



# ELKANAH COUNSELLING

[www.elkanahcounselling.com.au](http://www.elkanahcounselling.com.au)

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**Reception Hours:**  
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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.

This is our Winter newsletter and often people seem to feel more depressed and less motivated in the colder months.

Eddy has written about some good ideas for increasing motivation, well-being and getting a better sense of happiness. The overall message is to engage in positive activities and to make sure you have support from a social network of some sort. His article also stresses that we need to act first rather than wait to get motivated.

My article on adult ADHD also ends on a positive note, although adults who have not been properly diagnosed with ADHD when young, do have a lot of problems, including poor self-esteem. On the other hand such people have many positive traits such as high energy, enthusiasm and as they think differently they can be creative.

We recently seem to have had an increase in referrals for clients as the colder weather has set in. Kerryll has written an overview about having a Mental Health Treatment Plan from a GP. This can mean that the client can claim a rebate for the psychology sessions from Medicare. Her article also stresses the need for clients to get a referral letter from the doctor and to bring this referral along to the first session of counselling.

*Lyn Shand, Psychologist & Family Therapist*

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# 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.



## 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 18 years. The principle focus of her work is the treatment of trauma, grief, anxiety, panic attacks and PND. She works both with people who have long standing issues and those with more recent difficulties. Melanie is also a trained hypnotherapist.



## ROBERT POSTLETHWAITE

BBSoc MPsych. 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.



## SYLVIA WERBA

BEd (Psych) MAPS  
Member APS College of Counselling Psychologists  
and College of Educational & Developmental Psychologists

Sylvia has over 30 years experience as a Psychologist. She works with adults and adolescents, and is passionate about assisting individuals to reach their potential and overcome current or past traumas and experiences. Sylvia has an interest in family issues, self-esteem, social skills, anxiety, depression and solution focussed counselling. She uses an empathetic and eclectic approach, and strongly believes in the importance of a positive client-therapist relationship.



## 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.



## 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.



## 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.



## TRACI LEUNG

BA, PGCertEd, DipOHP, ProfDipHC&Psych,  
PGDipPsych, MPH, MPsychClin, Assoc. MAPS

Traci is a registered psychologist, currently completing her PhD. With diverse life and work experiences gained in Australia and overseas, Traci offers psychological services to clients experiencing depression, anxiety, stress, interpersonal difficulties, cross-cultural issues, and major life challenges and adjustments. She is experienced in working with clients having chronic pain and other chronic health conditions, focusing on each client's unique situations and individual needs. Traci speaks fluent Cantonese and fair Mandarin in addition to English.

# Understanding Adults with ADHD

Lyn Shand

Many adults with ADHD have never been diagnosed with this disorder. They have often been told they have a learning or behaviour disorder when young. Of those who have ADHD as children, 60 % of them continue to have the disorder as adults. However, as a result of not being diagnosed correctly, these adults often have low self- esteem, have had problems re getting or keeping employment and have difficulties with relationships.

The following symptoms can indicate ADHD in adults:-

- Poor organisational skills and inability to focus on priorities
- Difficulty keeping quiet and speaking out of turn
- Carelessness and lack of attention to detail
- Restlessness –Mood swings, irritability and quick temper
- Continually starting new tasks before finishing other ones
- Poor social timing
- Inability to deal with stress
- Taking risks in activities with little regard or own or others' safety

It is a performance problem with both genetic and environmental risk factors. It is a highly inherited condition but made worse with second hand cigarette smoke, toxic exposure to pesticides, sleep deprivation and screens (mobile phones, tablets and televisions).

Treatment is often via a psychiatrist who can prescribe stimulants such as Ritalin or a nor-ephedrine treatment. Psychologists can help by teaching breathing exercises, progressive muscle relaxation or mindfulness, to help the client with self- regulation.

At the point of performance, these clients need prosthetic cues for timing, memory, maths, sequencing and motivation. They don't need to feel judged as they are doing the best they can under the circumstances and given their condition.

Exercise, yoga and martial arts have been found to be helpful. The importance of sleep is also stressed with no blue light from screens.

As for diet and supplements, the Omegas (fish oil), fresh food (no additives), being aware of any food allergies and pesticides are all important factors. Protein at every snack or mealtime is recommended too, rather than biscuits etc. Caffeine also needs to be monitored.

On a final positive note, ADHD people have many likeable traits such as :- high energy, enthusiastic, creative, sees things differently, makes you laugh and is always alert.

However, often getting a correct diagnosis helps enormously.

A good reference is “ADHD in Adults – What Science Says” by Barkly,R.A. and Murphy, K.R. by Guildford Press New York 2008

# Simple Positive Activities Increase Well-Being and Happiness

Eddy Kleynhans

I attended a Happiness Conference recently in Sydney and was impressed by the work and ideas of an American Psychologist, Dr. Sonja Lyubomirsky. Based on some research in the areas of happiness and well-being, she shared a number of ideas with us about simple activities that can increase happiness and well-being.

She stated that happier people have more stable marriages, stronger immune systems, higher incomes and more creative ideas than unhappy people. Her seminar was based on cross-sectional, longitudinal and experimental studies, which indicates that happiness is not determined and influenced by genetics, but that people's happiness is under people's control. According to a study she referred to at the seminar, people who engage in positive intentional activities such as thinking gratefully, optimistically or mindfully, or doing voluntary work, do become significantly happier (Sin & Lyubomirsky, 2009).

She referred to positive activities as being simple, intentional and regular practices, which needed to imitate a broad range of healthy thoughts and behaviours associated with naturally happy people. She referred to these activities as rituals that one repeats consistently

## Positive Activity Model

Lyubomirsky and Sin (two Psychologists) compiled a Positive Activity Model about positive activities based on a number of research studies. Their model (reflecting several studies in positive psychology) can be summarized as follows:

1. Positive activities, which are performed once per week, are more effective because many cultural routines (involving work, worship and even TV) are conducted weekly. Another study found that if one engages in 5 kinds of acts in one day each week increases wellbeing more than performing 5 kinds of acts throughout the week.
2. People who performed *varied kind acts* every week increased the level of wellbeing and happiness, more so when they perform the same kind of acts during the week (for example, if one varies ones exercise regime, one will most likely repeat exercising and so doing improve wellbeing).
3. People who engage in positive activities increase their wellbeing when they *have social support* more so than those who act alone. For example doers of positive activities like performing acts of kindness will see a larger improvement in happiness when they receive supporting messages from peers than those who do not get social support. The one study indicated that even when one gets virtual social support (e.g. through social media) could make a great contribution to happiness.

- 4 *Positive activities differ in their time orientation:* they may focus on the past (e.g. expressing gratitude), the present (savouring the moment) or the future (e.g. thinking optimistically). Older people might benefit more from reflecting on their legacies, whereas the younger generation might benefit more from visualizing bright futures.
- 5 *For people to benefit from positive activity* (or self-improvement), they need to effortfully engage in it, be motivated to become happier and believe that their efforts will produce positive results.

For example, people who are deliberate in choosing to complete “happiness-increasing” exercises (and not neutral ones) and who put more effort into them, showed bigger improvements in well-being and happiness.

- 6 *A person’s personality style* also plays a role into whether someone will increase happiness by engaging in positive activities. Recent studies had shown that highly extraverted people who are open to experience have a predisposition to gain more from engaging in positive activities.
- 7 *The person’s emotional state also affects an increase in wellbeing.* One study found that people with moderate depressive symptoms (Seligman, et al., 2005) benefit the most from positive activities perhaps because of the fact that they have more room for improvement. Other studies indicated that moderately depressed people benefit more from simple pleasant activities (e.g. a walk around the block when depressed) than from reflective ones (where they would become paralysed by analysis).
- 8 *People who perceive support from loved ones or their social network as beneficial* will also see greater improvement in their wellbeing, as they feel supported by loved ones/social network. Hence, it is important to make sure that one is getting advice and support from people who are encouraging and uplifting, than pessimistic negative people, even if they are relatives. I see this a great deal in the sporting world where people who are engaging in positive activities are encouraged by their social group or peers. Negative family or peers do not add to your wellbeing, as they would discourage you.
- 9 *Demographic variables also play a role in the pursuit of happiness and wellbeing.* For example, older people benefit relatively more than the younger generation from practising a broad range of positive activities as they have more time to commit to the activities, adopt a more serious attitude in engagement and put in a greater effort than younger people. Other variables such as socio-economic status also play a role. For example, people who are struggling to afford food are likely to perceive the pursuit of happiness as a waste of time, futile and even silly.
- 10 *Persons who engage in positive activities can be prompted to engage in unrelated positive behaviours.* For example, people who engage in “counting their blessings” do have a tendency to increase their time spent on exercising.

- 11 *Practicing positive activities also has the tendency to boost well-being* by meeting basic psychological needs, such as autonomy (control), relatedness (connectedness) and competence (efficacy).

*In summarizing, I would like to state the following:*

- The key to one's wellbeing and happiness, is to engage in simple positive activities such as being a volunteer and smiling when meeting people;
- I am of the opinion that many of us are waiting until we are motivated before we engage in any positive activity that will boost our wellbeing and then take action. However, this may not happen. Hence, I am proposing the reverse: take action first, and then you will be motivated to engage in positive activities.

Starting to exercise is a case in point here. Don't wait until you feel motivated to start, just take action and the rest will follow. Hence, if you want to start exercising, just get into action and start walking (which is simple and effortless) and you will notice after a half an hour of walking your body will produce feel good hormones which will make you feel better and motivated to do it again. In summary, if you take action first, motivation will follow, as a neural pathway (habit) will be created in your brain if you repeat a particular activity a number of times.

- If you need some assistance with getting started, consider consulting a Psychologist who can become you Coaching Mental Health Professional.



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# Medicare Better Access and Psychology Services at Elkanah Counselling: an update

Kerryl Beissel

The Better Access initiative started in November 2006, which means it has now been operating for almost 10 years. Many people living with mental health disorders have had the opportunity to benefit from treatment with a psychologist or other accredited professional, with Medicare rebates for services which they might not have otherwise been able to access.

Referrals for services can be made by a GP who has prepared a GP Mental Health Treatment Plan (GPMHTP) for a person who has been assessed as having a specific mental disorder. Referrals can also be made by a psychiatrist or a paediatrician.

The following aims to summarise some current information from the perspective of psychologists here at Elkanah Counselling, with clarification about some issues which arise regarding number of sessions and referrals. The focus in this article is on aspects relevant to attending sessions with psychologists, and the situation in which a referral is made by a GP.

## **Number of sessions per calendar year**

The maximum number of individual sessions per person per calendar year i.e. 1<sup>st</sup> January to 31<sup>st</sup> December is 10. (A person may also access 10 group sessions if referred for an appropriate group program). There is no provision for any additional sessions beyond this limit. However it is important to note that there is not a limit of 10 sessions for any other 12 month period (e.g. from date of referral). Limits relate to the calendar year only.

The maximum number of sessions for a “course of treatment” or set of sessions is 6. The GP can specify the actual number of sessions for the course of treatment. After the first course of treatment, the psychologist writes a summary report including outcomes and recommendations to the GP. The GP may refer the person for another course of treatment if appropriate, within the maximum total of 10 in the year. So if 6 sessions have been completed in the year, the maximum in the second set is 4.

A slightly different situation can arise when a person is referred for a course of treatment and attends some of the sessions in one calendar year, then attends the remainder in the next calendar year. For example a person who is referred for an initial course of treatment of 6 sessions may attend 2 sessions in 2015, then 4 sessions in the following calendar year, 2016. There may then be up to 6 further sessions with rebates available in 2016 (i.e. to the maximum of 10 in the calendar year). The GP can take this into account when considering a possible referral for further sessions in the light of any ongoing clinical needs which the person may have.

## **Referral from GP to psychologist**

A GP Mental Health Treatment Plan (GPMHTP) needs to be in place, but a copy of the Plan does not in itself constitute a referral for Medicare purposes. The psychologist needs to receive a specific referral from the GP for each course of treatment (set of sessions), such as a letter or note, in order to provide services which can be claimed through Medicare. The referral needs to be brought to the first session or sent/faxed to the psychologist prior to the first session and the first of a subsequent set of sessions.

It is helpful if the referral names the psychologist, but can also be addressed generally e.g. "Dear Psychologist". If the referral names a psychologist it is only applicable to sessions with the named psychologist.

The referral letter needs to include full details of the GP, including contact details and Medicare Provider Number, and be signed by the GP and dated. It may outline the client's details, history and reason(s) for the referral. The referral should ideally make reference to the GP Mental Health Treatment Plan. The GP can specify in the referral the number of sessions for the course of treatment (up to a maximum of 6 and within the calendar year limit of 10).

We find it is helpful (though not required by Medicare) for the psychologist to receive a copy of the GPMHTP (Plan) with the referral. It confirms that the Plan is in place and the psychologist can also know the content of the Plan e.g. the GP's assessment, diagnosis and goals discussed by the GP with the person. This can facilitate a coordinated approach.

## **What to do if you have a GP Mental Health Treatment Plan and a referral to a psychologist at Elkanah Counselling**

Please contact Elkanah reception on 9817 5654 to arrange an appointment. Our receptionists can provide information about fees and current Medicare rebates, and other information you may need. Please bring your referral with you when you attend (unless you know that your GP has sent it directly to us) and a copy of the GP Mental Health Treatment Plan if you have it.

We welcome enquiries from GPs. More information about our psychologists and our services can be found on our web site, [www.elkanahcounselling.com.au](http://www.elkanahcounselling.com.au).

## **Further information**

This article is not designed to be a complete description of the Better Access initiative but rather to provide some clarification on a few points from the perspective and current understanding of psychologists at Elkanah. Individuals are advised to seek their own information or confirmation of any particular details. For further details please also see the following:

Department of Health:

[www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-pat](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-pat)

Australian Psychological Society (APS)

[www.psychology.org.au/medicare/better\\_access/](http://www.psychology.org.au/medicare/better_access/)



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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