptive.

**The Consultant Engages the Family in Re-deliberating Dialogues and Coordinations**

So, Karl used a variety of conversational strategies to engage the “A’s” in alternative dialogue. For instance, he validated all family members for how they openly and honestly talked about deception, inviting them to affirm each other for their open and honest disclosures. He also invited Don to reflect on the origins of the “habit of deception,” eventually learning that a relative had sexually abused Don repeatedly as a child. However, just prior to revealing this, Don asked for Lori’s permission to “keep the secret” and not disclose the abuse in the presence of the children. In other words, openness had been objectionable for Don and within the couple relationship so deception was performed until that moment paralleling how it had been understood as a feature of family relations.

Fortunately, Lori consented to Karl’s invitation for open sharing, thus inviting a new performance where the abuse history was disclosed to the children. Unlike the defensive positions and reactions shown in their prior dialogues, Don was highly emotional and wept when he told his story. Realizing that this new behavior of increased honesty needed an immediate affirming response, Karl invited the children to express their feelings about what their father had just disclosed. Both Bert and Dora responded with touching expressions of compassion (a re-deliberation) for their father and respect for his openness. This probably contributed significantly to thickening and stabilizing the performance and understandings of this new discourse of openness where formerly deception coupled with defensiveness held sway.

In listening intently to Don’s account and that of his children’s, Karl asked if secrecy had featured in Don’s life since the abuse. Don replied that there indeed had been great shame and secrecy surrounding and following the episodes of sexual abuse. After considerable discussion, Karl asked if Don made any connections between the secrecy begun in the episodes of sexual abuse, and the deceptive behaviors that presently concerned his family. Don said yes, and by extending this reflective inquiry to hear about the effects of Don’s disclosure on his wife and children, Karl’s questions invited further re-deliberation on “deception.”

In co-developing such a plausible new discourse, Karl’s questions often had the effect of inviting family members to make new connections of understanding, like how the secrecy and shame of abuse could develop into an adult pattern of “deceptive” behavior. As the consultation continued to unfold, Don mentioned another secret, or form of deception: his drinking. In this case, however, drinking was acknowledged, via Karl’s questioning, as a secret or “collective deception” in which all had participated to some extent. But, alongside this family story, Karl’s questions elicited all to share how they had resisted the secrecy and deception alcohol abuse normally found in families. This theme of resistance was later co-developed into a strategy (an experiment in alcohol abstinence) as a homework task.

Karl used another important conversational intervention with the “A’s,” namely, to invite deliberate reflection to effect change. As the word re-deliberation implies an aspect of judgment is elicited as part of the re-deliberations, to hear about what has informed particular understandings, while considering alternative understandings and related courses of action. In this respect, Karl asked the “A’s” about the fit of particular understandings for them (e.g., about the secrecy around Don’s sexual abuse as a plausible origin of his deceptive behaviors), or to see how comfortable the “A’s” were with an experiment in abstinence. Similarly, Karl turned to Don’s family and asked “what do you think made it possible for Don to make these disclosures today?” In this way, the “A’s” were invited to put their best words to, and explanations for, such new developments, and to speculate on their therapeutic significance. A final example occurred when Karl proposed a new line of inquiry: what was the family’s experience with forgiveness? In response
he heard some past examples, so he then asked if this implied the “A’s” had the capacity to apply their past abilities in forgiving to their shared efforts in moving beyond “deception” as a family way of being.

Throughout his consultation with the “A’s”, Karl not only attended to the meanings used and the responses these elicited from family members, he also closely attended to possibilities for discussions of new understandings that might inspire and engage new ways of moving forward together. In a sense, this consultation helped the “A’s” reflect upon, re-deliberate, and expand on their repertoires of understanding and relational interaction. As acceptable or adequate understandings were substituted via the invitations made in Karl’s questions, the family re-coordinated how they understood and performed formerly objectionable meaning together. They moved forward where this had not been possible.

Conclusion

In this article we offered some orienting ideas and practices of our approach in seeing therapy as a conversational activity co-developed with clients. For us, therapy offers opportunities to reflect upon family members’ objectionable ways of understanding and communicating, inviting re-deliberations that can lead to re-coordinating how families can live and move forward in how they talk.

1: For an informative social construction explanation of the link between thinking and speech consult Michael Billig’s (1996) Arguing and Thinking.

REFERENCE LIST


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Steve and Jan have come to counselling regarding their 5 year old daughter, Kim, who screams when she doesn’t get her own way. She is starting school next year and her parents are concerned with how she is going to fit in and what will happen if she doesn’t get her own way.

A précis of the session is as follows. For ease of writing the Professional Counsellor is abbreviated to ‘C’:

In the first session C gathered information from Steve and Jan about their discipline techniques and what they have done in the past when Kim screams. Jan said that they have tried everything and nothing works. C asked Jan to expand on this - what exactly have they tried and what happened.

Jan said that over the last year she has tried ignoring Kim’s behaviour but she found it actually got worse. C asked Jan if she ever gave in to Kim instead of ignoring her and she said she did but only about once a week.

Jan said that she tried sending her to her room every time that she screamed and that Kim’s screaming stopped after being in her room for a few minutes but it didn’t stop the screaming actually occurring. C asked Jan what Kim was doing when she was let out of her room and Jan said that she was just playing with her toys.

Steve said he had had enough and although he disliked hitting Kim he felt it was a last resort. Steve explained that Kim would just scream for longer if he hit her. Both Jan and Steve were very distressed about Kim’s behaviour.

C didn’t want the parents to feel as if they had failed but needed to tactfully point out why their previous attempts at stopping Kim’s screaming had been unsuccessful. So C talked to Steve and Jan about how she felt that she could help change Kim’s behaviour and emphasised that the parents had made a positive step by seeking professional help and how it showed commitment to their daughter and her upbringing.

C then explained to Steve and Jan that she was going to use similar techniques to what they had used previously but would modify them slightly. C also explained that she would highlight for them the reasons why their previous attempts were unsuccessful so that they could reuse the techniques for other problems that arose.

C began by explaining that Kim was screaming because she was getting some sort of reward for screaming. That reward may be just receiving attention whether it is negative or positive attention. So basically Steve and Jan had to ensure that Kim received no reward for behaving in this way.

C then explained that when Jan had ignored Kim’s screaming but gave in to her once a week then Kim was actually still being rewarded for screaming. That is, she was getting what she wanted, even if it was only once a week. C explained to Steve and Jan that this was enough for Kim to continue screaming. She will continue to scream if she knows there is a chance that she will get her own way, even if only occasionally.

C also talked about time-out as punishment and explained that sending a child to a room full of toys is more of a reward than a punishment. So if Kim is asked to do something she doesn’t want to do, she just screams and gets to go to her room and play with her toys.

Also if Kim is hit for screaming then she may still be receiving attention for the screaming. Even if the attention is negative some children see this as better than no attention at all. C then asked Steve and Jan to consider what they do when Kim is quiet and playing with her toys or watching TV. They responded by saying that they try not to disturb her so that she will stay quiet. C then explained that in essence what they were doing was ignoring Kim when she was good and giving her attention (even if it is negative) when she was bad.

C then spoke to Steve and Jan about setting up a behaviour modification program for Kim. The aim of the program is to reduce the behaviour of screaming.

The first step of the program was for Steve and Jan to record Kim’s behaviour before they tried to change it. They kept a daily tally of every time Kim screamed when she didn’t get her own way. It was not necessary for the parents to tell the child that they were recording her behaviour. C informed Steve and Jan that they would need to continue to record Kim’s behaviour while they were trying to change it.

Session two was held after Steve and Jan had collected the two week baseline and it was now time to try and change Kim’s behaviour. The first step in doing this was to not reward or reinforce Kim’s screaming in any way. C explained to Steve and Jan that they had two options on how to change Kim’s

Even if the attention is negative some children see this as better than no attention at all.”
behaviour - they could use either planned ignoring or time out.

C then highlighted what each was and explained that if they use planned ignoring they must NEVER give into the child and that the screaming will probably increase for a short time before decreasing. On the other hand if they use time-out then they must always put the child in time-out whenever she screams and again must never give in.

Steve and Jan decided that they would try planned ignoring first. C then gave them the following step by step guide on how to ignore Kim's screaming.

- **Step 1.** Look away from your child or turn your back on the child within 5 seconds.
- **Step 2.** Move away from your child (at least 3 feet). Leave the room if you can.
- **Step 3.** Maintain a neutral expression on your face. No smiling or looking upset. Keep in mind that if your child detects that they are getting to you then they have your attention and the chances of the screaming worsening is increased.
- **Step 4.** Ignore everything your child says. Do not enter into any conversations with them. You can tell them at the outset that you are going to ignore their screaming.
- **Step 5.** Begin ignoring as soon as your child engages in the unwanted behaviour. The sooner you can cut of the supply of attention that maintains the unwanted behaviour, the better the results.

C advised Steve and Jan to back up the planned ignoring of the screaming with labelled praise of Kim's behaviours which they like. This can be used to tell a child exactly what it is a parent likes about the child's behaviour e.g., “Kim, I really liked the way you were quiet when I was on the phone” or “Kim, I really like the way you are playing quietly”. The idea of this is that Kim will prefer to behave in ways which receive parental attention or rewards.

When Steve and Jan implemented the program they found that for 2 weeks Kim's screaming did increase but they continued to ignore it and in the third week the behaviour started to decrease.

A final session was set for 4 weeks after Steve and Jan began to change Kim's behaviour. The final session was designed to iron out any problems which may have occurred. A common problem when introducing a behaviour modification program is that other problem behaviours may surface.

In the final session C also explained to Steve and Jan that the program they implemented was designed to decrease an undesirable behaviour but programs can also be introduced to increase a child's desirable behaviour.

Examples of behaviours a parent may want to increase could be time spent on homework or a child picking up all their toys. Programs designed to increase a child's desirable behaviour use rewards and reinforcers including star charts. This visual aspect to behaviour change can help increase a child's self esteem as they are given responsibility to choose which way they want to behave. If they choose the appropriate way then they receive a reward.
Helping Children Cope with Disappointments

What should you do when a child experiences a disappointment? Parents and teachers face this kind of situation regularly. Childhood disappointments come in many shapes and sizes - not being chosen for a playground game... losing in some competition... having a best friend or favorite teacher move away... losing a pet... getting sick and missing some special activity - the list is as long as a child’s imagination.

A good starting point in helping a child cope with disappointment is to listen to the child’s story. Don’t minimize or discount the event. Adults may see the story as trivial - “My best friend won’t talk to me” - or, they may see the event as a normal event - being turned down for a school play part - that will soon be forgotten.

But for the child the disappointment is not something minor. It may feel like it will never be overcome. It’s important to remember that your values and experiences are not the child’s.

One reaction to avoid is always trying to soothe the disappointment with a pleasant experience or reward. While that ice cream or surprise present may make the sorrow disappear, it can also establish patterns that will be hard for the child to overcome as he or she grows into adulthood.

Instead, react to what has happened by talking “with” your child rather than “to” your child. Don’t interrogate, but instead give the child an opportunity to tell you what has happened.

Share your understanding of the disappointment or loss being felt. Do that with statements of understanding, not explanations of your own life difficulties. Don’t try to top the child’s disappointment with stories of your own frustrations.

If you notice a change in behavior over a disappointment, especially one for which you have few details, make time to allow the child a chance to talk about what has happened and how he or she is feeling. If your child can’t or won’t talk about it, discuss the situation with your child’s school counselor. Counselors are trained to understand a child’s feelings and how best to communicate with children.

It’s important not to ignore or minimize the impact of disappointing events in a child’s life. When you do so you simply confirm what many children think all too often about the adults in their lives: “They just don’t understand.”

Is Your Teen Ready for More Responsibility?

One of the hardest things for many parents to deal with is the demand for more freedoms that they face as their children grow into teenagers. After years of making most of your child’s decisions and putting your child’s needs first, you find yourself confronting a young adult who wants the freedom to face more of the world on his or her own.

At some level, of course, we all recognize that our teenagers need increasing amounts of freedom and responsibility. It’s a natural part of the developmental process. At the same time, we realize there are very real reasons to go slow in allowing our teens more freedoms. Constant news reports and local stories of teen substance abuse, pregnancies, violence and much more naturally make us worry about the world our teen is facing.

But when we constantly say “no” to our teens’ requests, trying to protect and shield them just a little longer, the result is often family conflict, with our teenager pulling away and no longer confiding in us, or going behind our backs seeking the desired freedom. While there is no magic cure, there are steps you can take to minimize the conflict. One is simply to improve communications.

Sit down with your teen and try to explain your fears and anxieties related to granting increased freedoms. While hearing about your worries may not win your teen’s full acceptance or understanding, it can open up meaningful dialogues that can lead to acceptable compromises.

The next step is to allow increasing amounts of freedom and responsibilities - opportunities for your teenager to prove he or she really is ready to be more independent.

How much can you trust? How much responsibility should you grant? There are no absolute answers, just judgement calls you have to make based on your teen’s personality and past performance.

Yes, mistakes will be made, but also note that most of the time things will turn out just fine. Try to understand that this is also a difficult and often confusing process for your teen.
Your decisions are still going to worry you, and upset your teen at times, but when you make a conscious effort to allow increased levels of freedom and responsibility, while also fairly measuring how well your teen handles the changes, you should find that the struggles with your teenager should begin to diminish.

Helping Your Child Prepare for Change

While most kids look forward to summer vacation, it can also be a time of stress and anxiety. As the set schedules and known activities of the school year end, children face a summer that may be full of unknowns. It’s also a time when major changes are most likely to occur.

Changes may be small, like visiting relatives, joining a new soccer team, or going to a new camp, or they can be major, like moving to a new home or entering a new school at summer’s end. For many children, new and different things or activities can be sources of stress and anxiety.

Change is inevitable, of course, and a necessary life skill is learning to handle change successfully. But many children are “change-sensitive”, becoming overly nervous and anxious when confronted with something different. As parents, however, there are things we can do to reduce this stress, and to prepare our children to better handle future changes and transitions.

“As parents, there are things we can do to reduce this stress, and to prepare our children to better handle future changes and transitions.”

ASSIGNMENTS HINTS AND TIPS

Reading all parts of your workbook carefully

In their enthusiasm to get their work in for marking, students sometimes misread instructions or leave out answering a question altogether. As every question in a workbook must be completed in order to achieve competency this will inevitably result in a delay in the final marking of the unit.

It is important to read each question carefully to make sure that you understand exactly what it is asking you to do; if you have difficulty understanding just what is required in a question, AIPC Education Advisers can help. They can be contacted any time by email, or on the Study Assistance Line number 1300 139 239. It is also worth checking the Knowledge Base as other students may have had difficulty with the same question and there will be a reference to it there.

In some units you will be asked to submit an item separately, such as a case study or an example of a form; students sometimes forget to include these items when they send in their workbooks.

A good habit is to check back over every question as you complete each section and then again when you have completed the whole book. If something separate needs to be sent in, make a note of it so that you will remember to include it.

It is very frustrating to have the marking held up if everything you have done is correct, but just one question, or a part of it, has been omitted – so make sure it doesn’t happen to you!
The following article regarding an important topical social issue appeared recently in the Sydney Morning Herald website. 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.

New Data on Marriage and Divorce Rates

The Australian Bureau of Statistics, with the contribution of Dr. Shail Jain from the Australian Catholic University, has recently released a report on marriage and divorce rates in the country. The report shows that there has been a small decrease in divorce rates in Australia since 2001; although in the past two decades marriage rates have been decreasing continuously, whilst divorce rates have showed a steady pace.

According to Erik Jensen’s report, from the Sydney Morning Herald (31/08/2007), this decrease on divorce rates may be a blip:

“The divorce rate has continued to fall since reaching a high in 2001, dipping 2 per cent last year to 51,375. But despite the year-to-year decrease in divorces, a third of relationships are still set to fail. The figures, released by the Australian Bureau of Statistics yesterday, probably reflect that marriages last longer than they did 10 years ago: the average was 8.9 years, up from 7.6 years in 1996. The number of divorces is expected to catch up as these longer marriages eventually end.”

The report also showed the following interesting figures:

- Women are marrying (first marriage) with an average age of 28 years (2005); an increase to the 1986 figure of 23.5.
- Couples are marrying and divorcing at older ages. In 1986, the average marrying age was 25.6 in comparison to 2005’s 30 years. Divorcees have increased in age from 37.5 years in 1986 to 43.5 years in 2005.
- In 2001, 55,300 divorces were recorded to set the Australian record rate. These numbers were followed by recent declines (52,400 in 2005). “While Australia had a similar divorce rate to other Western countries, the manager of the Health and Vitals Unit at the bureau that prepared the report, Shell McConville, said there was a positive shift towards joint applications for divorce. “It means people are doing it in a more sensible manner,” she said. “People are divorcing together rather than divorcing each other.” (Sydney Morning Herald)

Do you think government initiatives to provide free counselling to couples will have a great effect on these trends? For more information, visit the following links.

ABS Report: “Lifetime Marriage and Divorce Trends”

SMH Article: “Divorce Rates Down Again, But It May Be a Blip”

WHAT OUR READERS HAVE TO SAY ON SOCIAL ISSUES

In Issue 1, 2007 we featured an article entitled ‘Coping with Change’, by Jeff Kennett. The article revealed the importance of developing effective strategies to cope with change.

We asked for readers views on the article and received the following responses from Margherita Chiavone, Greg Hunt, Kaye Laemmle and Kathleen Cremer:

Two things in life are certain, death and taxes. We have all heard that old adage before. Actually there are three certain things in life: death, taxes and change!

Earlier this year Jeff Kennett, in his work related to beyond blue, raised the importance of developing resilience when dealing with change. He also made connections between difficulties in dealing with change and mental health issues such as depression and anxiety.

Change is as fundamental to being human as growth, loss and choosing the slowest queue in the supermarket when you’re in a hurry! As humans we cannot escape change and it’s implications but we can arm ourselves with positive coping strategies.

Strategies for coping with change:

1. Accepting that change is inevitable as we move through the life cycle.

I think that the first step to managing change is accepting that change will happen. Central to this is learning to relinquish control to some degree. This is particularly true in adulthood, when we are faced with major life changes that may include career and job.
changes, parenthood, illness and death of loved ones. These changes will bring about a whole new set of circumstances that often shift our perception of life.

This was certainly true for me when I became a mother. It took some time to adjust to motherhood (and going to work with Weetbix in my hair). Accepting that life was going to be different and having a strong support network helped me ride the roller coaster that is being a new parent.

2. Recognising that humans are adaptable.

An important tool in managing change is adaptability. Humans are incredibly resilient creatures, with a wonderful propensity for learning. We can inhabit more areas of the earth than most other animals. This tool is crucial for coping with change. When faced with major changes it can be helpful to look back on your life and look at how you have adapted to previous changes. If you are reading this you have survived so far so you must have done something right, in coping with the changes you have faced before!

3. Check unhelpful thinking patterns.

Unhelpful thinking can include catastrophising; black and white thinking and overgeneralising. Asking yourself if you are engaging in any of these thinking styles can help you to see if you may be causing yourself unnecessary stress associated with change. In my 13 years experience as a mental health clinician, I have seen that unhelpful thinking patterns can lead to much stress and depression. Unfortunately it is not always easy to challenge these patterns on your own and professional help may be useful.

4. Get support.

This can come from family, friends, your GP, a counsellor, colleague or supervisor.

If the change is causing physical signs of stress such as disturbances in appetite, sleep and mood, and this persists for more than two weeks then it’s important to get professional help.

Finally, remember change and adapting to change is common to all human being as we journey through the life cycle. Change enables growth and allows us to test our strengths and capabilities...something to contemplate while you’re in the slowest queue in the supermarket!

Margherita Chiavone, B. Occ Therapy, Dip. Prof. Couns., MA (HS Management).

As Abraham Lincoln once said, “most folks are about as happy as they make up their minds to be.” This may sound like your typical feel good saying, but when we examine it more closely, nothing could be closer to the truth.

Our thoughts and beliefs affect our emotions in incredibly powerful ways. When we are faced with change, (and this change could be the loss of a job, or even something as simple as going on a diet), then the way we think about this change will ultimately affect our emotional state and our behaviour.

Many people sink into a state of depression when faced with a change (let’s use losing a job as an example), where others will take the belief that as one door closes, another opens. These people with the positive outlook will often look back on the job loss as a positive turning point in their life. They may have moved on to a more satisfying career that they did not even consider whilst employed in their former position. They may return to study to further their education, or may decide to pursue a passion and convert it into an employment opportunity.

No matter what they do, the main point here is that they take responsibility for their destiny and their happiness. They look at the change that has happened in a respectful manner, and have taken action, rather than dwelling on the loss.

For the people who are not blessed with this gift of a positive outlook, therapy such as cognitive behaviour therapy can be very useful in helping them to see change as a positive experience, and realise their thoughts and beliefs can lead to negative thinking patterns, which in turn can easily develop into depression.

As the world becomes a more uncertain place, and lives and careers are no longer as predictable as they were in the past, people would do well to embrace change, and not be afraid to ask for help when these changes are getting them down.

Too many people are of the belief that happiness and security come from external events or circumstances, without considering that these external circumstances do not lead to unhappiness and depression, but our internal cognitions that sabotage our quest for a happy and fulfilling existence.

In conclusion, we ARE about as happy as we make up our minds to be.

Greg Hunt, Dip. Prof. Couns., Q.M.A.C.A.

Grief and loss may be situational change that may imitate depression.

Reading the article by Jeff Kennett I am reminded of the many times I have experienced or been a witness to situational dispar. I would like to address the differences between clinical depression and a situational depression. The frustration for me as a
counsellor is that many times I have had a client come to me and tell me they are depressed. When I hear their story I find they have had trauma of some kind and are in grief and loss (which is change). I then explain to them, maybe they have ‘the blues’ which is part of the grieving process. The feelings they are experiencing are natural and needs to run a course. ‘Major differences exist in the significant symptoms of lowered self-esteem versus the poorer sense of self found in depression’ (Fingley & Rando 1999, p. 135).

The World Health Organization (2007, online) cite Department of Mental Health and Substance Dependence (2003) view of depression as ‘…a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual’s ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide.’ The situational dispar can present the same problems. It is only through talking and investigating that the difference is defined.

Rubin-Deutsch (2003, p. 27) suggest unhealthy messages repeated through childhood reinforce a ‘negative self-concept.’ Aisbett (2002, p. 31) also talks about the negative messages impacting on the adult because the beliefs created in childhood could be destructive. A common irrational belief is ‘I must not be lovable’. This negative belief can impact on a grieving person to the point where they feel the loss is a personal attack to them, rather than a natural process of life. I would also say that messages such as ‘you have to wake up to yourself’ and ‘just get over it’ when someone is grieving may be reinforce for a ‘negative self-concept’.

The grieving person may feel that there is no tolerance or empathy for their pain and internalise this, creating damaging irrational beliefs. Cognitive Behaviour Therapy is a therapy that could be successful with clients in a situational depression, although it is important to allow a person to feel sad, and embrace the grieving process as a normal progression. Not to panic, it is okay to feel bad. People may not understand how you feel because grief is different and unique for each individual. Harvey and Miller (2000, p. 5) state ‘Severely stressful life events can have a substantial impact on those who experience them.’

“People may not understand how you feel because grief is different and unique for each individual.”

Grief and loss is part of life and the family of origin influences how we learn to deal with this very evident part of life. I would also like to illuminate that grief and loss is everywhere not just death, but the death of something. Examples of loss could be a dream, a goldfish, a job, a favourite shop, a sense of security through a robbery or as Jeff Kennet suggests, through the change. My point is that counsellors need to be aware of the differences and be diligent in the interviewing process to find the cause, either situational or clinical depression.

Bev Aisbett’s book ‘Taming the Black Dog’ is an excellent reference. She has added humour and simplified the process of depression. Aisbett (2002, p.14) suggests there are two types of depression ‘reactive or situational and endogenous’ with reactive being triggered by external events and is often temporary. Whereas endogenous depression is triggered by genes, or biochemical factors; endogenous depression is defiantly a case for the medical model and would need medication.

I would like to add at this time the very real outcome of depression through drug use. I explain to my clients that it is like scab labour (drugs and alcohol) has taken over the jobs in the brain factory. When the scab labour leaves, some of the regular workers forget how to do the job, or have lost the ability to remember how to do their jobs properly. I find people understand this much easier. The government pamphlet on drugs (Nairn 2007, p.11) states ‘Anxiety and depression are common with illicit drug use…’ A common reason for taking drugs is that it ‘made the person feel good, gave them confidence and took away the pain.’ I believe pain and joy are part of life and one complements the other. I agree with Jeff Kennet that our best resources are our family, friends and a sense of community.

Aristotle cited (Thomson 2003, p. V) said ‘Our view of happiness is supported by popular beliefs’, and, ‘Is it only when his life is completed that a man can rightly be called happy?’ I believe that grief is so personal the people around the grieving find them difficult to deal with. Therefore, it is in those people’s interest that the grieving person improves their attitude. It is hard to watch someone in pain. Also I find (a personal observation) that people today are obsessed with being happy, however, if you ask them what would specifically make them happy, they have no concrete answer.

This is a complex topic and in a succinct article there are not enough words to do justice to depression and the overwhelming effects on either the depressed person, or those around who are also affected. Grief and loss is change and a trigger for depression or ‘the blues’, as is drug taking. The difference between depression and ‘the blues’ is something that needs to be decided in therapy for the benefit of the client so they can go through the stages.
of grief, with the least amount of panic. Or be referred on to the appropriate professional.

**References**


Nairn, G. (2007) Talking with your Kids about Drugs' PMP Print, ACT.


**Kaye Laemmle, Dip. Prof. Couns. (AIPC); Adv Dip. P. Th.; Dip T. An.; Neurotherapy.**

Jeff Kennett’s brief but powerful message raises some excellent points about the challenges and the blessings of change.

As a counselling Psychologist I often see people who find it daunting to confront the unpredictable curved balls that life has thrown them. Human beings often yearn for control and security. This is understandable. Biologically we are drawn to seek comfort and pleasure and retreat from discomfort or pain.

Dramatic change, loss and bereavement will affect us all at some time. When tossed by these unpredictable events our coping mechanisms can be stretched so drastically that we need to turn to others for solace, comfort and a guiding hand. Whilst our independent selves might prefer to tough it out, acknowledging the value in reaching out is a sign of strength rather than weakness.

Life is an ambiguous journey where we make decisions about our perceptions and responses. When making decisions we can never totally predict the consequences. Choosing can be interesting. The questions about our life choices are endless—when to let go of or hold on to something we desire, whether to stay in the place we know or change direction, when to be independent and resolve our concerns alone or when to reach out to others. There is a whole raft of ambiguous decisions to make throughout our life journey.

Jeff Kennett talks about developing resilience and developing our own resources to deal with regular change. So how do we know what works and what doesn’t? If we look at the approaches of people who weather change and adversity relatively well some interesting trends emerge. Firstly, early decisions are made about what can be influenced, changed, reversed or modified and what cannot. Energy is not wasted on yearning for the impossible. It is redirected toward those aspects that the person can influence. These approaches might seem common sense and obvious, but we are well served to remember them.

And what can we do when we feel flattened by change? Let’s look at our own well-being and ask whether it’s too costly to continue with what is. Or are there kinder, healthier alternatives to help us weather the storm, such as altering our present course or seeking help when we need to reach out. Taking care of our ourselves is a generous gift to us, our loved ones and our communities, as we navigate the unpredictable journey of life.

**Kathleen Cremer**
As 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 month we are featuring graduates Jan Burguez and Lynn Holt from Queensland.

Jan Burguez

It is an exciting accomplishment to now hold my Diploma of Professional Counselling in my hand, and indeed my heart, after three years of distance education with AIPC. And when that academic qualification translated recently into my long-cherished vocational goal, it felt as though some divine order had always been in place, assuaging even the most testing times experienced in 35 years in the workforce. Such is the feeling of reward as I marvel at how all the jigsaw pieces of my life, once extraneous, are now finally consolidated into counselling.

I've been a cleaner, a carer, an actor, a writer, a clerk, a health therapist, director, trainer, PA, and I've got my Blue Card. I could keep going but you've decoded by now that my career journey has been vast and varied.

With the guidance and support of the AIPC team I completed my Diploma in November 2006, and by January 2007 landed my dream job as a trainer (who also requires a counselling qualification) re-launching the long term unemployed back into the workforce. The fit to my skill sets is breath-taking in its synchronicity.

Who could have known three years ago when I first picked up the phone and made the call. Who would have seen last November when I rang the Study Assistance Line at AIPC with fear and anxiety asking how on earth I will turn my forthcoming "piece of paper" into paid work that the next step was just a leap of faith. My Diploma in Professional Counselling stacked up very well at the job interview as my now-manager (bless him) was quietly thinking in tangents about how I could also slot in to the company's future growth area, Youth Pathways, if he secured me now. I've got a lot to look forward to, by anybody's reckoning.

Distant education helped me to go about earning a living whilst I learned my craft, while I always enjoyed feelings of inclusivity from the astute crew at AIPC. You were ALWAYS there when I needed direction, guidance, support and encouragement, Rob. What a client champion you are! Tutor, Zahava, brings an exceptional quality to your team with a raft of counselling experience, knowledge and skill. In fact, all of your staff are stand-outs, and when this high human resource standard is replicated in the training system and materials you provide students, I am motivated to highly recommend AIPC to any individual seeking to become a recognised, accredited and qualified counselling graduate who can confidently hit the boards running into the profession. In other words, if I can do it, so can YOU!

Like any student holed up at home with assignments to complete, family and work demands, and self doubts, there will be times when you will wonder if you will ever get there. This is a comprehensive and complete training system that takes some doing.

You will hear stories that counsellors have to rely on volunteering themselves in the main, because there's no money in community service. "You'll have to do it for love alone", will be the mantra of the masses as you sit for hours upon hours shackled to the computer serving your long term goal at the expense of short term satisfaction. 22 core units and optional majors of study completed to meet strict accredited knowledge and skill benchmarks cannot be flicked and ticked. To be inferred competent you will need to demonstrate, unequivocally, counselling competency. My advice: be prepared.

So here I am three years down the track practicing my two loves. Teaching and counselling roles have always historically dovetailed, and that's where I am, right here, right now!

Thank you to Phillip Armstrong from ACA for inspiring me in the first place, thank you to the team of AIPC and thank you to life itself for giving me the wherewithal to finally arrive.

Jan Burguez
Lyn Holt

I would like to explain the journey of my studies with the A.I.P.C. From the first unit I started I was unsure of my ability in completing the 22 Units of my Diploma. As I was at the time 55 years old and had only completed courses that were no longer than 6 to 8 weeks long, one night a week for about 2 hours.

When I started the course it was for myself mainly, as I had very low self-esteem, and had many issues that on a personal level needed to be addressed. The result of the experience I gained from the course is better self-esteem, I’m now a more confident person that is now able to tackle tasks without a second thought.

All my family and friends have noticed a huge change in me over the time. To me this was not an easy journey as I was never good at school or studying, so for me to achieve my goal took a lot of time and hard work. The most important thing for me was setting small goals for each unit, and not thinking too far ahead. This is something I also learnt as I went further with my studies. If you look too far ahead we all get distracted from our goals.

At times you really have to just push yourself and say: I will get this much done by this time. It is sometimes good to take a very short break and then reset your goals for the next stage. If you take too much time away from study you will find it harder to get back into the study mode.

The seminars increased my confidence to speak and participate in group situations, which helped my self-esteem. I have learnt many skills during the course and now feel confident to plan my life to be able to help other people or children in many ways with the problems they may have.

This would not have happened without the support and help of others, such as the staff at both Carina and the Valley, who have always been there to help, with their friendly support. In closing I would like to thank again all at AIPC for their help by phone, seminars, or tutorials. I would also like to wish all current students the very best, and to say: stay with it, the rewards for yourself and the help you can give others is without a doubt the feeling that you can experience.

Lyn Holt

“The seminars increased my confidence to speak and participate in group situations, which helped my self-esteem.”

STAFF PROFILE

SARAH GARRETT

Head Office
Project Officer

Sarah is employed by the Institute on our education team. She is heavily involved in the development and review of the programs run by the Institute and enjoys contributing to the integrity of our programs.

Sarah likes to keep up-to-date with current research and applies this to the educational programs run by the Institute to ensure industry relevance.

Before joining the education team in October 2006, she was employed by the Department of Child Safety where she completed risk assessments; interviewed and worked with children, young people and their families; developed court material as well as being involved in litigation issues within the court process, and dealt with conflict on a daily basis. Along with her experience at Child Safety, she has had the opportunity of working in volunteer programs such as telephone counselling, working with people with psychological disorders, and research. These opportunities allowed her to develop and maintain her own counselling and research skills.

Sarah’s experience in training has been through much of her professional working life in environments which have allowed her to supervise and train staff members. Her tertiary qualifications have very much allowed her to focus on training and development as well as her counselling skills. Sarah has a Bachelor of Arts in Psychology, Postgraduate Diploma in Psychology and a Diploma in Life Coaching.
Hello everybody, this issue as always, we look at some general handy hints around using your computer and then I present some websites related to AIPC’s featured topic which is themed ‘Family Therapy’.

**Email Hoaxes and Scams**

The email scammers have decided to try some new tricks, which I will discuss now in the hope that none of our members fall for them. Most of us now know (or should know), that emails from bodies such as the Westpac Bank requesting account verification or email from the Nigerian Government telling you they are happy to share 1 million dollars with you are obviously fake. However, the latest fraud emails doing the rounds involve a PDF attachment and have some type of heading along the lines of ‘your financial details’ or ‘tax return’.

If you don’t know the sender and you don’t know what the attachment might be – forget your curiosity, be safe and don’t open it! The email spammers are also trying another new way to get you to open potential harmful emails, and that is to send people emails with a heading such as ‘birthday card’, ‘greeting card’ or ‘musical card’, and it contains a link for you to click and look at this supposed card. This link may take you to another site, hijack your homepage or infect your computer with a virus. Unless you are 110% sure that card comes from your Aunty Jean or someone you absolutely recognise and trust, do not let curiosity get the better of you and actually follow the link. You have been warned!

Could I suggest people check on somewhere like [www.hoax-slayer.net](http://www.hoax-slayer.net) before forwarding or opening potentially harmful email – and please also do before forwarding on begging letters that say a charity or a person in need will get money each time you forward – they won’t and you are simply falling for the trap of forwarding yet more spam, which I will now discuss below.

**Forwarding Email can Increase Spam**

We all know I have mentioned this issue before and pardon me for mentioning it again, but people don’t take it seriously enough, hence a reminder – don’t forward email willy-nilly. Your email address is precious and like your home telephone number, I doubt you want it splattered around the globe. Forwarding emails that contain the email addresses of all those who forwarded before you can bring on a new batch of Spam mail for all those on the list.

When you forward an email, make sure you delete all the previous addresses first – it just takes a second to select the previous addresses and hit delete, and after a while it will become second nature and not a chore. It protects everybody’s safety as this way the person you forward the message to won’t be able to see the addresses of all those who already got the email (there may be times when there are good and valid reasons to keep the list there and you need to make your own value decisions in this regard). As well, put your multiple email addresses in the BCC (blind carbon copy) area, that way nobody sees who else is getting the email. If you keep all the email addresses on show, spammers can quickly grab up that entire list because you made it so readily available and everyone will be spammed - including you.

If you think about it logically, once the forwarded email begins its journey from your computer out to cyberspace, you have absolutely no control over how many times the email gets forwarded – and of course how many times your private email address gets forwarded right along with it. Here’s a suggestion, if you like forwarding jokes, etc, why don’t you think about having a second email address that sends out non-business emails? While this might sound paranoid, it is better than your business or personal email address ending up in the in-boxes of complete strangers, or mailing lists, news groups and online forums you have never heard about – as well as in the hands of spammers.

**A Quick Microsoft Word Printing Tutorial**

Most of you would know that choosing File, Print from any Microsoft program sends a copy of your work to the printer. However there are ways of being specific in what you print, and some of the options are described below.

**Printing Page Ranges.**

Go to File and choose Print so you are looking at the printing dialog box. By default, the ‘All’ choice will be selected, but you could change it to ‘Current
page’, which will print only the page where the cursor is currently located. You also could choose the ‘Selection’ option, which prints whatever text was highlighted before you went to File Print.

Below that, you’ll also find the ‘Pages’ option. In this field, you can enter a combination of information to get Word to print exactly what you want.

To print whole pages, you can request them by page number, e.g.:

- Typing in ‘3’ would only print page three of the document.
- 3, 5 will print only pages three and five of the document.
- 3-8 will print only pages three through eight of the document.
- 3, 4-7 will print only pages three and four through seven.

But did you know, if you enter page numbers in reverse order, such as 7-2, you will get Word to print them in reverse order!

Websites this issue focus on Family Therapy in terms of information and resources through the Internet.

- www.anzjft.com. The website of the Australia and New Zealand Journal of Family Therapy. As well as an excellent articles link that allows you to read a number of journal articles free online, there are conference links and various other resources.
- www.Familyrelationships.gov.au. ‘Family Relationships’ is an Australian government initiative, providing a comprehensive suite of links for parents, adolescents, grandparents, caregivers as well as family dispute resolution providers. This website also provides a downloadable information kit (available in 15 different languages) on the key changes to the family law system. This is a good one to bookmark.
- www.vaft.asn.au. The Victorian Association of Family Therapists (VAFT) is an association of professionals with a shared interest in Family Therapy theory and practice.

“Your email address is precious and like your home telephone number, I doubt you want it splattered around the globe.”

Personal Responses to Member Questions

I will no longer be answering member’s IT related questions on a personal basis, simply because so few people have had the courtesy over the years of simply saying thank you when I do this for them. If anyone needs something answered, I will deal with it if appropriate via this column. Sorry folks, but I don’t get paid to provide this service (nor any of my contributions to AIPC), and taking time out of my day to help members, costs me in terms of my own time and effort – so I am sure you understand.

Please note that all Internet addresses were correct at the time of submission to the AIPC and that neither Angela Lewis nor the AIPIC gain any financial benefit from the publication of these site addresses. Readers are advised that websites addresses in this newsletter are provided for information and learning purposes, and to ensure our member base is kept aware of current issues related to technology. Email me at AngelaLewis@optusnet.com.au.

RESOURCES

Coping Skills at Counselling Connection

The Institute’s official Blog, Counselling Connection, is filled with family therapy-related posts. The category “Life Coping Skills” discusses common challenges in life and the skills necessary to effectively overcome these challenges and move forward.

Currently published posts have discussed the following topics:

- Domestic Violence
- Infidelity
- Relationship Breakdown

If you would like to offer your insights into these discussions, and learn more about each of the topics, simply visit the Blog’s URL:

www.counsellingconnection.com
and click on the link “Life Coping Skills”.
FEATURE

Book Review
Culturally Relevant Ethical Decision-Making in Counseling


Counsellors are active participants in the counselling process, and the intimate relational aspect of counselling such as ethical decision making requires that counsellors have an understanding of ethics that goes beyond a basic knowledge of counselling skills and ethical codes. Expanding counsellors' knowledge base to include philosophical and moral considerations has the potential to do much more than strengthen their capacity to make ethical decisions and conduct themselves as ethical professionals. Familiarity with such considerations may also serve as the unifying structure for exploring the essence of counselling, that is, what counselling is about and who a counsellor is as an individual and as a professional.

Culturally Relevant Ethical Decision-Making in Counseling presents a hermeneutic orientation and framework to address contextual issues in ethical decision-making in counselling and psychotherapy. Hermeneutics is the theory and practice of interpretation. The word derives from the Greek god, Hermes, whose task was to communicate messages from the gods to the ordinary mortals. Authors suggest that the ethical decision-making includes a wider horizon than pure interpretation of existing ethical codes. Emphasising that ethical decision making is an ongoing process with no easy answers, the book offers a paradigm for decision-making and provides readers with the knowledge and understanding they need to effectively think through issues.

Authors Rick Houser, Felicia Wilczenski and MarryAnna Ham incorporate broad perspectives of ethical theories from Western, Eastern, Middle Eastern and Southern hemisphere perspectives. Utilising numerous case studies, authors present a comprehensive exploration of counselling ethics in a cultural context. Examining the implications and consequences of competent multicultural counselling, they present ethical dilemmas arising in face-to-face counselling interactions and supervisory relationships.

This is an ideal textbook for students and educators in counselling and/or psychology programmes. The book is also an essential guide for social workers and health professionals who work in multicultural environments. Although the publication is created in a different cultural environment, many aspects have practical and universal application to every professional working in a multicultural context.

Copies of Culturally Relevant Ethical Decision-Making in Counseling are available for $70.30 + $8.50 postage and handling. To order a copy, simply contact your local Student Support Centre or call: 1800 657 667.

TREASURES FOR INSPIRATION

“Of course if you like your kids, if you love them from the moment they begin, you yourself begin all over again, in them, with them, and so there is something more to the world again.”

~William Saroyan
Sydney

Hi to all our Sydney and International students.

I don’t know about you, but this year seems to be flying by. Let me ask you a question: when you reflect back over the year so far, have you made the progress in the course that you expected to make when you enrolled?

The feedback I get from students tells me that the part of the course they often find the hardest, is in reality the easiest part... it’s called the beginning. It seems that where the difficulty lies is not actually in the course itself, but rather the process of getting started. Have you found that to be true? Disciplining yourself to sit down and find the time... oops, I mean make the time... to start, is not always easy is it? And you don’t have to make time to study just once, but regularly and often.

If you find that making time to study is your biggest problem, then more often than not it’s because you are allowing everything else to be more important. Some things, of course, will be more important than your studies, but not everything will be. Your job is to prioritise your time, so that you can identify the things in your life that are more important than studying and those things that are not.

Take a look at the things that you have listed as being less important than doing your course. Many students list watching TV as being of less importance. Is that on your list? If so, take some of the time you currently use in watching TV for example, and re-allocate that time to study time. A couple of hours will do to begin with. Once you begin to develop a study habit, you can increase the hours if you wish.

Nothing good comes without some sacrifice, but in the end that ‘something good’ will outweigh the sacrifice it has taken to achieve it. Good luck with your studies... and from Jacqui, Mary, Sandra, Lorraine, Eve and myself, our best wishes on your success.

Kind regards,

Nev Randle
Manager – Sydney/International

Melbourne

Hello again and welcome to the Professional Counsellor’s ‘State News’ from Victoria!

New Training Staff

Two new staff members, Nicky Boyle and Keren Ludski, have recently been welcomed into the fold at the Victorian branch. Nicky and Keren both join Sophia as a part of our team of trainers here in Melbourne.

Nicky Boyle is our new seminar facilitator. Nicky has over five years counselling experience and a background in training, management and human resources. Nicky will be there to facilitate your seminars when Sophia is not available and I am sure you will find that Nicky’s passion for both counselling and training will enrich your understanding as you move through the course content.

Keren Ludski is our new In-Class Studies presenter. Keren’s five years of private practice counselling experience, her extensive training experience and her warmth and professionalism are sure to make your
In-Class Sessions not only informative but also a pleasure to attend each week. Keren is looking forward to meeting all of our In-Class students and contributing to your learning experience soon.

And speaking of In-Class Studies...

If you haven't already signed up for In Class Studies, then this spring could be the perfect time to do so. By the end of the year many of us feel unmotivated and our attitude to study may need some ‘freshening up’. Attending an In Class Unit or Block of Units may help you ‘spring-clean your mind’ and give you renewed energy and motivation towards your studies.

Also, don't forget that the graduation ceremony this year will be on the evening of Friday 23rd November. If you are planning to attend then you will need to make sure all your assessments, including practicals are completed and competent at least three weeks before this date.

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, Lauren, Luisa and Jill
The Melbourne Student Support Team

Brisbane, Northern Territory & Tasmania

Hello and Welcome to this edition.

Can you believe it’s the middle of October, before we know it will be Christmas time?

I don’t know about you but this year for me has just flown by.

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 2nd half of the year. I’ve had many students comment to me that they made plans to get into studies at the start of the year and they’ve stuck to those plans.

Assessment has been flowing in and with the end of the year just around the corner I think the pressure will be on for students to meet those end of year goals they set back in January.

Talking about goals......I’ve got a challenge for you. Can you talk less for a change?

Let me explain......

We live in a culture that supports the tennis-volley-approach to conversation: ‘You say something, and quickly, I say something next.’ This happens almost without pause or without us taking a breath.

We are all guilty of formulating what we are going to say next, even before the person speaking stops sharing their thoughts. What if the words you did not speak were more powerful than the words you did speak?

Here’s a challenge for you next time you are in a situation were you are applying your counselling skills:

• Get comfortable with being still and don’t be afraid of silence. When you get good at this, the quality of your conversations and counselling improves enormously. Don’t be afraid of the struggle some people might go through during the silence.

• Quiet moments provide the ideal environment for growth and insight. Silence is where some of the best growth happens and when some of the best insights appear that would have otherwise been missed during our chatter.

• Without having to work very hard—and by just settling into the silence—your friends or family members can suddenly leap into a new frame of mind. Perhaps this is all they need to feel the time you spend together has been inspiring.

• Have fun playing around with that idea and put it to the test as soon as you can.

Cindy made a comment to me last week about the number of students now submitting assessment via the Online Resource Centre on our website. I’m glad students are finding this system works so well. If you have access to the internet and have not tried the online system yet, you may like to give it a go.

Just call or email Cindy at Cynthia@aipc.net.au and she will send you two word files to explain in simple terms how to assess and submit your work this way. The online system does speed up the turnaround time on assessment and saves you a bit of postage cost so consider giving the system a test and see what you think.

Until next issue, continue to enjoy your studies and the journey you experience along the way.

All the best from,

Rob, Bev, Cindy, Mikala, Belinda, Zahava, Leanne, Kathleen, David and Tony.

Regional QLD

Hello everyone and a special welcome to all our new students.

The topic this month, Family Therapy, is very relevant to today’s counsellors. By its very nature, family therapy is different to individual counselling because the therapist is working with a group of people, each participant having individual needs and perceptions and history associated with other family members. As such, it can be a more challenging environment for the counsellor and family members due to the interrelationships involved and the emotional past.
Some of the causal factors giving rise to the need for family counselling are divorce, child custody, child and/or adult abuse, introduction of new family members (foster care), extramarital affairs and so on.

Often, participants are not aware of the needs of other family members and the opportunity for group work is, in itself, valuable. It provides a means for open dialogue and discussion. During family therapy, awareness of stakeholder issues and the intertwining relationships so crucial to family structure become apparent. Through the counsellor, participants can start to comprehend family behaviour (i.e. group) patterns. Overall, the concern is more about patterns of communication, action and reaction in the family environment, rather than those of individual participants.

The Counsellor’s role is also one where recognition is given to effective, functional behavioural patterns, helping to create a positive environment, rather than just focusing on the negatives. Therapists can also integrate with the family, showing genuineness and empathy, to the point of disclosing personal experience to assist group members to open up and feel OK in their own self-disclosure. Obviously, Counsellor self-disclosure should be minimal so it doesn’t detract from the family’s own therapy. As the family’s interaction improves, the therapist can step back and let the family learn to interact and communicate, becoming more self sufficient and independent as a cohesive family unit.

To reinforce learning and break ineffective habits, contracts can be written, where family members agree to a certain course of action should certain circumstances or barriers arise. Contracts assist family members to recognise there are consequences from their actions (or inactions), to think carefully prior to the action and to take responsibility for the consequences.

The theory is covered in Unit 16 of the Diploma curriculum. Students enjoy its study because the therapy is so relevant to the needs of today’s society and, of course, counselling practice.

Enjoy your studies.

Regards,

Peter Kesper
Manager, Regional Queensland

South Australia

‘WELCOME’ to all our new students and to all our regular readers HELLO AGAIN; we hope this edition finds you in good health, and we trust you and your families are enjoying life.

WOW!! Can’t believe how fast the year is flying by. My Hubby and I had a great time in Coffs Harbour for our motorcycle club AGM. I had a great time swimming with the Dolphins and a huge Fur Seal whilst there. If you have recently been to a seminar I have probably bored you with my photos already. These breaks really fill my cup again, they form part of my personal burnout prevention plan. Have you got yours in place?

Uni studies are still going well … Study seems to be a Permanent Part of My Life … Remember, if you feel stuck … I understand. Call me… maybe I can help motivate you to keep going. We have lots of support to offer:- In-Class sessions, ASM Workshops & Tutorials etc. If you want more - let us know … if you’re interested in attending any sessions, simply call the Adelaide office and book your place, or discuss what your needs are and we will consider how we can help. We enjoy contact from students! Drop us a line - send us your ideas or comments - keep us informed of what your needs are.

Assignments:

We have had some ‘UNMARKED’ assignments returned lately due to students’ failure to read instructions at the beginning of the workbooks… Take the time now to open a workbook and read the instructions for ASSESSMENT generally around page 6 of the workbook. You will find further instructions for Assessment Procedures in your Student Handbook around page 10 or 11. Please take particular note of the following points regarding Assessments

To avoid the disappointment of an unmarked/returned assignment, please note:

- You are required to use BLUE or BLACK PEN to complete your assignments. Workbooks will not be marked if completed in pencil.
- You are required to include your ORIGINAL cover sheet if posting the workbooks in for marking
- Only the ORIGINAL cover sheet is to be included for marking. You may keep a copy for your records, but are not to send a copy with a workbook for marking
- You are only permitted to send in ONE (1) workbook at a time… you must wait for its return before sending in the next workbook for marking. (Unless given permission and a priority code or multiple submission code by the manager of your Student Support Centre).
- If submitting assignments by internet … your “Cover sheet” should be held by your Student Support Centre so results can be entered on the original cover sheet.

Final Reminder

If you enrolled before June 2005 and did not complete your study by 31st May 2007 you now need to upgrade into the new DPCC curriculum. The cost to upgrade is $95.00. Call us now!! We have the Supplementary unit 4 in stock … we are able to have your upgrade processed quickly and will send you the
relevant unit by return post. **ASM’s are not affected by the changes.**

I was very pleased to be told by a student that Adelaide staff members have a **can-do attitude.** If you need help with your study, all you need do is ask, (It is a 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. Good luck with your studies………Hope to see you at a seminar soon.

My **Quote of the day** is from Arthur C Clarke.

*The only way to discover the limits of the possible is to go beyond them into the impossible!!!*

Till next time…

Kind Regards,

Carol, Kerry-Ann, Linda & Sally
**The Adelaide team**

**Western Australia**

Hi everyone and welcome to all the new students who have joined us in the last few months. Thank goodness winter is over and spring is here. We hope everyone will enjoy the lovely flowers that are in bloom.

Firstly we would like to offer a word of encouragement that’s fitting for spring. ‘Greet each day with your eyes open to beauty, your mind open to change, and your heart open to love’ – Paula Finn.

We have had a good number of students attending the past few seminars. I hope everyone has enjoyed meeting and networking with other students and applying and developing your counselling skills. Please remember bookings are limited and there are only 10 seminars left for the year. So with that in mind if you would like to attend one of these seminars please give us a call if you have met the prerequisites. NOTE if you need to cancel, please call us at least 3 days prior to seminar date so other students can attend.

We would also like to mention that in order for us to send you correspondence we need your current contact details. If your email, address or contact number has changed please give us a call or email us on aipcwa@aipc.net.au

Just a quick issue that many students have throughout their studies that we would like to bring up: “TIME MANAGEMENT” Here are a few tips we would like to share that we got from the website www lc.unsw.edu.au/onlib/time.html.

Complete small tasks straight away rather than putting them off. This will encourage you to begin tackling larger tasks needing attention. Break difficult or ‘boring’ work into sections. This allows you to approach a large task as a series of manageable parts. Don’t try to write a whole assignment in one sitting. Write it section by section. If you have ‘writer’s block’, try writing something-anything down. Even if you change it completely later, at least you’ve started. The alternative is having nothing at all. Your study and the time you spend on it is up to you. If you find yourself losing direction, sit back and think of why you are doing your course; remembering your goals can put everything into perspective.

Finally we would like to welcome Amiee to our team – we wish her all the best in her new position.

Rathini (Branch Manager) – Study or payment option, Austudy enquiries
Lisa – Study packs, seminar bookings, and other assessment-related enquiries
Amiee – Accounts and general course enquiries

Best wishes for your studies from all of us,

Rathini, Lisa and Amiee
**The WA Team**
Northern Territory

Communication Skills I/Seminar A  
20/10/2007
Communication Skills II/Seminar B  
24/11/2007
The Counselling Process  
22/09/2007
Counselling Therapies I/Seminar C  
13 & 14/10/2007
Counselling Therapies II/Seminar D  
17 & 18/11/2007
Case Management/Seminar E  
01 & 02/12/2007
Counselling Applications/Seminar F  
03/11/2007

Note: pre-requisites apply for all seminars

Venue: Franklin & De Ionna  
Address: 57 Savannah Drive, Leanyer 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  
12/12/2007
Communication Skills II/Seminar B  
20/10/2007, 13/12/2007
The Counselling Process  
09/11/2007, 15/12/2007
Counselling Therapies I/Seminar C  
01 & 02/11/2007, 20 & 21/12/2007
Counselling Therapies II/Seminar D  
Case Management/Seminar E  
07 & 08/12/2007
Counselling Applications/Seminar F  
27/10/2007, 14/12/2007

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.

South Australia

Communication Skills I/Seminar A  
20/10/2007, 01/12/2007
Communication Skills II/Seminar B  
20/10/2007, 01/12/2007
The Counselling Process  
Counselling Therapies I/Seminar C  
17 & 18/11/2007
Counselling Therapies II/Seminar D  
08 & 09/12/2007
Case Management/Seminar E  
27 & 28/10/2007
Counselling Applications/Seminar F  
24/11/2007

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.

Western Australia

Communication Skills I/Seminar A  
17/11/2007
Communication Skills II/Seminar B  
18/11/2007
The Counselling Process  
06/10/2007, 15/12/2007
Counselling Therapies I/Seminar C  
13 & 14/10/2007
Counselling Therapies II/Seminar D  
08 & 09/12/2007
Case Management/Seminar E  
27 & 28/10/2007
Counselling Applications/Seminar F  
03/11/2007

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.
**SEMINAR DATES**

**Brisbane**

Communication Skills I/Seminar A  
13/10/2007, 08/12/2007  
Communication Skills II/Seminar B  
24/11/2007  
The Counselling Process  
27/10/2007  
Counselling Therapies I/Seminar C  
Counselling Therapies II/Seminar D  
01 & 02/12/2007  
Case Management/Seminar E  
20 & 21/10/2007  
Counselling Applications/Seminar F  
17/11/2007

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  
Communication Skills II/Seminar B  
The Counselling Process  
Counselling Therapies I/Seminar C  
Counselling Therapies II/Seminar D  
Case Management/ Seminar E  
20 & 21/10/2007, 01 & 02/12/2007  
Counselling Applications/Seminar F  
14/10/2007, 03/11/2007

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.

**Tasmania**

Communication Skills I/Seminar A  
18/11/2007  
Communication Skills II/Seminar B  
16/12/2007  
The Counselling Process  
04/11/2007  
Counselling Therapies II/Seminar C  
08 & 09/12/2007  
Case Management/Seminar E  
24 & 25/11/2007  
Counselling Applications/Seminar F  
02/12/2007

Note: pre-requisites apply for all seminars  
Venue: TBA  
Address: TBA  
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.

**Sunshine Coast**

Counselling Therapies II/Seminar C  
13 & 14/10/2007  
Counselling Therapies II/Seminar D  
27 & 28/10/2007  
Case Management/Seminar E  
24/11/2007  
Counselling Applications/Seminar F  
25/11/2007

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 II/Seminar B
27/10/2007
Counselling Process
10/11/2007
Counselling Therapies I/Seminar C
17 & 18/11/2007
Counselling Therapies II/Seminar D
08 & 09/12/2007
Note: pre-requisites apply for all seminars
Venue:    AIPC, Gold Coast office
Address:  Suite 2, Level 4 Kay House
          35 Scarborough St, Southport Qld 4215
Times:    8.45 registration
          9.00 am start
          5.00 pm finish
Bookings: (02) 6581 5112
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:

- Addictions
- The Counselling Process
- Professional Development, Supervision & Ethics
- Working with the Elderly
- Career problems
- Relationships
- Stress

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.
KEY WORDS IN COUNSELLING

Family sculpting

“A non-verbal technique of family therapy where family members position themselves as if in a sculpture, which can reveal much about their perceptions and feelings of the way the family functions.”