

NETWORK NEWS

Commentary, News and Reports from Regional and International Correspondents

Introduction

The issues of responding to substance abuse from a family therapy perspective are presented by the correspondents both in terms of local initiatives and in terms of how these problems are conceptualised. It would seem appropriate to move from the general to the specific by first outlining the thinking that informs the practice and then delineating some local and regional responses to substance abuse.

Contributors to this issue (in alphabetical order): Shauna Buscombe (Tasmanian Guest Correspondent), Jan Drury (Hunter region), Clare Lincoln (Victorian Guest Correspondent), Roslyn Phillips (NSW Correspondent), Melissa Raven (South Australian Guest Correspondent), Janet Roth (Queensland).

JANE CHAPMAN
Network News Editor

Family Therapy and Substance Abuse

A Place for Systems among the Orthodoxies?

Although many issues remain unresolved, there is an orthodoxy of sorts which has been emerging in the last decade or so in the drug field in Australia (although there is not and probably never will be consensus); for example, most drug workers would agree that tobacco and alcohol cause far more harm than illicit drugs, would question the utility of the disease model, would endorse the principle of harm minimisation (which underpins the National Drug Strategy), and would concur with the following statement from the *Future Directions* monograph, which takes a 'new public health' perspective:

Current thinking about the nature of alcohol and other drug problems suggests that there are biological, psychological and social factors which contribute to patterns of alcohol and other drug use, that for many, problem drinking and drug taking behaviour is a learned behaviour which can be 'unlearned'; and that problems related to the use of alcohol and other drugs occur along a continuum, with a greater proportion of the population experiencing low level problems rather than severe problems (Ali, Miller and Cormack, 1992: vii).

Yet this orthodoxy is largely confined to the drug and alcohol field, and these ideas would be surprising to many mainstream health/welfare workers, who are often influenced by ideas which prevailed years ago in Australia (and remain influential overseas, especially in the US). Historically, the drug field has tended to function as a somewhat cloistered enclave, with limited communication and collaboration with the wider health/welfare system. This is a two-way communi-

cation issue, with some drug workers seeing themselves as (and being perceived as) specialists dealing with issues not relevant to mainstream workers, and as a result neither group placing much importance on sharing information and ideas. Many health/welfare personnel are in fact reluctant to work with people with drug problems, partly because of the traditional stigma, but also because they often feel unable to intervene usefully—addiction is often considered to be in a class of its own, more difficult and somehow more exotic or sinister than other problems. On the other hand, the drug field has a tendency to be somewhat impervious to new developments in areas traditionally considered to be beyond its scope, such as domestic violence and ethnicity, class, gender and sexuality.

Addiction is often considered to be in a class of its own, more difficult and somehow more exotic or sinister than other problems.

Many family therapists too regard drug-related problems as a special category beyond their skills. They also tend to use uncritically the disease model and language such as 'alcoholic', 'addict' and 'substance abuse', without realising that there are more helpful alternatives well established in the drug field. Most substance abuse practitioners end up not working with families even though their approach to therapy may derive from systems theory. Somewhere in the history of abuse, families have often become fragmented, and relationships too conflictual for the family to be the unit of intervention.

Research in the drug field supports the efficacy of brief interventions for people at the less severe end of the substance use continuum. Therefore interventions such as those based on de Shazer's brief therapy lend themselves to work with this target group. Research with people on methadone programs indicates that family therapy is one of the most effective interventions for achieving permanent change. The anecdotal evidence from workers is that family therapy that is generally eclectic and long-term is successful, but may not be perceived as cost-effective.

Thus, marrying the problems of substance abuse to the techniques and interventions used in a variety of family therapy models has been implemented differently across the states. In the Hunter region, the hidden problems of substance abuse, and the efficacy of family therapy approaches, in this case brief therapy, are outlined below by Jan Drury.

A number of drug and alcohol counsellors in the Hunter became interested in adapting family therapy ideas to their work. This involved expanding their horizons to include more than just the identified client, as well as taking a more contextual approach to work with individuals. In a presentation in 1996, drug and alcohol counsellor Steve Harris talked about the effectiveness of solution focused and brief therapy techniques with the people whom he sees. In particular, the brief therapy notion of customer/complainant/visitor was described as vital in recognising where people are up to in terms of their motivation for change. Acknowledgement and acceptance of this from the outset goes a long way towards establishing a therapeutic link which may ultimately be taken up.

Several years ago, Hunter region therapists Norma Pepper and Narelle de Losa presented their understanding of families and alcohol dependency, published under the title 'Alcohol—the Family Secret'. They cited a Newcastle study of GPs who had correctly identified only 27.5% (of a possible 100%) of high risk drinkers and considered that this same sort of statistic could probably be extended to therapists. This would suggest then that in many situations where families are seeking help, alcohol and perhaps also drug usage do not come to light. Much of the literature on families and substance abuse specifies the sort of unwritten rules by which such families are bound, not least of which is the rule of silence. This, coupled with the high level of family distress associated with alcohol usage noted in the Royal Commission on Human Relationships (1977), is the rationale for therapists to become more aware of the indicators of a potential substance abuse problem.

From their experience, Narelle and Norma compiled a list of factors which therapists could take into consideration with regard to the possibility that alcohol could be a hidden problem for a family they are seeing.

1. A pattern of alcoholism in either family of origin (highlighted via the development of a genogram)
2. Specific roles taken by family members: the Enabler (who attempts to maintain a facade of

normality); the Hero (a high achiever, who tends to be over-responsible); the Scapegoat (who can become the focus of the problem); the Lost Child (quiet and withdrawn); the Mascot or Court Jester (the tension breaker)

3. Resistance to exploring beyond the presenting problem (evidence of the rules re family loyalty)
4. Children's failure to bring friends home
5. Reported swings in personality, behaviour changes
6. Very little reported quality couple time
7. Change from social involvement to social isolation
8. Sexual problems
9. Power struggles
10. Exaggerated fears of teenage drug abuse, or an inappropriate lack of concern
11. Domestic violence
12. Therapist flattering

The authors also outline how to proceed with a style of questioning which will illuminate the problems without alienating the family.

In Victoria, as for other states, the changes resulting from the tendering process have impacted on service delivery. Despite some potentially worrying scenarios brought about by this phenomenal 'sea change'—the new culture has brought such uncertainty and confusion that considerable expertise has left the mainstream for private practice, or exited altogether from the field—there are many workers who seem to be buoyantly optimistic about Regional command and the shaping of the new alcohol and drug organisational territories. Certainly, some interesting and exciting initiatives are taking place at the local level, the Bayside area being no exception.

For example, over the past twelve months, a training program has been run locally for general practitioners, covering an early intervention approach which encourages a general screening of patients for alcohol consumption and incorporates training for the delivery of controlled drinking programs. Evaluation follow-up has found that the GPs involved in this project have been effective in reducing consumption by patients in the program, and that patients themselves seem to have been able to minimise or better manage a range of problems associated with their drinking behaviour. Additionally, Southern Family Life, a counselling and support agency in Sandringham for families in distress, is building onto its current alcohol and drug counselling services by introducing an innovative 'addictions module' which will become integral to an ongoing Men and Women's Group Program. A variety of groups have been developed over the years to provide support for individuals who have been victims of sexual assault, violence or abuse, as well as for perpetrators of family violence. This new initiative sits well with the agency's overall philosophy and long-term commitment to help financially disadvantaged families and those with members who are at risk of harm.

In NSW, psychologist Sue Nicholson lectures at Macquarie University in family therapy approaches to

substance abuse in the Masters Diploma course in Clinical Drug Dependent Studies. She has done so for eight or nine years now, presenting a range of relevant approaches, including structural, solution focused and narrative.

The narrative approach is taken in the out-patient program at Langton Clinic, Surry Hills. Patients there attend a seven day group therapy treatment. These patients are in the post-detoxification period, and badly drug affected; they have sustained physical damage through their chronic substance use. During the group therapy, which is structured around the members' own goals, discussion concerns coping skills, conflict resolution, self esteem, personal competence and relationships. These topics are woven into the stories the members tell and the meanings they ascribe to events; sadness and despair seem to be strong features of lives ruled by substance dependency. Langton Clinic also offers the option of membership in an evening group for up to twelve months post-discharge from the seven day program. There are currently four large groups (30–50 people), seeking social and emotional support through these evening sessions. The members of both programs have fragmented family relationships, while many are homeless and have few structures in their lives.

The Impact on Families

Likewise in Queensland, group therapy has been undertaken as a response to these issues. For example, Marina Birmingham's current work, in a hospital setting with alcohol dependent clients, includes a couples group in which the 'other' family member is encouraged to understand the program, the likely changes, and their possible effects on the family. The group program includes establishing realistic expectations, and understanding that the person 'in treatment' will be learning and practising skills such as assertiveness and conflict resolution. It can come as a surprise to family members who have seen anger expressed only when drinking, to experience anger and sobriety at the same time. It can even lead to false accusations of 'Oh, you're drinking again!' Also, there is a tendency for the person 'in treatment' to have removed themselves from many of the family's activities: social engagements, outings, shopping, etc. Renegotiating roles becomes an important and difficult step for all family members, as the recovering person seeks to contribute in a new way to their shared life. If not adjusted, family patterns become invitations to return to old habits that are no longer useful. There is also reason for the family to be in therapy without the substance abuser, if they are the customers—if they are the ones seeking to change their ways of reacting to the absent member.

Shauna Buscombe, our Tasmanian guest correspondent, outlines the impact of substance abuse on families across generations, underlining the ongoing struggle for families with members who are addicted. The overwhelming, all-pervading and seemingly endless impact

that substance abuse can have on families is exemplified in one case in which a family presented with two adult children, the third, a mother of four, being the one who was abusing drugs. The family were fearful she would die as a result of her drug taking, and were in a state of preparatory grief. They were anticipating not only the loss of a daughter and sibling, but the upheaval that would result in their lives in terms of the care of her children.

Tragically, this mother did die, but as a result of a car accident, and not as an expected result of her drug abuse. The family returned to therapy to deal with their intense feelings of grief and regret, as well as their overwhelming sense of powerlessness in their attempts to ensure their daughter's safety throughout her life. Some eighteen months later, the matriarch of this close-knit family returned to therapy to continue to work through the aftermath of her daughter's death, subsequent to which she has full responsibility for the four children, who exhibit a range of physical and emotional difficulties. Some three years after the initial contact with this family, the ongoing cross-generational impact of substance abuse is patently obvious in this grandmother's attempts to pass on to her grandchildren memories of her highly challenging yet loving and much loved daughter.

In Queensland, Chris Lobsinger practises casework within an addiction theory framework with excessive gamblers and their families, where the gambler may also be alcohol dependent. Addiction theory has an overarching concept of the addiction experience to explain the similar patterns in both the process addictions, (e.g. gambling) and substance addictions (e.g. alcohol, drugs). An important theme is that of 'overfunctioning and underfunctioning'. As the addiction takes over the life of the family, family members are required to shift roles, and boundaries become blurred and confused. For example, a ten year old boy may tell his father to leave. Those members of the family who are in an overfunctioning position may also be 'addicted' to this way of living. The suggestion to give up this role may be viewed as asking them to give up what little power they have had in the relationship—and to be happy about it!

Family members have a huge investment in solving 'the problem', and may begin to believe that it is all their fault/responsibility ('What do I have to do ...?') Drawing on Andrew Relph's (1991) work on different levels of problems, Chris endeavours first to help people develop a clear understanding of what they are *not* able to influence, thus focusing on an appropriate level of the problem.

Chris also discusses secrets—'the elephant in the room that no one talks about'. He uses this analogy to help clients understand that ignoring something does not mean that it is not there. He sometimes asks family members to *imagine* that they have a 'terrible secret', which they can't tell anyone, but *not* to put any content into the secret. Queensland Correspondent Janet Roth tried this on herself, and reports that she couldn't help but feel uncomfortable inside. Secrets can perpetuate a

sense of family shame, of badness, of something terrible within our midst, regardless of the content of the secret.

Steinglass, Bennett, Wolin and Reis (1987) in their book *The Alcoholic Family* note the pattern of chaos which creates a continuous undercurrent of unpredictability within such families. Families can constructively direct their energies by becoming hypervigilant in recognising and/or understanding this systematic chaos. One person's addiction is another person's abuse and neglect. Needs for nurturing, for sexuality, for money, etc., go unmet as addiction consumes the life of the family. Partners are often isolated, mystified and psychologically abused. Like victims of domestic violence, they may begin to mistrust their own perceptions of reality.

Therefore, therapy must also address the abuse as well as the addiction. The chronicity of substance abuse, the fact that it has generally evolved over a long time, presents a significant challenge to family therapists.

References

- Ali, R., Miller, M. and Cormack, S., 1992. *Future Directions for Alcohol and Other Drug Treatments in Australia*, Canberra, Australian Government Publishing.
- Pepper, N. and de Losa, N., 1993. Alcohol—the Family Secret, *The Australian Journal of Marriage and the Family*, 14, 1: 17-29.
- Relph, A., 1991. Family Therapy and the Theory of Logical Types, *The Australian and New Zealand Journal of Family Therapy*, 12, 1: 1-7.
- Steinglass, P., Bennett, L. A., Wolin, S. J. and Reis, D., 1987. *The Alcoholic Family*, New York, Basic Books.

Local News

HUNTER REGION

Training in narrative approaches to therapy has dominated the local family therapy workshop front this year, with Daphne Hewson presenting through the Hunter Institute of Mental Health, and Steve Armstrong offering a three level series of workshops through HAFST Inc. Both have been well subscribed. A variety of interesting presenters and topics at the monthly meetings have continued to attract pleasing numbers of people from a range of workplaces.

Expressions of interest are being sought via the HAFST Newsletter for the position of Hunter correspondent to the *Journal* for 1988 (enquiries to Jan Drury +61 49 692 477 during work hours). It has been an interesting and rewarding role over the past few years, but the time has come to pass it on.

JAN DRURY
State Correspondent

NEW SOUTH WALES

The NSW Association's clinical meeting in April was the first for this year. Former Presidents were asked to reminisce, for many purposes, one of which was to compensate for the loss of many of the Association's records. Much of its history is therefore preserved only in the memories of the players of those times. The meeting also served as a ritual to honour the contributions and involvement of many people in the movement, for instance, the important role family therapy has had in the upgrading of therapy skills and therapy training in NSW and Australia. From this recital of history, and the incorporation of it in the present, can come more meaningful planning for the future. A timeline was constructed, which enabled clearer understanding of inter-relationship between events. There have been some notable women therapists who have chosen not to be at the forefront, but to quietly go about doing an excel-

lent job in the field without the recognition others have sought.

Meanwhile, the committee and the President(s) continue to ponder direction for the Association. David Horner continues as Acting President while Cathy O'Brien is away on a cycling tour of Europe. She promises to send regular reports on the family therapy scene in Europe, or maybe, it was other scenes she promised to report on!

Relationships Australia sponsored a two day conference at Parramatta in June on working with men in therapy. Presenters included Dr Graeme Russell, Dr Jac Brown, Elizabeth Shaw, therapists from the Pre-Trial Diversion Program and from the sponsoring organisation. The second day of the conference was presented by Dr Paul Gibney, who spoke on 'Engaging the Masculine in Therapy'.

Marist Education Centre organised an inaugural conference on management of ADHD, involving all the systems of school, family, treating professionals, and community. David Hong, who was the organiser, is also family therapist for the Centre. He is a graduate of the Institute of Family Therapy and formerly Nursing Manager at Redbank House. Speakers included a paediatrician, teachers, a child psychiatrist and a psychologist. ADHD is a commonly presented behaviour problem which taxes the resources of all systems. It was a very useful exercise having all these disciplines together.

ROSLYN PHILLIPS
State Correspondent

QUEENSLAND

Is a 'cookbook approach' to domestic violence dangerous? Robin and Bud Wileman's controversial new book *How To Stop Domestic Violence: A Victim's Guide* has caused outrage amongst a number of groups that work in this area. When reading the various newspaper clippings from Queensland newspapers, I observed that the

mud-slinging stands in sharp contrast to the reasoned debate which appeared in the *ANZJFT*'s December 1995 issue (16, 4). Where is our professionalism outside the professional journals?

It seems that the pendulum is swinging. It has gone from a sublime acceptance of a male dominated planet to forceful questions and demands for answers with regard to gender and power. Domestic violence has been taking a prominent role in political and social agendas. A school of thought has developed within family therapy which dictates what is appropriate or inappropriate in terms of our attitudes, beliefs and therapeutic stance on gender and power. Robin and Bud Wileman have begun to swing the pendulum, by suggesting that there is another way, and an effective way, of viewing the empowerment of women—that women can initiate change within a violent relationship, without simultaneously taking responsibility for the violence.

Sounds like an old enemy in new clothes—does this theory work in practice? Wileman presents findings from a fourteen week program with sixteen women, facilitated by a male and female therapist. Results indicate that women in the program felt less vulnerable, and that violence within the relationship was diminished. Sounds promising ... yet not without methodological pitfalls which the Wilemans openly acknowledge.

However, the furore began when the program was then generalised to a book for the public domain. Is this premature? Are we putting women's safety at risk? The Queensland Domestic Violence Services Network (QDVSN) has circulated a six page document that replies with a strong 'YES' to these questions. The QDVSN believes that the Wilemans are in fact shifting responsibility from the perpetrator to the victim, and exacerbating the inferior position of women in society, by suggesting that 'the dominating behaviour of males is not problematic' if violence is absent. Alternatively, Robin Wileman firmly believes that her guidelines offer women a range of options, which support them in having a chance to stay, leave or reconcile with their partners. She suggests that an Apprehended Violence Order, as recommended by the QDVSN, may actually increase violence.

On the subject of premature publication, will women take the time to consider the nuances of meaning between 'influencing a partner's behaviour' and 'taking responsibility for his violence'? Will the benefits of fourteen weeks of facilitated group work transfer to private use? How many times have we purchased a self-help book and gone directly to the 'how to' section without reading the prior information section? On the other hand, are we giving women who are victims of domestic violence enough credit, or are we also adding to the perception of their neediness, by suggesting that they can't do it without us?

It is not my intention to declare one or the other the winner of this debate. At one time it was thought that young children could not reason. This has been demonstrated to be false. Yet this false idea guided years

of research, and placed constraints on the types of issues/questions addressed through research. At this time it is thought that women need support from a range of services to escape successfully a violent relationship. Will this idea prove to be too limiting? Perhaps it will, perhaps not. But informed debate is useful, because it stirs us in our complacency, and halts the automatic nodding or shaking of heads without regard for words or implications. Fortunately for us, the pendulum is never static, but always swinging.

JANET ROTH
Queensland Correspondent

VICTORIA

Victorian family therapists are on the move again. We have just voted in a considerable number of new officers to guide our State association. Farewell to the party stalwarts who have been such faithful and conscientious members. The March AGM said goodbye to Barbara Fraser, President of VAFT for the past two years. Barbara recently accepted the post of Secretary for this *Journal*. Her enthusiasm and professionalism will long be remembered in all the projects upon which she embarked. Farewell also to VAFT Vice President Peter Cantwell, who has been on the Committee of Management since 1989. Peter's positive and non-partisan approach was recognised by all as being a great asset. The past Treasurer, Harvey Miller, is now VAFT's President. Congratulations to him and the other office bearers, who will competently steer VAFT into the future.

Max Cornwell, past editor of this journal, and well known friend to Victoria's family therapists, whether personally or in print, was awarded Honorary Life Membership of VAFT. Brian Stagoll announced this award at the AGM where Max was our guest speaker. This award is one way to acknowledge the significant contribution members of our profession make to the promotion of family therapy. It is no exaggeration to say that Max has played an outstanding part in the development of Australian family therapy. The evening was a very special farewell to him in his role of editor, but not a farewell as a friend.

In April, Edwin Harari, psychiatrist and family therapist, wrote a moving article published in *The Age* (23/4/97) on the federal government's new Medicare restrictions on intensive psychiatric treatment. It may be rare for a family therapist to see a client more than 50 times a year, but Ed's article highlights the importance of the provision of such therapies for people who are suffering and have done so throughout their lives. This suffering may be from symptoms either expressed via their bodies or in relationships which are dominated by conflicts which leave them unaware and always in danger of repeating. This government's restrictions are another attack on people's access to psychological services. Yes, in this case a treatment which is at times both costly and intensive, but necessary for certain people. As a professional group, I feel that we should

be vocal in advocating for continued access to such services. Ed Harari's public position on such a move is to be congratulated.

SARAH JONES
State Correspondent

WESTERN AUSTRALIA

The William Street Family Therapy Centre was busy in planning some events scheduled for June and July. In June, Aldo Gurgone ran a one day workshop on 'Mental Health/Mental Illness' which looked at the model the Centre uses and explored the appropriateness of using a frame of health or illness, depending on circumstances. In late June/July, the Centre provided a one week intensive course in Marital and Family Therapy. Also in July, Bob Montgomery from Bond University gave two workshops on the 10th, 'Evidence Based Treatment of Relationship Problems' and on the 11th, 'Evidence Based Treatment of Sexual Problems'. On the 12th July, Bob presented a public lecture on 'Successful Relationships' and at this time, Aldo launched two videotapes made by the William Street Family Therapy Centre. The first of these tapes is 'Couple Communication' which is about couple relationships, common problems, and ideas about more healthy ways of communicating. The second tape, 'Fair Fighting—Conflict Resolution' gives couples structures to help them fight fairly. Both of these will be available to the general pub-

lic. Also available is a package for professionals that includes a workbook to use in conjunction with the video. Aldo had some exciting ways of launching these videos, which attracted a lot of interest. More information is available from the William Street Family Therapy Centre on +61 9227 8038.

Whilst on the topic of William Street Family Therapy Centre—the building itself has undergone renovations, providing some new consulting rooms as well as a conference room, which was lacking in the old building. Hopefully, this will mean more opportunities for larger gatherings. It is great to see the centre developing in this way, and hopefully, it will promote a higher profile for family therapy in Perth.

Another recent advance is in relation to the development of a family systems training program in the South Metropolitan Health Region of the Health Department. This is a program that will hopefully complement the well established Introductory Course in Systemic and Family Therapy (ICSAFT) run from Warwick Clinic. (See TRAINING elsewhere in this issue). The major difference between the two is that the South Metro program is focused on adults, while ICSAFT will become more specialised in children and adolescents. For further information about the South Metro program, contact Patrick Marwick on +61 9336 3099; fax +61 9335 3228.

ADRIENNE WILLS
State Correspondent

Towards a National Association of Counsellors and Psychotherapists

Second Meeting: 'The Standing Conference of Educators and Trainers in Counselling and Psychotherapy.' April 4–6, 1997.

Two issues are causing concern around the clinical traps of counselling and psychotherapy these days, and I would like briefly to mention them before giving an update on a very significant conference held recently at the University of New England, Armidale, NSW.

The first issue focuses on protection of the consumer. I was recently interviewed for an article published in the Melbourne *Herald Sun* titled 'Trouble for the Troubled!' The reporter had met many cases of 'troubled' people who had sought help from apparently qualified helpers, only to discover belatedly that the helpers were very poorly trained. The 'troubled' people ended up being more troubled than before. The reporter concluded that it is easier for her to be sure of the quality of the mechanic who services her car than to know how to make contact with a truly good helper. The terms 'counsellor' and 'psychotherapist' have no legal force and can be used indiscriminately by anyone

with minimal training. For the average person in the street, there are few guidelines and very little certainty in locating competent helpers.

The second issue occurs at the other end of the spectrum. Some courses offered at both universities and private institutes prepare helpers very professionally for therapeutic and counselling work and yet these courses are not approved by any established professional association, e.g. Australian Psychological Society or comparable bodies. Should not these courses acquire some legitimation within the profession?

These two concerns were the motivation behind a very creative initiative by Ruth Sturme and Hugh Crago at the University of New England in 1996. The first stage of the initiative was held at the university in May 1996, and was reported by Jim Crawley in this journal (*ANZJFT*, 1996, 17, 2: 113).¹ Thirty trainers and educators in counselling and psychotherapy who were seen to be significant contributors to the field and who represented the different schools of thought were invited to come to Armidale for a 'search' conference. There were no papers and no plenary speakers. The parti-

participants worked both as a total group and in small working parties to see if they could begin to chart a future direction for counselling and psychotherapy in Australia.

Our hope was that this new direction would legitimate the best of professional training, and at the same time provide better protection for the consumer. One pressing issue that began to emerge at the first conference and is of even greater concern for future planning is that if counselling and psychotherapy doesn't choose to regulate their own practice, that practice will be regulated by government from above. One way out of this dilemma is to form a 'peak body' of the helping professions, an umbrella organisation, with two functions: to establish foundational standards for the practice of counselling and psychotherapy, and to act as spokesperson for the profession as a whole with both government and community groups.

There were no papers and no plenary speakers. The participants worked both as a total group and in small working parties to see if they could begin to chart a future direction for counselling and psychotherapy in Australia.

This first conference was a great success. Different schools of thought were able to listen to each other, focus on common ground, and begin charting future directions. Outcomes of the conference included:

1. The establishment of 'The Standing Conference of Educators and Trainers in Counselling and Psychotherapy'.
2. The setting up of a steering committee to oversee the direction of the Standing Conference.
3. The constitution of working parties on definition of counselling and psychotherapy; training standards; liaison with government, etc.

The final decision of that conference was to reconvene in April 1997 to see how far we had travelled in the different working parties.

The second meeting of the Standing Conference occurred this April 4-6, again in Armidale. The number of invitees was extended for two reasons. Firstly some schools of thought and some institutions had not been appropriately represented at the first conference. Secondly, it was felt a broader base of participation would provide a surer consensus for future directions. Again attendance was by personal invitation. Sixty people accepted and arrived.

The conference met for three very successful days. The conference was exceptionally well facilitated by Ron Perry (who was at the first conference) and Margaret McGovern (a new member). The credit for the success of the conference goes firstly to the steering com-

mittee and the other committees who worked hard during the twelve months following the first conference. Secondly, credit goes to the facilitators for their fine balancing act between sensitivity to group process and attention to work that needed to be done. Thirdly, credit goes to both new and old participants. We found we were able to continue the spirit of cooperation of the first conference, to look openly at our own process, and to engage in frank discussions about our commonality and our differences. Both old and new members showed their calibre as teachers of therapy and counselling by being able to tolerate differences. This tolerance culminated in a meeting of minds where we all began to enjoy the rich resources of the total group. At the same time we felt we were able to keep clear focus on the needs of our clients, who have an ethical right to good helpers and are entitled to be safe from exploitation of whatever kind. Some countries have not been able to find common ground between counselling and psychotherapy and have organisations for each. By staying as one we hope to offer more protection to client groups and to be a more powerful voice in public and government arenas. And finally the success of the conference was due to the innate ability of the participants to know when to replace work with food, coffee with wine, and to interlace serious discussion with humour, nights out, and the renewal of old or the making of new friendships.

The initial tasks of the conference involved: including thirty new members with the 'oldies' such that we became a single working body; bringing the new members up-to-date with the history of the conference; and formulating working goals ('wish lists') for the three days. Then it was down to business. At this stage we acknowledged the dedication and commitment of the Steering Committee under the competent direction of Ruth Sturme. The steering committee had managed to give a sense of cohesion and direction to a professionally diverse and geographically spread body of people. We came together this second time with a sense of achievement and expectation. An enormous amount of work had also been done by various committees, and the first item on the agenda was to hear these reports, which then became 'working documents' for the conference.

The Terms 'Counselling' and 'Psychotherapy'

Firstly Jan Grant presented a definition of the terms 'counselling' and 'psychotherapy' based on recent research. There is considerable confusion in popular parlance around the use of these terms, especially 'counselling'. Jan's proposal was that they could be used interchangeably when considered within the proper professional description of the processes, skills and training involved. Jan's contribution was an invaluable foundation for the rest of the conference.

Committee on Training and Standards

The second working paper represented draft four for the 'training and standards' committee. This committee, under the leadership of Ione Lewis from the University of Western Sydney, had done tremendous work in trying to come to grips with what is adequate training for professional psychological helpers, whether they are called counsellors or psychotherapists. The committee, which covers several states, had initially met by teleconference to establish working goals. Then the different states had networked collaboratively via email, fax and post to collate the various proposals.

As can well be imagined, the drawing up of a document which attempts to establish core requirements for ALL forms of therapeutic training is no mean undertaking. There was a lively discussion and much debate, with the occasional red herring ingeniously hooked by the skilled facilitators. There were no blood baths or the kind of acrimony which could easily characterise such a diverse gathering. The facilitators set in place several processes for critically discussing the documents. These processes enabled new members to lay a stake in any possible final conceptualisation, and confronted the original working group with the challenge of letting go of the product of their own hands. As is (hopefully) customary in our therapist role, we were helping *our own total group* discover how it wanted to operate and what it wanted to say. The mature functioning of the group was witnessed by the fact that self-interest was able to take second place to the major task at hand. The question that remains for further fine tuning is: *what is the 'bottom line' in training professional helpers such that they are able to function responsibly and independently and without danger to the consumer?*

What Form should the 'Umbrella Structure' Take?

The conference discussion then moved on to consider the structure and form a national organisation might take. Various conference members were able to outline steps taken by other countries attempting to structure an 'umbrella' organisation or a 'peak body'. Jan Grant had engaged in detailed conversations with the British organisations during a timely visit to the United Kingdom. Max Clayton, Maria Therese Hooke and other conference members were able to bring us up-to-date on developments in Europe and the United States in their particular areas of interest within psychotherapy and the more psychoanalytically oriented psychotherapies. It seems that there are at least three possible structures for a peak body:

1. The first option is that *associations alone* would be eligible to join. For example, the psychotherapy, counselling, family therapy, etc., etc., associations would join as associations provided they met the standards required. This peak body becomes the spokesperson for the federation of associations in matters of public concern.
2. The second option is a hybrid one. Associations could join as associations, and individuals who don't belong to associations could join as individual members. Such a mixture causes problems when voting rights arise. Does each association have one vote and each individual one vote? Or ... ?
3. Associations that meet standards would be approved, but all members would join as individuals. In this scenario the 'umbrella' organisation becomes a very large group of individuals rather than a peak body speaking for associations.

Within these options is again the issue of standards and accreditation of training courses themselves.

The conference members were mindful of giving careful consideration to possible structure and form. Many of us have found in the past that an unreflective approach has meant the creation of an organisation that has become cumbersome, formal, and stultifying of its members' energy. No one of us wants such an organisation but rather the opposite. Participants expressed a wish for an organisation which gives life and energy to the matter of excellence in the practice of counselling and psychotherapy.

Committee for the 1998 Conference

The decision of the 1996 meeting in Armidale included the proposal that there would be a large national conference in Melbourne in 1998 with two goals: to finalise the structure and form of this new organisation, and to offer a challenging and attractive professional conference. As the discussion about future directions emerged during this 1997 conference, we decided it would be logistically impossible to do with several hundred participants what we had started to do with sixty. So the final decision of the 1997 conference was: firstly, for the 1997 Standing Conference aim to meet again in April 1998 and move further towards formalising the structure and form of the peak body; and secondly, formally to launch the peak body in a conference on counselling and psychotherapy in 1999.

Recommendations of the 1997 Conference

Several action steps emerged from our three days at Armidale:

1. The reconstitution of the steering committee, with Ruth Sturmeu unanimously elected as Chair.
2. The reconstitution of several working parties (incorporating new members) to fine tune the work already begun and to prepare for the establishment of the peak body/umbrella organisation at the next meeting of the Standing Conference in 1998.
3. The holding of the professional conference in 1999 as the formal launching pad for the new organisation. Sophie Holmes is the convener of this conference committee, and the committee will build on the energy already expressed Australia-wide for

such a conference. The venue is Trinity College at the Melbourne university together with some additional rooms at the university. A professional conference organiser has been selected, budgets and profit projections are being made, and major sponsors are being sought. Swinburne University in Melbourne has offered a 'home' for conference preparations. The cost of the conference will be kept to a minimum to allow for maximum participation. It is anticipated that eight to ten prominent clinicians will present to the conference, and these presentations will act as stimuli for discussion and reflection.

The conference concluded with thanks to: the facilitators for their excellent work; to Ruth Sturmey and Hugh Crago for their original 'dream' that set us off on this course; and to all of us for creating a working environment that was professionally productive, personally stimulating, and formative of new friendships through winning, dining and just plain fun! The conference would like to thank the taxi drivers, waiters and waitresses of Armidale for being unwitting recipients of high-quality cost-free individual, couple, family and group therapy! Recent news trickling out of Armidale says that these hospitality providers are experiencing quite unpredictable changes in their lives! They hear that the different schools of therapy are explaining the changes in different ways which they don't understand. What they found healing was that we therapists came over as healthy human beings, able to relate and listen, with lots of common sense and a penchant for fun!

Implications of this Movement for the Family Therapy World

Obviously much work needs to be done before our umbrella organisation comes to birth. Other countries have found that structures such as this can be effective

Letter From Britain

This is my second letter from Britain and I realise I have broken a cardinal rule of the culture that likes to believe it invented manners—I didn't introduce myself! I qualified in the early 1980s as a family therapist at the Tavistock Clinic in London. The institution was renowned originally as the Mecca for psychoanalytic training but, thanks to John Byng Hall and Rosie Whiffen, who helped found and organise the systemic training courses in the seventies, it is now a leading centre in Britain for our therapeutic approach—able to move with and contribute to global changes in the eddies and currents of the family systems gulf stream.

This is not to deny the excellence of the centres of training and practice in Birmingham, Cardiff, Manchester, Newcastle, Edinburgh, Leeds and Oxford, nor the

in legitimating the associations we belong to as well as creating effective bodies for lobbying government and community groups.

Government sources say that we as a profession do not have option about whether standards will be introduced. The only question is whether we will act quickly enough to have a say in what these standards are.

Family therapy is a young, energetic and significant player in the Australian therapeutic scene and was well represented at this conference. Many of the issues we discussed are ones which the family therapy movement is already addressing. The question of what is the 'bottom line' for qualifications to practice ethically and professionally as a clinical family therapist is being worked on by several state associations. As mentioned earlier, government sources say that we as a profession do not have option about whether standards will be introduced. The only question is whether we will act quickly enough to have a say in what these standards are.

Movement towards more professional standards of family therapy courses and consequent membership of family therapy associations can only improve our standing and help us to be ready to reap whatever fruits may come from the formation of a peak body.

PETER CANTWELL
Lecturer and Private Practitioner
Kew, Victoria

¹See also Crago, H., 1996. A Three Day Journey into Somewhere Better: The Armidale Conference, May 1996, *Psychotherapy in Australia*, 2, 4: 69-70.

other training courses available in London, but is rather a declaration of less-than-invisible loyalty. Most training centres are connected to Universities or Colleges for academic accreditation, but there continues to be an exciting and active grassroots movement, most of it outside the capital, to found and develop introductory and intermediate level training. A subcommittee of the Association for Family Therapy (with the fitting title CRED), then approves those that have reached a sufficient level. There is therefore a national standard which all courses maintain, and there is in place a very secure 'system' to encourage the natural growth of family systemic therapy courses. For all the anxiety expressed in print about the professionalisation of family therapy, I do not sense any diminution of the desire

and enthusiasm to develop the method that was present twenty one years ago. Sure, the context for its expression has changed. But, where was I in my introduction? Yes. I edit *Context*, the reincarnated form of *The Association for Family Therapy Newsletter*. Each Association member gets a free quarterly 48-page copy along with our *Journal of Family Therapy*, which is quite a substantial publishing output for a relatively small Association of about 1600 members. I've had responsibility for *Context* for the past eight years. We are a husband and wife team, like your Journal's new editorial team; my wife Kate desktop publishes *Context* through AFT Publishing, a small venture into the 'free' market the Association made six years ago. (Incidentally isn't it interesting the number of spouse/partner systems involved in systemic therapy? There's surely a thesis here for someone.)

Context has just gone over to six, 24-page issues a year in an attempt to increase our advertising revenue and to make the magazine completely self-financing, by capitalising on the 'exclusive market' of professional skills that potential employers would want to use. We don't have anything like the resources or readership of the US *Networker* (nor aspire to), but I hope we maintain a lively, open publication where systemic practitioners can begin to develop their ideas in print. We're hoping to go 'on-line' in the WWW soon.

I work part-time as a systemic psychotherapist in a National Health Service adult psychotherapy clinic in the cathedral city of Canterbury. I work mostly with individuals, couples and groups. The rest of my time is as an independent practitioner working with abused children who are in local authority care, and their natural and substitute families. It is very diverse work, but in all areas systemic thinking gives me direction and creative momentum. I have maintained my link to The Tavistock by teaching on its intermediate level training course.

As I wrote last time, the AFT 'Coming of Age' conference in Bolton last September was an important landmark event for family therapy in Britain. The guest of honour was Robin Skynner (popularly known in Britain as John Cleese's therapist and co-author of the widely sold book *Families and How to Survive Them*). He was at the AFT Inaugural Conference in 1976; many of the leading British figures were trained or inspired by him (or as we learned, defected from him at the Institute of Group Analysis!) It was fitting then that AFT's first and only Life Member should close the Conference with a plenary. Showing remarkable resilience and vitality, despite the depredations of two serious strokes, Robin entranced the audience with his wit, ideas and reminiscences from his Cornish childhood of the patriarchal battles between his father and grandfather over the small family-owned china clay mine. The strength of his thinking has always been the originality of his ability to integrate different approaches into the systemic repertoire (in this case, analytic, group analytic and learning theory). He has remained deeply holistic and 'salutogenic' in his core beliefs. Robin Skynner (with his late

wife Prue) certainly embodies the best tradition of this country—a pragmatic empiricism: if it works in practice, use it.

People are tired of the obsessive-compulsive dominant discourse on the power of markets, the supremacy of the individual, the attacks on public service and the scapegoating of almost every vulnerable or 'unacceptable' minority group

Currently in many training centres in Britain systemic/solution—narrative approaches have great currency. There are signs, however, that the field is moving towards a much more catholic, integrative ethos in which the rich diversity of a number of approaches is accepted—instead of the 'wear and discard' that has been the fate of much theorising in family systems thinking (does anyone still 'do Satir' these days?) In the States, that prolific author of one of the better general textbooks of psychotherapy and counselling, Gerald Corey, has recently brought out a fifth edition with a new chapter devoted to Family Systems Therapy. Calling it the 'fourth force' (psychoanalytic, behaviourist and humanistic being the three others) this chapter is full and fulsome in its recognition of the contribution systemic therapy has made. It is one of the best, economically written overviews of systemic therapy I've seen in a long while. So, it feels we have come of age.

Meanwhile, as I write, we have just been to vote in the most important General Election for many years. We've got some sparkling wine chilling and some rockets I've carefully kept from Guy Fawkes night in November to celebrate the end of eighteen years of Conservative government. You can have no idea how much those on the centre-left (well, almost everyone) is desperately hoping for a change of government. The right wing 'cultural revolution' of Chairwoman Thatcher has finally reached the end of its shelf life. People are tired of the obsessive-compulsive dominant discourse on the power of markets, the supremacy of the individual, the attacks on public service and the scapegoating of almost every vulnerable or 'unacceptable' minority group and, of course, foreigners (especially Germans). The Tories have developed a myth of invincibility as potent as Darth Vader's in the re-released *Star Wars*. They have maintained themselves in power with the tenacity of their British Imperialist forebears. The Labour party has been forced into a direct imitation of their belief systems to have any chance of getting in.

But it's all over now, with the biggest swing to Labour since the famous 1945 result (and the smallest Tory representation in the House of Commons since the Duke of Wellington was leader in 1832!). Family Therapists collectively will have great hopes for the new Blair administration. Their view of the 'family' is for one thing

much more open and congruent with most family therapists' beliefs i.e., you cannot define the function and well-being of a family by whether it conforms with some traditional structure. New Labour's manifesto pledges have all emphasised the consolidation of the Health Service and an end to the so-called 'internal market'. Under the Tories, certain Family Doctor practices which have gone 'fund-holding' (manage their own budgets) can 'purchase' services from 'providers' (hospitals, specialist clinics etc.) This has meant in effect a priority service for patients of such General Practices (with money transfers circulating around the Health Service faster than blood round the body). Patients for Non-Fundholding Family Doctors complain they suffer a second class service. Everyone's perspective is different—fundholders claim the change is empowering for them and their patients (because money talks); many have 'overspent' and there is no penalty for this (for if it were a true market, they would simply go out of business). Accountants are most highly prized specialists—the only ones who seem able to measure the new pulse of budgetary circulation. The strength of the NHS as a unitary authority able to deliver health care simply and effectively according to need has been eroded. It remains the world's fourth largest employer however (after the Chinese Liberation Army, the Russian Army and Indian Railways).

For Social Work, which is financed by local rather than national government, the outlook is less clear. Emotionally, there has been an enormous change of climate. The 'good guys and gells' are in power (in fact, a record number of women in Parliament and in Tony Blair's cabinet!) Though they have promised to keep to Tory spending plans for two years—and the human services agencies are badly struggling with underfunding—there is an infectious mood of optimism, even euphoria. A catharsis has happened. Energy has been liberated.

Finally, and here is where I came in, there can be no other country in the world where the Minister of Public Health is a trained Family Therapist. Tessa Jowell, who sits for a London constituency, was one of the first trainees on the Tavistock Clinic Family Systems training course in the 1970s! So we are hopeful. I'll tell you some other time about Tony Blair's family tree and how his family emigrated to Australia when he was three—but you'll hear it before I tell it if he does anything like he promises. I'll keep you posted about the Blair 'revolution'. Gud day.

JOHN HILLS
UK Correspondent

Blackwell customer service from June 1997

The service to *ANZJFT* subscribers includes:

* A discrete phone and fax number and e-mail address for Blackwell Publishers.

* A discrete postal (PO Box) address for return of subscription payments. The address will be used on self addressed envelopes and the letters to be sent out with future renewal and reminder invoices. The address will also be advertised on marketing material, our web pages, and the inside front cover of your journal.

* A trained person who will answer phone, fax or email queries from Australian and New Zealand subscribers and members, and forward queries that cannot be answered locally to our UK customer service team. This person will hold a small stock of leaflets, price lists and journals subject catalogues, and will send them out to customers on request.

The details are as follows:

Blackwell Publishers Journals, PO Box 659, Carlton South, VIC 3053, Australia

Telephone: +61 3 9349 4057; fax: +61 3 9347 7933;
email: 100360.1276@compuserve.com