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A Cycle of Dysfunctional Parenting and Unsatisfactory Child Development

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Our Mission

The Australian Institute of Professional Counsellors is a place where the genuine care and concern of our students is our highest mission.

We pledge to provide an exceptional level of support to our students who will always enjoy the most practical and worthwhile external study program available. The AIPC experience stands in our student's minds as a place that brings enjoyment, fun and fulfilment to their daily lives.

FEATURE

A Cycle of Dysfunctional Parenting and Unsatisfactory Child Development

By Grahame Smith – Professional Counsellor

Essential Case Information

For ease of writing, the Professional Counsellor is abbreviated to “C”.

FAMILY BACKGROUND

[NB All names have been changed.]

Beatrice is a 40-year-old married mother of four children; she married young and over time she and her husband separated on three occasions. Her husband previously subjected her to both psychological and physical abuse. As a child she lost her mother to suicide leaving her to be raised by her father. Unable to raise his daughters and work at the same time, Beatrice was passed around to various extended family members to be cared for. Unfortunately this exposed her to ongoing physical abuse.

Joe is 43 years old and the father of the four children; he has left Beatrice on 3 occasions over a 20-year period. He was raised in very poor circumstances and was subjected to physical abuse by his parents. He became addicted to alcohol in his teen years and developed increasingly violent behaviour.

Both Beatrice and Joe were raised in tragic and violent circumstances. Beatrice had to develop coping skills to survive an environment dominated by feelings of abandonment, parental loss and physical violence; home was not a safe place for her and her sisters. She also suffered unresolved grief in relation to her mother's death; consequently positive parental modelling was non-existent. Joe had to survive a home life filled with violence where his father's aggressive behaviour was exacerbated by heavy bouts of drinking. Forced to leave home when only 15 to fend for himself, Joe turned to drinking and made poor choices in his friends. Family modelling for Joe was a negative experience and he suffered from strong feelings of rejection and abandonment.

Both Beatrice and Joe had no concept of how to provide a loving and nurturing environment for children. As a consequence their children witnessed their mother being physically abused over many years; they were neglected and felt abandoned during the times their parents were separated. The dominant emotion they experienced in their home life was fear.

As the children grew into adolescence Joe and Beatrice became Christians and their life changed. Both decided they wanted to restore their marriage and be better parents. They separated in order to sort out their individual issues and a positive change in the behaviour of both parents became apparent.

A complicating factor was the death of Joe's Aunt who had over the years been a great supporter of the children, providing care and love. It was at this time that their 14-year-old daughter Ann started to display powerful aggressive behaviour towards her parents and others. She also began to drink excessive amounts of alcohol and participated in high-risk activities with friends. Her parents convinced Ann to attend a series of counselling sessions.

BACK GROUND INFORMATION ON ANN'S DIFFICULTIES AND PROPOSED APPROACH

The Broad Principles

Ann's situation needs to be considered in the context of three broad areas of her life: her family and home environment, her school situation and her friends. As a counsellor a number of questions would need to be asked when considering how to help Ann. These could include questions about her family history, what her home environment is like, what is happening at school and how she is getting on with her friends; problems in any of these areas could be affecting her behaviour, causing the recent aggression and rebellion.

The Family Situation and Environment

Firstly we might consider the difficult subject of the possibility of abuse occurring in the home environment. In this case the counsellor would need to first consider the two primary determinants of behaviour: inherited traits (personality needs) and social learning (learned attitudes). Ann may have inherited aggressive tendencies from her parents which when coupled with the parental modelling have made her vulnerable to feelings of anxiety and aggression; however it is important to remember that having aggressive parents does not automatically mean that a child will inherit the aggressive trait.

Thus the interaction between the influences of Ann's genetic inheritance (i.e. her personality,

“Ann may have inherited aggressive tendencies from her parents which when coupled with the parental modelling have made her vulnerable to feelings of anxiety and aggression”

represented by traits, needs and genetic predispositions) known as 'personality needs' or 'behavioural tendencies' and those of her learned attitudes, shaped by socialisation and modelling influences, will be the major determinant of her behaviour.

In the case of Ann's parents, their behaviour could also be the result of genetic loadings pre-disposing them to aggressive tendencies, coupled with what they may have learned as children brought up in an abusive environment.

The counsellor would look at all areas of Ann's life, her primary environments, considering the possibility of specific events having had a negative impact on her, the family modelling she has been exposed to and her own personality traits.

The lack of appropriate parental modelling in the parents' childhoods has made them unable to provide a functional safe home environment for their own children. Their separations, drinking and abusive behaviours have all impacted on Ann's overall wellbeing, including her physical, emotional and mental states.

The counsellor would consider a range of possible aspects when working with Ann:

- A possible genetic predisposition towards anxiety and aggression inherited from her parents; such a predisposition would be exacerbated in a violent environment.
- The behaviour being modelled by her parents will influence Ann's behaviour, both at home and at school. Ann may perceive aggression as a normal and appropriate way of dealing with problems.
- Ann may not be able to satisfy her lower order needs (such as those for security, shelter, freedom from threat etc) to an acceptable degree; if this is the case then her middle and higher order needs for love, belongingness, acceptance, self-esteem and self-fulfilment will also be unfulfilled. If her basic needs are not being met Ann could well be left feeling vulnerable and hostile.
- Another area which needs to be considered is grief and loss related to the death of Aunty. Often if a close friend or a member of a family is severely injured, dies, or is forced to leave, the parents may be given comfort and counsel but the children can

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be forgotten. They may have to find their own way through their sense of loss and grief, leaving them vulnerable to anxiety. Grief which is not being managed has the potential to lead to behavioural changes, such as Ann's aggression.

- At the age of fourteen Ann's physical health may be a factor negatively affecting her life. It would be advisable to suggest that she has a check up with the family GP to rule out any physical problems.
- The counsellor would also be looking for any major changes in her environment, such as moving house or changing school, which could involve the loss of social and/or family connections.

The School Environment

Ann's school environment needs to be examined. A counsellor would ask whether there have been any changes at school which might affect Ann's behaviour. Some of the areas to consider are:

Has a new teacher taken over her class? If so has this affected her in some negative way? Perhaps they have a mutual dislike for each other. She may have developed a very close relationship with her former teacher, which is now lost. She may believe the new teacher does not understand her or dislikes her. Perhaps their teaching style is very different and she is falling behind in her studies. She may be bored with her schoolwork. It may be useful for the counsellor to contact her teacher and discuss Ann's situation, with permission from both Ann and her mother.

Has a close friend left the school recently? If this is the case she may feel very lonely and no longer want to go to school. Or has a new teenager come into the school environment who is a bully? She now may be 'picked on' where previously school (or the school bus) was a safe place for her. Her needs for security and acceptance are no longer being met at school so she doesn't want to be there any more.

Her Friends

In relation to Ann's friends, a counsellor would be examining whether some significant change had occurred recently. For example:

- Ann has social needs, which relate to her desire for friendship and companionship; are these social needs being met? And by whom?
- Has a close friend recently moved away or died? If this were the case she would be experiencing grief which triggers a number of emotional and physical reactions
- Has her circle of friends suddenly rejected her? If she is no longer accepted by her normal group of friends, she may be feeling rejected and confused about what she must do to regain peer acceptance. She may not want to socialise any more in case she is rejected again; she may become angry or resentful and take it out on others.
- She may have a boyfriend and the relationship is causing difficulties or has come to an end.

FACTORS TO CONSIDER WHEN COUNSELLING ADOLESCENTS

When counselling an adolescent it is important to remember that it differs from counselling either children or adults. Things to consider:

- **Adolescents can be strongly egocentric.** This trait starts in early adolescence and carries most weight in mid- to late-adolescence. They may have the notion that everyone is watching them, at times parading in front of others to invite attention. They may make up success stories about themselves, which they start to believe. This can lead to the idea they are bullet proof or powerful and cannot be hurt.
- **A critical adolescent task is the formation of personal identity.** Failure to achieve a satisfying personal identity is very likely to have a negative psychological effect on them and on their development into adulthood.
- **Teenagers are often experimenting in making their own decisions apart from parental influence.** Part of this learning curve is for them making “both helpful and unhelpful choices”. This is part of life and the counsellor must recognise this if they are going to be successful in forming a working alliance with a teenager.
- **Young people particularly need to feel they have some power/control in the counselling relationship.** Often profound disempowerment is a fact of life for a teenager where they have lost control to others and their direction appears to have been predetermined.

Session Content

C met Ann in the waiting room, and using observation skills assessed her as being nervous and unhappy.

C introduced himself to Ann in a cheerful manner in an attempt to commence building a rapport with Ann. C tried to put Ann at ease, by using affirmation skills to send her a very positive message about the courage she showed in coming to see C.

C: Your mother contacted me concerning your situation on Wednesday and gave me some background information. (C is doing this to demonstrate his willingness to be honest in the relationship by disclosing to Ann that her mother had contacted him, again adding weight to rapport building).

Ann: I thought she had when she gave me your phone number.

C: How do you feel about being here today?

Ann: (with eyes downcast) Well, I feel very nervous. I'm not sure what is going to happen. Mum tells me I need help but I'm not sure anyone can help me. She says I'm out of control.

C: That's what your mum tells you, but what I am really interested in is what you think, how you are feeling.

C is validating Ann's right to an opinion and also aiming to empower Ann by emphasising Ann's ideas rather than her mother's.

Ann: That doesn't happen very much to me you know, adults don't think my opinion's worth anything. I like the way you do.

C noticed that Ann was looking at her shoes while responding to C's questions; sensing her discomfort C shifted the focus of his questioning.

C: Ann, I notice you're looking at your shoes a lot when you're talking to me. They're very nice joggers, are they new? Have you started a new sport?

Ann: Yeah, I have actually. Just started doing athletics. The sports master told me I could be a good runner one day if I train hard.

C: That's great – good luck with it.

C distracted Ann from her nervousness by focusing Ann on a topic that was neutral, showing a genuine interest in what Ann saw as important to her. This relaxed Ann and the session was able to move on.

C: How much do you know about counselling?

Ann: Not much. I thought it was for people who are sick in the head.

C: Well for most people it is to help them sort out every day problems and issues. It helps them work their way through stressful times or when they are having disagreements with other people. It helps them change behaviours they don't like doing and choose new ones which are more useful to them. Does that make sense?

Ann: Yes it does, I can understand that.

C: Ann, before we go any further I need to give you some information and explain what happens to the information you give me. Is that OK with you?

Ann: Yes that's OK.

The counsellor then explained issues and limitations of confidentiality to Ann, making sure that she understood that what she said to him would not be repeated to her parents.

C: Ann, how have things been for you at home or at school.

Ann: Mum keeps me from going out with my friends all the time; I can't even invite them back to have some fun. She tells me I can't be trusted, it's not safe. At school there's this gang of girls who bully me. It's so hard I can't even concentrate on what the teacher is saying.

C: The bullying at school must be very hard for you to cope with Ann. Have you tried to do anything about it?

“I'm sorry I did that in front of you. But I'm not really a nice person, so I'm told. But I do feel a bit better after that”

- Ann:** I've been to the teacher and asked for help a few times, but nothing seems to get done. I've spoken to Mum too, but she can't help much either, she works all week. Dad lives somewhere else and works funny shifts.
- C:** Would it help if I were to become your advocate and spoke to the school principal about this?
- Ann:** I'll have to think about that one, I'm not sure, it could help.
- C:** Well, have a think about it Ann, it's your decision to make. Ann, you mentioned that you were not allowed to go out with your friends, can you tell me more about that?
- Ann:** Well, Mum's had a hard life, when she was younger things were bad for her and she's scared bad things will happen to me too. She won't listen to me. I get so frustrated, I can't have any fun!
- C:** Ann, what do you think would have to change for Mum to let you go out with your friends?
- Ann:** Well, that's a good question, I don't know.
- C:** Ann, have there been times in the past where your mum has let you go out with your friends?
- Ann:** Well, yes there have been. Mum let me go out months ago.
- C:** What was different then?
- Ann:** Well, Dad had to run me to my friends and I had to be home by 11.00 pm or else.
- C:** So, what's changed then to stop you being allowed to go out now?
- Ann:** Oh, I got home one night about four in the morning. Mum was really cranky.
- C:** Ann, what do you think you could do to turn things around?
- Ann:** Maybe get Dad involved again and stick to my curfew of 11 o'clock.
- C:** That's a great solution, Ann, well done! You mentioned earlier your Dad does not live at home, are your parents separated?
- Ann:** Yep, been like that on and off for years. I live with Dad one week and then Mum the next. Not sure where I will be from week to week. Often lived with my aunty until recently, but she died. Now it's just Mum and Dad.
- Ann then began to cry. **C** allowed Ann to weep for as long as she wanted to, letting her experience her grief and loss.
- C:** That was very brave of you, Ann - to cry in front of me. Ann, I want you to feel that this is a safe place where you can be yourself.
- Ann:** I really miss her, I loved her a lot. I didn't get a chance to say good bye to her. She cared for me and was so gentle. She was the only one to treat me kindly. Mum and Dad have been so angry with each other for years they forget me and get very cranky with me. All this makes me really sad and angry at the same time!
- Ann became emotional again. Unable to contain her anger she cried out, and using coarse language struck out at life, shaking and crying. **C** allowed Ann to release her emotions until she ended it by looking down at the ground. **C** remained silent until Ann spoke, respecting her right to be angry and frustrated.
- Ann:** I'm sorry I did that in front of you. But I'm not really a nice person, so I'm told. But I do feel a bit better after that.
- C:** Ann I mentioned a little while ago this is a safe place for you to be yourself. That hasn't changed. Considering what has happened to you, you have a right to be upset and frustrated. Ann, can I ask you who tells you that you are not a very nice person?
- Ann:** Well, they use worse words than that, but that's what they mean. People at school and at home. It hurts to hear it. I feel worthless at times.
- Ann is revealing that she sees herself as a worthless and rejected person, a significant piece of information for **C**.
- C** then asked Ann a scaling question to measure anxiety levels she was feeling at the moment.
- C:** Ann, on a scale out of 10 where 0 is no anxiety and 10 is a great deal of anxiety, what are you feeling at the moment?
- Ann:** I am feeling quite anxious, about a 7, but it was 10 a couple of minutes ago.
- C:** Ann, I need to tell you something very important. I see in front of me a unique and pretty young lady who, despite all the hard things you have been through, you are still doing well at school, still caring for yourself and you want to do better in life. You have athletic skills and you were able to form a close relationship with your aunty. So you are a valuable person. (**C** is re-enforcing Ann's strengths and uniqueness to start rebuilding her self-esteem).
- Ann:** It's nice to hear someone tell me I am important. I don't hear that very often.
- C:** Ann, you will find that during counselling sessions I will keep emphasising your strengths and achievements, this will help motivate you to make the changes you want to make. Are you happy with this approach?
- Ann:** Yeah, that sounds good to me. By the way I'm feeling much better now.
- C:** Ann, I'd like to change the direction we are taking and clarify some information you gave

“**C** allowed Ann to weep for as long as she wanted to, letting her experience her grief and loss”

me about your family and school situation. Is that OK with you?

Ann: Yes I think so, but it is sad for me to think about my family at the moment.

C: Ann, if it's too hard for you to speak about this you can stop at anytime.

Ann: OK.

C: Ann you mentioned you loved your Auntie a great deal and you miss her a lot, can I ask what is your happiest memory you have of your Auntie?

Ann: I think it was last year when I spent my holidays with her. We did everything together. I loved it. When I think about it, it makes me feel loved.

C: Ann our memories of people can be very powerful, can I suggest when you are missing her, fill your mind with the good memories of her, the special times you had with her. This will help with your sadness. Do you think this could help you?

Ann: You know, I think this will help. It just did a minute ago.

C: Ann, I would very much like to see a photo of your Auntie. Would it be OK with you if you brought one along the next time we meet? (**C** is attempting to further strengthen the working alliance with Ann by showing an interest in something very important to her).

Ann: Yes I would like to that. I will bring a photo of her next time.

C: You have also mentioned you have been feeling very angry lately. How has this affected your relationships with your parents and friends?

Ann: Well, I've been so upset and angry I keep yelling at my parents and my friends lately. I don't know what to do about it.

C: Can I ask you to shut your eyes and imagine a recent time when you started to get angry; try and remember what was happening inside you at that moment.

Ann: OK I'll try. I couldn't think straight, and my face got hot. Then I started to shake.

C: You're doing very well to remember it. Those feelings you just described can be used by you to help control your anger. Next session I will show you how to relax and to change what you are thinking about so you can stop yourself losing your temper. How does that sound?

Ann: That'd be good.

C: It would be useful if you could over the next week record on a note pad when you become angry, including information about what caused it, who was involved, what you were thinking and how it affected you.

C is helping Ann to become self aware of her body before she loses control of her anger and is also

providing to her some practical steps she can take to help herself over time.

C: Do you think this could help you?

Ann: Well I'll give it a try and see what happens.

C then suggested Ann to reward herself for keeping this record and asked her about something she liked doing. Ann said that she liked looking in clothes shops after school. **C** is helping Ann to place value on keeping these records by providing a reward for her, which also acts as an incentive for her to keep doing it.

C finished this session by again congratulating Ann on her courage in dealing with some really difficult issues in her life.

End of Session

In this session the counsellor demonstrated the following strategies:

- Creating conditions to help Ann bring some equilibrium back into her life; supporting her in what she is experiencing, providing information to her about her reactions and her mental state being affected by grief and loss.
- Normalising as much as possible her reactions to her difficult home and school life.
- Examining her current situation, what support networks she has available to her, identifying the major issues and her concerns.
- Using focused problem solving methodology **C** attempted to establish realistic, achievable and clear goals for her to improve her quality of life both at home and school, exploring possible options, and also checked her levels of comfort using scaling questions.
- Identifying what supporting actions needed to be taken ie. Self-help, counsellor support etc.
- Discussing how she could monitor her own emotional state and become self aware, as a prelude to using agreed counselling interventions.

Next Session

Ann's risky behaviour will need to be challenged in the next counselling session as it appears she does not understand the concept of consequential thinking, (i.e. the consequences of her actions based on her choices).

Grahame has been a Counsellor for over 18 years, providing counselling and mediation services within the workplace, the community and Christian organisations. He is a workplace assessor with AIPC and a manager within a NSW Govt Agency. He is a

“Examining her current situation, what support networks she has available to her, identifying the major issues and her concerns”

graduate member of AIPC, a certified practicing counsellor (Clinical) registered through ACA. He is also a registered counselling supervisor with ACA. He is also a member of the NSWCA and the Australian Association of Career Counsellors. He has a Diploma of Professional Counselling (Workplace) (Relationships), a Diploma of Career Guidance, Post Grad Dip in Applied Science, Cert IV in Workplace Training and Assessment. He is currently completing a Bachelor of Social of Science majoring in Counselling and Human Services through Southern Cross University.

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FEATURE

The Impact of Child Sexual Abuse

Vikki Rowe – Dip. Prof. Couns.

Introduction

Child sexual abuse (CSA) has received increasing recognition as an important social issue over the past couple of decades (Webster, 2001). While reports of CSA are certainly increasing, it is unclear as to whether this is due to an actual increase in occurrence, or merely a greater awareness in the community and reporting to the authorities. The uncertainty surrounding reporting is not unique in this field, with conflicting and controversial results being found in many areas of the CSA literature. Much of the confusion stems from the lack of a solid definition, which has sabotaged attempts to readily identify, report, treat and predict cases of CSA. This essay attempts to address the impact of CSA. To do so, it seems pertinent to first tackle the issues of definition and prevalence, before moving on to look at the reported effects of CSA. Regardless of the mixed findings in the research, there is a general consensus in the field that CSA is an intense and highly destructive phenomenon which negatively affects many of its victims and their families (Esman, 1994; McMillan, Zuravin, & Rideout, 1995).

Definition

Initial consideration of a definition of CSA may seem straight forward. For example, the anal rape of a three year old elicits highly emotive feelings, and most would not hesitate to label this as CSA. However, the problems with definition appear to lie more in the periphery. Details such as the age of the victim, the age of the perpetrator, the type of contact or non-contact, and the situation/environment (for example, culture, religion) in which the alleged abuse occurs, all contribute to the inconsistencies in CSA definition (Kuyken, 1995; Webster, 2001). While it is widely accepted that a sexual relationship between an adult and a young child is abusive (Kuyken, 1995) – due to

the child's inability to give informed, voluntary consent, and the abuse of the adult's authority over the child – there is less consensus around consent of "almost-adults" (for example, a 17 year old), and even the exact definition (age) of a "child." Further, the issue still remains concerning the sexual interaction between two "children."

Kuyken (1995) suggests that the key issues in defining child sexual abuse are "that a relationship is sexual, there is an age gap such that the perpetrator is significantly older and the victim can be regarded as a child and/or, the sexual contact cannot be regarded as non-coercive play between two children of different ages" (p109). However this definition by Kuyken is still quite vague; for example, what constitutes a "significant age gap," and what defines "sexual contact"? Rind, Tromovitch, and Bauserman, (1998) suggested that hurt or harm must occur as a result of sexual interaction between an adult and a child. However, how is it determined that harm has or has not occurred? What about the portion of children who do not experience negative effects straight away? And how does one know whether harm will occur until after the act has taken place?

Webster (2001) defines CSA as involving "either actual physical or non-physical contact experiences between a child and an adult in which the child is subject to sexually based exploitation, humiliation, or degradation. The physical contact can be either genital or nongenital" (p534). This inclusion of physical and non-physical is important as voyeurism, exhibitionism and pornography are also widely considered forms of sexual abuse. Webster also attempts to categorise the child's experience of the abuse - exploitation, humiliation, degradation. Barnett, Miller-Perrin and Perrin (1997) further include the "intent" of the perpetrator in the definition of CSA. While intent is a

hugely subjective phenomenon, the express use of a child for the sexual gratification (or need for power) of an adult or another child, can quite arguably be conceived as CSA. It is clear from the above discussion that CSA cannot be simply defined in a sentence or two. Unfortunately, this lack of a parsimonious definition results in operational problems in the research, identification, reporting and treatment of CSA.

Incidence

While the incidence of reporting has increased substantially over the years, it is believed that CSA still goes largely unreported (see Kuyken, 1995 and Webster, 2001). While incidence rates (in America) currently estimate that 25% of all girls and 18% of all boys experience some form of sexual abuse (Edwards, Holden, Felitti, & Anda, 2003), these figures are believed to represent the bare minimum. For example, professionals may decide not to report some incidences due to factors such as a perceived lack of solid “evidence,” unclear definitions, and lack of trust in “the system” (see Barnett et al., 1997). Parents may also choose not to report for a variety of reasons; for example feelings of shame, guilt, embarrassment, fear of ridicule and disbelief.

“Initial consideration of a definition of CSA may seem straight forward.”

revealed that: 0% of parents reported abuse perpetrated by family members, 23% reported abuse by acquaintances and 73% reported abuse by strangers. This finding serves to highlight the striking occurrence of underreporting by parents who discover the abuse of their child. Many children may also never report the abuse, or may only do so at a later date.

This may be due to factors such as feelings of guilt and/or shame, fear (of the perpetrator and/or the “system”), fear of not being believed and/or being labelled or stigmatised, and memory loss (see Kuyken, 1995 and Rathus et al., 2005). The lack of reporting of CSA not only reflects a false (lower) incidence of CSA, but denies researchers access to an important sample (sub-population) of CSA victims when accessing, understanding and interpreting the phenomenon of CSA. This not only taints present understanding of the “effects” of CSA, but impedes accuracy and effectiveness of correctly identifying, treating and preventing the problem of CSA (for victims/survivors, families and society alike).

Effects

Research into the effects of CSA has produced varied and often conflicting results. While some investigators have stated that they found CSA victims to be only “slightly less well adjusted than controls” (Rind et al., 1998, p. 22), most researchers agree that the emotional, psychological, and social impact of CSA is often very serious and intense (Webster, 2001). Much of the scientific controversy exists around the “research-level precision” of the research, with methodological problems rampant in the literature. Sample population problems, such as the sole use of clinical versus non-clinical, abused persons versus non-abused persons, problems with self-report versus clinician report, differences between volunteer, university student and community samples, cross-sectional designs, different definitions of abuse, correlational designs, and the frequent lack of a control group, have all muddied the validity of findings and made it difficult to draw sound conclusions (see Callahan, Price & Hilsenroth, 2003; Corbett & Harris, 1995; Kuyken, 1995; Rind, & Tromovitch, 1997; Wagner, 1997; and Widom, 1995). The possibility of coexisting mental illness has made it difficult to attribute symptoms solely to CSA. Further, the high prevalence of co-occurrence of other family and environmental problems in families of CSA victims (for example, child physical abuse (CPA) and other types of child-maltreatment, family violence, unemployment, poverty and alcoholism/drug problems) has led researchers to be sceptical of attributing victims’ problems to the sexual abuse alone (Nash, Neimeyer, Hulse, & Lambert, 1998; Widom, 1995).

Despite problems in research design and the absence of a concise definition, much of the research community concur that several effects of CSA appear to be quite apparent. For example, it is widely believed that a victim of CSA has an increased likelihood of experiencing negative physical, psychological, emotional and social problems; while the abuse is occurring, immediately after it ceases, and right through to long-term, even life-long effects (Esman, 1994; McMillan et al., 1995).

Webster (2001) suggests that the specific emotional and behavioural reactions of CSA victims vary markedly based on “genetic predisposition and temperament characteristics, socially taught patterns within the family unit and/or larger cultural group about how to express feelings, as well as the degree of emotional constriction or expressiveness shown by the child.” (p.536). However several studies have still found a number of common problems among CSA victims (see Corby, 2000). Firstly, many children who have been sexually abused show “sexualised conduct” (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Edwards et al., 2003; Friedrich, Bielke, & Uriquiza, 1987; Kendall-Tackett, Williams, & Finkelhor, 1993). In fact Friedrich (1996) found age-inappropriate

sexualised behaviour to be one of the most predictive consequences of sexual abuse. Further, survivors of CSA frequently become involved in sexual activity at a younger age, are often more “promiscuous,” engage in more “risky” sexual practices, and have a higher likelihood of becoming involved in prostitution (Browning, 2002; Herrera & McCloskey, 2003; Kendler, Thornton, Gilman, & Kessler, 2000).

Female survivors are also more likely to be re-victimised, raped and/or further traumatised (physically and emotionally) – especially by intimate partners (Finkelhor & Browne, 1985; Fromuth, 1986; Russell, 1986). Alternatively, the survivor may become fearful of physical intimacy and adult relationships, and may have serious aversions to sex; these aversions may include feeling guilty, ashamed, or anxious about their sexuality (Tharinger, 1990). Finkelhor and Browne (1985) found that “almost all clinically-based studies show later sexual problems among child sexual abuse victims, particularly among victims of incest” (p.70).

Post-Traumatic Stress Disorder (PTSD) is another problem commonly experienced by victims of CSA (Beitchman et al., 1991; Deblinger, Steer, & Lippmann, 1999; Finkelhor, 1990; Herrera & McCloskey, 2003; Kendall-Tackett et al., 1993; Kiser, Ackerman, Brown, Edwards, McColgan, Pugh, & Pruitt, 1988; Lang, 1997; McLeer, Deblinger, Henry, & Orvaschel, 1992; Windom, 1999; Winfield, George, Swartz, & Blazer, 1990). For example, McLeer et al. (1992) found that roughly 50% of their CSA victims met either full or partial PTSD criteria. PTSD in these victims often manifests as: general agitation, sleep problems, hypervigilance, vague and scary nightmares, behavioural disorganisation, repetitive re-play of the abuse using toys or objects, or attempts to re-enact the sexual abuse with peers and/or adults, numbing of emotions, symptoms of dissociation, flashbacks, repressed memories and feelings of isolation, numbness and estrangement from others (Herrera & McCloskey, 2003; also see Webster, 2001).

Finkelhor (1990) however, has challenged the diagnosis of PTSD in Child Sexual Abuse. He posits that PTSD only covers the affective symptoms, (for example, depression and fear) and does not account for problems in the way survivors perceive themselves, their family, or for their sexual problems. Finkelhor argues that reactions to acute stressors (such as rape or war) are more consistent with symptoms for PTSD, and that sexual abuse is more correctly conceived of

as a “chronic stressor;” usually occurring over several years and often not involving violence or sudden physical force. Many would disagree with Finkelhor on several accounts. For example, CSA may involve actual or implied physical violence, and several more recent studies (such as Herrera & McCloskey, 2003 and Windom, 1999) have continued to find clinical evidence of PTSD in CSA victims.

Two other symptoms commonly seen in CSA victims and survivors are anxiety and depression (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992; Briere & Runtz, 1988; Edwards et al., 2003; Murphy, Kilpatrick, Amick-McMullen, Veronen, Paduhovich, Best, Villeponteaux, & Saunders, 1988; Shapiro, Leifer, Martone, & Kassem, 1990; Winfield, et al., 1990). Depression associated with CSA is usually seen as a “symptom,” rather than as a “syndrome” (Browne & Finkelhor, 1986). However, other common characteristics of depression, for example, suicide ideation and self-mutilation, are also strongly related to CSA (Briere & Runtz, 1988; Brown & Anderson, 1991; Bryant and Range, 1997; Davidson, Hughes, George, and Blazer, 1996; Gutierrez, Thakkar, & Kuczen, 2000; Peters and Range, 1995; Stepakoff, 1998; Van der Kolk, Perry & Herman, 1991).

In addition to depression and anxiety, sleep problems and panic attacks are also frequently associated with CSA (Bagley and Ramsay, 1986; Kolko, Moser, & Weldy, 1988; Wolfe, Gentile, & Wolfe, 1989). Further, other problems commonly found in CSA victims are: low self-esteem, anger, eating disorders, obsessive compulsive symptoms, tantrums, aggressive, antisocial and self-destructive behaviour, substance abuse, regressive behaviours, multiple personality disorders, withdrawal, guilt, shame, self-blame, powerlessness, helplessness, attention deficit hyperactivity disorder (ADHD), agitation and acting out. Also, victims are more likely to be arrested and have problems with interpersonal relationship and childrearing, and may experience a sense of being fundamentally damaged (Burkett, 1991; Edwards et al., 2003; Etherington, 1995; Finkelhor & Browne, 1985; Herrera & McCloskey, 2003; Kendler et al., 2000; Kolko et al., 1988; Kuyken, 1995; Murphy et al., 1988; Nash, Hulsey, Sexton, Harralson, & Lambert, 1993; Ross, Norton, & Wozney, 1989; Webster, 2001; Widom, 1995). Physical and psychosomatic complaints often include bruises, genital injuries, headaches and stomach aches (see Rathus et al., 2005 and Webster, 2001).

Some children who have experienced CSA have been found to exhibit a cluster of behaviours known as “compulsive compliance” (Crittendon, 1992). Compulsive compliance is characterised by the child being overly compliant to adult requests and even modifying or falsifying feelings and truth to gain (especially parental) approval. These children are very vigilant about how to behave and what to say (based

“Post-Traumatic Stress Disorder (PTSD) is another problem commonly experienced by victims of CSA”

on adult nonverbal cues) and tend to highly structure their lives, even to the point of ritualistic conduct (see Crittendon, 1992 and Webster, 2001).

Gender Issues

Studies concerning gender differences amongst CSA girls and boys have reported somewhat mixed results. Some researchers have concluded that males react in more neutral, or even positive, ways to Child Sexual Abuse compared to girls (Bauserman & Rind, 1997). However many studies have found that children of both genders exhibit a range of negative effects resulting from CSA (Boney-McCoy & Finkelhor, 1998; Edwards et al., 2003; Flisher, Kramer, Hoven, Greenwald, Alegria, Bird, Canino, Connell, & Moore, 1997). The finding that boys tend to show more “externalising” symptoms (such as aggression and acting out) and girls show more “internalising” symptoms (such as depression and anxiety), has been favoured by some (Edwards et al., 2003; Watkins & Bentovim, 1992; Turner, 1993) and rebutted by others (Garnefski & Diekstra, 1997; Jumper, 1995). Further, some studies have shown that females also frequently report marital distress (Ingram, 1985), and often drug abuse and alcoholism (Pribor & Dinwiddie, 1992).

Although research consistently reports that the overwhelming majority of perpetrators are males (Edwards et al., 2003), it is believed that the number of female perpetrators may be underestimated (Banning, 1989). This underestimation may be due to female physical contact with children being seen as more acceptable, and therefore inappropriate touching is more likely to be “missed” by other adults and confused by victims. Female motivation to sexually abuse children is also little understood. Some authors (Matthews, 1990) have theorised that it may be due to serious emotional issues resulting from previous (and, frequently, current abuse) by males in these women’s lives.

It also seems that many of these women are manipulated into abusive acts by their current male partners (see Rathus et al., 2005). Whilst it seems that majority of the perpetrators are males, many studies have found that more females than males (at a ratio of 3-4 females to 1 male) are the victims of CSA (Webster, 2001; also, see Edwards et al., 2003, and Finkelhor, 1984). However these results may not be as accurate as they initially seem, due to an even higher likelihood of males not reporting their abuse. The reasons for this may lie in the even greater stigmatisation and shame of male victims, a higher expectancy that males should be able to look after themselves, and issues concerning homosexuality - as the perpetrator is most often male (Briggs, 1986; Etherington, 1995).

Long-Term Effects

Some research has found that around one-third of children may not show any negative effects of CSA straight away (Kendall-Tackett et al., 1993; Mannarino

& Cohen, 1986). This does not necessarily mean, however, that these children are not affected by the abuse, or that they do not experience problems later on. Several interpretations of these “symptom-free” victims have been proposed. For example, Kuyken (1995) suggests that the measures used to detect symptoms in these cases were perhaps not sensitive enough, whereas other authors have posited that these victims may be in a state of shock or denial. The shock/denial hypothesis gave rise to the investigation of “sleeper effects,” which has led to findings of serious emotional, behavioural and social problems for some of these children later on in life (Mannarino, Cohen, Smith, & Moore-Motily, 1991; Saunders, Kilpatrick, Hansen, Resnick, & Walker, 1999; Widom, 1999).

It has further been suggested that individuals who continue to show few or no symptoms, may have experienced: shorter periods of abuse, less severe abuse, abuse without penetration, violence or force, abuse by a person other than a “father figure,” and had the reactive support of their family (Finkelhor, 1990; Ketring & Feinauer, 1999; also see Kuyken, 1995). In fact, much of the variation in symptoms found in CSA survivors has been attributed to these variables. Webster (2001) links the degree of trauma experienced to three specific variables: the amount of actual or implied violence/fear associated with the sexual abuse, the parents’ reactions to disclosure of the abuse and the actions taken thereafter, and the age of the child when the assault occurs. Webster further expands on these three variables with the support of many other authors. For example, in determining the level of fear/violence associated with the abuse, issues of trust, control, obligation and level of emotional connectedness to the perpetrator are all considered; along with the degree of physical invasiveness (especially penetration), pain and violence connected with the act (Bennett, Hughes, & Luke, 2000; Browne & Finkelhor, 1986; Callahan, et al., 2003; Cohen & Mannarino, 2000; Collings, 1995; Mannarino & Cohen, 1996; Russell, 1986).

Family reaction (for example, issues concerning belief and blame), support (for example, counselling) and follow-up (for example, protection of the child from the perpetrator, legal proceedings), also contribute to how the child will cope and recover (or worsen) following disclosure (Kazdin & Weisz, 1998; Saywitz, Mannarino, Berliner, & Cohen, 2000). Lastly,

“These results may not be as accurate as they initially seem, due to an even higher likelihood of males not reporting their abuse”

the age (developmental status) of the child when the abuse begins, and the length of time the abuse continues for, also contribute to the degree of trauma experienced by the victim (Tremblay, Herbert, & Piche, 1999). While effects of CSA vary markedly among victims and no single “syndrome” has been identified, the above three variables are somewhat helpful in terms of treating cases of CSA. Of course, the most important component of working with survivors of CSA is their unique understanding and experience of the event/s and intervention/therapy is best approached from within the individual’s own framework and network of supports.

Lastly, several studies have produced findings that suggest that some female CSA victims suffer several long-term negative physiological changes as they get older (Altemus, Cloitre, & Dhabhar, 2003; DeBellis, Burke, Trickett, & Putnam, 1996; DeBellis, Lefter, Trickett, & Putnam, 1994). Not only are CSA females likely to physically “develop” earlier (generating increased male attention), but specific hormonal and neuroendocrine changes have also been evidenced. DeBellis, Chrousos, Dorn, Burke, Helmers, Kling, Trickett, & Putnam (1994) found that a group of 8-15 year old CSA girls had significantly elevated epinephrine, norepinephrine and dopamine levels (catecholamines typically secreted in response to stress) when compared with non-abused girls.

Other studies (DeBellis et al., 1994b, 1996) have found elevated levels of adrenocorticotrophic hormone (ACTH) and cortisol in 7-15 year old girls. Heim, Newport, Miller, & Nemeroff (2000, 2002) found that women who had been sexually abused as children had significantly higher levels of ACTH and cortisol than women who had not been abused (whether they suffered depression or not), and that women who had been sexually abused and suffered depression had significantly higher levels than any other group. Further, stress hormone levels were not found to differ significantly between non-sexually abused depressed and non-depressed women. This study concluded that depression alone does not show the same, significant physiological “stress effect” that CSA does, but that the interaction of depression and CSA can significantly compound stress levels.

Conclusion

In conclusion, it is evidenced from the above discussion that CSA is a complex and perplexing phenomenon. Whilst definition and methodological issues present problems in the research and clinical arenas, most professionals in the field agree that CSA is a highly destructive and problematic experience for the majority of survivors. Lack of clarity surrounding a specific definition, and massive underreporting of cases has led to prevalence statistics presenting, at best, “bare minimum” figures. Issues concerning survivor memory, co-occurrence of other problems in childhood upbringing (such as child abuse, poverty,

family violence, and drug and alcohol abuse) and comorbidity of other mental illness, all contribute to the problem of attributing “causal” inference.

While increases in the standard of “research-level precision” of future studies will hopefully culminate in clearer findings, variation in the actual acts of CSA, and individual differences in response to trauma will no doubt continue to confound the issue. While statistics and categorisation remains important in psychology, the individual therapist encountering a survivor/victim in the treatment setting is best to take the approach of educating themselves as much as possible in the issues surrounding CSA and its treatment. Further, it is imperative to remember that the experience of CSA is different for every victim, and to always proceed at a pace that is comfortable for the individual client.

“Most professionals in the field agree that CSA is a highly destructive and problematic experience for the majority of survivors”

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“Individual differences in response to trauma will no doubt continue to confound the issue”

TREASURES FOR INSPIRATION

“You can understand and relate to most people better if you look at them — no matter how old or impressive they may be — as if they are children. For most of us never really grow up or mature all that much — we simply grow taller. O, to be sure, we laugh less and play less and wear uncomfortable disguises like adults, but beneath the costume is the child we always are, whose needs are simple, whose daily life is still best described by fairy tales.”

Leo Rosten

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FEATURE

Counselling Dilemma – Counsellors Comment on Ethical Issues

A Support Group for people who are related or close to somebody who is affected by or using an illicit substance meets on a weekly basis.

At the start of each session, confidentiality and the counsellor's ethical responsibilities are outlined to the Group and presented adequately for each member to have the opportunity to dispute. Each participant has agreed that what is said in the room stays in the room as they all want support on how to confront the issues they face, having loved ones with substance misuse challenges.

During the third week a young man named Claude revealed personal information about his situation. Claude is 18 years of age and is having difficulties coping with his 17 year old partner's drug use. His partner has been smoking cannabis in the same room where their 12 month old baby sleeps. He's noticed their baby sleeps a lot and their relatives have commented that she is so well behaved. However, they don't know about the 'pot smoking', as described by Claude.

Claude's confession was revealed with twelve other participants of the support group listening. All were sitting in a circle where each one has an opportunity to share a particular challenge with the rest of the group. During the process, Claude comes to the realisation that his daughter may be inhaling the substance while in the same room as her mother and he has stated that he is terrified of losing his partner if he 'dobs her in'. He loves them both and wants to keep them all together as a family. The other members of the group are horrified and one member threatens to call the police immediately if Claude does not report the incident right now. What could you, as the facilitator and counsellor, do in this situation? Is this an emergency?

.....
Because this group has been meeting each week, hopefully rapport has been established and all members of the group have trust in each other that confidentiality is assured. Safety is imperative and because Claude has disclosed his dilemma in circumstances where he felt he would not be threatened, maintaining the care and well-being of all members is of the utmost importance.

Claude has expressed his concern about the welfare of his child. If what Claude has presented is a reality, then this is a safety issue. Discussing Claude's presenting concerns with the group about the next step would quiet the panic of 'calling the police immediately'. If that occurred, the police would

contact the Department of Child Safety anyway and those necessary steps would take place. However, maintaining the confidentiality of the group and giving them an environment where they can say anything could be threatened as it would allow the other members to go ahead and phone the police because they felt the urge to act in an immediate way.

Encouraging Claude, as a joint group, to have the confidence to go home to his partner and explain the dangers of substance misuse to his partner and their child, and ultimately help her to stop her threatening behaviour, is another option. His partner can then have the opportunity of making this decision for herself and chances are the circumstances around the situation will not continue. Communication between the two of them could further enhance the possibility of their relationship being maintained without the ongoing use of the substance she was ingesting near their baby.

The structure of the group is based on the care and concern for the safety and well-being of each member first and foremost, and then to those who cannot take care of themselves second.

Educating Claude in the dangers of substance misuse with literature he can take home to his partner will give them the opportunity to work together against this problem they have and to remind him that if the situation does not change then the members of the group will act in the best interest of the child.

It is for the care and well-being of those who are not yet capable of making their own appropriate decisions is what being in this particular support group is all about.

“Claude has disclosed his dilemma in circumstances where he felt he would not be threatened”

Katleen Casagrande
AIPC Education Advisor

MACA, Dip. Prof. Couns., Cert. IV Workp. T&A

FEATURE

It's All about Me: Blogs and Teenagers

Dr. Angela Lewis

Introduction

Blogs (short for weblogs), are websites that anyone with computer access can create to publish online personal journals or diaries. While most blogs take the journal format, some also go further and provide commentary or information on a particular subject such as food, politics or local news. However, personal journals are by far the most popular way of writing a blog, with millions of people around the world using them as a way to share their thoughts, feelings or everyday lives with the world at large. A large number of Australian teenagers host blogs and this is discussed further below.

The personal journal is a well known method for individuals to engage in reflective thought, but blogging presents a way of taking it to another level, as it is a way for individuals to publish material at no cost on a global scale. Some of the reasons that people blog are for self development, to improve their writing skills, as a way of collecting information or developing an expertise on specific subjects, for making and extending relationships or for building a community with people who share similar interests. For others the blog serves a social need to share information, advice or experience in the name of social responsibility or caring.

Blog Overview

In order to become a 'blogger', you firstly need to locate a blog hosting provider, which is as easy as doing an Internet search. Commonly utilised sites are www.blogger.com, www.blogsome.com or spaces.msn.com/. Some have charges attached to their use, but most are free. Once you join the provider you name your blog, add information about yourself such as favourite movies, books or interests and add any video, audio or pictures of your choosing. Most blogs tend to be a mixture of text, links to other sites and pictures.

Each time you wish to update your blog, say add some information or make a comment, you do what is known as 'making a post.' This is done by clicking a button on the blogsite which brings up an area,

“Blogging presents a way of taking it to another level, as it is a way for individuals to publish material at no cost on a global scale”

(somewhat like an email) in which you are able to share your thoughts. Anybody reading your blog is free to comment on anything you have written and the choice is generally there for them to do this anonymously. While the people that visit the blog are able to post or comment, only the blog owner or editor can initiate new subjects or frame discussion.

Teenage Blogging

One place that many adolescents spend a lot of time is online (Herring, Kouper, et al 2004). Being online allows them the opportunity to embark on self-discovery, connect with others, experiment with gender and learn about the world. Many adolescents have embraced blogging, and some studies suggest that almost half of all blogs are created and maintained by teenagers (Rainie & Horrigan 2005; Huffaker & Calvert 2005). It is for this reason that parents and educators need to be aware of the some of issues surrounding the practice and these are now discussed more fully.

Many teenage blogs cover the same territory, such as references to romantic relationships in the boyfriend/girlfriend genre, discussion about what is going on with school or study, typed lyrics of favourite songs and links or discussion about favourite music or bands. While many parents may already see the advantages in their teenager regularly writing about something, as this will improve their communication and literacy skills, there are also other benefits. Blogs can help a teenager develop digital literacy, as they provide a way to have a presence on the Internet that is easy to set up and requires no technical expertise. I believe this is particularly important in terms of teenage girls, who are often described as disinterested in technology (AAUW 2000), but have been identified as a demographic which has embraced the practice of blogging; with a number of studies finding there are more female teen bloggers than male (Herring, Kouper et al 2004).

Blogs also provide a no cost, 'owned' and personal space that can give an adolescent the feeling of having some type of power or voice, at a time when they can feel the peculiar powerlessness that comes when a person is bridging childhood and adulthood. Nurmi (2004) argues that at the edge of adulthood people begin to construct and make sense of their lives by thinking more deeply about the events that have shaped them both in the past and present. In terms of this process, writing about oneself and being able to reflect on past journal entries could be a way of helping this process.

The format of blogs allows for instant communication and dialog between writer and audience and for some people who feel lonely or disconnected this may provide an opportunity to feel part of the larger world and connected to others. Teenagers in particular can feel they are misunderstood and the only ones suffering the growing up process, so the opportunity to form relationships and affiliations with other bloggers is positive on two levels. Not only does it offer the opportunity of 'belonging' in a personal sense, but also by the process of commenting, linking and posting to each other's blogs, bloggers form a type of community (Lave & Wenger 1981) which may have a positive effect on learning about social ties, friendship and connection (Lenhart et al 2005).

The blog can also serve as a safety valve for the frustration of day-to-day living, and many bloggers readily take the opportunity to vent to the world about what is going on in their lives. Numerous teenage blogs I visited use it as a way of complaining about friends and family or the pressure of study and exams. Some of the blogs I viewed belonged to teenage girls who were suffering from Anorexia. I observed these young women utilising their blogs to share their frustration with how they felt about their body image, their struggle with how to get through each day without eating or the perceived interference of parents into their eating habits.

A young person is also able to use the blog space to experiment and find his or her own identity. In terms of sexual identity, Huffaker (2004) found that of the blogs he surveyed, 17% of the bloggers discussed their homosexuality and used their blog as a platform for 'coming out'.

Contrary to the early claims of the Internet being an ideal way for a person to experiment with masking or switching gender, (Turkle, 1995), the creators of most blogs tend to display a strong willingness to supply authentic, personal information about themselves and this is particularly so with teenagers. Döring (2001) in fact found that on the blogs she reviewed, gender was the strongest representation of 'self', via disclosure of names or photos.

While I have so far discussed the positive aspects of blogging for teenagers, recent findings also point to some negative aspects of blog use. A recent study of online identity and language among teenagers by Huffaker & Calvert (2005) has found that the vast majority of teenagers stayed close to reality when expressing themselves online. The troubling aspect of teenagers being 'authentic,' is that they often revealed personal information such as real name, age, location and other ways of being located such as email addresses, instant messenger addresses or phone numbers.

Parents need to be aware that children and young adults can and do publish private information about

themselves and their families which could lead to undesirable contact by other adults who may be sexual predators. Because bloggers frequently link to other blogs, adolescents may also stumble into other people's blogs that may contain inappropriate or disturbing pictures or discussion content.

As well, this open sharing of information may put some families at risk by revealing details about their living situations that may leave them open to home invasion or burglary.

The aspects of online community and belonging that blogs can engender, also has a negative side. For example in terms of eating disorders, some health authorities warn that pro-Anorexia communities which link up via websites and blogs may be unintentionally encouraging the eating disorder, as they provide an environment and opportunity to belong to the 'eating disorder club'. This rationale can be applied to blogs that deal with a number of different behaviours such as Deliberate Self-Harm Syndrome (which refers to self-cutting, branding or burning), as these type of blogs may normalise and affirm the very behaviour that defines the disease or disorder (Hayashi 2006, National Association of Anorexia Nervosa and Associated Disorders).

Blogs are also used as a tool in cyber-bullying (bullying behaviour online). For example Huffaker (2004) cites a recent study in which 2,500 children aged 10 to 17 years of age reported being harassed or threatened online. With the amount of personal information provided on many blogs, this can give bullies not only ways of contacting the blogger, but ammunition in the form of the personal or candid disclosures made by the blogger on their blog.

Conclusion

Blogs provide an unprecedented opportunity for anyone interested in studying the human condition to learn more about the lives of others. In this regard the blogging community is able to provide mental health professionals with a unique opportunity to learn more about how people think, live and feel.

With regard to teenagers, positive aspects of blogging certainly exist in terms of how it aids self-reflection and may help young people to define their self identity, but the negative aspects cannot be ignored. In this respect parents and educators need to be aware of the high levels of self-disclosure that some teenagers willingly engage in, and the ramifications of this for individuals and families.

“Aspects of online community and belonging that blogs can engender, also has a negative side.”

If you are interested in reading more blogs from around the world, Google now has a blog search located at <http://blogsearch.google.com/>.

Blog terminology

While the term 'blog' is a contraction of 'Web log', 'blog' can also be used as a verb, meaning 'to maintain or add content to a blog':

Blogger - the person who writes in the blog.

Vlog - a blog comprising of videos.

Photoblog - a blog comprising of photos.

Linklog - a blog comprising of links to other sites

(Most blogs are primarily textual with some photos).

Blogroll - a list of a blogger's favourite blogs, usually appearing down the side.

Blogosphere - the blogging community.

Post - to write in a blog.

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FEATURE

Differential Behaviour in Child Development

The development of a child occurs through a number of stages. Effective parenting requires adults to understand the behaviours associated with each of the stages and how they affect parenting of the child in various situations. During a child's life, they may encounter many difficult situations, many of which are not a result of the child's actions. For example, parents separating or divorcing, creation of a step-family or being the victim of bullying at school. All of these present challenging situations for parents where a knowledge and appreciation of the child's stage of development will assist with recognising difficulties and implementing strategies for coping. Now let's explore some of the stages of a child's lifespan...

The Young Infant (Age 0-3)

Children at this age have little or no understanding of their world. The important thing to them is routine and changes to their routine can be bewildering. Attachments are formed early; therefore the young infant will form attachments to its main caregivers whether you are the biological or step-parent. This means that despite your inexperience, the child's attachment to you will depend on how much contact you have with him/her.

Signs such as anger, crying, searching and lack of appetite will indicate that a young infant is experiencing difficulties in adjusting to a new or changed situation in their life (for example, separation of parents, primary care-giver returning to work,

formation of a step-family). What we do for a child at this age is far more important than what we say. Generally, a young infant needs large doses of tender, loving care... holding, cuddling and stroking.

The Older Infant (Age 3-5)

The older infant has a limited understanding of their world depending on the information that is provided. Children between the ages of 3 and 5 find it hard to tell the difference

between what is real and what is imaginary, which means their feelings may include confusion, anger and aggression.

In situations requiring adjustment, regression in behaviours such as sleeping and toilet training may occur together with reverting to baby behaviour and clinging. When talking to children of this age about the new or

changed situation, it should be explained simply to avoid confusion. Role playing with animals, toys and puppets can help the child gain an understanding of what is going on.

“During a child's life, they may encounter many difficult situations, many of which are not a result of the child's actions”

Age 5 – 8

Slightly older children have a greater understanding of life; however can find it difficult to understand their emotional reactions such as feelings of guilt or fear when something in their family life or circumstances change. The child can sometimes feel anger towards either parent for a disruption or they can lash out at others close to them such as siblings. Behavioural problems such as underperformance at school and disruptions in friendships can occur and if they interfere significantly with family life, may indicate signs of distress. Many of these responses can be related to growing up, and do not individually indicate trouble.

You can assist the child to cope with a changed family situation by encouraging positive, separate relationships with each parent and providing reassurance, stability and comfort. Talk about their feelings regularly, listen closely and observe their actions. Always respond with care and understanding.

Age 8 – 12

Children aged from around 8 years and older have a more realistic understanding about life and begin to place greater importance on their world outside the family. Whilst they understand more, they are still not able to deal emotionally with all they experience. They tend to react with similar emotions to adults such as extreme sadness and anger.

Their anger can often be directed through physical fighting with schoolmates or siblings or in verbal attacks directed at one or both parents.

Children of this age not only need support and comfort but their questions answered about their situation whether it be divorce, death or the formation of a step-family. These answers can be explained in a manner which reflects their level of maturity. Parents should continue to enforce reasonable rules,

limitations and curfews as pre-teens need structure and routine in order to feel secure.

Adolescents

The emotionally healthy teenager is learning to define who they are and gain a sense of belonging to the world around them, separate from that of their family. Teenagers try to adapt to change, however, more than ever require emotional support, love and firm guidance.

They might be critical of their parents' decisions such as separating or forming a stepfamily and react with anger toward either biological parent or step-parent, loyalty to one parent, or even give the appearance that everything is fine.

Teenagers are often overwhelmed by their own anger, and self destructive behaviour such as alcohol or drug abuse may be experimented with as a means of deferring the pain. By communicating openly and honestly with the teenager, they feel their maturity is recognised. Be willing to compromise on some issues, while balancing reasonable limits and respect for their growing independence.

Every child is unique and may or may not fit their age categories exactly. The way each child responds and the way you react will depend not only on their stage of development but on other factors going on inside and outside the family environment.

“Whilst 8 year olds understand more, they are still not able to deal emotionally with all they experience”

WHAT OUR READERS HAD TO SAY ON SOCIAL ISSUES

In Issue 2, 2006 we featured an article entitled 'Death in the Workplace: Prepare for the Unthinkable' by Nila Sweeney.

We asked for readers' views on the article and obtained the following insights from Wendy Mead and Marina Tomasevic.

Nila Sweeney's article on death in the workplace provides some useful information about an issue not often considered prior to the event.

Looking both at the people issues, the effects of a sudden death on the remaining workforce, and also the legal and practical issues for the protection of the organisation, the article highlights the responsibilities of the HR manager or employer.

Sweeney makes an important point about the need for clear and prompt communication with all staff members; staff should be notified in a face-to-face situation as soon as possible after the event. If employees believe that management is being open and honest with them, there is less danger of the rumour mill working overtime.

As a practising counsellor specialising in workplace issues, I have been involved in counselling staff after a colleague died in a car accident on the way to work. As the organisation concerned required people to work closely together in teams and the members of the related team had been together for a couple of years, the remaining team members were acutely affected by the accident.

The HR manager of the company quickly contacted me and arranged for me to be present at the workplace for a day for any staff member to come and see me. Importantly they did not have to register their interest with managers and members of teams covered for each other when absent.

One of the interesting things from my point of view was the widely differing reactions individuals had to the event; no two people demonstrated a similar response.

There was however one common theme: people were worried that others may find their response inappropriate or upsetting because it was so different from their own; assuring them that such difference was normal helped to prevent further distress among the remaining team members.

Another thing that shone through for me was that, in every case, the staff members who came to see me were so concerned and caring for their colleagues' wellbeing.

As Sweeney suggests, counselling needs to be provided not only in the immediate aftermath of a death, but as an ongoing option for the staff left behind.

If this article prompts HR managers and employers to consider the issue and to make some contingency plans, then it will have fulfilled a useful role.

Wendy Mead

Professional Counsellor

Nila Sweeney's article looked at the legal and organisational aspects of death in the workplace, as well as strategies for dealing with the impact on the surviving colleagues.

I offer here a personal account of death in the workplace.

Several years ago I had worked in a leading tertiary education institution in Wellington, New Zealand. I had a very close colleague who had contracted meningitis and died a day later in a hospital. Our workstations were in the same confined space; we became very good friends and shared many rich moments.

The morning he had not arrived to work, the Institute CEO came to my office to let me know what had happened. Her approach was genuine, empathic and congruent. She did not express any false hope and she did not sound dramatic or overly emotional. I was advised that a Public Health nurse will arrive shortly and talk to several of us who were closest to him. The situation presented a two fold issue, grief and shock with fear that some of us had contracted contagious disease. When a Nurse arrived, our CEO stayed with us offering her personal support. It was very comforting.

Unfortunately, John (not a real name) died the following night and again, the message had been communicated personally. We, John's closest colleagues and friends, were put on preventative antibiotics treatment, offered counselling at the workplace, participation in the memorial arrangements and communication with John's family. Our CEO had been a very visible figure in dealing with workplace grief and I still respect her for handling the situation marvellously.

An experience of death in the workplace gave me a first account of managing grief. It must be handled personally by managers or HR consultants. If the situation is left unresolved or badly treated, it could leave major consequences for the organisation and its staff.

Marina Tomasevic

Certified Psychotherapist

Book Review Wendy Mead, Dip. Teach; B. Ed; Dip. Prof. Couns.; Dip. T.A.S.

Family Therapy – Concepts and Methods (7th Edition)

Nichols, P., Schwartz, R. (2006). *Family Therapy - Concepts and Methods (7th Edition)*. USA: Pearson Education Inc. 497 pages ISBN: 0-205-47809-3

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

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

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

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

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

Part Two concentrates on the classic schools of family therapy and AIPC Diploma graduates will be familiar with some of the theories discussed. The chapters on Bowenian family systems therapy, strategic, structured and experiential therapies and psychodynamic and cognitive behaviour family therapy will provide both student and practising

counsellors with a wealth of further information on these topics together with easy to read case studies giving a practical demonstration of specific therapeutic strategies.

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

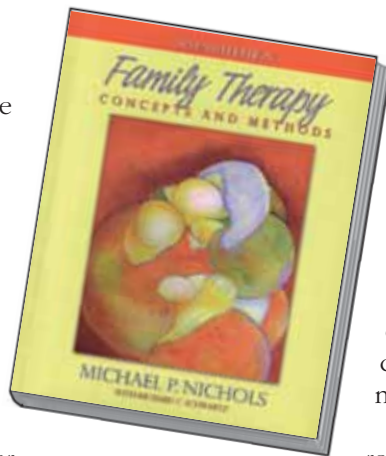
Part Four evaluates family therapy through comparative analysis and research, looking at how this approach might be used for a range of issues including depression, substance abuse, schizophrenia and eating disorders.

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

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

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

Copies of ***Family Therapy - Concepts and Methods*** are available for \$88.20 + \$8.50 postage and handling. To order a copy, contact your local Student Support Centre or call: 1800 657 667



GRADUATE SUCCESS STORIES

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 Danielle Paff and Carol Lockwood from Queensland.



Danielle Paff

Diana Ross said "You can't just sit there and wait for people to give you that golden dream. You've got to get out there and make it happen for yourself".

My story is one of personal accomplishment and I hope it inspires other students to

hang in there with their studies and know that you will succeed, no matter how long it takes!

In the year of 2002, after struggling with a personal issue which was putting pressure on my relationship with my boyfriend I decided to go to counselling to get some insight to why I was feeling the way I was. The counsellor was so inspiring to me and helped me to see things from a different point of view. I was so impressed with the transformation I had made that I decided the better way to maintain my new found state of mind would be to do a course in counselling myself. I looked into it right away and found AIPC's ad in the paper. I signed up and at first it was a bit daunting, there were so many units to complete and I wondered how I could get through it all. So I decided to take my time and put no pressure on myself to complete it too fast, of course I had to be disciplined and even wrote little notes and put them all over the house 'Study today!' Just little messages to keep me motivated.

Everything was going well and then my boyfriend and I decided to get married, my studies were put on hold as we were busy preparing for this wonderful and exciting occasion. I had no time or energy for my studies, which left me feeling a little guilty, but I had to accept that I had lost interest for now. The excitement of the marriage and honeymoon died down eventually and I began to think about resuming my study again. All the while Rob Carrigan and the team at the Institute were always there in the background, waiting in the wings offering me

encouragement to come back when I was ready - the support was tremendous. I felt supported through these times; even though I wasn't actively studying, the Institute never lost touch with me and made me feel like it wouldn't be such a hard thing to get back into after having time off. I knuckled under and started to work through the units and breeze through the seminars.

Five months later I happily found out my husband I were expecting a baby. At this time I was still expecting to continue my studies throughout my pregnancy, but it didn't go to plan. I ended up getting quite sick with the pregnancy and could not attend seminars and then the excitement of having my first baby was too overwhelming and my studies were once again put on hold. This time I thought I would never go back to it. I only had 2 seminars to attend to complete my diploma but there was simply too much happening in my life and I totally lost interest in the course. I never thought I would go back to it and began feeling very saddened by all the effort I had put in and not being able to complete it. I didn't know when or IF I would ever feel like resuming my studies.

So I chose to put it out of my mind to concentrate on the pregnancy and after my daughter was born I concentrated on looking after her and just recovering from the whole experience. Then one day, after my daughter turned 10 months old I suddenly felt like I

"I never thought I would go back to it and began feeling very saddened by all the effort I had put in and not being able to complete it."

wanted to pick up my study again. It was amazing; I had my motivation, drive and determination back again! I emailed Rob right away, asking when the next seminar was and booked myself in on the spot. After having a year off and juggling looking after my daughter and the study, it was the hardest thing to accomplish, but I did it. I graduated this year in August 2006. The course took me 3 years to complete, but I found my way to the end. I am so proud of myself for completing something I never thought I would, or could. I am now working my way through my study majors and have found a new and refreshing interest in my studies again. I have to work it into my now very busy life, when my daughter sleeps I study and I make time for it every day. This keeps me motivated and gives me an interest other than nappies and bottle feeding!

Rob and the Institute have been unbelievable. Support was 100%. They make you feel like you're not just a number, you are a unique and special person and they are interested in you and your achievements. Most colleges just take your money, never contact you to see how you're going and then don't care whether you complete the course or not. AIPC cannot be compared to any other as they are a huge cut above the rest. I would recommend to others to study with them.

I have grown in so many ways since starting this course, I cannot begin to tell you the personal battles I have experienced and defeated, and all while doing this course. I discovered I have so many more qualities than I thought possible. I'm not sure where my Diploma will take me. I have some ideas of what I would like to do with my skills but I still feel much needed as a mother right now and that will always come first. I would like to think my daughter will be telling her kids one day that her mother was a great counsellor! Even though I'm unsure about where the future will take me, I am very happy and proud of where I have been. Thanks to AIPC I am the accomplished, content person I am today.

Danielle Paff



Carol Lockwood

I decided at the age of 52 to pursue studies in counselling, after working in administrative roles since leaving school. That was in May 2004. The study took me 2 years and 2 months to complete and I'm so happy to have accomplished it. For many years I had been

unsatisfied in my administrative role, although it was well-paid with good conditions, it was also stressful, demanding, unrewarding and I suffered many migraines and disturbed sleep patterns as a consequence.

Initially, I thought I wanted to gain the counselling skills and knowledge as a general interest. But as the course progressed, I began to entertain the thought that I could pursue employment with these counselling skills where my caring, empathising qualities would be utilised. A job that would make a positive difference and contribution in other's lives and at the same time provide personal satisfaction and fulfillment.

Since graduating with the Diploma in July 2006 - it's such an unbelievable feeling to accomplish. It's also providing opportunities and changes in my life that were not possible a couple of years ago. My lack of self-confidence and deprivation of personal ambitions has now been transformed to pursuing my ideal

employment. I am focusing now on developing patience and realism to make my ideal job happen.

The AIPC course has taught me to have faith, confidence and strength in myself, as well as a myriad of other skills, but these personal attributes have enabled me to leave the security of my administrative position in late June 2006. Since that time I've been working as a Personal Carer/Support Worker 4 days a week. One day a week I do volunteer work with a Child Contact Service where I take phone calls regarding child contact or supervised visits. There is also an opportunity to assist with the supervised visits, and to do emergency relief work, and foster care assistance. I enjoy this volunteer work which is providing me with a variety of excellent work experience that is invaluable. Through this agency, I have recently attended some presentations, such as Child Protection & Safety and Positive Parenting.

I am now applying for jobs and am thirsty for information and any courses that further my skills with counselling or support work. I now feel confident that with my AIPC Diploma qualification, community work, and volunteer work, I will be successful with my job search. Recently I have had two interviews with a job placement agency for disabled persons and a community agency. Whenever I have mentioned the AIPC Diploma qualification, I have received a positive reaction and recognition of this study.

Rob Carrigan seems to have endless compassion, time and understanding for people like myself, and has been very helpful and inspirational throughout my units of study, and even now that I've graduated, continues the support and assistance. Also other staff at AIPC have been continually supportive and responsive to all of my requests over the 2 years of study.

I would encourage you to keep trying, don't give up as it is well worth the effort. Each unit you finish is another step to achieving your goal, and I wish you all the best.

Carol Lockwood

"I began to entertain the thought that I could pursue employment with these counselling skills where my caring, empathising qualities would be utilised"

TECHNOLOGY IN OUR PRACTICE & INTERESTING WEBSITES



Hello everybody, this issue we begin with some tips for Microsoft Excel users and then some suggestions on using HTML or Plain Text in email.

To start, I would just like a quick word on email 'scams'. A recent and persistent one is the

one targeting customers of the National Australia Bank (NAB). The email claims that the bank is going bankrupt and directs recipients to click on a link included in the message in order to read more information. However, you must not do this, as clicking the link opens a webpage that could install a malicious virus onto the user's computer.

Clever Keystrokes to use in Microsoft Excel

For date and time data that **won't update**, use these key combinations:

Ctrl + ; (semi-colon) to enter today's date in the cell.

Ctrl + Shift + : (colon) to enter the current time in the cell.

For date and time information that **updates automatically**, type the following in a cell:

=today (that's a left and right parentheses with no space) will put today's date in the cell.

=now (that's also a left and right parentheses with no space) will put both today's date and the current time in the cell.

HTML vs. Plain Text in Email

The settings you have chosen in your email will determine how you see your email. If you have the 'Plain Text' choice selected, you won't see anything but text, but if you have HTML enabled, you'll see pictures and any other graphical type images that may be in the email.

HTML stands for 'HyperText Markup Language' and it is the most commonly used language for Webpages. It helps you to see different style headings, paragraphs, lists, embedded images or interactive forms in the exact way the author intended. In comparison the 'Plain Text' option means exactly what it says, to display completely plain, unformatted text, so that means no fancy fonts, large text, bold, underline, etc.

If you think you have plain text selected in your e-mail program and you want HTML, just go through your settings and change your mail settings (usually under Tools, then Options or Mail Format if you are using Microsoft Outlook. If you are using another program, look for something similar and change them around.

Permanently delete files

Most people delete their files by selecting them & pressing the Delete key, or by dragging them into the Recycle Bin. These files will be stored in the Recycle Bin until you right click it and select 'Empty Recycle

Bin' command. To force these files to be deleted immediately, hold down the Shift key while deleting the files. This will cause the files that you are currently deleting to be purged without first moving them to the Recycle Bin.



Websites: The focus of this month's Professional Counsellor is issues related to child development, families and effective parenting, so the websites below relate to these themes.

The Centre for Child and Family Development

promotes awareness and understanding of the emotional life of children and adolescents, and how this affects their behaviour and future development. The Centre runs training programs on child and family development for all professionals who work with children, adolescents, parents and families, view their website at <http://www.childandfamily.com.au/>.

The Centre for Effective Parenting is a collaborative project run by the University of Arkansas and the Arkansas Children's Hospital. Their searchable website has a large database of information on parenting, including downloadable PowerPoint presentations in 10 one-hour modules for parents on topics relevant to children's education. Find them at www.parenting-ed.org.

The Australian Federal Government's Department of Family and Community Services has made their latest report on parenting entitled 'Parenting Information Volume 1' available on their website: http://www.facs.gov.au/family/early_childhood_pip/volume1/sec7.htm.

Early Childhood Australia has links to journal articles and abstracts. For example, if you type 'intellectual disability' into their search engine, a number of articles become available on parenting for parents with an intellectual disability. Find them at www.earlychildhoodaustralia.org.au

Uncle Bob's Child Development Centre is an early Intervention service for children aged 0-6 years with developmental disabilities, and their families who live in the Western and Inner Northern Metropolitan Regions of Victoria. It is an initiative of the Royal Childrens Hospital and is funded by the Department of Human Services. View their services at http://rch.org.au/unclebobs/index.cfm?doc_id=1130

The Centre for Equity and Innovation in Early Childhood (CEIEC) was established in 2001 as a specialised early childhood research and teaching centre within the Department of Learning and Educational Development at the University of Melbourne. CEIEC holds occasional Open Learning events and conferences as well as providing a host of resources. See

<http://www.edfac.unimelb.edu.au/ceiec/>

Eating Disorders are often manifested in children and teenagers and according to Cramer & Steinwert (1998), by school age, many girls fear looking fat more than losing their parents, getting cancer or a nuclear war.

The Eating Disorders Foundation of Victoria can be found at <http://www.eatingdisorders.org.au/>. This site has a large amount of up to date information and community resources. For information on the proliferation of 'pro' eating disorder blogs and websites, see my article in this issue.

By Dr. Angela Lewis, MAIPC

Please note that all Internet addresses were correct at the time of submission to AIPC and that neither Angela Lewis nor AIPC 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

STAFF PROFILE



Introducing SARAH GARRETT

AIPC Head Office
Project Officer

Sarah joined the Institute's Education team in October 2006 and has enjoyed being involved in the development and review of programs so far. She came to AIPC from the Department of Child Safety in which she completed risk assessments; interviewing and working with

children, young people and their families; developing court material as well as being involved in litigation issues within the court process, and dealing with conflict on a daily basis.

She has been involved with volunteer programs in telephone counselling, working with people with psychological disorders and research. Her professional background has also involved a number of supervisory and training roles. Her educational qualifications are psychology based with a strong interest in training and development.

ASSIGNMENT HINTS AND TIPS

The Diploma of Professional Counselling (AIPC DPCC) includes 7 Practical Components which need to be satisfactorily completed.

These can be completed in three ways:

- (a) by attending a weekend Seminar;
- (b) by using a Private Assessor; or
- (c) submitting your assessment on video/DVD.

Whichever way you elect to complete these components of your course, there are some important things to consider in your preparations:

Review the Handouts and Guidelines, with particular attention to the Student Assessment Sheet(s) to ensure that you clearly understand what is required for each of the listed points.

Revise the appropriate readings in the Book of Readings.

Revise the contents of the related unit workbooks.

If possible, practise the skills you are being assessed on with another student or friend.

If you cannot practise with anyone else, create some scenarios of your own and work with them.

Before attending either a seminar or a private assessment, make a list of any questions you wish to ask.

If you are submitting a video or DVD make sure that the sound and picture are of good quality.

If you are using a private assessor you will need to take a suitable friend to act as your client.

If you are doing the practical with a private assessor make sure that the issue you and your friend choose is not too emotional.

If you are completing a private assessment or a video/DVD you must not script the session prior to the assessment.

Good Luck!

STATE NEWS

Sydney

Here we are with Christmas almost upon us and the end of another year looming.

I hope you have found this year to be one in which you have made headway with your studies. Keep in mind that 'self-paced' means moving ahead in your studies at the pace you set for yourself. If you are not making some forward progress then you are standing still; and standing still (unless it is because you have put the course aside temporarily for a good reason) isn't called 'self-pacing your studies', it's called 'not studying'.

To all our graduates this year, well done. The persistence, determination and effort you have demonstrated has paid off. All of the staff here at the Sydney Student Support Centre wishes you well for the future. We are also holding our very first Graduation Ceremony in Sydney in February 2007 for all of our 2006 and previous Graduates. To express interest in attending this inaugural event, can you please contact us at the Sydney Student Support Centre.

Students and graduates, please keep us informed of your current email address. We are utilising email broadcasts more and more now to notify students and graduates of important information about the Institute, our courses, the Professional Counsellor magazine, the counselling industry locally and internationally, and if we don't have your current email address, you may miss out. Simply email me personally at aipcsyd@aipc.net.au with your new email address. Type the words EMAIL UPDATE – AND YOUR NAME (in capital letters) on the subject line. Oh, and check your emails regularly.

That's all for this edition. From Mary, Jacqui, Sandra, Lorraine, Eve and myself, we wish you a very happy Christmas and a wonderful New Year.

Kind regards,

Nev Randle
Manager – Sydney
PS. See you all next year!

Regional NSW

Hi and welcome to this edition of the Professional Counsellor

Recently we re-located to new premises and I am pleased to report a smooth transition with minimal interruption to the daily routine, made easier by the fact that we were able to keep the same phone & fax numbers.

The new office presents a much more professional image and easier accessibility to students and visitors. If you are in Port Macquarie please call in and say hello.

As we move toward Christmas and the usual Christmas break I would like to take this opportunity to thank both Renee & Crystal for their commitment to AIPC and particularly to the successful operations of the Port Macquarie branch. I am constantly amazed by the professional approach they have to their work.

I would also like to thank all of our Workplace Assessors for their commitment to AIPC. Feedback from students who access the assessors is always positive with regular comments of how much they have gain just by spending time with them.

This year has seen a record number of assignments come through which would indicate that you are all very busy with you studies.

We have also had a large number of students graduate and wish you all the best with your future endeavours.

Until next time keep up the good work and we will see many of your graduating in the New Year.

Regards,

Michael Pollock
Manager – Regional NSW

Melbourne

Hello and Welcome to this edition of the Professional Counsellor newsletter.

Advanced Study Major Workshops

If you have already enrolled in an Advanced Study Major then you may like to consider completing it by attending one of the Advanced Study Major Workshops for only \$165.00 for a two-day workshop. This face-to-face mode of study involves group discussions, interactive teaching and most of the assessment is done on the day with only a small take-home assessment at the end of the two days. No pre-requisites apply so you can join a workshop at any stage during your studies.

For those students who crave interaction with other students but cannot make it to the In Class Learning or the weekend seminars then these workshops are a great way to make connections and mix with like-minded people. If you have not already enrolled in an Advanced Study Major then you can attend a Workshop for an additional cost. Give us a call to find out how!

Organisation

Last issue we looked at *motivation* but this time let's take a look at **organisation**:

- Do you have a designated study area? If not, what steps do you need to take to organise one for yourself?
- What time of day is the most productive for you to study? Are you a night-owl or would you prefer to set the alarm an hour earlier and study in the peace and quiet of the morning light? You may be surprised by how much you achieve – and **retain** – if you study before everyone else is up and requiring attention.
- Do you have a noticeboard with your timetables, study goals, hints and tips and study ideas pinned to it? Even a small pin board or study planner may help you see the bigger picture when you finally lift your head from your books!

And finally...

Distance education has the potential to make you feel isolated so I hope this quote offers some solace if you find yourself feeling like this:

“Solitude is as needful to the imagination as society is wholesome for the character.” James Russell Lowell (1819-1891) American poet, satirist and abolitionist

Until the next issue, stay safe and we look forward to helping you attain your study goals!

Katie, Lauren, Luisa and Jill

The Melbourne Student Support Team

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Brisbane, Northern Territory & Tasmania

Hello everyone and welcome to this final edition of the Professional Counsellor for 2006.

I think there must have been some serious commitments made by many students at the start of the year if completed assessments are any thing to go by. I've been with the Institute for over 9 years now and this is the busiest assessment period I have seen. It's great to see and perhaps those students who made some big commitments to themselves earlier in the year are feeling pretty happy about their progress with or completion of their studies.

However if you haven't been as 'active' with your studies as you had hoped that's OK too. You'll know when the best time is for you. That may be tomorrow or next month, that's up to you.

There is a common link though with students that are actively submitting assessment work. These students are constantly using our education support facilities. In other words they are either calling or emailing us questions or now those with access to the internet are searching the 'Knowledge Base' for answers and guidance. It just means that if they are

stuck on something they come to us for clarification and reassurance and that does make a difference in the external study environment. Many students are also working with a study partner or study group to maintain momentum and motivation. If you enjoy working with others to discuss and review activities then you will probably enjoy being part of the 'Student Network'. To get more info on the student network just give us a call on 1800 353 643 or email Cindy Bell at Cynthia@aipc.net.au and we'll forward it to you.

While we are taking about being proactive let me just share with you some ideas on 'Thinking Big'. In chatting to many students who are really active with their studies many, if not most, are of a 'Thinking Big' mentality.

Let me explain what I mean...

As long as you are going to go about your day thinking anyway, you may as well "think big". Anyone can think small, and most people do. In fact, most people keep themselves in the same place in life, doing the exact same thing, without significant growth or change because of limited or conditioned thinking (as many of your already know about... we cover these concepts in Units 6 and 7).

It is probably true that many of your future clients are living in that place right now too. Who better to support them than you? A therapist who is thinking big.

Here's an idea:

Don't just think about what is possible, think about what might seem nearly impossible. That would require you to grow and move beyond who you currently know yourself to be. Think about what you have always wanted to do or have in your life ... those things that your heart speaks of. It was Walt Disney who said 'If you can dream it, you can do it'.

Thinking big equals going big. Thinking small means staying small. You decide. You get to choose your thoughts. Try giving big thought and energy to the direction of your counselling life and who you are becoming as a qualified therapist.

It means allowing yourself to stretch and believe in the beauty of your dreams. And with the festive season just around the corner what better time to be thinking about 'what is possible' for the New Year!

From all the Brisbane Student Support Team we wish you a very joyous festive season and may 2007 be your best year yet.

Rob, Beverley, Belinda, Cindy, Mikala, Zahava, Leanne, David, Tony and Hayley.

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Regional QLD

Hello everyone and a special welcome to our new students.

Child development is something very close to my heart. Reflecting on the growth of my family, I can remember those times when as a young, new parent, I made some classic mistakes. A lot of these mistakes came about because I had acquired attitudes and modelled parenting methods during my own upbringing, then accepted these as being best for my own children. It was only when these didn't work that I began to question them, which often led me to re-evaluate my own values and ultimately my communication skills.

Parents need to impart solid family and community values to their children and give them every opportunity to use their individual personalities to fulfil their life. Children need a level playing field so they can openly communicate with adults and feel that they are heard and understood.

Children need clear goal posts so they know where to aim. They need nurturing and encouragement along the way. Sometimes we can see our kids going in the wrong direction and we, as parents, need the courage and confidence to stand up and say so. We need to be prepared for the backlash, accept the anger, the conflict, but still say what is needed in a constructive and supportive way. I find it's more often how a thing is said (tone of voice & body language) and not what is said that can make the communication effective or ineffective.

If parents are irresponsible and don't provide this direction and support, what happens? Children will look for the direction and support where they can find it. Unfortunately this can often come from dysfunctional groups who have everything but the child's best interests at heart.

I believe that many of society's problems stem from a lack of family care and ineffective parenting skills. Many kids are completely lost because the playing field is like a rocky outcrop. The ground's too hard for goal posts! Children often fear to speak up because of anticipated criticism (internal stressors), and lack of empathy by the parent.

Children need to see their parents as someone they can rely on...a haven in a storm.

Parents need to be seen as someone who cares, someone who listens, someone who is human and makes mistakes, someone who takes the time along the way to openly express how they feel and someone who imparts unconditional love and accepts the child for who they are.

As 2006 draws to a close, Marion and I congratulate those students who have graduated this year and thank all our students for their companionship and support. A special vote of thanks to our Private Assessors who have supported our students throughout the year. We wish you and your family a safe & peaceful Christmas and a happy 2007!

Enjoy your studies!

Peter Kesper
Manager, Regional Queensland

South Australia

To all our new students, 'WELCOME' - we look forward to speaking with you as you progress through your studies. To all our regular readers a big HELLO AGAIN - we hope this edition finds you in good health. Hope you've managed to avoid the colds and flu that are going around!

CHRISTMAS IS FAST APPROACHING and I would like you all to make a note in your diary now that the office will be closed from end of business on Wednesday 20th December to 9:00am Tuesday 2nd January 2007.

As you progress with your studies, REMEMBER InClass sessions, ASM Workshops & Tutorials are running most of the time, if you are interested in joining any of them make that important phone call to the Adelaide office and book your place.

COURSE CHANGES: If you enrolled before June 2005 you will be aware of the curriculum changes. If you are not able to complete your study by 31 May 2007 you will need to upgrade into the new curriculum. \$95.00 is the cost to upgrade and we will send you the new unit 4. Call us now!! We have the unit workbooks in stock and can have your upgrade processed quickly.

GRADUATIONS: Well we held a graduation ceremony recently with 29 Diploma Students celebrating the achievement of completing their study. We had over 100 in total attend the day and a great time was had by all.

Graduating (in alphabetical order) were:

Diploma in Professional Counselling—Ruth ABBOTT; Deborah BASTIRAS; Sandra BRACKEN; Tracy BURGER; Maureen CAIN; Anne CASSIDY; Patricia CORBETT; Margaret DONHARDT; Tracey ELLSWORTHY; Rosanna FURDA; Judith GREENWAY; Mauri HEUSLER; Belinda HOWLAND; Alessandra HUNJET; Karen JEPHSON; Debra JOHNSTONE; Danielle KEMP; Kathy LEWIS; Chrissandra MARSHALL; Dianne MARSHALL; Anita MYSTIUK; Francis NEILL; Linda PEREA; Josephine PETERSEN;

Terttu PLUSH; Violetta STEFANOVSKI; Lizzy VOIGT; David WAKELIN; and Shona WOOLMAN.

Certificate IV in Life Coaching Tim JAMES and Titus KALOKI.

To our current students - when you complete your study, we hope you plan to attend a ceremony to celebrate your achievement with friends and family

The NEXT GRADUATION CEREMONY is planned to be held sometime in JUNE 2007 so register your interest and set that goal to attend, **do it NOW**.

We enjoy all the contacts we have with students, so why not drop us a line and send us your ideas or comments to help keep us informed of what your needs are.

PLEASE REMEMBER – put your details on the back of Money orders and cheques. This ensures the amount you pay is credited to your account. It is very difficult to trace payments if you do not put the details on the back.

As always I end with another of my FAVOURITE QUOTES:-

“Things turn out best for those who make the best of the way things turn out...”

Think about it.....if you make the best of every situation in your life then things will always turn out best for you.

Let me close with warmest wishes for a safe and happy Christmas and New Year, from all the staff in the Adelaide Student Support Centre.

MERRY CHRISTMAS & HAPPY NEW YEAR!!

Remember... if you need help with your study, all you need to do is ask, - it is a greater 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. See you in 2007...

Kind Regards

Carol, Kerry, Sally, Linda, & Josie
The Adelaide team

Western Australia

Hello to all of our students, and welcome to this edition of *The Professional Counsellor*!

As the New Year approaches, the WA Student Support Team would like to wish all of you a happy and fulfilling New Year. The beginning of a new year is traditionally a time for reflection and resolution, and in this sense serves as an opportunity for a fresh start. By taking the time to consider our experiences and actions of the past year and reflect on them, we can get a better sense of where it is we want to go, and how it is we want to get there. With this in mind, we would like to remind you that the Student Support Team is here to help you achieve the study goals you

have set for yourself, and to support your learning for the Diploma of Professional Counselling. If there is anything you need assistance with, give us a call and we will do our best to help. Please remember that the STUDY ASSISTANCE LINE is also available to you on 1300 139 239, in case you need any assistance with your course material.

As you know, there are practical components to your counselling Diploma which students complete gradually as they progress through the theoretical components. We would like to emphasise the importance of seminars as the primary and preferred method of practical assessment. As a counsellor in training, it is beneficial to attend the seminars as you not only get to comprehensively practice the skills you have learned, but also get a chance to interact and network with other students. Private Assessment and Video Assessment are considered alternative forms of assessment for those students who are unable to attend seminars due to location or timing constraints. If you have met the pre-requisites for a particular seminar and are ready to book, please give us a call. And if for some reason you cannot attend a scheduled seminar, let us know - we may be able to arrange an extra seminar (depending on student numbers).

2007 Timetables for seminars, optional tutorials, In-Class and ASM workshops have already been sent via email. If anyone would like to have a hard copy, give us a call and we will post one to you. If you have recently changed your email address or did not give us one, please make sure we have got your current email address so we can keep you informed!

We would also like to take this opportunity to welcome Erica on board – we are very glad to have you join our team, and wish you all the very best in your new position!

The WA Student Support Centre can be contacted on (08) 9228 3026, or via email on aipcwa@aipc.net.au. Enquiries can be directed to:

Rathini (Branch Manager) – study or payment queries, Austudy enquiries

Naama – study packs, seminar bookings, and other assessment enquiries

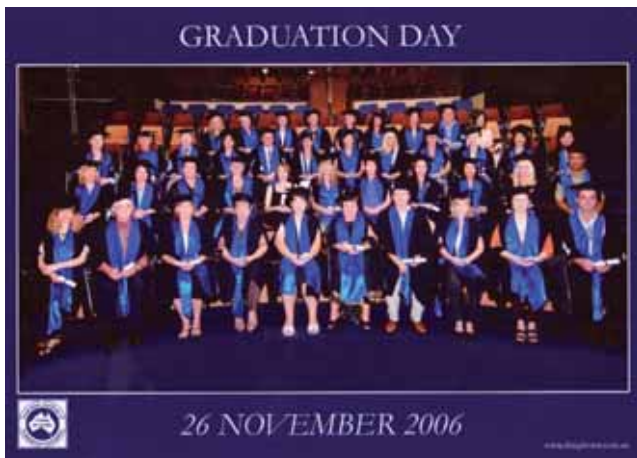
Erica – accounts and general enquiries

Wishing you all the best for your studies and a happy new year,

Rathini, Erica, Naama, Kevin, Geoff and Mary
The WA Team

SPECIAL EVENTS

BRISBANE GRADUATION CEREMONY



233 guests and 42 graduates attended the annual Brisbane Graduation Ceremony on Sunday 26th November 2006 at the Bardon Conference Centre.

ACA Managing Director Philip Armstrong was guest of honour and spoke about the importance of integrity and consistency as key qualities that all graduates should develop. Philip also spoke about the importance of continuing to build one's professional skills and that learning doesn't stop now that a graduate has completed their diploma studies.

Philip also shared a light hearted story relating to his own early counselling experiences, proving that counselling sessions don't and won't always go according to plan.

Rob Carrigan from AIPC Brisbane congratulated all graduates on their fine achievements and spoke about the passion, commitment and dedication they showed to be recognised on the day. He also thanked the many guests who supported graduates throughout their studies and spoke of the importance of having that belief from people to encourage and contribute to the successful completion of their course.

Renowned Brisbane Life Coach Selina Scoble also spoke to the graduating class on the importance of self belief and having a vision for what they wanted to achieve in the future. As a 2000 Olympian, Selina had to overcome the mental anguish of a pre-Olympic injury that could have prevented her from fulfilling her dream, but drawing on her personal determination she was able to defy medical experts and play a major part in her team's 2000 Olympic campaign.

In closing, Rob said how proud the Australian Institute of Professional Counsellors Team were of each and every graduate and wished them much success on their continued journey of learning.

The next AIPC graduation is open to all students who complete their studies before Wednesday 21st November 2007 as the official graduation next year will be on Sunday 25th of November 2007.

ADELAIDE GRADUATION CEREMONY



The Adelaide Student Support Centre held its Graduation Ceremony for their 2006 Graduates on 7th October 2006. The ceremony was hosted by AIPC Adelaide Branch Manager Carol Moore and her staff with guest speakers Carey Hauri and Kerry Cavanaugh. Congratulations to all Graduates who can now proudly call themselves Professional Counsellors!

Back Row

Carey HAURI (Life Coach Speaker); Kerry CAVANAGH (Psychologist/Supervisor, Guest Speaker); Sandra BRACKEN; Danielle KEMP; Patricia CORBETT (NSW Student); Violetta STEFANOVSKI; Carol MOORE (Manager SA); Deborah BASTIRAS; Tracy BURGER; Maureen CAIN; Linda PEREA; Kathryn LEWIS; Anne CASSIDY

Centre Row

Karen JEPHSON; Anita MYSTIUK; Alessandra HUNJET; David WAKELIN; Tim JAMES; Francis NEILL; Dianne MARSHALL; Judith GREENWAY; Tracy ELSWORTHY; Margaret DONHARDT

Front Row

Mauri HEUSLER; Ruth ABBOTT; Debra JOHNSTONE; Belinda HOWLAND; Rosanna FURDA; Terttu PLUSH; Chrissandra MARSHALL; Titus KALOKI; Elizabeth VOIGT; Josephine PETERSEN; Shona WOOLMAN.



SALLY AND ANDREW'S WEDDING

Sally (Adelaide Tutor) married her Fiancé, Andrew WATT, at the Beautiful Richardson's Gardens - McLaren Vale on 11th November 2006. Great day, fabulous weather and all who attended enjoyed the celebration!

The whole AIPC Team wishes them both a long and happy future together.



A Christmas Message from the Director and AIPC team

The festive season is a great time to reflect on the year that has been. How have your studies and plans been going? Here at the Institute we've had an extremely busy year fine tuning our services, working on some innovative projects and improving the quality of our publications. The counselling industry had also a great achievement this year with the confirmation that its self-regulated development is on the right track!

We would like to take this opportunity to wish you all a Merry Christmas & a wonderful New Year as we move ever so quickly towards 2007. We look back on the past year with great warmth and sincerely thank you for your commitment and support of the Institute over the years. May you and your family have a safe and merry holiday season – and may next year be even more satisfying for us all!

Simon Clarke and the AIPC team

Christmas and New Year Closure Dates

Each of the Institute Student Support Centres will be closing for a short break over the Christmas and New Year period. Hopefully you will be able to take a bit of a break too and put your studies aside for a little rest and relaxation over the festive season.

During the holiday season Head Office will be accepting completed assessments however you will need to allow a little extra time for their return.

Please remember that if you are receiving Centrelink benefits whilst you are completing your course, you will need to submit your assessments in accordance with the due dates on your Course Outline.

The Closure dates for each Institute Student Support Centre are:

<i>Student Support Centre</i>	<i>Christmas Closure Dates</i>		<i>Re-Opening Dates</i>	
	<i>Time</i>	<i>Date</i>	<i>Time</i>	<i>Date</i>
Regional Qld	5.00 pm	15-December-2006	9.00 am	02-January-2007
Brisbane / NT / TAS	12 noon	15-December-2006	9.00 am	02-January-2007
Regional NSW	5.00 pm	15-December-2006	9.00 am	02-January-2007
Sydney	5.00 pm	20-December-2006	9.00 am	02-January-2007
Melbourne	5.00 pm	20-December-2006	9.00 am	02-January-2007
South Australia	5.00 pm	20-December-2006	9.00 am	02-January-2007
Western Australia	5.00 pm	20-December-2006	9.00 am	02-January-2007
Head Office	5.00 pm	20-December-2006	9.00 am	02-January-2007

SEMINAR DATES

Northern Territory

Communication Skills I/Seminar A
10/03/2007

The Counselling Process
24/03/2007

Counselling Therapies I/Seminar C
14 & 15/04/2007

Counselling Applications/Seminar F
21/04/2007

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
18/01/2007, 09/02/2007, 24/02/2007, 16/03/2007

Communication Skills II/Seminar B
19/01/2007, 10/02/2007, 17/03/2007, 31/03/2007

The Counselling Process
17/02/2007, 12/04/2007

Counselling Therapies I/Seminar C
02 & 03/02/2007, 02 & 03/04/2007

Counselling Therapies II/Seminar D
22 & 23/01/2007, 29 & 30/03/2007

Case Management/Seminar E
29 & 30/01/2006, 23 & 24/03/2007

Counselling Applications/Seminar F
28/02/2007

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
27/01/2007, 31/03/2007

Communication Skills II/Seminar B
28/01/2007, 01/04/2007

The Counselling Process
03/02/2007

Counselling Therapies I/Seminar C
17 & 18/02/2007

Counselling Therapies II/Seminar D
10 & 11/03/2007

Case Management/Seminar E
10 & 11/02/2007, 28 & 29/04/2007

Counselling Applications/Seminar F
17/03/2007

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
13/01/2007, 10/03/2007

Communication Skills II/Seminar B
14/01/2007, 11/03/2007

The Counselling Process
03/02/2007, 31/03/2007

Counselling Therapies I/Seminar C
10 & 11/02/2007, 21 & 22/04/2007

Counselling Therapies II/Seminar D
17 & 18/03/2007

Case Management/Seminar E
24 & 25/02/2007

Counselling Applications/Seminar F
01/04/2007

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
10/02/2007, 14/04/2007
Communication Skills II/Seminar B
10/03/2007
The Counselling Process
17/02/2007
Counselling Therapies I/Seminar C
03 & 04/03/2007
Counselling Therapies II/Seminar D
28 & 29/04/2007
Case Management/Seminar E
24 & 25/02/2007
Counselling Applications/Seminar F
24/03/2007

Note: pre-requisites apply for all seminars

Venue: AIPC, Brisbane Support Centre
Address: 336 Stanley Rd, Carina Q 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
17/02/2007, 17/03/2007, 14/04/2007
Communication Skills II/Seminar B
18/02/2007, 18/03/2007, 15/04/2007
Counselling Process
24/03/2007
Counselling Therapies I/Seminar C
24 & 25/02/2007, 31/03 & 01/04/2007
Counselling Therapies II/Seminar D
03 & 04/03/2007, 21 & 22/04/2007
Case Management/ Seminar E
10 & 11/03/2007, 28 & 29/04/2007
Counselling Applications/Seminar F
25/03/2007

Note: pre-requisites apply for all seminars

Venue: AIPC, Melbourne office
Address: Level 1, 337 Latrobe Street, Melbourne
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.

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Tasmania

Communication Skills I/Seminar A
18/02/2007
Communication Skills II/Seminar B
25/03/2007
The Counselling Process
29/04/2007
Counselling Therapies II/Seminar D
17 & 18/03/2007
Case Management/Seminar E
24 & 25/02/2007
Counselling Applications/Seminar F
15/04/2007

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.

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:

- Difference
- Child Development/Effective Parenting
- Professional Membership, Development, Supervision & Ethics
- Abuse/Abuse Trauma
- 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.



Institute Education and Administration Centres

KEY WORDS IN COUNSELLING

Emotional abuse: negative treatment of another so as to cause feelings of degradation, humiliation, offence and/or distress. Can include name calling, threats, criticism, rejection and teasing.

HEAD OFFICE

Locked Bag 15,
Fortitude Valley Qld 4006
47 Baxter Street,
Fortitude Valley Qld 4006
Telephone: 07 3112 2000
Facsimile: 07 3257 7195

BRISBANE QLD

PO Box 425, Carina Qld 4152
336 Stanley Road,
Carina Qld 4122
Telephone: 07 3843 2772
Facsimile: 07 3843 3599

REGIONAL QLD

PO Box 200,
Moffat Beach Qld 4551
7 Mariner Place,
Bokarina Qld 4575
Telephone: 07 5493 7455
Facsimile: 07 5493 7466

GOLD COAST QLD

PO Box 9069, Lighthouse Beach,
Port Macquarie NSW 2444
Suite 2, Level 4, Kay House,
35 Scarborough Street, Southport
Qld 4215
Telephone: 1800 625 329
Facsimile: 02 6581 5117

SYDNEY NSW

PO Box 238,
Parramatta NSW 2124
Suite 21, Level 2,
152 Marsden Street,
Parramatta NSW 2150
Telephone: 02 9687 9688
Facsimile: 02 9687 9698

REGIONAL NSW

PO Box 9069, Lighthouse Beach,
Port Macquarie NSW 2444
1/34 Jindalee Road,
Port Macquarie NSW 2444
Telephone: 02 6581 5112
Facsimile: 02 6581 5117

MELBOURNE

GPO Box 417C
Melbourne VIC 3001
Level 1, 337 Latrobe Street,
Melbourne VIC 3000
Telephone: 03 9670 4877
Facsimile: 03 9602 3832

ADELAIDE SA

PO Box 3027,
Rundle Mall PO SA 5000
Level 10, GHD Building,
68 Grenfell Street,
Adelaide SA 5000
Telephone: 08 8232 7511
Facsimile: 08 8232 4242

PERTH WA

PO Box 631, Mt Lawley WA 6929
Suite 1/110-116 East Parade,
East Perth WA 6004
Telephone: 08 9228 3026
Facsimile: 08 9227 6648

THE
PROFESSIONAL
COUNSELLOR