A colleague experienced in research of client outcomes and therapist training recently told me candidly, “there is not one jot of evidence that interventions by clinical psychologists are superior to interventions by other bona fide counsellors and therapists”.

A recently retiring member of the Australian Psychology Society Board wrote that she regretted that the Board had done nothing to rectify the inequity of the present two tier Medicare system which separates generalist from clinical Psychologists, where “generalists, shown to be as effective as the clinical psychologist group, are paid considerably less”.

Why are we writing about this?

Recently the President of the Australian Clinical Psychology Association (ACPA) expressed her displeasure that “psychologists who have not undertaken accredited professional training in (Clinical) psychology continue to believe they are capable of providing the same services as those who have undertaken accredited clinical psychology training.”

More concerning, she went on to say that her group had “undertaken an advertising campaign in the Australian Doctor magazine to inform GPs of the need to be aware of the qualifications of psychologists and the expertise and specialised skills of those who hold accredited qualifications in clinical psychology”, and described those without her brand of credentialing as “poorly trained”.

Our practice, and many others, have experienced generalist practitioners who have a wide range of experience and a variety of training.

As my research colleague knows, there are many pathways to becoming a competent therapist and no one model of accredited training has ever been shown to be superior to all others.

We are very fond of our own clinical colleagues and we know they, likewise, respect the expertise of generalists with different training and experience.

We thought you should know you can refer to any of us with confidence.
Heartfelt.
Relationship Intervention and Cardiovascular Risk

At Magnolia House we know the value of investigating in healthy relationships. Research is now documenting the link between relationship health and physical health outcomes.

For instance, Cardiovascular health has been linked to positive social support systems and healthy relationships.¹

Positive social support systems are associated with decreased levels of atherosclerosis, heart disease, cardiac inflammatory markers, and decreased mortality.

Positive relationships are also associated with lower ambulatory blood pressure and reductions in left ventricular mass.

One study suggested that low marital / relationship satisfaction predicts mortality in congestive heart failure patients as accurately as the severity of heart failure at diagnosis.²

Three reasons why one’s romantic partner’s happiness might positively impact their health are:

(a) happy partners provide stronger social support and help create better caretaking environments;
(b) happy partners engage their partners in better health-related activities and behaviours; and
(c) being around happy partners contributes to one’s life being happier.

There is evidence that happier people engage in better health behaviours such as exercise, healthier eating, and other positive health-related behaviours.

Couple-based approaches to health issues that integrate understanding of medical conditions with couple functioning have been shown to maintain healthy habits.

Equally, for those diagnosed with illnesses, partner support can be critical for an individual’s psychological adjustment and recovery.

Thus a recent study looked at the outcome of a Relationship Education (RE) program for those with Cardiovascular Disease (CVD) and/or Cardiovascular Disease Risk Factors (CVDR).

The RE program, consisted of some self-paced learning materials (CD’s) and involved minimal external support.

Completion of the RE program yielded a significant reduction of distress by CVD and CVDR patients (and a non-CVD comparison group). The authors concluded that “the current research suggests that the RE program may be a viable and effective intervention for individuals diagnosed or at risk for CV disease.”

Other studies suggest this is particularly important for women at older ages.

If a simple RE program can enhance health outcomes, then more tailored relationship counselling around medical or health issues, particularly for those with Cardiovascular Disease and/or Cardiovascular Disease Risk Factors, can clearly be beneficial.


1. Going to bed early
2. Not leaving my house
3. Not going to a party

My childhood punishments have become my adult goals!
Technology Use and Sleep

Using technology before sleep, worsens the quality of that sleep.

Yet people who can not sleep increasingly turn to their tablet or smart phone to assist them to return to sleep.

While we know that exposure to screens is less than helpful on a neurological front (as studies have shown the backlight will suppress the sleep hormone), their use can distract from worrying thoughts by focusing on other interests.

If the worrying thoughts are about not being asleep (yup – worrying about not being asleep keeps us awake), such distraction can be useful.

The key ingredient in managing good sleep is developing “go-to” options when insomnia hits. Anything that diverts attention from checking the clock and allows us to think about something else is useful. Once our mind and body is relaxed, not only is that the next best thing to actual sleep, it also increases our chance of falling back asleep faster.

While screen time does help with this process, its other complications remind us that alternatives – reading, counting sheep etc are preferable.

Don’t Answer the Phone!!!

Language acquisition is a major task for young children. Learning words is a crucial part of this task.

The extent to which parents allow mobile phone use to interrupt their interactions with their children, can limit their child’s opportunity to learn new words.

To learn words, young children rely on sensitive and responsive caregivers who offer prompt and meaningful input.

By age 2, children also become sensitive to the social input that adult speakers offer. At around this time, children’s word learning strategies move from relying more on perceptual cues to realizing the importance of cues such as eye gaze and pointing in determining word-to-world reference.

Recent research investigated whether momentary breaks in responsiveness due to mobile phone use effect word learning.

Mothers taught their 2-year olds two novel words, one at a time. One teaching period was interrupted by a mobile phone call.

Children learned the word when the teaching was not interrupted.

When the teaching was interrupted by the mobile phone call, children did not learn the word. The number of times each target word was spoken did not make a difference.

This finding reminds us of the importance of adult responsiveness to children’s language acquisition and that interruptions in social interactions can affect learning outcomes.


Just over one million Australian teens aged 14-17 (91%) have a mobile phone.
The other 9% may not be wrong when they claim, ‘but everyone else I know has one!’

78% of mobile-owning teens say someone else pays for all or most of their usage charges
those 22% of mobile-owning teens who have to pay for usage themselves spend almost $5 less a month on average than those whose parents foot the bill.

Roy Morgan Single Source Australia, July 2015 – June 2016,
Fathering and Work. Managing Guilt?

On a radio talk back program seeking comments about being a Dad, one man commented that, for him, the issue was one of “managing my guilt”.

He said he always felt guilty he did not spend more time with his family. But then he also felt guilty if he could not meet all the demands of his employer, who paid him well to be readily available.

This fathers comments are echoed in findings of recently published Australian research. It found that more fathers than mothers are saying they are having trouble managing their family and work commitments.

Over 50% of the fathers in this research said they were missing out on their children’s events due to work. 20% said that the quality of their time with their family was adversely affected by their job.

Previous research has regularly highlighted that up to 50% of children say they do not have enough time with their parents, especially Dads, and name work as the reason.

We do know that father’s time with children is critical for their development. For instance, one review of 24 studies, indicated that when fathers were engaged positively, it positively affected social, behavioural, psychological and cognitive outcomes for children.

In a world first, Australian research matched children’s views with the father’s work conditions.

When fathers worked very long hours, when they have inflexible hours, when they are rushed or pressured, when they work weekends, and when they spend lots of time away from home, children feel less close to their father, less likely to go to them with a problem, enjoy time spent together less and say they spend too little time together. This is particularly so for boys.

At the same time, the researchers were impressed that children understood that their father’s work commitments sometimes made him unavailable, and saw the trade off between time missed with Dad and the benefits to the family. Still, a third of the children thought Dad worked too much.

Obviously many men feel they would like to have a work routine that fitted better with their family commitments, for their children’s sake. The family – friendly work environment needs to cater for the family needs of men and women.


2 Bessell, S (2014) Communities Matter: Children’s Views on Communities in Australia, Australian National University in partnership with the University of Western Sydney, The Benevolent Society and National Association for Prevention of Child Abuse and Neglect.


(Prof. Frank Oberklaid is Foundation Director of the Centre for Community Child Health at The Royal Children’s Hospital – Melbourne, Co-Group Leader of Child Health Policy, Equity and Translation at the Murdoch Childrens Research Institute and an Honorary Professor of Paediatrics at the University of Melbourne.)

It is easier to build up a child than it is to repair an adult.
A US study has helped fill a gap in previous research about divorce.

Previously, research has identified that, at any given time, a person ‘thinking about divorce’, has lower relationship satisfaction and more likely to divorce. However, the present study measured ‘thinking about divorce’ at two time periods a year apart.

It also classified this thinking into categories of “soft thinkers”, “long time serious thinkers” and “conflicted thinkers”. It used a sample of 3000 people to do this.

Comparing the results a year apart showed some surprising results.

31% of those thinking about divorce at the beginning of the study were not thinking about it a year later. 36% who were not thinking about divorce at the start of the study, were thinking about it a year later.

To underscore the dynamic nature of ‘thinking about divorce’, 52% of Time 1 thinkers were in a different thinking (or non-thinking) category 1 year later. Soft thinkers were especially likely not to be thinking about divorce a year later.

Thus, the researchers concluded “knowing what someone is thinking about divorce at one time is valuable, but it does not mean that a divorce is imminent.”

Counsellors should be aware of this dynamic so they can then better assist couples or individuals caught at a moment in time in relationship distress.


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**Gender Inequality in parenting and housework**

90% of Australian men and women believe that men should be as involved in parenting as women. Australian Human Rights Commission.

In households where men and women earn roughly equal amounts, men work on average 43 hours compared to women who work 36 hours.

But then in housework and childcare, men do a mere 28.3 hours compared to the women who do nearly 57 hours. Australian men are leaners not lifters in the housework department. Household, Income and Labour Dynamics in Australia. theguardian - 19th June 2014.
While perhaps considered a self help book, A Happier Hour is a tale of one woman’s deterioration from the great Australian culture of sharing a wine with her friends to all out life-tattering alcoholism.

There is a subtle yet chronic pressure in our Australian culture to drink; to not be the “boring” one of the group, and to keep things light and humorous. Even if this means avoiding all other authentic and legitimate emotions such as sadness, fear and anger.

The book cleverly illustrates the insipid nature of the deterioration from the social drink to the devouring drive for the next drink; how it can sneak up on the best of us and seriously impact our lives.

Rebecca “Bex” Weller gives us an insight into her life as a wellness coach, battling alcoholism while trying to hold on to her life, her love and her reputation. She talks of the myths we comfort ourselves with; “Everyone knows that real alcoholics drink all day, every day” to the harsh truth she confronts; “if you’d been able to moderate, you would have moderated by now lady!”.

So with some clever tactics, and grace, she works at not becoming overwhelmed with the magnitude of giving up alcohol forever, but rather shifting her focus.

In defensive driving courses, they teach us to focus on where we want the car to go, NOT what we want to avoid hitting. Bex Weller uses this philosophy in relation to the life she wanted to lead and the state of health she wanted to create. To focus NOT on avoiding alcohol, but to hone her focus on health, friendships, love and experiencing life, and redefine her self identity, without alcohol.

A helpful and insightful read for anyone considering their relationship with alcohol. It is also a great resource just to consider how to define ourselves and the power we have in our own life.
It also exposed them to a boring environment, or to one where they anticipated an unpleasant essay writing task (negative event) at the end and so on.

After each task participants’ positive affect was tested. After the completion of each task, those who were required to move, as opposed to sit, responded with more positive affect.

The researchers concluded that the dopaminergic effects of movement (walking), regardless of the other imposed conditions (boredom or negative task anticipation), enhanced participants’ positive affect.

In other words, getting people to physically move can have a significant outcome on their positive affect, whether they expect it or not. As the researchers comment “such a robust influence suggests a deep link between moving and feeling enthusiastically positive…”

Walking Facilitates Positive Affect (Even When Expecting the Opposite) Emotion. 2016, Vol. 16, No. 5, 775–785

I don’t know why I am doing this, but it is good for me!!

Charles Darwin observed that, for all animals, “the acquirement of almost all their pleasures, except warmth and rest, are associated with active movements”.

Exercise and movement have received increasing attention as well-being measures and antidotes for depressive symptoms.

This study investigated whether positive affect (PA) was enhanced by movement, even when participants did not know that they were being tested for this outcome, and when the task had an unpleasant finish.

In a series of tasks, participants, who were blind to the real purpose of the study, were asked to undertake parallel tasks, e.g., viewing familiar and unfamiliar architecture. In one condition participants sat to view a video, and in the other, they walked around their campus.

Adults who participated in a pedometer study, recorded an average of 7,400 steps per day. Less than one in five adults (19%) recorded 10,000 steps* per day on average.

ABS. Australian Health Survey: Physical Activity, 2011-12
*10,000 steps per day is an optimal target for healthy adults . National Heart Foundation.

Perceptions of Inequality – Everyone is the same as me?!

… nearly all Australians think that average incomes are similar to their own personal income!

For example, 58 per cent of those earning $20–$40,000 per year think that the average Australian earns between $20,000 and $40,000 per year.

Similarly, 51 per cent of people who earn between $100,000 and $150,000 per year think that the average Australian earns between $100,000 and $150,000.

The reproduction of any article in this newsletter would be seen as a testament to your good judgment!
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MAGNOLIA HOUSE PSYCHOLOGY AND THERAPIES CENTRE

NEWSLETTER

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