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### Management Committee

President/PACFA delegate **Anna Osborne**

Vice-president **Florence Ee**

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Treasurer **Tim Nunan**

PACFA delegates **Anna Osborne**  
**Kevin Glasheen**

Student Representative **Krissy Davis**

Committee Member **Kevin Glasheen**

Website sub-committee **Florence Ee**

### Non-management Committee Support

Registrar **Paul Neumann**

"Contact" Editor **Diana Domenech**

Membership & Marketing  
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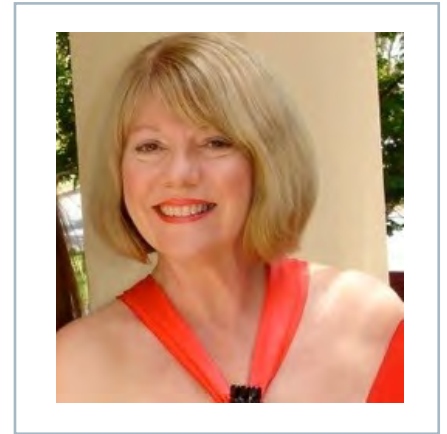
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March 2017

# President's Report

by Anna Osborne



The year has started well for QCA and we are on track to achieve many of our goals into 2017. In order to move forward we are planning to re-write our **Strategic Plan** in April with the assistance of an experienced facilitator. Prior to April we will ask members for their opinions in a survey, to better define members aims. Following the strategic planning process, we will circulate a draft of the plan to members for comment. Last year we formed a Web sub-committee to better market and present our media image across social networks, and this continued emphasis on marketing and technology will form a vital part of our new strategic plan.

On 7<sup>th</sup> February I addressed Counselling students at the Australian College of Applied Psychology (ACAP) and was heartened by the large numbers enrolled in Counselling courses and the warmth of the response. The new **QCA "Student Category"** information was well received and students were very interested in our wide range of PD subjects. Florence Ee our Vice-President also addressed students at USQ recently and was also well received. If any members have contact with Course Coordinators of Counselling students, please let us know and we would be happy to inform students about our activities.

During 2017 we have a newly formed **Sunshine Coast PD sub-committee** to better service members on the Sunshine Coast and we will attempt to arrange PD on the Gold Coast in the near future. Thank you to the PD sub committee who do a wonderful job and find time in their busy lives to assist QCA so professionally.

I would like to take this opportunity to remind QCA members that we have an **ethics committee** who investigate complaints against our members. Complaints are not regular however it would be in the interest of all members to have notes about clients (of some kind) so that if a complaint is lodged there is at least a minimal level of documentation available. Unfortunately, with mental health conditions (particularly due to drugs) on the increase it is likely there may be an increase in the number of complaints received.

The **PACFA Council meeting** will be held in Sydney on 1st and 2nd April 2017 and Kevin Glasheen (CM member) and I will be attending as QCA representatives. I have recently been informed we are the only member association remaining in PACFA and that there are likely to be major changes to the PACFA portal next year, which will affect QCA. I hope to learn more information at the meeting and as always look forward to hearing about PACFA's activities to improve the counselling services sector.

*Anna Osborne*

# Registrar's Rundown

by Paul Neumann



## General Annual Renewal

Renewal of membership for all members is due on **30 June 2017** so now is a good time to check if you are on track with your PD, client and supervision requirements for renewal.

Renewal requirements are:

- **40 points of PD** (30 from Category A)
- **100 client contact hours** for Associate Members
- **10 supervision hours**
- **Current professional indemnity insurance**
- **Current supervision contract**

Evidence of all of these must be retained in your professional portfolio for a period of 3 years and be available for perusal at audit time.

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**Renewal reminders will be sent in early May**

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## Audit of professional portfolios

It is now 3 years since the introduction of the electronic portal for processing membership applications and renewals.

As part of this process it is required that we do an audit of all members' professional portfolios of professional development hours, and client contact and supervision hours at least once every 3 years.

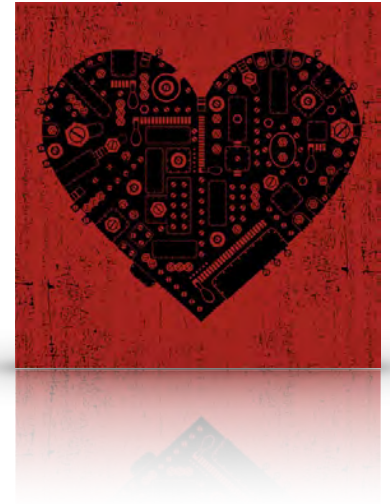
The time is now up for this process to occur so you can expect to receive a notice to provide your portfolio for examination during the next 12 months. Please ensure that your documents are up to date.

PACFA registrants will be audited by PACFA.

*Paul Neumann*

# Research supports the fact that **stress** can lead to cardio vascular risks such as **stroke** and **heart attacks**.

by **Anna-Maree Osborne**



A recent study (2017) published in the Lancet concluded that:

*"heightened activity in the amygdala -- a region of the brain involved in stress -- is associated with a greater risk of heart disease and stroke".*

While more research and larger studies may be needed to confirm the mechanism, the researchers suggest that these findings could eventually lead to new ways to target and treat stress-related cardiovascular risk. Hopefully we Counselling practitioners will be at the forefront of these new ways of tackling stress.

It is well known and accepted by the medical profession that smoking, high blood pressure and diabetes are risk factors for cardiovascular disease and this study suggests that now chronic psychosocial stress could also be a risk factor. This is a mind/body connection that I am sure many Counsellors have pondered when treating distressed clients.

*"Previously, animal studies identified a link between stress and higher activity in the bone marrow and arteries, but it has remained unclear whether this also applies to humans. Other research has also shown that the amygdala is more active in people with post-traumatic stress disorder (PTSD), anxiety and depression, but before this study no research had identified the region of the brain that links stress to the risk of heart attack and stroke. Those participants in the study with higher amygdala activity had a greater risk of subsequent cardiovascular disease and developed problems sooner than those with lower activity."*

The researchers found that the heightened activity in the amygdala was linked to increased bone marrow activity and inflammation in the arteries, and further suggest that this may cause the increased cardiovascular risk. The authors concluded that a possible biological mechanism, whereby the amygdala signals to the bone marrow to produce extra white blood cells, which in turn act on the arteries causing them to develop plaques and become inflamed, can lead to heart attack and stroke.

This information must now be added to many evidence based studies about the relationship of stress and psychological distress to bodily symptoms, and the importance of Counselling and Psychotherapy to

improve psychological well-being and decrease medical costs of treatment by early intervention strategies.

### References

"The Lancet. "How stress may increase risk of heart disease and stroke." ScienceDaily. ScienceDaily, 11 January 2017. [www.sciencedaily.com/releases/2017/01/170111213656](http://www.sciencedaily.com/releases/2017/01/170111213656).

Journal Reference:

J. A. Egido, O. Castillo, B. Roig, I. Sanz, M. R. Herrero, M. T. Garay, A. M. Garcia, M. Fuentes, C. Fernandez. **Is psycho-physical stress a risk factor for stroke? A case-control study.** *Journal of Neurology, Neurosurgery & Psychiatry*, 2012; DOI: [10.1136/jnnp-2012-302420](https://doi.org/10.1136/jnnp-2012-302420)

*Anna Osborne*

# Counselling online – How does it work and how well?

by John Nutting



My day as a counsellor can take me to many parts of the world. It can start with early morning session at 7:30am with a client in New York, where it's already evening. That's followed by a session with a regular client in Melbourne. Then it's time for a coffee break before I start the next session with another regular client from New Zealand who happens to be in India at the moment. That might be the end of counselling for the day and the next day is free as well until 8 PM when I'm talking with a new client who is normally in London but today they are in Copenhagen.

I've been counselling regularly by phone with clients around the World since 1998. In 2005 I started experimenting with Skype. Today I use a more professional service Zoom.

I have also been creating my own websites since 1997 and today I enjoy good rankings in Google searches. There are some vital tricks and some traps counsellors need to be aware of before getting involved starting a website, or if their current website isn't getting results. I'm preparing another article for "Contact" about counselling websites.

There are three different approaches for on-line Counselling that each get good results:

- Working face to face with one client using Skype or Zoom is similar to phone counselling but as I explain, it's much better with video as long as you don't try to use therapy.
- Online group sessions using Zoom or Skype can be very useful bringing several of your clients together who are all working on similar issues.
- Training clients on a specific skill, for example developing stronger boundaries

There are other approaches for on-line Counselling that don't seem to work so well:

- Counselling by e-mail. Too slow.
- Therapy or psychotherapy – definitely not recommended even in emergencies because you have so little control over what's happening at the client's end.

Working with one client using Skype or Zoom is very similar to working face to face, for example:

## Visualisation

If you already use any kind of visualisation process regularly with your clients, then working online is so similar that it requires very little to change. Usually the client closes their eyes and listens to your voice just as they would do if they were in the same room. However, you do need to have the client make sure that they are not going to be interrupted during the visualisation, either by electronic devices or a family member.

## When a client needs your help immediately

If you have a regular client experiencing a meltdown or a similar crisis and you're happy to make yourself available right now, they will truly appreciate your help. It may be sufficient for you just to hear them and calm them down. You probably do this now on the phone, it just works better with video.

## Narrative or solution focused processes

I assume CBT works quite well online. Personally I'm not a great fan of CBT as such but I am happy to use logical rational analytical thinking if a particular client will respond to that. Most clients in a highly emotional state don't seem to find that helps. *"But what would make someone do that?"* they ask, as if there was a rational answer that you have at your fingertips and that sharing that answer will suddenly help them to feel better. If only counselling was as easy as that

There is growing evidence that when we can get the client to tap into their body memories as well as their brain they seem to get much better results. That's where narrative processes, solution focused approaches, voice dialogue or similar not so logical and not so therapy based processes are much better suited to online counselling.

## Training a client in a particular verbal skill

it's so easy to coach or train a client who needs to develop a particular verbal skill, for example assertive communication. This can take several sessions but the client will be particularly appreciative when they start to use the new skill.

## So how successful are these processes?

Working online can achieve good results for clients who seek non-therapeutic counselling. Clients are more comfortable in their own space as long as it's free of interruptions and for them. A particular advantage is that they are relieved of the need to travel home after a long energy draining session.

In many cases clients report that on-line sessions seem to work better than face-to-face counselling. I believe one of the reasons is that our faces are physically far closer together than we could maintain in a live session. This opens up the opportunity for a more personal kind of interaction, the client feels safer and often starts to share deeper issues online than they would in a counsellor's room.

## Advantages for you the counsellor

Online counselling opens up your client base to thousands of people waiting to work with you. It also increases your potential to have many more client sessions with the same client. Online clients often stay connected for five, seven or more years. Long term clients appreciate online opportunity to check in occasionally.

If you like working with a particular counselling area or use special counselling skills, then online counselling gives you an opportunity to link to clients who are seeking that particular skill. If you work online early and later in the day you can open your appointment book to handle more clients without having to leave home.

I find online sessions have one other particularly valuable advantage. You can offer a potential client an initial consultation of 20 or 30 to minutes duration for free. You and your potential client can get to know each other with minimum discomfort and no cost for the client and for you too. On an average nearly 50% of those free sessions will lead to a paid session and then more paid sessions. Online group sessions with 3 to 5 participants are much easier to arrange than live groups and can be very successful. I run these regularly.

No fixed time. Sessions can be brief or run for hours.

No need to get dressed or get in the car. Make a coffee, tidy your hair and you're ready to start work.

- But you do need a private room to work in absolutely free of interruptions.
- You need a separate computer not able to be accessed by family members to maintain privacy and maintain confidentiality

EMDR online actually works quite well. Inner Child processes and Voice Dialogue work very well.

## Technical issues

- Counsellor and client both need stable internet connections and even then sessions may freeze/ drop out for short periods on Skype. That is seldom ever a problem on Zoom.
- Most modern laptops have satisfactory built in cameras and microphones. Headsets for counsellor and client are preferable. Clients can even use their smartphone.
- Client and counsellor both need to be confident and competent using their computer online.
- Skype is free but tends to have a lot of dropouts. Zoom starts as a free program but is limited to 40 minutes. I pay \$21 AUD a month for Zoom Professional which is unlimited.

## Disadvantages

- Definitely not recommended for psychotherapy. You have far too little control over the process.
- Longer working day – online clients prefer evenings and weekends for sessions
- Need to be prepared for requests for an urgent on-line session. (Like a rural doctor you can find yourself being expected to take calls in emergencies outside normal working hours.)
- Security issues. I believe there is only a very low risk but it's important to make your client aware that anything online can be accessed by others.
- If working from home then working online will interrupt your family and home life.
- If your clients are in other countries the time zones can mean that you need to work earlier in the morning or later in the evening.

*John Nutting*

### **QCA Online PD session about online counselling - Friday 28<sup>th</sup> July**

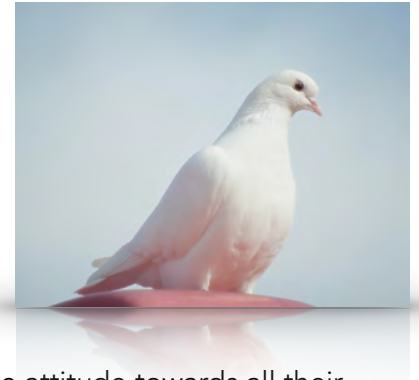
On Friday 28 July QCA is offering an online professional development workshop on online counselling. It will include a live interactive question and answer session using QCA's professional Zoom service.

**John Nutting** will also be facilitating the online PD session. Members will be receiving details by email closer to the date.



# From Conflict to Peace: Part 2

by Nathan Beel



In the last edition of Contact, with a backdrop of the US elections, I introduced the notion of helping clients learn to adopt a listening supportive attitude towards all their inner experiences, rather than marginalising some and supporting others. This second part of two will introduce ideas for counsellors on how incorporate these ideas into their therapeutic interactions. Here are some I've found helpful.

- 1.** Reflect to capture multiple parts of the client's experiences in a dignifying way: If a client is condemning a disapproved part, using an example of grief, one reflection might be, "So it sounds like there's a part of you feeling like you should be over your grief by now, and there is another part of you that's letting you know it's still grieving." This response acknowledges the voice of the implied frustrated part and the grieving part.
- 2.** Invite exploration of the disowned parts: For example, if a client says "I have this stupid fantasy of freedom - of just selling everything up and travelling. But it's unrealistic and I have responsibilities." The counsellor might reply: "It sounds like there's a part of you that values meeting your responsibilities. I'm also hearing there's another side in you that longs to sell up and travel. I'm wondering if would be okay to learn more about this desire to let go and travel. There may be something in this that might be helpful." In this case, the client's dream behind travel was freedom, peace, and novelty, yet her responsible side was dismissive of it. She had lost conscious connection with these deeper values due to her routine and mundane responsibilities of life. Listening to the rejected parts is not suggesting submitting to, or acting out of, any part but simply making space to understand each more fully.
- 3.** Avoid siding with clients against other people: Empathically provide understanding for clients complaining about other people, and once the client feels heard, invite them to consider the other person's perceptions, feelings, values, and concerns. Conflict tends to narrow and distort perceptions, and increase the risk of more extreme reactions. Expanding awareness of the context and awareness of what might be concerning and motivating the other person can help defuse reactivity towards them.
- 4.** Help uncover the message under the packaging: Some parts deliver brutal and dangerous packages. Take for instance the suicidal part that is potentially lethal. The temptation in this example is to marginalise it, motivated by wishing to support safety. An alternative approach is to assume even the part that thinks about suicide is trying to be helpful in some way. Often suicidal parts are looking for a sense of relief from suffering or stress, display a resigned wish for a better future, or perhaps are looking for better internal or external support. These underlying motivations and messages are important to recognise and talk about. When the underlying messages are heard and supported, often the accompanying desperation diminishes.

5. Recognise hidden, implied, or potential parts: Using the suicidal part just mentioned, there is also an implied side of a part that wants to live given the person is still alive. This life supporting side might also be explored. Another example is when people have a self-critic part, there will also be parts which are being criticised (for example, a procrastinator part). Counsellors can listen to what is implied but not mentioned directly, and help draw attention to them. For example: "I can hear that there is a part of you that's angry about procrastinating this week, and it sounds like a procrastinating part showed up. I'm wondering if we can seek to understand both parts - the part that wants you to study and the part that didn't want you to study."

6. Help the client learn to understand the part from its own perspective: This approach is recommended in Inner Relationship Focussing, whereby the client is encouraged to listen to the felt sense inside, sense how it is feeling, sense what it wants (and what it doesn't want), and even to check if the part wants to speak. Some clients find this easier to do than others, and it may take some initial work in helping clients become more aware of their inner experiences. Richard Schwartz has a useful question in asking what the part needs so that it can relax. For instance, with an addict part, the therapist might ask, "Check with the addiction part what it needs so it doesn't have to work so hard."

I have seen some dramatic results with this type of approach, and particularly with clients complaining of physical pain. The natural response of these clients is to disapprove of their pain and wish it to go away. By helping the clients to turn towards the pain experience with openness and curiosity, and to listen to it, they often receive a meaningful message from the pain. With the 'aha' moment, it is not uncommon for the pain to disappear as soon as the message is acknowledged (much to the pleasant surprise of the clients!). Pain is the body's way of communicating to us. Sometimes the body is attempting to communicate about something physical that needs attending to, and sometimes physical pain can be communicating a different message. Either way, pain is another example of a type of experience that we can help clients attend to respectfully.

I attempt to consciously work from a position that all aspects of the client's internal experiences are welcome and bring something of value to the client's growth process, and that often in the disowned parts lie important messages that relax when heard. Like people, parts soften when heard compassionately. Like people, they become more extreme and toxic when disrespected, ignored, silenced, or coerced. In counselling we can welcome a diversity of messages from within our clients with the belief that if all parts feel valued and heard, experiential integration and transformative learning will be more likely.

If you use any of these ideas, I'd love to hear  
how they work for you.

Drop me an email at [beel@usq.edu.au](mailto:beel@usq.edu.au).

*Nathan Beel*  
Lecturer (Counselling)  
Counselling Discipline Coordinator  
School of Psychology and Counselling  
University of Southern Queensland

# Professional Development

## Courses for Professionals working with people affected by forced adoption

The APS has been in discussions with the Australian Government Department of Health to expand eligibility for health professionals to be funded to complete online training on past forced adoption policies and practices.

The APS is pleased to advise that these discussions have been successful, and a broader range of mental health professionals working with people affected by forced adoption are now eligible to access subsidised training funded by the Department of Health.

### Eligible professions

Eligible professions include counsellors, therapists and relevant case workers, as well as Aboriginal health workers, psychologists, psychiatrists, general practitioners, social workers, occupational therapists and mental health nurses.

### Funded Courses

There are two courses that are funded and available free of charge for health professionals:

**1. Working with people affected by forced adoption: training for mental health professionals (8 hrs) - event number 16082**

This course is suitable for all mental health professionals who are currently working or plan to work with people affected by forced adoption. It gives a brief overview of the past forced adoption policies and practices in Australia and suggests frameworks and principles to guide clinical work and the development of effective therapeutic relationships.

**2. An overview: understanding past forced adoption policies and practices (1 hr) - event number 16084**

This course is suitable for professionals who wish to gain general knowledge but are not currently working or do not plan to work with people affected by forced adoption. It gives a brief overview of the past forced adoption policies and practices in Australia and the impact it has had on individuals and families. If you have any questions, please email [forced\\_adoption@psychology.org.au](mailto:forced_adoption@psychology.org.au).

**EDITOR'S NOTE:** The event numbers highlighted above will help you quickly locate the course on the APS Events page. Go to <http://www.psychology.org.au/Events> and enter the event number in the **Keywords** field.

## Professional Development Roundup

QCA Sunshine Coast PD started activities for 2017 with a very successful workshop, **"An Understanding of Suicide"** – at the Sunshine Coast University, Saturday 11<sup>th</sup> February.

Presented by Jani and Phil Marshall from Suicidology. Twenty-six Sunshine Coast QCA members and students from SCU attended.



Maria Hull Sunshine Beach, with Sunshine Coast PD Co-ordinator Nathalie (centre) and Jennifer Ashiedu.

## Upcoming PD Events

**March 11 @ 8:30 am - 4:00 pm**  
**Sunshine Coast**

Developing micro skills in dealing with relationship vulnerabilities portrayed in Sandplay

**March 12 @ 9:30 am - 3:30 pm**  
**Relationships Australia**

The ACT model of psychotherapy

**March 24 @ 5:00pm - 7:00 pm**  
**Relationships Australia**

Traumatic loss in the context of family violence

**April 23 @ 9:30 am - 3:30 pm**  
**Relationships Australia**

Theory, philosophy and practice of restorative justice

**May 26 @ 5:00pm - 7:00 pm**  
**Relationships Australia**

The Skilled Doodler – Draw the current picture, Sketch the preferred scenario and Diagram the way forward






**June 10 @ 9:30am - 3:30 pm**  
**Relaxation Centre**





Core Belief Balancing






For full details of these and all upcoming QCA PD events, please check our **online events** page at:

 [qca.asn.au/events](http://qca.asn.au/events)



# Supervisor Listing

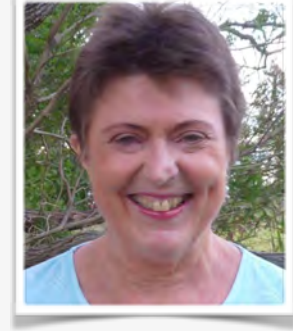
	<b>Nathan Beel</b>			
<p>Online individual clinical supervision via Skype or Zoom. Fees are \$60 per hour.</p>				
	<a href="http://beel410.wixsite.com/nathanbeel">http://beel410.wixsite.com/nathanbeel</a>		<a href="mailto:beel@live.com.au">beel@live.com.au</a>	
	<a href="https://au.linkedin.com/in/nathanbeel">https://au.linkedin.com/in/nathanbeel</a>			

	<b>Anna-Maree Osborne</b>			
<p>I am a clinical member and supervisor with QCA and possess over 15 years of counselling experience with individuals, couples and people with a disability. My framework is quite eclectic but includes Narrative, Solution- Focused, Gestalt, and Mindfulness approaches.</p> <p>I have worked for several Community, Occupational Rehabilitation, Government organisations and QUT in many roles and now, in my own practice, specialise in the areas of personal growth, depression, anxiety and couples counselling. I am currently the President of QCA and address many colleges and universities about the role of Counsellors.</p> <p>I offer a 20% discount to QCA members for supervision and have rooms at Auchenflower, Brisbane.</p>				
	<a href="http://anewu.com.au">anewu.com.au</a>		<b>0412 319 966</b>	

	<b>Karol Misso</b>				
<p>Karol Misso is a Fellow of QCA and a PACFA Registered Counselling Therapist with over 20 years' experience. He is a QCA registered Clinical Supervisor with several years' experience supervising therapists using a variety of modalities. With a Certificate in Supervision from Relationships Australia he is skilled in supervision from a Systemic perspective. Karol also offers short term Supervision for Therapists who are looking for particular skills in working with clients experiencing issues around sexuality, internet pornography and infidelity. With experience in Supervision in the Masters in Counselling Programme at QUT Karol is ready to offer external supervision for students doing placements and preparing for Accreditation with QCA.</p> <p>Karol's practice is on the Northside and is flexible with times, including evenings (no weekends). Supervision is face-to-face with the possibility of telephone sessions in emergencies.</p> <p>Fees are \$ 100 per one hour session with the option to negotiate a fee in special circumstances.</p>					
	<a href="mailto:kmisso@bigpond.com">kmisso@bigpond.com</a>		<b>3216 2980</b>		

# Supervisor Listing




	<b>Silvia Camastral</b>	<b>New Farm Merthyr Village - Mon/Tues/Fri 11:00am to 6:15pm</b>
<p>I have been supervising therapists, counsellors, psychologists and students of Counselling programs for the past 25 years. I use a Process Oriented approach to Clinical supervision. This method often uses role play to bring the client into the "here and now" into the session. This simple and yet powerful method helps for the supervisee to gain insight into the client's experience, reflect on therapeutic tools and parallel process and thus professional and personal growth. I run a monthly supervision group with up to 6 members.</p> <p>Whether in individual supervision sessions or in the group, the focus will be on the following issues: discuss cases and study the client's process, brainstorm and find suitable and creative interventions, look at professional practice issues; share ideas and experiences, get practical experience through one to one work and role-play, expand awareness through teaching and experiential exercises, study parallel process aspect, explore therapist-client relationship aspects, support and expand the therapist's own professional growth.</p> <p>My fee is 140 Dollars (incl GST), some sliding scale can be negotiated for students</p>		
 <a href="http://silviacamastral.com">silviacamastral.com</a>		

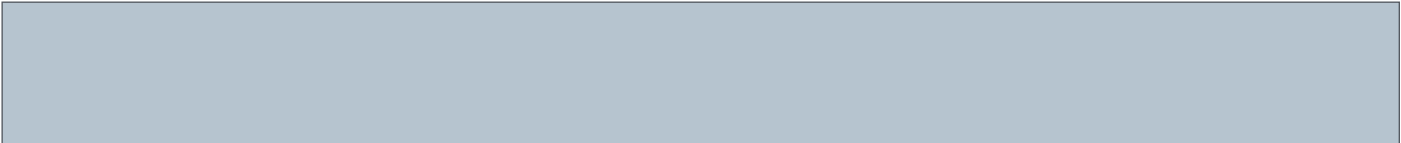


	<b>Jean Tulloch</b>	<b>2/14 Corona St, Sunshine Beach, Q 4567</b>			
<p>Jean is an accredited supervisor with PACFA, QCA, and AAOS (Australian Association of Supervision). She has offered professional supervision to staff employed in government organisations, NGO's, and private practice since 1996 in face-to-face, Skype and telephone format. Supervision is conducted via talking, symbols and artwork in both individual and group formats.</p> <p>Jean's passion lies in facilitating reflective experience, thus supporting counsellors maintain their professional capacity and currency. Professionally this has led to a combination of client work, personal development workshops, and therapist education. With qualifications in education and counselling, she has taught in a range of counselling and counselling-related courses since 2002 at Queensland University of Technology, University of Sunshine Coast and the Australian College of Applied Psychology. Voluntary work includes the QCA management committee (2008-2013), PACFA Ethics committee member (2011-2014), and she is currently board member of the Australian Association of Supervision.</p>					
	<a href="mailto:jeanrtulloch@gmail.com">jeanrtulloch@gmail.com</a>	 <b>0427 989 257</b>	 <b>5447 5392</b>		

	<b>Tim Nunan</b>	<b>Buderim Forest Counselling</b>			
<p>I commenced my supervision practice since completing the PACFA accredited "Wheel of Supervision" training program in February 2014. This program was conducted by the centre of Existential Practice in Sydney and consequently my approach to supervision is strongly influenced by themes commonly found in Existential Therapy. I have been a clinical member of QCA since 2008.</p> <p>My professional background is very diverse. I initially worked as a Catholic Priest, I then worked in Queensland Corrections as a Probation and Parole officer for several years. Hen more recently as a Family Dispute Resolution Practitioner. I retired from that position in December 2016.</p> <p>Since commencing my supervision practice I have supervised a wide range of counsellors who work with clients with complex needs. My overall approach to supervision is to establish a collaborative working relationship between the supervisor and supervisee and to support them in establishing a meaningful approach to reflective practice. I would be very happy to discuss any further aspects of my supervision practice with any interested supervisee.</p>					
	<a href="mailto:tnunan@bigpond.net.au">tnunan@bigpond.net.au</a>	 <b>0466 265 571</b>			

# Supervisor Listing

	<b>Susan De Campo</b>	<b>LifeCare Consultancy, Stones Corner, Brisbane</b>
<p>Having worked as a music teacher, Registered Nurse, massage therapist, and sales manager, it was when I was working as an RN alongside a clinical geneticist I first thought I might like to be a counsellor. I had absolutely no idea where this thought might lead or even what was involved – other than what I had experienced as a client. Some 24 years later I remain passionate about this work. My private practice is incredibly varied and fascinating and includes individual work, families and relationship work, children and young people, trauma, family law, child protection, tutoring and lecturing at university, training and media work. I cannot imagine feeling as though “I’ve arrived” – such is the nature of working with the complexities of the human condition.</p> <p>As a supervisor, I so enjoy being able to meet the supervisee where they’re at and support them with whatever professional needs they have at a particular time. Typically, supervisees are focused on different issues and concerns depending on their experience, their knowledge, the nature of their work, their personal and professional values and the way they prefer to learn and/or receive support. Given this, I tend not to be overly prescriptive about what must or must not happen in supervision – notwithstanding practice standards and imperatives. I tend to favour a systems framework (broadly speaking), I use humour as my choice of tension breaker/deflector/avoidance mechanism, and I somewhat prefer a “kinda-practice-what-you-preach-if-you-can” approach. So, I continue to read texts, go to heaps of professional development offerings, provide some pro bono work and accept students for placement at my practice. I believe that as an “elder” in the profession (I am a QCA Fellow), we ought to be modelling the sort of professional practices we want less experienced therapists to engage in.</p>		
 <a href="http://lifecareconsultancy.com">lifecareconsultancy.com</a>		



## Membership Roundup

# Welcome to new and returning members

QCA welcomes the following new members and extends warm congratulations to members who have upgraded. We look forward to seeing you at QCA functions.

Clinical	Shannon O’Gorman
Provisional	Motoko Shimokawa
Associate	Kristine Davis, Julie Messenger, Nicola Page
Student	Raquel Dubois

### QCA March 2017

*We wish to thank  
Relationships Australia  
at Spring Hill for generously allowing QCA  
to use their rooms for training and  
Professional Development Meetings.*