



ELKANAH COUNSELLING

www.elkanahcounselling.com.au

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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.

For this latest Elkanah Newsletter, we have an addition to our team. Manuela Barichello will be joining our team on a Saturday morning. She has been working with children and adolescents in the past, and is presently working in a school for two days a week. She also does other psychological work as well of course.

In this edition, Manuela has written an excellent article about understanding the need for teenagers to be allowed to search for identity and independence. She has explained how important it is for parents to support this search. For those teenagers who suppress their individuation, it affects their sense of security and they don't trust their own judgement or decision making. In my experience when working with adults, it also seems that the opposite to suppression of the individuation, is for the teenager to rebel, often excessively, such as becoming promiscuous, taking drugs or drinking alcohol to excess for example.

John has written about pride in our particular achievements. We all have special talents and good parts to our personalities. If we feel secure in ourselves, we don't have to boast or put others down. If we have good self-worth, it motivates us to change when we need to; it helps us to keep going when things are difficult; and it allows us to appreciate the particular aspects of others who have talents and abilities which we don't have ourselves.

Melanie has continued from the last newsletter, on the issues and problems to do with sleep. This article looks at insomnia, the most common of the sleep disorders.

Lyn Shand, Psychologist & Family Therapist

INSIDE THIS ISSUE

- | | | |
|---|---------------------------------|--------------------|
| 3 | The Pride of the Quiet Achiever | John Andersen |
| 4 | Understanding Your Teenager | Manuela Barichello |
| 6 | Taming Insomnia | Melanie Birch |

Our Psychologists



JOHN ANDERSEN

BA, DipPsych., MA., MSc, Member VAFT

After completing graduate studies in the United States, John worked as a police counsellor with the Police in Los Angeles, followed by work as a marriage and family therapist in a Christian counselling centre. John specialises in relationship counselling including: marital, stepfamily/blended family issues, and working with adolescents within the context of their families.



KERRYL BEISSEL

BSc (Hons – Psych), MAPS, Member, APS College of Counselling Psychologists

Kerryl has experience in counselling for a wide range of personal and relationship issues. Her areas of work include management and treatment of anxiety, stress and depression; and assistance in dealing with the effects of difficult or traumatic past experiences. Kerryl has expertise in assisting people through times of transition or crisis, whether it be in their personal lives, or in their work or ministry.



MELANIE BIRCH

BA, BBSoc. (Hons), CertPastPsych, AdvCertTrauma, DipClinHyp, MAPS, Member, APS College of Counselling Psychologists

Melanie worked in the field of organisational development before training as a psychologist and trauma therapist. She has now practised in this area for 19 years. The principle focus of her work is the treatment of trauma, grief, anxiety and panic attacks. Melanie has also taken a special interest in sleep disorders as these often overlap. She works both with people who have long standing issues and those with more recent difficulties. Melanie is also a trained hypnotherapist.



EDDY KLEYNHANS

MA., MAPS, Member APS College of Health Psychologists

Eddy has been a registered psychologist for 25 years. He has also been registered with the Dutch Psychological Society, Dutch being his second language. In Australia, he has been providing Employee Assistance Programs to organisations, often travelling interstate to consult with clients. He is an ex-president of EAPA. His expertise in private practice includes working with clients from diverse cultural backgrounds



ROBERT POSTLETHWAITE

BBSoc, MPsycho. MAPS, Member APS College of Clinical Psychologists

Rob's 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. Rob's underlying philosophy is to focus on the here and now and address the current issues in a pragmatic and problem solving manner.



LYN SHAND

BA DipEd GradDipPsych, MAPS, Member VAFT & APS Colleges of Counselling Psychologists and CED Psychologists

Lyn has much experience working with clients who suffer from stress, anxiety & depression. As a family therapist and psychologist, much of her evening work is with couples, family relationship issues and also separation as she is a trained mediator. She has considerable expertise and experience in working with women with P.M.S., postnatal depression and anxiety and problems at menopause, having written a book on this topic. Lyn is the owner of Elkanah.



MANUELA BARICHELLO

BPsycho. GradDipPsych. GradDipProfPsych. MProfPsychPrac, MAPS

Manuela had over 15 years counselling experience before becoming a psychologist, and enjoys working with adults, children and adolescents. She is passionate about helping her clients resolve past and present issues. Manuela has experience in treating an array of mental health issues including trauma, anxiety, adjustment and depressive disorders. She uses a CBT framework but also an eclectic approach to suit the needs of the client to help them reach their full potential.

The Pride of the Quiet Achiever

John Andersen

Pride gets a lot of bad press. We react badly to people who are arrogant, boastful, and “full of themselves.” So we have lost sight of the way a sense of pride can motivate us to be our best.

This is because pride has two faces; there are two very different types of pride. There is boastful arrogant pride. This form of pride rightly gets bad press. It is associated with some quite unpleasant social behaviour: a sense of entitlement, sensitivity to criticism, putting down others, a selfish pursuit of personal ambition, taking advantage of others, building a sense of one’s own superiority by pulling others down, pursuing dominance and control by verbal and physical aggression. This pride asserts that “I am better than you, and I will use whatever means necessary to make sure that happens!” This boastful arrogant pride is rightly disliked by others and regarded as not right.

What commonly lies behind this pride is a deep unacknowledged shame, that I am not really good enough. I am not content and satisfied with myself as I really already am. I need to be better. I need to be greater. There is a lack of genuine self-acceptance, that who I really am is sufficient.

Boastful arrogant pride grabs our attention. As a result we tend to overlook the authentic pride of the quiet achiever. This form of pride is based on a solid belief in oneself and one’s worth. It is ambitious, achievement oriented, and wants “to do the right thing”. This form of pride is experienced as a deep sense of personal satisfaction. What evokes this form of pride is when we overcome personal challenges, when we achieve significant personal goals that really required effort, when we resisted temptation and we did the right thing, when we acted in a way that really showed our good character, when we succeed as a result of hard effort, when we are recognised and praised by others, and when we have really made a difference in our contribution to others. This pride goes with hard yakka, good citizenship, and being a pretty good person.

This pride can motivate us to change, to grow, to persist. It can motivate us to hang in there and do what we know is right when the going is tough. It can help us make good decisions. The key questions that can guide us here are: “If I do this, will I be proud of myself and what I have done?” “Will I feel a sense of achievement?” “Will I feel good about myself?” “Will I be happy if others know what I have done?”

The amazing thing is that this authentic pride of the quiet achiever is based on self-acceptance, a comfortable reassurance that I am okay, I am good enough. But this form of pride is not content to rest on our laurels. I may be already good enough, but I don’t want to stop there. I want to grow. I want to become an even better person.

If we are really serious about setting out to become the best person we can be, one way is to harness this authentic pride of the quiet achiever, and let anticipating the emotional reward of personal pride and satisfaction motivate us to get on and do the right thing.

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Understanding your teenager's "sudden" search for identity and independence without butting heads... you can survive this and even enjoy the process!

Manuela Barichello

How does identity form...and how do we know who we are?

Individuation

The period between leaving childhood and entering adolescence is an interesting time fraught with many hurdles, successes and challenges. It is also a time when a person's identity is forming and there is a recognisable mental, emotional, social, and physical growth. In this mix is the desire to express individuality. According to Jungian psychology, this is individuation, and relates to the individual's personality formation taking greater form and differentiating from *others*. Specifically, it is related to the 'separating' or individuating from one's parents, and during adolescence it takes on a particular importance. Ideally, it is a time when the family should allow their adolescent room to grow and explore aspects of identity, personality, and self – but within reason. This may become quite confronting for the unsuspecting parents as they encounter this newly found seemingly defiant "independence" in their once compliant child, who now is clearly determined to show they have a mind of their own. As evidence suggests, it is considered in the best interests of the adolescent to *assist* them towards individuation so that they can achieve optimal and physical and mental health. Given the opportunity to advance towards individuation will generally ensure a happier, mature, responsible, and well-adjusted individual.

What happens when parents accidentally override the individuating adolescent?

Parenting can be a tricky business at the best of times and it can really try the patience of the most well-meaning parent, leaving them exasperated and questioning their parenting abilities. This is especially so when confronted with an aloof or unresponsive teenager who gives either minimal responses such "hmmm, yep or nah" or angry "no leave me alone!" before retreating to their room or slamming the door. In this situation it is best not to make demands that they communicate with you then and there, but rather allow them space to cool off and to try again later when they have calmed down.

Problems occur when parents are insensitive towards their children's feelings and do not respect or accept their choices, or identities. This can have the effect of negatively impacting on the individuation process. Furthermore, if children learn suppression through not being allowed to experience difficult emotions like sadness, worry, or anger, they may find it difficult to learn to know or trust their own feelings, or fail to adequately develop a sense of trust in their own judgement.

What happens in young adulthood?

Individuation away from parents continues throughout adolescence as they transition into young adulthood. They may choose their own education pathway, peer groups, hobbies, careers, and travel destinations and may make some, or even many life choices that may seem at odds with the choices their parents may want for them. Those who have successfully individuated will likely be able to make these choices with little anxiety. However, the process of individuation may be challenging to some, especially the anxious child who has had

difficulty individuating and becoming more adult like. For them, making choices that depart from family ideals and values may prove especially difficult. The inability to individuate, or the suppression or denial of the true self, can both cause distress and negatively impact the development of a defined sense of identity.

Why Is Individuation Important?

Individuation is considered essential to the development of a healthy identity and the formation of healthy relationships with others. A person who does not successfully individuate may lack a clear sense of self and feel insecure about pursuing goals different to those of family members. As a result they may experience feelings of low mood, anxiety, increased dependency, as well as difficulties in romantic or workplace relationships, and poor decision-making skills. Furthermore, if adolescents are not allowed to work through these milestones, it could result in a general sense of not knowing who they are or what they want from life.

How to support your adolescent being an individual

Research by Fuller (2014) recommends a number of strategies that parents can use to help their son or daughter become a more confident, and self-assured individual:

Firstly, it is important to be there when your son/daughter wants to communicate, to eliminate any distractions, such as phones, computers or the television (i.e., provide undivided attention) *Secondly*, because many teens don't get a great deal of positive feedback, providing them with several "I notice" comments each day can make a huge difference.

1. "I noticed that you were really enjoying that..."
2. "I noticed you really worked hard on ..."
3. "I noticed you are a lot more competent with ..."
4. "I noticed you felt energized when ..."

Thirdly, being loved by your family. Even in a most dysfunctional family, a teenager who has one family member who loves them and considers them pretty good can be sufficient to turn them from poor to positive functioning.

Fourth, having a diversity of friends – A teenager does not have to be the most popular, sociable or outgoing person about. The important thing is to have a few options in terms of friendship groups, as this will protect them. Teens tend to define themselves by their friends they see. Having different groups avoids them getting locked in to only one way of being.

Lastly, the importance of having positive connections outside the family around themes that enhance positive feelings, relationships and finding meaning, have been associated with increased wellbeing, relationships and academic success. For instance, performing small acts of kindness, seeking out 'flow' experiences (activities where attention is sustained and includes a sense of achievement), learning to forgive, or keeping a gratitude diary can be important towards the transition to young adulthood (Seligman, 2012). Equally important is providing love and support to your young person as this will assist them in becoming more self-assured in pursuing new experiences and adventures.

Taming Insomnia

Melanie Birch

In my last article, I talked about the importance of sleep and gave some tips for healthy sleep habits that we can all follow. If you missed it, pop over to our website and open the Festive Season 2016 newsletter (<http://www.elkanahcounselling.com.au/newsletters.html>).

Insomnia is the most common of the 60 possible diagnoses listed in the International Classification of Sleep Disorders. Although we can all get a bad night's sleep now and then, having insomnia means a defined set of things have happened. It means that for at least three months you have had trouble getting to sleep, staying asleep or not feeling restored when you wake up in the morning. In addition, if you have insomnia, this lack of good quality sleep will have been interfering with your normal daytime function. Common effects are irritability, poor memory, fatigue, lack of energy and a general “meh” feeling. If this sounds familiar, you are not alone. Up to a third of the adult Australian population has difficulties getting to sleep or staying asleep.

There is no single cause for insomnia. Someone can have been a “poor” or light sleeper since childhood. Or not uncommonly a major life event can have happened that triggered acute insomnia that over time became chronic. Work stress or a change in work related sleep schedule can be a factor. Sometimes insomnia develops as part of another condition. For instance, 50% of people with depression will also have insomnia. There is also an overlap with insomnia and anxiety, obstructive sleep apnoea and restless leg syndrome.

The distress associated with insomnia can be overlooked by family, friends and sometimes by those of us in the health field. For someone with insomnia, it is not just a case of the odd bad night's sleep. There is a high level of fatigue but not sleepiness. A reduction in alertness might be there but there is not the corresponding ability to nap if it is daytime or fall asleep at bedtime. This in itself is frustrating and distressing. It is a feeling of being tired but wired. This in turn impacts all areas of life – performing well at work, being present in relationships, having the energy to attend and enjoy events, having patience and being able to listen to the children.

Added to this is the overwhelming cognitive burden of knowing it will all probably happen again “tonight”. This can lead to a vicious cycle where the more a person tries to sleep, the more agitation rises and the less you are able to sleep. During the day the mind focusses on what a terrible night's sleep that was and how lousy things are today. As bedtime approaches, the mind refocusses on how bad the previous night's sleep was and how it is sure to happen again tonight. The thoughts around sleep can become consuming, sometimes with a rigid and elaborate pre-sleep routine that on the one hand must be kept to maximise the chances of a good night's sleep, but with an inner knowing that it probably won't work. And that it will all happen again the next day.

In fact chronic insomnia tends to have a course of relapse and remission. There will be better times and worse times. Treatment focusses on providing skills for managing symptoms over time and looking at strategies to minimise relapses.

CBT-I Cognitive Behavioural Therapy for Insomnia

CBT-I is the major psychological treatment for insomnia. It looks at the thoughts that might have developed around sleep that are not serving us well. It also looks at the behaviours we might have developed that are, without us realising, contributing to or maintaining a difficulty sleeping. This is not at all about blaming or finger pointing. It is about looking with fresh eyes, training, and the experience that comes from seeing people with the same problems.

CBT-I has components that have been well researched and have been shown to have good effect. Because we all sleep, we tend to think we know a lot about sleep. In fact there is a great deal that goes on in the brain that we don't generally know about. Understanding what the brain is doing in regulating our sleep is very useful in gaining better control of the process. There is also discussion of sleep routines: how we sleep, when we sleep, what activities, appliances and devices might be helping or stopping us from falling sleep. There is also a closer matching of sleep times to bed times and perhaps a turning on the head of thoughts about what we "should" be doing to get to sleep. Keeping a sleep diary is part of this treatment approach. Although it sounds onerous, it really isn't. It only needs to happen for a short period of time and gives invaluable detailed information on which to make decisions and is a very good feedback tool.

Relaxation techniques are an essential component of CBT-I and can include progressive relaxation, imagery training, meditation and biofeedback. Learning to practice these regularly is very useful. It does not mean setting aside a great deal of time, or learning to meditate like a Zen master. Doing a relaxation exercise for a few minutes a few times a day has a good effect. Learning to relax the muscles and turn down the chatter is a habit based activity. The more you do it, the more the body and brain respond positively to it.

What path to take if you suffer from insomnia can be confusing. There are lots of products on the market. Some of these will provide relief, sometimes temporary, for some people. And if that works for you, great! However what is very useful for both relief in the here and now, and to minimise the duration and severity of insomnia in the longer term, is to address the underlying mechanisms that are leading to insomnia. For each person this will be different, even if on the surface their presentations are similar.

This is where seeing an insomnia treatment practitioner helps. We are all different! For each person there is a unique pathway and set of circumstances that has led to insomnia. The triggers and ways of coping are individual. When you come to see someone who treats insomnia you will be asked many questions and a great deal of information will be collected. In this way, a detailed sleep history can be compiled (an essential component) and a treatment plan can be crafted specifically for your needs and circumstances.

If you are struggling with sleep and haven't found a useful solution, consider CBT-I. You have nothing to lose but a bad night's sleep!

ELKANAH NEWSLETTER

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