ELKANAH COUNSELLING

www.elkanahcounselling.com.au Winter 2012

1 Whitehorse Road
Balwyn VIC 3103

Phone: 9817 5654
Fax: 9817 5654

Reception staff:
Helen Waterworth
Robyn Everest

Reception Hours:
10.00 am – 4.00 pm
Monday – Friday

Consultation Hours:
8.00 am – 8.00 pm
Monday – Friday

8.00 am – 12.00 pm
Saturday

Consultations by appointment only.

After hours: Elkanah does not operate a locum service. If you need crisis assistance Lifeline can be contacted on 131114.

JOHN ANDERSEN
B.A, Dip. Psych., M.A., M. Sc., M.V.A.F.T.

KERRYL BEISSEL
B.Sc (Hons – Psych), M.A.P.S.

MELANIE BIRCH
B.A., B.B.Sc. (Hons), Cert Pastoral Psych, Adv. Cert Trauma, M.A.P.S.

LYN SHAND
B.A., Dip.Ed., Grad. Dip. Psych., M.V.A.F.T, M.A.P.S.

SYLVIA WERBA
B.Ed. (Psych.), T.Sp.T.C., M.A.P.S.

EDDY KLEYNHANS
M.A., Member, College of Health Psych., M.A.P.S.

ROBERT POSTLE-THWAITE

B.B.Sc, MPsych., College of Clinical Psych, M.A.P.S.

INSIDE THIS ISSUE

Elkanah Counselling at the present address has been in existence since 2000. When I first took over the business, I wanted a comprehensive service, with a variety of skills provided by our psychologists and family therapists.

Over the past twelve years, we have added new professionals and I am very proud of the seven in our team. We are all well qualified and experienced in our particular areas of expertise.

Most are members of the Counselling College of the Australian Psychological Society, two are also in the College of Educational and Developmental Psychologists and one is a member of the College of Health Psychologists. All have registration with Medicare if coming on a doctor's referral.

Some of our psychologists are also clinical members of the Australian Association of Family Therapists.

Now we are pleased to welcome a new member, Rob Postlethwaite, who is a Clinical psychologist. You can read more about Rob on the next page.

Look us up on the web page for further information about what we all do or give our friendly receptionists, Helen and Robyn a ring for appointments.

Lyn Shand
Psychologist & Family Therapist

Introducing our newest member of the Elkanah team:

ROBERT POSTLETHWAITE

Rob is a Clinical Psychologist with a Bachelor of Behavioural Science and a Masters in Psychology. He is registered with Medicare, WorkCover and TAC. Rob is available for consultations on Friday mornings and on two Monday mornings a month. Read on as he tells us about himself and his work:

"My long term interest in chronic pain and illness has resulted in considerable experience in the treatment of depression, anxiety and anger problems that are some of the emotional consequences of these conditions. While the major focus of treatment is always medical, how the individual manages the illness/pain they experience makes a considerable difference to their quality of life and to the long term impact of many illnesses.

Relationship issues, loss of motivation, sexual problems, grief, addiction and many other forms of distress are generated by living with a chronic condition. In this context I have extensive experience with the specific issues involved in coping with chronic conditions but have also developed considerable experience with depression, anxiety and anger.

I have also previously worked with addiction problems and in many cases the development of an addiction is a symptom of some form of emotional distress which the person self medicates with either alcohol or other substances or gambling. As the addiction becomes entrenched it develops its own problems but the major focus of treatment is the emotional distress experienced by the individual which perhaps initiated the addiction or became a problem as a consequence of the addiction.

My underlying philosophy is to focus on the here and now and address the current issues in a pragmatic and problem solving manner. It may be appropriate to go back through a person's history to enable understanding and change in the present but only if it assists change in the present and future. I also believe quite strongly that the relationship a person has with their treating professional is an important component of the process and that you have to feel both comfortable with the person you are talking to and that they talk about your problems in a manner that makes sense to you and assists you to resolve them."

COPING WITH CHRONIC PAIN AND ILLNESS

Robert Postlethwaite

The experience of chronic pain creates major challenges for those who experience it and can be a very confusing issue while the sufferer goes through a major learning process in understanding and learning to cope with it. The initial confusion is often a result of whether the person has an acute (short term) or chronic (long term) pain. Naturally people initially expect that whatever injury or illness they have will be resolved with appropriate treatment.

In that context they look for a clear diagnosis with the expectation that it will lead to a solution to the injury/pain they experience. In the case of pain that becomes chronic the diagnosis is often non specific. This can be very unsatisfying to the patient. A diagnosis where the treatment is about coping with the pain rather than resolving it can also be unsatisfying.

When a person is injured or develops pain the initial expectation is that it will be investigated, a diagnosis will be made and treatment given that will resolve it in an appropriate timeframe. In acute injuries with which everyone is familiar, the pain resolves as the injury resolves. The pain of a broken arm is intense initially and with appropriate treatment both the pain and the break repair and life goes on as if it hadn't occurred. In this case the major treatment for the pain is analgesic, which generally works very well and the pain is under control. The focus on treatment is on fixing the break rather than the pain and the pain is seen as an unpleasant side effect of the broken arm. In the initial stage pain is of course also an important message to us that we have harmed our body in some way and we need to seek treatment.

If the pain does not resolve however, it begins to become a much greater challenge. The pain continues despite all the treatment and may not respond to the medication that is prescribed. The person holds on to the hope that it will resolve and that it is just a matter of finding the right treatment - and sometimes this happens. The major psychological issues begin for people at this point if the pain does not resolve.

The notion of learning to live with pain is so unacceptable to many people that they continue to search for the solution to the pain for years, which unfortunately may result in additional problems rather than a resolution to the original pain. They hold on to the belief that the pain is a message that their body is damaged and that they just have to identify the damage and the pain will resolve. In desperation they press their treating professionals for solutions and in their desperation to help, the treating professionals agree to procedures or treatments that are sometimes of limited assistance.

Long term use of medications or excessive use of medications that generate tolerance and dependency, the effects of surgery that does not resolve the pain and excessive rest are some of the things that may become an issue for people in their search for a solution. The encouragement by treating professionals for patients to move and involve themselves in a gentle exercise programme generates anxiety as the person struggles with the fear that the pain will become worse.

For those who suffer from chronic pain there comes a point at some stage where they realise that they are unlikely to get rid of the pain for the foreseeable future – they are stuck with it. At this point many people slide into a depressed state. They have no sense of control over the pain, the things they used to be able to do they can no longer do and the future they expected to have evaporates. This period of depression may last for an extended time but for those who keep trying the depression usually resolves and they are able to return to a much happier lifestyle.

The sense of control is a key issue in the management of pain. None of us like being in pain but mostly we are tolerant of at least some level of pain because we know that with analgesics or other medication we are able to get rid. It is when we don't have any sense of control over the pain that we experience the most distress. If we take all the medication and do all the other things recommended to us and the pain doesn't resolve, a second round of issues can arise. Not only are we distressed by the actual pain but its continued presence in our lives can lead to depression, anxiety and anger/frustration becoming significant problems.

There are similarities between the uncertainty about the course of chronic pain and the initial diagnosis of some chronic illnesses such as some of the neurological conditions (e.g. MS or Parkinson's Disease). It may take a lengthy period to be certain of the diagnosis and then there is the uncertainty of how the disease will develop over the years. Many people experience considerable anxiety and depression as they attempt to predict the future and expect the worst. Their perception of themselves as a healthy person changes and there is the risk that in adapting to the reality of their condition they become more disabled than is necessary. Once again the issue of how the person copes with the condition makes a difference to the quality of life and sometimes the progression of the disease.

With any of these conditions there are a number of issues that play an important role in the quality of life the person has. Acknowledgement of the condition is the initial step. It is better not to deny or alternatively to become fatalistic about the condition but to educate yourself and to look for those things that help you. It is important to fight back rather than be a victim of the condition. Victimhood leads to passivity and inactivity.

It is also better to continue to look for ways to ensure that you remain in control of your life as long as possible. Frequently this focuses on practical solutions to enable people to be active, but it is based in an attitude that looks for ways to ensure that the quality of life is as good as it can be given the circumstances.

Finally it is important also to enjoy the present and to ensure that we don't miss the good things in our lives as they happen. While chronic pain or chronic illness may have significant effects on how long we are able to do things, the long term future for all of us is bleak. To quote the title of Jim Morrison's biography "no one here gets out alive". The task is to make it as good as it can be whatever our circumstances.

THE DIFFERENCE BETWEEN A PSYCHIATRIST, A PSYCHOLOGIST AND A COUNSELLOR

Lyn Shand

While in my G.P.'s waiting room I picked up a magazine called While You're Waiting.
Therefore, I am acknowledging this publication before writing this article. I thought it important to make the distinction between the above types of Mental Health Professionals as people are still quite confused at times.

PSYCHIATRIST

They must have university qualifications and be registered, and it includes a medical degree plus post graduate studies. This is how to recognize their qualifications:-
MBBS, Bmed (or other),FRANZCP (Fellow of the Royal Australian and New Zealand College of Psychiatrists). They must also be registered with the Medical Board of Australia. They are also required to do an internship. Because they are also doctors, they can prescribe drugs. To see a psychiatrist, you need a referral from a doctor. The costs are greater than for a psychologist but some of this can be claimed from Medicare.

PSYCHOLOGIST

Psychologists must also have university qualifications and be registered with The Psychology Board of Australia which is under the umbrella of AHPRA (Australian Health Practitioners Registration Association). They also do undergraduate studies.
There are a variety of different classifications of psychologists. These include :- Clinical, Counselling, Educational & Developmental, Clinical Neuropsychology, Community, Forensic, Health, Organizational, and Sports & Exercise psychologists. All of these types of psychologists have their own Colleges with specific requirements for registration into the particular colleges. Also there must be ongoing professional development each year to work as a psychologist and extra relevant training if the psychologist is registered in any of the above Colleges. Most psychologists are members of the Australian Psychological Society and some are fellows of that Society. Psychologists cannot prescribe drugs. A referral is required if the client wants to claim a rebate from Medicare under a Mental Health Plan. Otherwise no referral is needed. For those who have Private Health Insurance they may be able to get a rebate if covered for psychological services. You cannot claim from both Medicare and your Private Health Fund though.

COUNSELLOR

Anyone can call himself or herself a counsellor so it is not necessary to have a university degree. Some may have a degree or diploma in counselling, nursing or social work or some other area of study. Some of these may be eligible to qualify for registration with Psychotherapy and Counselling Federation of Australia. However, they do not qualify for Medicare Rebates and they cannot prescribe drugs.

Lyn Shand - Psychologist & Family Therapist

ELKANAH NEWSLETTER

Feedback & Change of Details

We appreciate any information and feedback that can help us in providing our newsletter and other services to you. Please complete the following if:

- You wish to advise us of a change in your mailing details
- You have feedback or suggestions for the newsletter
- You would like copies of our brochure

Please complete your details as currently listed

NAME:

POSITION/DEPARTMENT:

ORGANISATION:

ADDRESS:

POSTCODE:

TELEPHONE:

New contact details:

NAME:

POSITION/DEPARTMENT:

ORGANISATION:

ADDRESS:

POSTCODE:

TELEPHONE:

Are the above changes for: Address Change □ Replacement Contact □ Additional Contact □

If you wish to be taken off the Elkanah newsletter mailing list please tick □

BROCHURE REQUESTS - Number required:

Each newsletter contains articles written by members of our team of psychologists. Let us know of any of topics that you would particularly like to know more about, anonymously if you wish. Most of our psychologists are also available to present talks and seminars. Please contact reception on 9817 5654 for enquiries.

Comments:

PLEASE RETURN THIS FORM TO: ELKANAH COUNSELLING, 1 WHITEHORSE ROAD BALWYN 3103