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Editorial

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Welcome to this first 2018 issue of the Australian Counselling Research Journal. It has been a slow start but here we are mid-way and able to present for you some excellent research. We have been working on updating the website and the presentation of the journal and thanks to our Senior consultant editor, Paul Kremur, we have a more effective presentation of the manuscripts. Do let us know how you find it.

In the first manuscript Nicole Albrecht, Angela Bucu and Karen Ager discuss school counsellor's perspectives of teaching children mindfulness. In a study which used thematic analysis and interpretive phenomenological analysis, the authors found a way to understand both childrens' and their counsellors' perspectives of experiencing mindfulness. They give very practical strategies for implementing mindfulness training in schools.

In the second manuscript Shannon Hood explores a case study with a young male in which spiritual and religious interventions were used. The case study demonstrated both qualitative and quantitative improvement for the client who felt similar interventions could be used to support him in the future.

Carolyn Cousins proposes in here manuscript that the dynamics of domestic and family violence, those of coercion and control, can sometimes be replicated by the very organisations or individual services that work to address such violence. Such an issue is an important one to consider.

Kay Distel, Rosanne Coutts and Kierrynn Davis present a self-study action research about the educational journey of a higher education student with dyslexia and related health issues which has complexities. Their findings challenge higher education policies and provide advice for the support of such students.

Finally, Leon Cowen in his manuscript questions whether the use of scripts in clinical hypnotherapy teaching and practice. He examines the various debates around the benefits and liabilities of using scripts and what more is needed in training in order to engage in more effective clinical practice.

We hope you enjoy this issue and that you will also consider submitting your research to the journal. The next issue will come out before Christmas this year.
Thank you to all those who submitted and to all the readers.

Ann Moir-Bussy
July 2018

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Rome Wasn't Built in a Day: School Counsellors' Perspectives of Teaching Children Mindfulness

Nicole Albrecht[1], Angela Bucu[2], and Karen Ager[3]

Across the globe mindfulness is taking a prominent role in a child's education. Research in this field is also expanding rapidly, but failing to keep pace with the practical implementation of mindfulness programs in schools. In the current study the authors address some of the research gaps – reporting on the experiences of two school counsellors introducing mindfulness to thirty-eight New Zealand elementary school students. The methodologies of Thematic Analysis and Interpretative Phenomenological Analysis were used to understand the children and counsellors' perspectives and experiences. Four super-ordinate themes captured the essence of how the school counsellors made sense of child-based mindfulness instruction: Support Factors; Facilitator Engagement; Motivation and Benefits of Sharing Mindfulness with Children; and Program Adaptions and Additions. A number of recommendations are suggested to help progress the research field and the practical implementation of mindfulness in schools.

Keywords: *mindfulness, school counselling, mindfulness in schools, mindfulness education, mindfulness meditation*

Introduction

School-based mindfulness programs are increasingly being evidenced as a promising approach to enhance the wellbeing of children and their educators (Albrecht, 2016a; Zenner, Herrnleben-Kurz, & Walach, 2014; Zoogman, Goldberg, Hoyt, & Miller, 2015). The implementation of these programs is occurring across countries throughout the world. For example, Mission Be, located in the United States (US), has trained over 600 educators and 29 000 children in New Jersey, New York and California (Mission Be, 2015). In the Netherlands, the International Academy for Mindful Teaching (AMT) trains educators, health professionals, counsellors and others working with children in the Method Eline Snel – Mindfulness for Children programs. Method Eline Snel (see www.elinesnel.com/en/field/mindfulness-matters-method/) has been introduced across 20 countries. Over 1 000 teachers have learnt the method, with thousands of students participating in the structured programs (personal communication E. Snel 18th August 2017).

In New Zealand alike, there is also an interest in cultivating mindfulness in schools (Albrecht, 2016a; Bernay, Graham, Devcich, Rix, & Rubie-Davies, 2016). However, New Zealand mindfulness practitioner/researcher and education lecturer, Bernay et al. (2016) writes that the practice and research of mindfulness is less developed in New Zealand than it is in countries such as the US, Australia and the United Kingdom (UK).

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In New Zealand, school-based mindfulness programs are perceived as something new and untested (Albrecht, 2016a). It was with this novelty in mind that the current authors were approached by two school counsellors from a fee-paying school located in Auckland, New Zealand. The counsellors wanted independent researchers to assess the implementation of a mindfulness program with two different year levels in their junior school. The counsellors' primary aim was to understand whether it was worthwhile cultivating mindfulness across the whole-of-the-school, to approximately 1 600 students aged from four to 18 years of age.

In this article, the authors report on the findings – primarily detailing the school counsellors' perspectives. A detailed examination of the students' perspectives can be located at Ager, Albrecht, and Cohen (2015). This is one of the first known studies of its kind to exclusively examine school counsellors' perceptions of teaching children mindfulness. Before discussing the results, the authors will briefly outline conceptions of mindfulness with respect to the Māori culture – the traditional custodians of New Zealand. This will then be followed by a review of research related to teachers'/counsellors' perceptions of introducing/teaching mindfulness in schools, an outline of the epistemology, methodology and methods guiding the research project. In the final section, the authors discuss the implications for future research, practice and policy.

Mindfulness Programs and Principles

For centuries, the concept of mindfulness has inspired various definitions and explanations (Bodhi, 2013). Its common usage today, largely derives from the principles and teachings associated with the popular Mindfulness-based Stress Reduction (MBSR) program. MBSR was developed by Kabat-Zinn and colleagues in the late 1970s at the University of Massachusetts Hospital, in the US (Kabat-Zinn, 1982).

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The rationale for the program's establishment was to "catch patients who tend to fall through the cracks in the health care delivery system" (Kabat-Zinn, 1982, p. 33). Kabat-Zinn's (1982) aim was to assist individuals suffering from chronic pain; those that were either dissatisfied with bio-medical health care or could no longer be helped by Western bio-medicine. The course creator's primary objective was to develop the internal resources of the client systematically through a spectrum of 1) meditation techniques; such as yoga postures (asana) and mindfulness meditation; and 2) education about the physiology of stress, consequences of disregarding the stress response and understanding the mechanisms involved with the relaxation response, pioneered by Herbert Benson (see www.relaxationresponse.org/) from the Harvard Medical School in 1975.

The program was initially 10 weeks in duration with participants attending a two-hour session once a week. Participants learnt about mindful body scanning, mindfulness of the breath and other sense perceptions; Hatha Yoga; mindful walking; mindful standing; and mindful eating. Didactic material included information on the relationship of stress to physical ailments, consequences of the Flight or Fight response and how to balance autonomic arousal was also incorporated within the program. In a recent interview, Kabat-Zinn emphasized that the intrinsic value of mindfulness is not just about stress reduction for your own betterment, but is an opportunity for humans to contribute to the beauty of our world with goodness, wellbeing and trust (Tickell, 2017).

Many mindfulness teachers and researchers call on the following simple definition devised by Kabat-Zinn (1994) to start to explain the nature of the concept: "Mindfulness is the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally" (p. 4). Through undertaking mindfulness programs, instructors hope that individuals will cultivate and enhance certain qualities, such as: acceptance; authenticity; awareness; compassion; curiosity; discernment; empathy; equanimity; gentleness; loving kindness; non-attachment; non-judgement; non-reactivity; non-striving; openness to experience; patience; and trust (Huston, 2010; Hyland, 2011; Kabat-Zinn, 1990; Hahn & Plum Village Community, 2011; Moore & Tschannen-Moran, 2010; Schwartz, 2008; Shapiro & Carlson, 2009, p. 11; Shonin, 2015; Stahl & Goldstein, 2010).

In a recent article Kabat-Zinn (2017) writes that he used the word "mindfulness" as a synonym for "awareness" or "pure awareness." He also clarifies the uses of the word "non-judgement":

> *Non-judgmentally does not mean that there will not be plenty of judging and evaluating going on—of course there will be. Non-judgmental means to be aware of how judgmental the mind can be, and as best we can, not getting caught in it or recognizing when we are and not compounding our suffering by judging the judging. (p. 3)*

Kabat-Zinn also affirms that since in some Asian languages, the word for "mind" and the word for "heart" are the same, we cannot fully understand the word "mindfulness" in English without simultaneously hearing or feeling the word "heartfulness" – they are one and the same. Thus, the meditative cultivation of mindfulness involves intentionally bringing an openhearted and affectionate attention to our experience." (p. 3)

As MBSR and other programs inspired by its principles have travelled around the world; individuals, groups and cultures have applied their own worldviews to make sense of the construct. In New Zealand, where the current research project was conducted, the Mindfulness Education Group (2016) write that Māori, the native Polynesian population, view mindfulness within the context of enhancing the connection to Te Ao Wairua – the spiritual world) and Te Ao Turoa – the natural world. Māori mindfulness teachings and practices are grounded in the inter-related domains of particular Atua – Gods (for more information see https://mindfulnesseducation.nz/what-is-mindfuness-and-faq/a-maori-perspective/).

Mindfulness Research in Schools

Research in the field of mindfulness has expanded rapidly since the early 1980s. Approximately, 3 500 papers related to mindfulness have now been published in peer-reviewed journals, with around 60 new articles currently being published each month (American Mindfulness Research Association, 2017). Studies related to mindfulness education in schools have also grown, with hundreds of articles discussing how mindfulness affects school populations (Albrecht, 2016b). Researchers have predominately focused on the efficacy of mindfulness with children aged from 12 to 15 years, using outcomes-based study designs (Zoogman et al., 2015). In a review of published and unpublished outcomes-based studies in school settings, Zenner et al. (2014) concluded that practicing mindfulness enables children to enhance their cognitive performance and resilience to stress.

Although the rapid expansion of mindfulness has occurred over the last decade, there is one school, located in Dallas, USA, Momentous School, that has been teaching children mindfulness and monitoring their progress for over 20 years (Kinder, 2017). Momentous uses the MindUP (see mindup.org) program and children start cultivating mindfulness when they begin pre-kindergarten at the age of four years. Over this period, the researchers from the school have measured children's English receptive vocabulary, literacy and vocabulary skills, and executive functions (Thierry, Bryant, Speegle-Nobles, & Norrisc, 2016). In one of these studies researchers found that prekindergarten students who received a year-long mindfulness curriculum showed greater improvements in their working memory and capacity to plan and organize than students in a control group. In kindergarten, those in the mindfulness group scored higher on a standardized vocabulary/literacy assessment than those in the control group. Other research conducted at Momentous School has shown that after three years of participating in mindfulness practices, 5th grade students' levels of empathy predicted their scores on standardized reading and math assessments (personal communication K. Thierry 9th September 2017).

Contributing to our knowledge base is a growing pool of in-depth studies documenting the perceptions of teachers teaching children mindfulness (see Albrecht 2016ab; Frias, 2015; Jean-Baptiste, 2014; Kwon, 2015; Mazza-Davies, 2015). Only one study has examined a school counsellor's perspective and this was combined with other teachers' perspectives and experiences. Reviewers of mindfulness studies in schools argue that the field needs well-designed controlled studies as well as in-depth, phenomena finding explorations that use rich ethnographic descriptions, case studies of exemplars and other forms of qualitative assessment (Roeser, Skinner, Beers, & Jennings, 2012).

For example, quantitative studies reveal that only about half of the studies conducted show mindfulness as being effective in reducing teacher stress and strain (Lomas, Medina, Ivtzan, Rupprecht, & Eiroa-Orosa, 2017). Therefore, interviewing teachers about their experiences may lead to insights as to why there are mixed results.

In terms of studies tracing teachers' perceptions, most have focused on understanding qualified school teachers' experiences. Studies where researchers have used qualitative methodologies to explore facilitators' perspectives, reveal a number of important findings that help us understand and improve on mindfulness education in schools. First, mindfulness teachers feel a responsibility for nurturing the wellbeing of children. Participant Sarah, in Frias's (2015) study said "I think we actually are social workers [laughs]. It's just that nobody wants to hear that! I just learned that the [name of school] program where they are teaching these kids how to be teachers, one of the first things they say to them, 'You're not social workers,' and I just couldn't disagree with that more." (p. 96)

Teachers interviewed in the studies were particularly concerned with nurturing students' social and emotional wellbeing and saw mindfulness as being key to helping children learn about, manage and regulate emotions as well as resolve conflicts with other students. They also felt mindfulness provided a positive foundational environment for learning and helped children focus, concentrate and improve on their academic performance. Not only did they see mindfulness as a means to improve a child's wellbeing, but the majority of instructors in the qualitative studies believed that mindfulness was critical in maintaining their own wellbeing and relieving some of the pressures associated with working in a teaching role. However, a number of participants said that it was difficult to be in a workplace and teach mindfulness when the majority of their colleagues were not in support of the practices. These workplaces were often described as being toxic and isolating.

A study participant, who had both a counseling and teaching role in her school, explained that mindfulness allowed her to be her authentic self in her many roles. She said, "It's like we wear all these masks. You have to be someone…well it doesn't have to be like that, but sometimes you are someone different at work than you are at home and in your counselling relationship with students, you wear a different mask again than when you are in a staff meeting and it continues. But now I am just mindful" (Albrecht, 2016b, p. 162). Teachers also believed that cultivating mindfulness gave them the ability to holistically view the curriculum and teach in a way that most benefited students – instead of getting overwhelmed by unrealistic government and school requirements (Albrecht, 2016b).

Overall, teachers in the studies generally agreed that it was important to personally learn the mindfulness practices gradually over time and embed them as a way of being in their own lives, before teaching children. They emphasized being a mindful role model. Teachers often adapted mindfulness practices to suit their classes and developmental needs and chose to teach the practices that they resonated with the most. Lead mindfulness teachers in schools, where a whole-of-school approach was taken to teaching mindfulness, said that they often noticed that teachers new to mindfulness found the practice difficult to maintain during heightened times of stress, such as the end of school term.

They felt that this is when the teachers needed the practices the most and expressed that it would be beneficial to offer mindfulness teacher training during pre-service university studies (Albrecht, 2016b). Participants in Jean-Baptiste's (2014) research felt that they received good mindfulness training, however, they also wanted to know how to integrate mindfulness with other subject areas.

The participants in these qualitative studies all mentioned challenges to teaching mindfulness in schools. Apart from a lack of support from colleagues, Kwon's (2015) study revealed that teachers felt North American cultural norms did not support the integration of mindfulness in schools. However, Mazza-Davies (2015) study showed that cultural norms in their country New Zealand enabled a harmonious integration of mindfulness practices in schools. Other challenges included: excessive noise levels in schools disrupting practices; lack of suitable space and time to practice mindfulness; and sometimes, small groups of adolescent students taking delight in disrupting mindfulness lessons.

Methodology

Two different methodologies were used to explore the students' and the counsellors' perspectives. The methodology of Interpretative Phenomenological Analysis (IPA) was used to understand how counsellors make sense of teaching children mindfulness for the first time. IPA was developed in the 1990s and stems from the concepts of phenomenology, hermeneutics and idiography, which have much longer histories (Smith, Flowers, & Larkin, 2009). It is an experiential qualitative approach to research and has been widely used in a range of disciplines (Smith, 2011), including mindfulness education (see Dennick, Fox, & Walter-Brice, 2013; Carelse, 2013; Hawtin & Sullivan, 2011; Hemanth & Fisher, 2014).

IPA is particularly well-suited to analyzing the experiences of participants where there are small sample sizes. Twelve participants are considered by the creators if the methodology to be a large sample size (Smith et al., 2009). As the focus is on understanding and interpreting an individual's experience and meaning making in-depth larger sample sizes are not readily recommended (Smith et al., 2009). The methodology has predominately been used to explore individuals' suffering, documenting detailed and emotional-laden narrative accounts of people's experiences of psychological distress, surgery and a wide range of illnesses (Smith, 2011). There are few examples of IPA being used to investigate wellness-orientated life experiences. One of the creators of the methodology Smith (2011) highlighted authors' preoccupation with detailing human suffering and suggested that future researchers employing IPA need to focus upon describing and interpreting the experiences of individuals involved in behavior or programs that promote health, as is the case in the current study. A comprehensive guideline on how to conduct research using IPA is provided in the foundational text on the topic, Interpretative Phenomenological Analysis: Theory, method and research (see Smith et al., 2009).

The methodology of thematic analysis was used to understand student experiences. Similar to IPA, thematic analysis is also a relatively new approach to analyzing and exploring problems in the field of social and human sciences. Its historical origins stem from the older quantitative tradition of content analysis, which dates back to the early twentieth century (Ager et al., 2015).

It is a foundational qualitative analytic research method and is used for: identifying; analyzing and reporting patterns (themes) within data (Braun & Clarke, 2006). It goes beyond word or phrase counting to identify and describe both implicit and explicit ideas (Guest, MacQueen, & Namey, 2012, p. 10) Thematic analysis uses many of the same principles and procedures as content analysis by categorizing frequency of occurrences (Joffe, 2011). However, thematic analysis adds an experiential and emotional dimension to the material which illuminates intricacies of meaning. A comprehensive guide to the six phases of conducting thematic analysis is outlined in Braun & Clarke's (2006) paper entitled *Using thematic analysis in psychology*.

Methods for Evaluating Qualitative Rigor

There are a range of alternatives for assessing the procedures, results and reporting of qualitative approaches to research (Carter & Little, 2007; Flick, 2014; Tracy, 2010). In the current study the authors applied three main methods. The first was to ensure commensurability between the methods, methodology and epistemology and to delineate and articulate each clearly, while being mindful of their interconnectivity. The second step involved engaging with broad criteria established for qualitative research; that is guidelines proposed by Elliot, Fischer, & Rennie (1999) and Tracy (2010). The third method was the application of "method-appropriate criteria" (Flick, 2014, p. 481), a method that takes into account the nuances and differences between qualitative approaches. For example, an important aspect to research rigor when using the interview technique, in general, and IPA, specifically, is to ground reporting in examples of verbatim transcripts (Brocki & Wearden, 2006; Elliot et al., 1999).

Method

Participants

Two counsellors (one male and one female) and two classes of thirty-eight students participated in the study. The counsellors (given the pseudonyms of Chas and Sarah), both from an independent school located in Auckland, New Zealand, directly approached the researchers about analyzing the introduction of a mindfulness program with two junior school year levels. The participants were aged 65 and 43 respectively, originate from New Zealand and are of European ethnicity. They have held positions in counselling in education settings for 30 years and 15 years respectively, with Sarah also holding the post of Wellbeing Director. Both have post graduate counselling qualifications and Sarah also has post graduate education qualifications. This was the first time the counsellors had conducted a mindfulness program (course) with young people in any setting – including a school setting. Chas had prior meditation experience in a spiritual and religious context, but not specifically mindfulness-based. Sarah did not have any meditation or mindfulness experience prior to completing a MBSR course in 2012, after which she then began a formal meditation practice on a semi-regular basis (i.e., once or twice a week).

As school counsellors, the participants had responsibility for promoting student wellbeing and developing wellbeing programs and tools for children and teachers. After hearing Janet Etty-Leal, the author of Meditations Capsules, speak at a seminar in New Zealand, Chas and Sarah felt that the course would be a good fit for the school where they were employed. The counsellors were passionate about helping students deal with problems and psychological issues in a pre-emptive way, described by the participants as "up-skilling in the junior school." Chas also considered that bringing mindfulness to the school "would enhance youngsters' performance in the classroom." Furthermore, the counsellors considered that they were best placed to conduct the pilot programs themselves in the in-class setting (over the general class teacher), because as counsellors, they felt that they were more aware of the psychological and wellbeing needs that the program could address.

In respect to the school students participating in the study, 18 were aged from six to seven years, and 20 pupils ranged in age from nine to ten years (Ager et al., 2015). In order to protect the anonymity of participants, individual data was de-identified by school staff. Therefore, the cultural background and academic performance of the participants is not known (Ager et al., 2015). It is also not known whether students had any prior mindfulness experiences. The school where the study took place, is non-denominational, fee-paying and welcomes students from all cultures and backgrounds. It has approximately 1 600 students aged from four to 18 years and a staff to student ratio of one to 10.

Mindfulness Program

The counsellors, using a team-teaching method, facilitated the mindfulness program over a ten-week period, during two school terms, from mid-July in 2013. Sarah and Chas taught each age group separately, with their general classroom teacher present and participating in some of the activities. The mindfulness program was based on the text Meditation Capsules: A mindfulness program for children (Etty-Leal, 2010). It was developed in Australia by Janet Etty-Leal – see www.meditationcapsules.com. The program is presented in a textbook together with an accompanying CD in a lesson-style format (Albrecht, Albrecht, & Cohen, 2012). Lessons are divided into 10 sessions and encourage the teacher to sequentially build awareness of mindfulness (Albrecht et al., 2012). The lessons, in the order following, focus on the topics of: Relaxation, Meditation and Self-awareness; Getting to Know the Body; Awareness of the Breath; Understanding the Stress Response; Words and their Emotional Power; The Sense of Sight, Smell, Sound, Taste and Touch; The Sense of Humor; Observation of Thoughts; Creativity and Stillness Meditation. The program caters for teachers that have no experience with meditation, or practicing mindfulness techniques, but also is designed to suit individuals with an extensive mindfulness/meditation background (Albrecht et al., 2012).

Student Data Collection and Procedure

Students recorded their impressions of the program in a journal throughout the duration of the program (a copy of which can be viewed at Ager, Bucu, Albrecht, & Cohen, 2014). The journal was the focal point of data collection, with activities designed to be age appropriate and match the Meditation Capsules' lessons. The journal instructions/suggestions included: illustrating and/or writing feelings and thoughts about the mindfulness session; drawing representations of body feelings such as stress, happiness, loving kindness, focused attention; illustrating and/or writing when mindfulness exercises would be helpful and drawing and writing about favorite feelings, places and aspects of the mindfulness program (Ager et al., 2014).

Prior to the commencement of the mindfulness program parental permission for participation in the program and research was received to collect and analyze student journals (Ager et al., 2015). Ethics approval was subsequently obtained from RMIT University, Melbourne, Australia in February 2014 to explore the data collected from students. Journals were de-identified and sent by one of the school's counsellor to the third author, Ager. Ager analyzed the student journals for prominent themes that highlighted the students' perceptions of mindfulness, and interpreted the data set within the context of her own experience of sharing mindfulness with children in an elementary classroom (Ager et al., 2015).

Counsellor Data Collection and Procedure

There were two main points of data collection related to the school counsellors: demographic information and interviews. Written and informed consent was obtained prior to commencement of the interviews and the participants were informed of their right to withdraw at any time. Ethics approval was obtained from RMIT University Research Ethics Committee and the Board of Governors and Executive Principal of the host school.

In-depth, semi-structured interviews were conducted by Bucu. The interviews were undertaken via Skype, as the researcher and the participants were located in different countries. Interviews followed a narrative style and consisted of open-ended questions based on the interview schedule (see Figure 1). Researcher name began the interviews by explaining to each participant that she was interested in understanding their respective experiences of teaching mindfulness for the first time, in as much rich detail as they were able to share. In this regard, the interviewer's role was passive and involved active listening (Smith et al., 2009). Active listening on the part of the interviewer enables appropriate probing for in-depth detail of an experience (Wagstaff, 2014). The open-ended, semi-structured format allowed participants room to expand on spontaneous thoughts and ideas that may not have been evident in the interview questions. Throughout, Bucu encouraged participants to explain in detail their views and perceptions – to share their story. As well as asking questions, Bucu, in line with IPA interview guidance from Smith et al. (2009), also made statements, reframing and confirming what the participants expressed. This method of inquiry generated further discussion on the topic and led to exploring counsellors' meaning making in-depth (Albrecht, 2016ab).

Chas and Sarah's interviews were video and audio recorded and each lasted approximately 90 minutes. They were transcribed verbatim from the audio and video recording by Bucu. Field notes were written during the interview and analysis stage in order to track researcher observations and biases.

Data Analysis and Reporting

As mentioned previously, the methodology of Interpretative Phenomenological Analysis (IPA) was used to analyze and collect data, applying guidelines from Smith et al. (2009). The first stage of analysis focused on understanding and interpreting how each school counsellor individually made sense of teaching mindfulness to children. On the first reading of participants' transcripts, Bucu documented preliminary interpretations. On the second reading, Bucu identified and tabulated emergent themes and highlighted meaningful quotations for each participant.

Themes are recurring patterns of meaning (ideas, thoughts, feelings) that have been highlighted by the participants themselves as being important, or interpreted by the researcher as being fundamental to how an individual or a group of people make sense of a particular experience (Smith et al., 2009).

1. Would you mind telling me about your experience with mindfulness before starting the Meditation Capsules program?
2. How did it come about that you introduced the Meditation Capsules program to the school?
3. Would you mind telling me about your thoughts and experiences of the training you experienced of the mindfulness program?
4. Could you describe in detail the typical mindfulness class from your perspective as the teacher?
5. How do you feel about the time allocated to the in-class instruction?
6. Could you share memorable experiences that impacted you or left an impression on you?
7. What do you sense as being the benefit of the mindfulness program on student and teacher wellbeing?
8. How would you make sense of this?

Figure 1. Interview Schedule

After analyzing the participants' data, Bucu created a master table, integrating both participants' data. She tabulated emergent themes as well as the relationships and patterns between themes. Themes were then clustered into superordinate categories with corresponding sub-themes. The creators of the methodology define a superordinate theme as "a construct which usually applies to each participant within a corpus but which can be manifest in different ways within cases" (Smith et al., 2009, p. 166). Direct quotations from the participants were added to this table to ensure the analysis was grounded in the data. Although the analytical methodology has been explained as a step-by-step process, the analysis itself was an iterative process that involved constant re-reading of transcripts and searching for new patterns of meaning at each stage of analysis. The main themes arising from the data set were presented to the school in plain language. The first author, Albrecht, in an independent analysis of the data, confirmed the four main themes that helped describe how the counsellors made sense of introducing a mindfulness program with their school.

Findings

School Counsellors' Perceptions

Four main interrelated themes were found to capture the essence of how the two counsellors – Chas and Sarah, made sense of introducing mindfulness in their school:

- Support Factors
- Facilitator Engagement
- Motivation and Benefits of Sharing Mindfulness with Children
- Program Adaptions and Additions.

Sarah mentioned during the interview how she and Chas thought in a similar way and their transcripts reflect this, showing a high level of convergence, whilst being nuanced by their own individual personality. Following, the authors outline the four main themes.

Support Factors

tfelt enabled mindfulness instruction in schools. Support was a central theme throughout the interview dialogue. There were five main pillars of support that Chas and Sarah identified as being critical in helping them run the child-based mindfulness program – 1) management, 2) parents/caregivers, 3) students 4) general classroom teachers; and 5) the university. The first hurdle to overcome was support from senior management. Both Chas and Sarah expressed during the interview, that this process went smoothly and they were appreciative of management's support. Chas said that senior management "were rather sold on it," and were supportive in a "distant way." He explained that the management team helped secure permission from the Board of Governors and the Executive Principal, and then gave them general advice about how to communicate and seek permission from caregivers. Senior management gave Chas and Sarah "sole rights to run" the program in the way they thought best. Chas said that the advice the Assistant Principal provided "was quite useful in trying to walk across that minefield." He explained that in a private – fee paying school:

> *… you know we have to market it well and we have to answer any questions of anxiety that the parents might have. As a result of this two parents pulled out and said that they didn't want their children to be in the program, so we honored that.*

Sarah elaborates about the challenges involved with eliciting some parent's support for the program:

> *On the whole, the parents were generally very open and supportive of the idea, but we did have a small group who weren't and some who wouldn't let their children participate. I found that part of the process really challenging. I was challenged by them so much more than I ever expected. I learnt quite a lot from that process, but I also accept that …um …some parents, as hard as you might work to help them to understand the program, they have quite set ideas about things which may not be able to shift.*

Nevertheless, dissenting caregivers seemed to be in the minority at the school, with a number of parents asking Sarah whether the program would be run in their child's year level in the following year.

In terms of student engagement, Sarah said that one child did not want to participate in the program after listening to an example of a mindfulness body scan activity. The student said it made her feel uncomfortable. Sarah relays:

> *I guess I was worried about what impact that would have on the other students, whether other students would think about why they were not attending, um and asking her more or getting any ideas about whether they should be attending.*

The classroom teachers enabled this aspect of the program to run seamlessly, as children that did not want to attend, or did not have parental permission, went to an alternate year level class during the mindfulness lessons.

The classroom teachers' support was integral to running the mindfulness program. In order to garner support for the program, Chas and Sarah ran a mindfulness session with the teaching staff. Although they observed that the teaching staff seemed to enjoy it and were engaged, they received no offers from classroom teachers to allow the counsellors to run the pilot Chas, when prompted, thought that this was perhaps because earlier in the year, the school had promoted another program and the teachers may have thought they would be required to do more work. He said, "Yet we had gone to pains to say that it will be very free of work from you. We're going to run it for you. We just want you to be there for you to experience it, in order to see how the children are responding." Sarah felt that the teachers' reluctance to participate in the mindfulness program was due to the "nature of schools." She explains:

> *…teachers are so hugely busy and there is a huge amount of pressure for them to be teaching this (International Baccalaureate) curriculum, and some of them actually said to me that they would love to have mindfulness in the classroom, but they were not sure how to fit it in.*

Sarah said she was a bit disappointed by the lack of teacher support, but said that she needed "to continue to solider on," and recognize that "in big institutions Rome wasn't built in a day anyway." The counsellors then personally approached two teachers (one who had an interest in supporting social and emotional learning) from different year levels and asked if they would allow Chas and Sarah to run the mindfulness sessions with their respective classes, which they both agreed to.

With a longer-term view in mind, Chas and Sarah felt that for mindfulness to expand across the school, the program could not continue with them taking sole responsibility and ownership. They said that facilitating the program with the classroom teacher, was the ideal next step. They counsellors said that if classroom teachers were delivering the program, or were more involved in the program then there would be more opportunities "to plant the seeds" with the classroom, via teacher modelling mindfulness, integrating mindfulness during other lessons, using mindfulness as a transitioning activity, and encouraging students to practice during the week. However, they also felt that a school counsellor's psychological knowledge and experience was helpful when introducing mindfulness programs and counsellors could play a key role in supporting classroom teachers to teach mindfulness.

Continuing teacher support and engagement is vital to developing a mindful whole-of-school approach, but Chas said that he thought caregivers also needed to participate in the program. Chas relayed:

> *So, I really was wondering if we've only done half a job and if the parents should be enrolled in a mindfulness program so that they can match with their kids, what the kids have picked up!*
>
> *That's the frustration for me, is that we do half the job and you know, because I'm a family therapist, I think that if you are going to make some changes in kids, you have to change their context as well in order for them to revel in that change, to stack and sustain. So, I despair a little about it (mindfulness) being a sustainable skill, that is only personalized, because if it's only personalized I don't think that it's going to have a long life.*

The last pillar of support came from the university via training and modelling of mindfulness instruction. Albercht from RMIT University arranged for a visiting Master of Wellness student from Rowan University in the US to attend Chas and Sarah's school in Auckland, New Zealand.

The student, who was also a teacher was specializing in mindfulness education had stayed with Janet Etty-Leal in Australia learning about her methods. She then went to New Zealand and lent her support to Chas and Sarah. Chas said:

She was just…it was natural. It was flowing out of every pore and we were so admiring of her and how easily it sat with her and she was able to communicate it with the kids and we thought, "Oh well...I want some of that..." (laughs).

…she modelled what she did but also her ease with the people who sat with her. It felt like she had a vision …(laughs) and she was able to …I think…give us a new perspective if it, and her experience obviously helped.

I think reading off the book is one thing, getting a live witness to it is quite another. To catch the energy gives you an enthusiasm. A renewed enthusiasm. We were always enthusiastic but if give you the extra oomph in delivering the program.

Facilitator Engagement

Bucu and Albrecht found during the analysis of interviews that facilitator engagement played a key role in the successful implementation of the mindfulness program, with Chas and Sarah's enthusiasm, engagement and energy for the program transcending their spoken words. As facilitators, they lived the program and enjoyed working together to deliver Meditation Capsules. The enthusiasm for the program started when Sarah attended a conference in Australia, where Janet Etty-Leal (Mediation Capsules creator) was a key speaker. Chas said:

Sarah was pretty star struck by it. I looked at it and felt that it had real potential and something of a commonality for me because my background made me familiar with a lot of the stuff that was in there. So, we came at it in a combined way.

Chas and Sarah embodied the cultivation and imparting of mindfulness, personally and professionally – it became a way of life. Sarah explains:

Well I suppose for me, I guess, personally and professionally I found it hugely useful. Just one actually, taking the time out from my work and to do something for me. In my work, I spend a lot of time working with students and staff supporting them to manage their own stress and whatever is going on for them. So, it was really nice to be able to take the time out for myself, and to learn some new ways to manage some of my own stress.

Sarah further remarked, "actually going on facilitating the program with the kids has been really great because its reminded me to practice what I preach."Chas tells how the program connected with him on a personal level:

I think what I really had to do was live the program and apply it to myself. And I was under quite a lot of stress in that term, and so I found myself using breathing a lot more, and muscle flection and relaxation skills taught there.

Seeing the children being engaged with the mindfulness lessons further enhanced the counsellors' engagement and trust in the mindfulness program. Sarah said:

I really found that by about session four, there was a really great sense of engagement. They were really entrusted to see us when we arrived and the whole concept was a lot less foreign, so there was a lot more flow. But hearing of some of their experiences of using mindfulness was very encouraging, and absolutely delightful, when they are suggesting to their brother or sister to "pause" or "take a deep breath," and things like that, yes, quite delightful.

Chas also reveled in some aspects of mindfulness instruction – in particular reading the meditation scripts from the book. He preferred to read these, over playing the CD that accompanied the book. He describes:

So that was really, really easy. I reveled in that because it was really my thing. I loved the "hypnoticness" of that script, and the pausing and the accenting and so forth, that sort of thing.

He also discovered that teaching mindfulness to children was profoundly meaningful from a professional counselling perspective – to develop a deeper level of connection with the children:

I think as a counsellor it was very moving in a way because we were having quite an intimate conversation with these kids. They were having this experience as well as we were trying to impart to them a knowledge that will equip them with a skill to notice their body, having more control over it, being able to enjoy themselves.

I think, for a counsellor to be to get to that level with their client, is an amazing level of learning. In terms of experiential learning it is right at the pinnacle of experiential learning.

Apart from being highly engaged by the content of the program, conveying mindfulness principles, and observing the children's responsiveness to mindfulness instruction, Chas and Sarah also thoroughly enjoyed team teaching and providing constructive critical feedback to each other. Sarah explained:

One other thing for me I actually got a lot of benefit of facilitating it with Chas. We shared responsibilities and took turns doing different things, but the unusual thing for me is that we could critique our facilitation and discuss what went wrong and we could plan for the following week. That was useful for me particularly as it was the first time for me that we did the facilitation together.

However, there was an aspect to sharing mindfulness with children that somewhat dimmed the counsellor's sense of enthusiasm; that being, one of the classroom teacher's lack of engagement with the program. Chas and Sarah said that the Year 5 teacher was openly supportive of them being in their classroom, but did not seem to want to participate, with Sarah highlighting the difference between support and engagement. Sarah said:

…and we would try to engage her but she wasn't engaging and just sat on her email when we were facilitating the sessions. So, Chas and I wondered if maybe she may have misunderstood what her role might be and had possibly thought that we didn't need her involvement. We did try to raise it a few times, and a couple of times there was more involvement and actual participation in the meditation exercises towards the end, but it wasn't consistent.

Chas reflected that the Year 5 students "adore" their teacher, and thought that they "missed out" by her lack of engagement. Chas explained:

Well I personally think that if you got engagement from the significant adult you'll get engagement from the kids. There was a huge engagement in Year 2, and this may well have been because of the age group and that they are putty in our hands, and much more, what would you call it...they were much more conducive to the experience of resting of dreaming, of getting the fantasy world ... not that's not really the right word because mindfulness is not about fantasy, but they went into their own experience much more readily, they were less self-conscious. Whereas the Year 5 were slightly more self-conscious, so I mean they are not incredibly self-conscious like a middle school child. But if they had the role modelling from their Year 5 teacher I think they would have gained a heck of a lot more from the content, because they would have seen how seriously she took it and they would have taken it at a greater level of seriousness.

The Year 2 teacher, however, was extremely supportive and engaged. Chas said she was "incredibly attentive," would sometimes participate in the meditations and at other times would patrol the classroom – inviting the children with a signal to "close their eyes to lie straight, or whatever it may have been." Sarah said the feedback the Year 2 teacher had given them was extremely positive and she additionally described to the counsellors her own personal experience of participating with Meditation Capsules and how meaningful it has been to her life.

Sarah also got the impression that the classroom teachers did not encourage, prompt or search for ways to weave mindfulness into to the daily classroom life or other curriculum areas. She said, "We did suggest to the teachers that maybe after lunch or after interval they did just take five or 10 mins out to practice some of the ideas, but I don't think that happened as consistently as could have been useful." Sarah, when prompted during the interview said that in the future she would be "a lot more explicit with teachers from outset."

I guess I would be a lot more explicit and have a conversation around whether it is something that they may be more supportive of and what the benefits might be as far as the role modelling and encouraging engagement from students.

Underlying Chas and Sarah's engagement for teaching children mindfulness is a moving rationale and in the next section the authors describe the third main theme, Motivation and Benefits of Sharing Mindfulness with Children.

Facilitator Engagement

The motivation and benefits of teaching children mindfulness played an integral role in how Chas and Sarah made sense of introducing mindfulness within their school. The following statement by Sarah highlights the potential importance placed by the counsellors on the explicit instruction of mindfulness in schools:

Particularly because the work that Chas and I do, as I said before, we are often working with students who are having difficulty regulating their emotions, or recognize when they are stressed or distressed and to know how to manage it appropriately. I guess one of the other things is ... we work here at [name of school] from kindergarten right through to Year 13, I often feel concerned when I see kids in the older years in the senior school, who are really struggling to regulate themselves. Sometimes these stresses are manifesting in self-harm.

Support at a young age, to help children regulate, understand and express their emotions was a primary reason for introducing mindfulness. Chas and Sarah had a vision of preventing severe stress and the resulting physically harming behavior that may occur. By equipping students with skills at a young age and giving children tools to manage their own emotions, they hoped to stem this tide of stress. Chas felt that stress was pervading children's lives on many levels, from caregivers' parenting styles, goals they were expected to achieve, and from the school's behavior management policies. He wanted to keep "kids out of trouble" by giving them tools to regulate their emotions and control their anger, before they suffered punitive consequences. Mindfulness was being used as a preventative behavior management strategy – one that children could actively control. Chas thought the level of stress that was being felt by children went largely unrecognized by parents:

The other thing that I wanted to say. There are some parents, and I don't know if it's more guys than women, who say, "It wasn't like that in our day," and they lay down the law. They have no way of allowing the knowledge of this extra stress from these kids to break through their psyche, and God knows why they are so resistant, but they are just so embedded in their opinions, and it will work and every signal around them is saying, "it's not bloody well working, you got to actually change your take of parenting." I had this conversation over the weekend with a parent and it's like, it happens reasonably frequently.

Chas explains the reasons for why he thinks children are so confused and stressed:

The kids are exposed to a hell of a lot more things than what we were ever exposed to, and that has a certain level of confusion to it...of where their value system lies. And if their parents have a bit of difficulty in managing them, in terms of their boundaries, and managing their behavior generally, then the kids can get anxious because they are testing the boundaries a lot more. Like where is the edge that I can push to? You and I probably had some strict parents. We knew where the edges were (laughing) so we could kick back and relax.

He thought mindfulness was a "forgotten skill," one that perhaps is remembered and more easily embedded when children are young, before they have been socialized or trained out of a mindful way of being. He said as the students grew older they were developing a protective shell – something that prevented them from being tuned into their bodies, tuned into their emotions, and from recognizing signals from their peers. Chas hoped to prevent children learning patterns of reacting that negatively impacted their wellbeing – hence the importance of mindfulness having the whole-of-school's support.

Before implementing the program, Chas and Sarah also said that they believed mindfulness instruction could enhance academic performance, by improving attention and focus. This belief was supported by the classroom teachers who said that they felt the children's attention and focus to school work had improved over the 10-week program. Chas said the benefits of the program were "obvious" and found that the children

became more spontaneous and less guarded. It provided the children with the skills to better manage their lives and for the Year 5s who were under more external stress to manage their response to it. The counsellors were particularly gratified when the children shared their experience of using mindful strategies with their family. This reflected how much they enjoyed the program and how their social and emotional intelligence was improving. When discussing the benefits of Meditation Capsules, Chas remembered the case of one Year 2 boy where he thought mindfulness may have made a profound difference to his life:

> *There is a little boy in Year 2 who is extremely stressed because of a parental situation. Family litigious battle going on, and he's actually managed quite well. This year even though, I'm getting reports, because I'm sort of the middle man, receiving a lot of grief from the parents. It doesn't seem to be having an impact on his ability in the classroom nor in his relationships with the kids, so I was really impressed with that. Maybe we can take some credit for that, I don't know.*

Mindfulness played a special role in the counsellors' hearts and appeared to have a positive impact on the children's wellbeing and that of their families. However, Chas and Sarah had to overcome a number of hurdles to teach mindfulness. Some of these relate to support and engagement factors, which have been discussed previously, others relate to program adaptions and additions, which will be discussed in the next findings' section.

Program Adaptions and Additions

The last major theme to be presented is Program Adaptions and Additions. A number of program adaptations and additions were incorporated by Chas and Sarah to aid learning and developmental differences. Program adaptation is encouraged by Janet Etty-Leal. She suggests that teachers use their intuition and wisdom when cultivating mindfulness in the classroom (Albrecht et al., 2012, p. 3). In her book she explains, "This program will provide you with the basic "recipe" – so add whatever "spices and toppings best suit you and the children in your class" (Etty-Leal, 2010, p. 5). The counsellors, during the interview process, discussed the adaptions and additions they made during the inaugural program and made suggestions for future mindfulness program delivery.

In regards to their delivery of the program, Chas and Sarah found that they could not simply teach children mindfulness from the instructions provided in the book. They had to complete a substantial amount of extra work as preparation to learn some of the content personally and also needed to devise strategies to teach particular aspects of the program in a developmentally appropriate way and in "minute detail." Chas explains:

> *For the actual content that was a little bit of a challenge because I hadn't done biology and so here we were talking about details to do with the nervous system and other systems. It had to be put in way that would mean something to Years 2s and 5s, 7-year-old and 10-11-year-old. That was a little bit of challenge. We had to do some extra work, and I found that personally a bit of challenge, I had to put a lot more effort into it, perhaps more than Sarah because she had a nursing background. I had to prepare it more before we actually did the sessions ... in terms of "How do we engage them?" "How do I keep the group cohesive as a group?" ... and that took a little bit of a while to do.*

Chas and Sarah both said they would have benefited from more training before they started the program. Chas shared:

> *I think that we could have received a lot more training. I think that when we got into the first or second session we thought, "Oh hell, we've got to translate this stuff." We've got to use the language and the ah ... gestures and set up experiences so that in fact the essence of the message that Janet was putting across was absorbed by the kids at their appropriate age level.*

Sarah said that when teaching the program to Year 2s, some of the quiet inner awareness practices were too long for their attention span, but half way through the program she said, "…we had a good hold and understanding of the students and what sort of worked." Chas said that they "had to simplify things," and "had to leave a lot of stuff out." Apart from simplifying and adapting activities to suit the learners, Chas and Sarah also made additions to the program helped by the Master's student from Rohan University. Additions (supplementary to the text) they found to be most effective for either or both of the classes included: 1) the pause button – a technique allowing the students to pause/calm before responding; 2) the glitter jar – a tool to enhance awareness about the turmoil of thoughts and feelings; and; 3) dolphin and shark thoughts – connecting the use of positive and negative thoughts.

Chas and Sarah also made a number of suggestions to improve upon the delivery of the mindfulness program. First, Sarah said that she thought it would be better to teach two sessions a week, with the classroom teachers reminding children of the practices during the week and integrating mindfulness principles and practice during other lessons. The counsellors also thought it was essential to teach children mindfulness at a young age before they develop a "protective shell." Sarah said, "I just can't stress how valuable it would be to have a program and be able to start young. I'm sure that by the time the kids get to Year 5 and they've been doing it since Year 1 or Kindy, it's just an everyday part of life."

Sarah also mentioned that she would like to attend a training program that described how to adapt activities for different age levels. Chas thought there needed to be more action in the delivery of the program. He explained:

> *Because what I was feeling is that it's very wordy, and the concepts are very worthwhile and unbelievably valuable, but how do you do that in a way that's animated, lively engaging them and is not a constant blur of words. And so, that's where I think we need to be much more on the board, getting them up doing things, using illustration, maybe using sound a lot more, maybe using music, which we didn't use. I think we only used it once in one session.*

Chas talked about running other social and emotional programs such as the Incredible Years (www.incredibleyears.com). For these programs, they had developed a resource/instruction manual, which housed everything they needed to run the programs. They intended to create a similar resources manual the second time they ran the Meditation Capsules mindfulness program. Chas said that they then could go on "automatic pilot" so there would be "less emotional energy in setting everything up" the second time they ran mindfulness lessons. "We will be able to use that energy more economically."

Students' Perceptions

The students' perspectives of learning mindfulness for the first time are slightly different from the counsellors' perspectives, given they had a different role in the program – they were the receivers of mindfulness instruction. However, as Chas and Sarah noted during the interviews, they also became the givers. It was found by researcher name in the analysis of student journals that many of the children started sharing mindfulness with their families and friends and used the skills they learned in class to resolve conflicts. For example, students wrote that mindful breathing was something they used "when friends are crying," "when friends are hurt." One student wrote that she helped her father when he was stressed, "I help dad to breathe when he is feeling stressed." Chas and Sarah mentioned how gratified they were to hear that children were integrating mindfulness in their daily life, which in turn enhanced the counsellors' faith and engagement in Meditation Capsules. The findings from the students' journals, gives validity to the counsellors' perspectives that the children were using the skills in their day-to-day lives. However, the students' journals also indicated that the children were using mindfulness more than Chas and Sarah observed through classroom conversations.

While it was not a major theme throughout students' journal, a small number of children initially resisted mindfulness activities, writing things such as, "This is boring," however, journal reflections demonstrated that as the program continued, reluctant students gradually became more engaged with the lessons. The counsellors' interviews also reflected this pattern. Sarah, when talking to Bucu about her own experience of learning meditation, said that she found learning mindfulness and meditation initially challenging and this gave her the knowledge and experiential awareness to not give up when some of the students seemed to be feeling the same way. She explained:

> *I guess because I hadn't done a lot of meditation or anything like that before, so it was quite a new concept, so for the first few weeks I found it quite challenging at times, but I felt that as time went on I became more comfortable with the concepts and the more I practiced I guess I started to experience the benefits, so that had a big impact I guess on, you know, the training and facilitation I did with the kids, and the need to hang in there with them. Because I think when we started they found a lot of the ideas quite foreign, and maybe a little bit overwhelming, but it was delightful to actually see their progress and that flow we started to see after a few weeks.*

Three main interrelated themes captured the essence of how the Year 2 and Year 5 students made sense of learning mindfulness. The first theme related to their perspectives on their personal wellbeing, the second their engagement with learning mindfulness and the last theme was associated with conflict resolution.

Within the theme of Students' Perspective on Their Wellbeing five sub-themes emerged, in concern to:

- Awareness
- Happiness and love
- Calmness and inner peace
- Stress and anger management
- Readiness to learn and creative wellness and flow.

Within the theme of Students' Mindful Engagement three sub-themes emerged:

- Heightened Awareness of Self
- Heightened Awareness of Others and Mindful Word Choices
- Heightened Awareness of Environment.

Within the theme of Conflict Resolution two sub-themes emerged. These included an explicit awareness by the students of the strategies used to solve problems with:

- Siblings
- Friendships (Ager et al., 2015).

From closely analyzing the students' journals it seems that the children received more from the program than Chas and Sarah estimated and were readily using mindfulness in their day-to-day lives. The students often used mindfulness as a self-regulation tool. For example, one Year 2 student said, "If I am not allowed to play on my play station I feel angry so I press my pause button." Students' journals were littered with phrases describing how much they enjoyed activities, how it enabled them to learn and to feel calm and curious. These responses matched both the classroom teachers' and counsellors' impressions.

Happiness and love were recurring themes throughout students' journal in relation to participating in a range of mindfulness activities and also when considering their favorite words and feelings. An awareness of their own feelings of happiness and love was mostly indicated when writing about family and friends. Students wrote about feelings when they received a hug, and their desire to express their love through words; such as saying to family members, "I love you." Inherent in the happiness theme was the association of happiness with playtime and friendship. For example, one student wrote, "Can you play again with me?" "Can you be my friend?" she wrote, "I feel happy" (Ager et al., 2015). Mindfulness activities seemed to enable children to find a deeper level of awareness, appreciation and connection to their families and friends and value the important role they played in their young lives. The student journals provided a perspective beyond facilitator observation – they gave voice to the children's thoughts and opinions; demonstrating the rich inner workings of the children's minds and hearts and the meaning the program was having in their lives. For example, one student wrote that he loved mindfulness because it made him "feel calm and honest."

The students' favorite activities linked closely to what Chas and Sarah observed and talked about in their interviews. The children's favorite activities were mindful eating, mindful breathing, the mindful pause and mindful walking. A Year 5 student writes, "I love mindfulness because I liked the chocolate. It helped me to do slow eating. I eat slower now." Chas and Sarah said that for the students who were previously getting distracted the lessons associated with mindful eating and walking enabled them to become fully focused and engaged.

Discussion

Overview

Mindfulness offers those that are looking to nourish, protect and care for the young – hope. Chas and Sarah felt that the explicit teaching of mindfulness was a key ingredient in enabling children to develop increased awareness of their emotions and behavior, choose their responses with care and manage external stressors. They thought it was critical to start mindful lessons at a young age. Chas and Sarah had a long-term vision for the school – hoping that mindfulness instruction would help give students the skills to manage difficult situations and reduce the incidence of self-harming behavior that was occurring with some students in their final years of school.

They needed the whole school community's support to create a mindful school culture and through the process of introducing mindfulness they learned that not only did they need support, but they also needed engagement. Chas and Sarah hoped for the whole school community to be as enthused and engaged with mindfulness instruction as they were, but acknowledged that "Rome wasn't built in a day." They noticed and felt that when a classroom teacher supported and additionally immersed themselves in the mindfulness program, the children were also more responsive. They hoped that in the future more classroom teachers would become involved and engaged with the program.

The counsellors found that they needed to adapt and adjust Meditation Capsules to suit the developmental needs of their students and said that this took considerable time and energy. However, they felt better prepared to facilitate the program the following year. During their interviews, Chas and Sarah also both highlighted the need for more training. They found watching an experienced mindfulness teacher with education qualifications model mindfulness instruction at their school invaluable, and wished that they could have participated in child-centric mindfulness teacher training before facilitating the program. The students' perceptions, while slightly different to the counsellors, corresponded in many respects. Chas and Sarah were able to pick up on the children's favorite mindful activities and noticed when the energy shifted to complete engagement and enthusiasm. It is unclear whether this engagement was a function of specific activities (e.g., mindful eating and walking), facilitator confidence, and/or the time it took the whole class to feel comfortable with mindfulness instruction.

How do the Findings Compare to Research in the Field?

There is a lack of research documenting school counsellors' experience of introducing mindfulness in a school setting. Hence, it is difficult to directly compare the current results with other relevant studies. The findings highlighted the overall success of implementing mindfulness with a Year 2 and Year 5 class – the program seemed to have a meaningful and positive affect on the lives of the children, the counsellors and one of the classroom teacher's. Cultivating mindfulness allowed children to regulate their emotions, respond to others in a less reactive way, and improve their focus and attention towards school work. These results are a common finding in mindfulness studies – both qualitative and quantitative (see Ager et al., 2015; Arthurson, 2015; Bakosh, Snow, Tobias, Houlihan, & Barbosa-Leiker, 2015; Coholic, 2011; Coholic & Eys, 2016; Terjestam, Bengtsson, & Jansson, 2016). A mindfulness practice also enhanced children's curiosity and creativity towards learning – something that is less mentioned in the research field (Albrecht, 2014), however, could be considered a natural by-product of cultivating mindfulness. A key element of the MBSR program is to cultivate what is described as "Beginner's mind" – an attitude or state of mind, whereby it seems that we perceive everything as if for the first time. It is a state where the individual is set free from expectations based on past experiences and is receptive and open to new possibilities (Kabat-Zinn, 2009). It may be that children, who adults think are naturally open, curious and creative, may have already closed down on new possibilities and need extra training in this domain. Counsellor Chas mentioned that he thought the children in Year 5 had already started to develop a protective shell of defense mechanisms.

Another finding not commonly mentioned in research, is children passing on mindfulness skills to their caregivers and siblings in order to ease parental stress or resolve conflicts at home. The sharing of mindfulness seemed for the students to be a natural by-product of learning mindfulness at school. A news item from the Mindful Life Project (www.mindfullifeproject.org) substantiates this finding. Founder and Executive Director J.G. Larochette shared this experience, "A child learning mindfulness through the program at school rushed up to me and said, "I have something really important to tell you." The student explained that his parents had been arguing a lot and "it was getting bad." A couple of weeks ago, he realized that he could help them with mindfulness. He invited his parents to sit on their couch and wait to listen to the rings of the doorbell (he didn't have a vibratone bell like the instructors). He rang the bell three times and then ran back to lead them through a session of mindful breathing and listening. He told me that he repeated this every night since and he ended by saying, with a huge smile and sense of pride, "And guess what? They're not fighting anymore." (Mindful Life Project, 2017).

This phenomenon has been observed with adult populations (Albrecht, 2016b; Shapiro & Carlson, 2009). For example, a counsellor's initial purpose for beginning a mindfulness practice may be to decrease his own stress levels (Shapiro & Carlson, 2009). As he continues his mindful journey the counsellor might realize that his intentions and way of being extend to his students through increased levels of compassion and empathy. Studies have verified this phenomenon, whereby a person's intentions for practice shift along a continuum of enhanced wellbeing, moving from concerns consumed with the self to an expanded worldview where the individual considers how and in what way his or her actions can benefit the wider community (Shapiro & Carlson, 2009). These findings suggest that when considering implementing mindfulness in schools, as Chas recognized, caregivers need to be involved – we need to understand that unprompted, children may also start instructing their caregivers in mindfulness.

Schools are realizing the importance of involving the whole school community. For example, Pinecrest School, located in Quiet Cove, Annandale in the US, in order to create a mindful culture that extended beyond the bounds of the school yard, offered mindfulness sessions to parents as well (Pinecrest School, 2014). There is little research documenting long-term, whole-of-school approaches to teaching mindfulness – most researchers assess the efficacy of short-term programs (Sheinman & Hadar, 2017). A whole-of-school approach to mindfulness education involves full integration of mindfulness in the school curriculum, engagement of school teachers, incorporation of caregivers, and a gradual long-term process which influences the school's culture and climate (Sheinman & Hadar, 2017, p. 77). In Israel, the impact of such an approach, over a 17-year period, has been so remarkable that a school in a low socioeconomic neighborhood with chronic violence and widely considered disreputable is now, in standardized nation testing, among the top primary schools in the country (Samucha, 2012, as cited in Sheinman & Hadar, 2017).

A crucial factor in the success of the whole-of-school program is teacher support coupled with engagement (Sheinman & Hadar, 2017). Current study participants, Chas and Sarah both mentioned the necessity of teacher support and engagement, but noted that teachers felt overwhelmed and overburdened with

their current work load and were reticent to commit to a mindfulness program – even with the counsellors "taking the reins" of mindfulness program instruction and delivery. Teacher stress and burnout are commonly cited reasons for conducting mindfulness programs for teachers, however, as mentioned previously there is no clear evidence as to whether the programs have the capacity to counteract the external stressors and pressures teachers are facing (Lomas et al., 2017). Aidin Escobar (personal communication 10th October, 2017), who works in a Texan school in the US, wrote, "My school started incorporating the idea of mindfulness in the classroom, which I'm excited is finally happening, but there is a huge discrepancy between what a mindful school is and our actual school atmosphere. We teachers need time to (figuratively) breathe first!"

Participants in Albrecht's (2016ab) study noted a similar concern, with teachers new to mindfulness struggling to make the time to learn the skill. In order to resolve this problem, at one of the participant's schools, they first created a breathing room for teachers. Angelica said "They just don't have the time to commit to a six week or year-long mindfulness course. However, they want to embrace the concept" (p. 248). The school created a breathing room for teachers as a first step, next a 40-minute in-service introduction, followed by reading an introductory book on mindfulness. Angelica said that these simple steps helped mindfulness to gain momentum and she is now training teachers in the whole school (Kindergarten to Year 12). Angelica described how the whole school's culture is slowly changing and becoming more mindful, with staff members working collaboratively to create calmer environments in which to learn – "the ripple effect" as she termed it. The findings indicate that a systems approach is needed when implementing mindfulness programs in schools, paying attention to the parts, cultivating programs with care and taking steps to ensure mindfulness training for children is embedded within a mindful school culture.

Additionally, as was found in the current study, some teachers may be receptive to learning mindfulness, however, others may be ambivalent. Mindfulness instructor and creator of Meditation Capsules – Janet Etty-Leal, said in an interview about her experience of teaching mindfulness in schools, that one of the most difficult challenges she has faced does not come from the children, but from a small number of teachers. She said, "There can be many reasons for this. Sometimes the decision to introduce a mindfulness program has been made by a Co-ordinator or Deputy Principal and this decision is not necessarily understood or embraced! It is very difficult to teach children with a teacher who is not committed and disinterested and who even may display this by sitting up the back with their laptop on their knee!" (Albrecht, 2016a, p. 214). Wherever possible, she now requests to have an introductory session with staff to provide a theoretical and practical understanding and allow time for questions and discussion (Albrecht, 2016a). These findings culminated with other qualitative research in the field (see Frias, 2015) suggest that even though mindfulness is growing rapidly in schools around the world a number of teachers may not be ready to support, embrace or engage with the concept. Thus, exploring teacher receptivity and understanding of mindfulness is essential to further the research base in the area – asking questions such as: "Are child-based programs situated in a mindfulness school culture?", "What experience do teachers have in regards to mindfulness education?" and "Do teachers feel overwhelmed having to learn a new skill?"

Another aspect underscored by the current research and that of Frias (2015) and Jean-Baptiste (2014), is the need to train teachers in developmentally appropriate mindfulness activities and in methods that assist instructors with integrating mindfulness throughout the school day and with other curriculum areas. Chas and Sarah felt that role modelling by an experienced mindfulness teacher was invaluable to their development as mindfulness instructors. This qualitative research highlights that teachers do not always feel adequately prepared to teach children mindfulness and more training is required. It was also difficult to ascertain whether some of the children's initial disinterest in mindfulness was due to facilitator confidence, factors intrinsic to the individual, the activities and/or the time it took the whole class to feel comfortable with mindfulness instruction.

Sarah seemed to feel, from her own personal experience, that mindfulness may be initially uncomfortable for some people, as looking within is not an experience everyone is familiar with. When asking a range of experienced instructors in a mindfulness group about their thoughts on this problem (Lyn Osborn, Amber Micah, Seth Soothers, Nalini Lomova, Michelle Palladini & Shakta Khalsa, personal communication 10th October, 2017) they all replied in slightly different ways and did not mention children feeling uncomfortable with any mindfulness activities. Seth Soothers from Nebraska in the US said he felt the activities that worked best in his classes were student driven. Shakta Khalsa, founder and director of Radiant Child Yoga in the US, wrote that activating the body, through yoga, or movement, or qi gong, along with using a coordinated breath is essential for mindfulness.

In Radiant Child Yoga, they use songs with arm/body movements to express the affirmative quality of songs. For a seated mindfulness exercise, they engage the child with an activity like blowing a feather softly and feel how it extends the breath, and then blowing hard and noticing how it activates and shortens the breath. When the children are ready, they can take note of which breath feels calming (slow) and which breath feels energizing (short and fast). Radiant Child Yoga have developed hundreds of mindfulness practices and Shakta believes that the body needs to move and the breath needs to be coordinated with the movement, in order to sustain mindfulness. She notes that this is particularly important in the case of children – before entering into mindful meditation.

The second author, Bucu, who teaches mindfulness to children in out-of-school settings, affirms Shakta's message. Bucu has consistently found that children under eleven enjoy the activities that do not restrict their ability to move and those that focus on other activities than mindful breathing. Whereas teenagers and pre-teens enjoy the opportunity to be still and focus attention on simple things like their breath and body – permission to relax and get to know the physical self. Bucu has found that younger children have to move and they are generally restricted from doing so in classroom environments. Therefore, she doesn't restrict them in mindfulness classes but asks them to really pay attention to what moves, why it moves and what may be causing it to move. Bucu says the movement also encourages children to open up to and explore their senses, which they find fascinating. These findings suggest we need more research into a best practice approach to teaching mindfulness to children and adolescents; hearing from the students themselves and teachers running successful mindfulness programs.

The Study's Strengths and Limitations

Inherent within research methodologies are both strengths and limitations. However, carefully choosing a methodology congruent with research objectives and aims serves to minimize the restrictions a methodology may impose on the creation and evolution of knowledge in a field (Albrecht, 2016a). Additionally, it is necessary for a researcher to ensure that there is a high level of connectivity between the epistemology, methodology and methods in the design and implementation of a research project (Carter & Little, 2007). A whole systems mindful inquiry paradigm (for more information please see Albrecht, 2016a) was applied to understand how counsellors made sense of teaching children mindfulness for the first time. In essence, mindfulness concepts underpinned the research gathering and analysis process.

The essence of whole systems mindful inquiry was highly compatible with the epistemic content of the methodology, IPA, in that it respects and acknowledges: that researchers research with people rather than to people; knowledge is co-created; there are multiple ways of knowing, such as the use of the intuitive senses; the necessity of keeping an open mind; interactions with others are dynamic and unpredictable; data gathering is holistic; the interpretation of wisdom requires a mindful way of being; observing and understanding the whole, the parts and the interconnection between the parts (Smith et al., 2009).

The idiographic nature of IPA analysis, where the uniqueness of an individual's feelings and perceptions is considered paramount, may be viewed as a methodological weakness (Albrecht 2016a; Pringle, Drummond, McLafferty, & Hendry, 2011). However, in the case of IPA it is seen as a strength; as each individual is considered to be an important part of the whole and one individual's experience while not mirroring another individual's may lead to important insights and understandings (Albrecht, 2016a). Another limitation in a study of this nature is that the researcher cannot control, for example, counsellors embellishing benefits of the practice (Albrecht, 2016a). This is perhaps a limitation of a number of methodologies. Research has shown that people being studied may be inclined to report mostly what is to their own advantage or what they think the researcher would like to hear (Cropley, 2001, p. 19). However, in the current research it appeared to the researchers that the participants gave an honest account of their experience; stressing both the challenges and the highlights. Additionally, collecting data from the children learning mindfulness helped to corroborate the counsellors' narrative and this method of triangulation is suggested to be an important element in understanding and verifying the perspectives of individuals (van Aalderen, Breukers, Reuzel, & Speckens, 2014).

Conclusion

Millions of people around the world are learning mindfulness. Over the last two decades, the school sector has played a pivotal role in the global expansion of mindfulness education. In the current research project, for the first known time, Bucu and Albrecht examined how school counsellors made sense of introducing mindfulness into a Kindergarten to Year 13 fee-paying school. Coupled with the exploration of school counsellors' perspectives the authors also analyzed student perspectives. Four main interrelated themes captured the essence of how the two counsellors –Chas and Sarah, made sense of introducing mindfulness in their school: Support Factors; Engagement; Motivation and Benefits of Sharing Mindfulness with Children; and Program Adaptions and Additions.

The students' perspectives were slightly different to the counsellors' experiences, given their different role in the program, but aligned with and supported the experiences described by Chas and Sarah. The students illustrated in their journals how mindfulness enhanced their wellbeing and gave them skills to help friends and family solve problems in the school yard and at home. Mindfulness education had a profound impact on the children's lives. This was highlighted by a majority of children, who undirected, started sharing mindfulness with their caregivers. This evidence suggests that it would be valuable to have mindfulness programs for caregivers, available either face-to-face or online.

The research also underscored the critical role teacher support combined with engagement played in the introduction of mindfulness within the school. Interestingly, after a presentation by the counsellors, not one general classroom teacher volunteered to allow Chas and Sarah to come into their classroom and teach mindfulness to the students. Chas and Sarah had to approach teachers individually to gain their consent. The counsellors thought that this might be due to the teachers being overworked and not having enough energy to commit to introducing another program. Jennings and DeMauro (2017) write that the process of burnout, which we are witnessing in the field of education, often "involves depersonalization, whereby the ethic of care erodes and teachers lose the connection between their values to care and their day-to-day experience in the classroom" (p. 229). This lack of receptivity indicates that teachers at Chas and Sarah's school may be facing considerable stress.

High-levels of teacher stress has a marked effect on student wellbeing (McCallum & Price, 2010) and will undermine attempts to cultivate mindfulness with children. When introducing mindfulness programs in schools we need to adopt a whole-systems outlook, such as in Israel, considering the many people, practices and policies that interact to provide the platform for a child's education. The current research shows how valuable implementing mindfulness is to a child's life, but we also need to find ways to reduce external stressors and pressures facing staff in schools – without this mindfulness will merely be a panacea trying to balance the corrosive elements undermining teacher wellbeing and underpinning a child's education.

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Shame Off You: A Case Study in the use of Spiritual and Religious (S/R) Interventions

Shannon R. Hood[1]

This Case Study reflects on the therapeutic journey taken by a single male in his mid-twenties over the course of 17 sessions spanning approximately 12 months. While his presenting issues of depression and relationship challenges were not abnormal, his religious convictions and desire for Christian Counselling was somewhat atypical. In response, the counsellor affirmed the client's religious convictions, and with fully informed consent, offered numerous Spiritual and Religious (S/R) Interventions that complemented standard therapeutic approaches The counsellor applied the General Counselling Model developed by the Australian Institute of Family Counselling as the underpinning framework. Specifically, the S/R Interventions included prayer, use of Biblical texts, a Rite of Confession and Absolution, Christian psychoeducation and a Christian Accommodative CBT Approach. The case study shows qualitative and quantitative improvement for the client, who not only resolved immediate issues but indicated that he felt equipped to deal with similar issues in the future.

Keywords: *Spiritual Religious Interventions, Professional Counselling, Forgiveness, Identify, AIFC General Counselling Model*

Introduction

As Professor Emeritus at California State University and author of over 40 books, Gerald Corey is amongst the many authors recognising the importance of the human spirit as it relates to a holistic approach to Professional Counselling (Clinton & Ohlschlager, 2002; Collins, 2007; McMinn & Campbell, 2009; Tan, 2011). In an article published by the American Counseling Association (Corey, 2006, p. 117), he states,

> *"Effective counselling addresses the body, mind, and spirit… Spiritual and religious matters are therapeutically relevant, ethically appropriate, and potentially significant topics for the practice of counselling ina secular setting. Counsellors must be prepared to deal with their clients' issues of the human spirit"*

Despite Corey's apparent recognition of the importance of dealing with issues of the human spirit it, is difficult to identify even in his most well-known text (now in its tenth edition) (Corey, 2016),– exactly how counsellors are supposed to do this. Corey is not alone in highlighting what needs to be done and why it is essential while leaving the practising counsellor a little vague on how to go about this when working with clients. This case study is presented to illustrate one client's therapeutic journey, showing the use of standard therapeutic approaches while highlighting areas where S/R Interventions were explicitly utilised.

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This case study is not intended to imply the way of including S/R Interventions but is humbly offered as one of many examples of how S/R Interventions can be variously used to support a holistic therapeutic approach to meeting client's needs. John (not his real name) is a single man with no children in his mid-thirties. He is very astute and self-aware. He works as a public servant and suffered debilitating Chronic Fatigue in 2004/05. He has recently seen various doctors for severe lethargy and is currently taking high doses of Vitamins.

I started seeing John in February 2016 after a referral from another therapist. Our initial meeting was at a local coffee shop. It is my practice with all private clients to meet first on the neutral ground of a coffee shop as I want to be sure of a good two way fit before we commit to formal counselling. I often consult with private clients in my home, so this also gives an opportunity for me to screen them before giving away my home address. John was clear at this coffee shop meeting that he wanted a Christian Counsellor and gave an early indication that his presenting issue was a deepening depression that had been noticed by loved ones.

Given his explicit request for Christian Counselling, I felt it appropriate to base my therapeutic approach on the principles of the Australian Institute of Family Counselling (AIFC) General Counselling model (Litchfield & Litchfield, 2005). Dr Bruce and Mrs Nellie Litchfield developed this model as founders of the Australian Institute of Family Counselling. I engaged a Supervisor who was familiar with this model. The clinical application of this model involves four stages. These are shown in Table 1 in comparison with the 5-stage model proposed by (Hackney & Cormier, 1987) upon which Balu's 6 stage model was based (Balu, 2014).

Table 1. *Stages of Counselling*

AIFC General Counselling Model	Cormier & Hackney	Balu
Preparation	Relationship Building	Relationship Building
Assessment and Diagnosis	Assessment and Diagnosis	Assessment and Diagnosis
Resolution	Formulation of Goals	Formulation of Goals
Termination	Termination	Termination
-	-	Research and Evaluation

By describing the case study regarding the four stages identified by AIFC, it will be shown that while the Resolution stage, may lead directly to Termination, and it may also naturally lead back to a revised diagnosis and assessment, or diagnosis and assessment of a new presenting issue.

Preparation – before and including session 1

The AIFC model is unique in the emphasis it places on the preparing of the counsellor for each counselling experience. Litchfield highlights the importance of seeking wisdom, removing blockages (through the confession of the counsellor's own sins outside of the counselling session) and seeking the fruits, infilling, gifts and leadership of the Holy Spirit (Litchfield & Litchfield, 2005, p. 81). Many other authors have recognised the unique role played by the Holy Spirit in Christian Counselling (American Association of Christian Counsellors, 2014; Clinton & Ohlschlager, 2002; Tan, 2011). The AIFC model also considers the gathering of the necessary client information to be part of the preparation stage.

On our first consult, as is my regular practice, I had John complete a client information sheet which includes a question on whether the client has a Church affiliation (amongst other demographic questions) as well as the question 'Do you want your spirituality discussed as part of counselling?' Given my prior meeting with John where he expressed a desire to see a Christian Counsellor, I was unsurprised that he answered 'Yes' to this question. It is worthy of note however that many of my private practice clients answer 'No' to this question in which case I do not raise any further discussion of religion or spirituality.

John indicated he did want his spirituality included so a conversation ensued about what he would hope that might involve. As is typical of many of my Christian clients, he asked that this include "prayer, referring to the Bible and other things". At this point, I indicated I would be able to accommodate these types of interventions, but I would need his consent to do so. John then signed a standard form requesting the use of Spiritual and Religious Interventions in Counselling.

In this way I can ensure I am meeting my client's desired outcomes, (Psychotherapy and Counselling Federation of Australia, 2017, p. 2), respecting their religious convictions (Christian Counsellors Association of Australia, 2017, p. 6) and working to affirm their worldview (Australian Counselling Association, 2012, p. 7), bearing in mind the concept of "dignity of risk"(Psychotherapy and Counselling Federation of Australia, 2017, p. 4), whilst remining aware of my own religion and minimising its impact on the therapeutic process (Psychotherapy and Counselling Federation of Australia, 2017, p. 9). All this is done in an environment of transparency and informed consent (Psychotherapy and Counselling Federation of Australia, 2017, p. 8).

Assessment and Diagnosis (Cycle A) - sessions 1 to 3

Worthington, (2007) affirms the importance Corey gives to addressing the body, mind and spirit in counselling. In the discussion that follows these are considered physical, psychological and spiritual (respectively). In my practice, I further extend these three elements to include two further elements of the client's life for a holistic view. The first is relational/social. It is hopefully self-evident the importance relationships have to most people and how the health of these can affect (and be affected by) our physical, psychological and spiritual health. Finally, I have noted amongst many clients (particularly my male clients) the importance they place on their work – which I extend to their calling (or vocation) acknowledging that while their current paid employment may reflect their calling, that is not always the case.

Having briefly explained these five elements of life, I typically ask clients to assess "how they are travelling" in each element. I ask them to consider a scale of zero to 10 with a ten being "the best they could realistically imagine" and zero being "awful" or "terrible". John scaled: Physical (6), Psychological (3.5 – down from a 6 in recent times), Spiritual (2), Relational (5), and Vocational (6). Based on his recent significant decline in emotional/psychological well-being, his physical demeanour and his previous indication of depression, I asked about suicidal ideation. His response assured me he was low risk. Based on these scales he identified two work areas he wished to focus on as Psychological and Spiritual, stating that he was "sure they are related".

He summarised his goal as "wanting to feel excitement about things again". He indicated he "felt a bit numb". Further client quotes included "I don't have any passion for anything anymore, and it concerns me a lot". I indicated we could work on what I sensed was a lack of purpose/meaning and I recommended we commence meeting weekly.

In our second session, John indicated he was feeling better after our conversation and was even able to pray again. He talked at length, rather excitedly about others he had been praying for. In response to what I felt was a leading from the Holy Spirit, I gently probed with a question about praying for himself. This opened up a torrent of inner reflection and self-assessment including a self-observation that his faith (and prayer-life) was at its strongest when he was suffering most (during his illness over ten years ago) – "When I couldn't do anything, and I didn't know who I was" to which he concluded "I still don't really know who I am".

As this was all discussed in the context of prayer and he had indicated 'spirituality' as an area he wanted discussing I asked him what God might answer if I asked Him (God) who he (John) was. As is common for my practice, I did this using a Gestalt-based Empty Chair Technique. His answer after much thought was "Someone with a lot of potential". This was a further indication to me that Identity and self-worth was likely an issue.

In the third session, I felt led to introduce the Seven Great Truths . I felt John needed something tangible, positive and uplifting to anchor himself to for stability and strength. His dialogue had spoken openly of a deep, intellectual faith and I felt the scriptural references would be useful. From our earlier conversations, I felt there were difficult aspects of John's past that he would want to raise. Given his already depressed state I wanted to ease the possible pain, this could initiate. I asked John to read through the seven truths and chose the one that resonated most with him. He chose "Unconditionally loved by God for who I am."

A discussion of his family of origin facilitated through the construction of a genogram, revealed a loving Christian family upbringing, success in sports, high achievements in academia, positive friendships and healthy church life. I was pleased for him that his childhood and early adulthood was so confident. Overall, there wasn't anything standing out regarding bitterness or forgiveness of others so I began to suspect that the aspects of the past that John had earlier alluded to would potentially relate to unresolved guilt.

I taught briefly the distinction between unhealthy guilt (not meeting other's unreasonable standards), healthy guilt (not meeting God's standards) and shame (not meeting our standards). This psychoeducational framework is developed from a Christian worldview and therefore was only employed because it suited the client's needs and desires. He eagerly engaged with this discussion and used the framework to deepen our discussion into an aspect of his life he identified as healthy guilt that needed resolving. We discussed forgiveness including the powerful benefit some people experience by engaging in a structured process of Confession and Absolution. I introduced a Rite of Confession and Absolution to read through and for us to talk about next week.

In the case of John, the session ended with him declaring that he wanted to go through the whole Rite (unedited) and knew exactly what it was he desired to confess. There was such a conviction that we made another appointment for only a few days later.

Resolution (Cycle A) - sessions 4 to 8

In our fourth session, I revisited the steps in the Rite – to again see if there was anything he wanted to be removed or adapted in any way. There were no edits desired and no hesitation, just a desire to move forward. Amid tears (from both of us) he named and declared his specific sin/s and I had the privilege to announce to him God's forgiveness through the work of Jesus. My notes reflect two profound statements John made during the debrief/recovery that made up the remainder of the session:

"I feel like I've always known Jesus dealt with my guilt on the cross and today he dealt with my shame in this room."

"I look back on it (the sin) now as a lesson to learn rather than an event that defines me."

I finished by referring again to the Seven Truths and asking if there was another one that stood out for him. He Chose (I am A Saint). As I had earlier learned that he was a photographer and appreciated visual art, I asked him to consider what 'image' came to mind as he imagined his rediscovered identity as a Saint who is unconditionally loved by the most high God. I suggested this as a homework task and said I would ask him about it in the following session.

John's image was arriving before God (the Father) with old, tatty (black and white) clothes, being embraced by a "Giant Patient Hug" and emerging "bigger and full of colour". He was feeling much better personally (mind, body and spirit) and he naturally moved the conversation to relationships. While these were not much better, he had a new perspective which made them much more bearable. We discussed the powerful imagery around God as Father and how this is implied in three of the other Seven Truths (Prince, child and eternal son). John raised the story of the prodigal son, embraced by the Father. I loaned him a book (the Father Heart of God) (McClung, 2007) and we agreed weekly meeting was no longer necessary.

Session six naturally moved at the client's direction to other issues (Litchfield & Litchfield, 2005, p. 82). When I enquired about the possible existence of other 'guilts' - John was appropriately confident that he knew what to do with these now. Foremost amongst other issues was the discussion of current and past female relationships. In addition, we continued a growing conversation about the process of reforming identity out of which purpose can subsequently be found (as compared to finding our identity out of our purpose).

The prodigal son story (as found in Luke chapter 15) continued to be a common thread to our discussion. A significant breakthrough as perceived by the client was the observation that the Father came running (to the son) despite the cultural inappropriateness of this act in the culture of the time. This spoke sincerely to John who felt he had turned from his ways but wondered what he needed to do to have the Gentle Patient Embrace. We discussed God as the doer and what it, therefore, meant for John to simply passively receive God's love and embrace. Throughout the counselling journey, prayer in a form that was comfortable and familiar for John in a style sensitive to his faith tradition was a common practice.

Check-in - session 9

I used session 9 (10 June) as an opportunity to recap – I call this a Check-in. As is typical, we re-scaled the five elements, noting little change in relational or physical wellbeing. Psychologically, things had returned to a 6, Spiritually things were at a 5 (the highest they had been for many years), and although Vocationally things had fallen to a 4, John felt it was not bringing him down as it used to.

John indicated that while the actual circumstances of life had not changed much (in fact things at work had got a little worse), he felt he could deal with these things from the basis of his identity as he understood (from a Biblical worldview), rather than a burdensome sense of performance. We celebrated how far he had come, and I indicated that now would be a natural place to draw our counselling relationship to a close.

Assessment/Diagnosis (cycle B) – sessions 10 to 14

John indicated a desire to continue and we re-contracted based on the new goal of discovering purpose and direction in life. This 'growth focussed' outcome desired by the client is a wonderful example of what Worthington observes as:

> *"a person seeks help in an explicitly Christian setting generally the person will be more open to the counsellor addressing Christian growth rather than limiting the focus to problem-solving. In fact, such a person might be dissatisfied if Christian growth were not emphasised."*

In the subsequent five months we met approximately monthly discussing (amongst other things):

- Godly purpose and vocation that grows out of identity,
- Male/female relationships and
- The masculine challenges of a culture that places value on what we do (performance) rather than who we are (as followers of Jesus).

Along the way, I had been encouraging John to keep a journal. In late November John came to a session with a few 'ah-ha' moments that had emerged from some of this reflective writing. It related to a past relationship situation that we had briefly covered, but he felt something was stirring up. We agreed to meet the following week to work on this emerging issue.

Resolution (Cycle B) – session 15

As John discussed the details of the past relationship, it became clear that John was questioning his understanding of the relationship – in particular, his processing of the circumstances under which the relationship concluded. This had led him to conclusions about his self-identity upon which he had lived out much of his life. In light of some of his self-discovery, significant cognitive dissonance was emerging that he sought resolution for. I decided to approach this through a simple Cognitive Behavioural Therapy Approach. The AIFC General Counselling model offers a tool for identifying and resolving unhelpful thoughts known as a PO Chart. The PO Chart is an S/R Intervention in so far as it is a type of Christian Accommodative Psychotherapy. At its core it is a mechanism of CBT, however, in a Christian context, the client often finds their religious worldview as a helpful mechanism to identify both the unhelpful thoughts as well as their preferred replacement.

This was the case with John. He found the idea of using a (paper-based) form a little restrictive and uncomfortable but certainly resonated with the principles associated with the mechanism of change. He applied these principles in the session regarding the past relationship and gained extraordinarily helpful insight that directly impacted subsequent behaviour. This included a time of forgiveness where John was able to forgive the other party in the past relationship. Having modelled how to manage this real-life example, John indicated he felt equipped to deal with any future similar items that may emerge.

Resolution (Cycle B) – session 15

Our following session was only a few days before Christmas, and it had the feel of an 'end of year celebration'. I discussed termination (a term he found rather amusing) and indicated that many of his comments in recent weeks had indicated my confidence that he was highly self-reliant. He expressed he was entering the New Year in a far better place than he entered the last.

We mutually agreed after this session that the door was always open if John felt a desire or a need to 'touch base', but for now we would finish. We met again in March after I followed him up to ensure the changes were lasting. The AIFC GCM refers to this as a maintenance meeting. In total, John and I met for 17 sessions from February 2016 to March 2017. When I contacted John to seek permission for this case study, he was in a new, healthy and stable relationship and going well within himself.

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Footnotes

[1.] The Seven Great Truths is a single A4 page summary of uplifting and encouraging verses from the Bible that speak to 'Biblical truths' about a person's identity. These include being unconditionally loved, being a son or daughter of God and being a Saint. The use of this resource is encouraged by the AIFC General Counselling Model.

[2.] The Lutheran Church of Australia publishes a booklet of Rites and Resources for Pastoral Care. This rich resource includes a Rite for Confession and Absolution which can be adapted to numerous settings and contexts. To ensure informed consent, whenever I utilise any Rite in counselling practice, I provide a hardcopy of the rite for the client to review between sessions.

2. cont. I always make a point of encouraging them to feel free to speak about any aspect of the rite with other people (usually their Pastor), so they can be confident of all aspects of the rite (including the implied theology within it.). In the same way, as most marriage celebrants will have a template order for the ceremony that can be adapted by the couple, so I provide standardised rites of S/R Intervention that the client can modify if they choose.

3. A PO Chart helps the client identify unhelpful thoughts that they can then choose to Put-Off as well as identifying more helpful and constructive thoughts they might choose to Put-On.

Parallel Process in Domestic Violence Services: Are we doing harm?

Carolyn Cousins[1]

This article proposes that the dynamics of domestic and family violence, those of coercion and control, may sometimes be unwittingly replicated in the interactional dynamics of individual services and the service system that works to address domestic and family violence. The author outlines some of the behaviour that may reveal this parallel and asks those in the sector to consider whether these are observable or familiar, before moving on to begin to propose ways to identify, name and address these dynamics.

Keywords: *Organisational dynamics, domestic violence, parallel process, teams*

Introduction

Parallel process is the idea that patterns or dynamics that arise in one context or setting are often reflected or played out in another (Searle, 1955). In the case of the welfare sector, this is the idea that some of the dynamics that arise in the lives and relationships of clients will play out within the teams and services working with those client groups.

Clinicians may or may not be aware of these dynamics, or of the parallel process concept. Even where there is such awareness, significant self-insight, emotional intelligence and reflective capacity can be required to uncover, rather than just play out, these unconscious replications. These ideas have been explored within therapeutic teams for some time. It is, however, the belief of the author that this same phenomenon can occur in case management or casework services, often with less attention paid to, and recognition of, the process.

This article will specifically explore the author's experience of, and experiences of witnessing, these dynamics in services working with victims of Domestic and Family Violence (DFV), to whom she provides supervision and consultancy.

Purpose

It is the intention of this paper to invite dialogue and discussion from the DFV sector about whether this phenomenon is as prevalent as it appears to be to the author, as well as to invite suggestions as to the best options for addressing this parallel process, where it is occurring, in case management and support services. While clinical supervision discussions and even informal discussions with those working in the domestic violence sector seem to illicit strong agreement that there is a wide prevalence of this parallel process, this paper is intended to invite domestic violence services and clinicians to dialogue and consider, to debate and refute, if appropriate, and to self-examine where necessary, with a view to co-creating a broader view of whether this phenomenon requires greater attention. This is so that clinician satisfaction and even safety, and ultimately, and most importantly, for clients, can be ensured.

Service Backdrop

Work with victims of violence, abuse and trauma is complex. Issues behind the dynamics can include transgenerational experiences of violence, and are often compounded by intersectional disadvantage such as poverty, disability, rigid or traditional gender roles and child protection concerns. Alongside clients who experience significant stressors, distress and compounding trauma, there are also often the competing needs of adults and children (for example to move or stay) to contend with.

Within DFV services, there is almost always more work than can be managed, with management of waiting lists and balancing of caseloads an area of frequent discussion and review. There are also often a range of agencies involved with each client, with potentially differing goals, agendas, timeframes and even philosophical frameworks. The different theoretical approaches or philosophical frameworks from which these agencies are operating are rarely openly acknowledged or even articulated. Different agencies, and even the clinicians within them, may have very different ideas about what the causes of DFV are, what their specific roles are and also how DFV should be addressed by that service. It is the view of the author that

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these differences are a part of the significant interagency tensions that can occur.

Within the DFV Sector, there are some clinicians and agencies which come from very strong feminist frameworks, where there can be historically justified mistrust of the motives, and potentially oppressive practices, of mainstream and government services. This was particularly necessary early on in the history of such services, when establishing the need for DFV services, like refuges. It was necessary then to convince others of both the extent and the risks of domestic violence. The primary approach that has developed from the early feminist framework foregrounds interventions that promote the empowerment of women, psycho-education of victims around the dynamics of violence, and active resistance to any who may be seen to oppress women, including child protection services.

There are other domestic violence services that are firmly rooted in therapeutic traditions. These see past trauma and oppression as something that requires clinical therapeutic intervention, which may include psychodynamic approaches, 'inner child' work or re-processing of trauma experiences. It is the author's experience these can be all encompassing approaches, involving fierce protection of women from the practitioner while the woman is given time to heal.

In more recent years, with a shift in the system toward addressing child protection issues in the context of domestic violence, and the broadening of the definitions of domestic and family violence to include male victims and a range of co-habiting relationships. With this, we have also seen the emergence of more case management services. Some of these services draw on feminist analysis as their primary mode of operation, and others see their role as whole family of family focused.

Then there has been the emergence of the men's behavior change programs and programs aimed at working with those using violence and / or control against their partners. Some of these programs, such as those that comply with the Minimum Standards set by the NSW Department of Attorney General and Justice (2012) are very well researched and sophisticated in their understandings of the potential causes of violence and can articulate their theoretical frameworks, while others could be described as almost 'backlash' programs, that are aimed at minimising or excusing men's violence through renaming the domestic violence as an 'anger management issue', and where there is a risk these programs are doing more harm than good' (Boxall, Rosevear, & Payne, 2015:3).

These various approaches have led to a diverse and varied domestic violence response sector, with inherent differences as to both the 'source' of the problem and of the 'solution'. This results in tensions that are played out between services, sometimes consciously, sometimes not. Tensions that can result in clients being caught up in the interagency crossfire. Morrison identified a similar phenomenon in child protection agencies (Morrison, 1999).

As early as 1977, Robert Dingwall identified the practice of 'Atrocity Stories' in which staff in agencies introduce new staff to the idea who 'we' collectively like, and who 'we' collective do not like. Stories are told of other agencies the clinician agency will work with, as well those which are found to be difficult or oppositional. These stories are shared usually before the clinician has had a chance to interact with these agencies and develop autonomous views. Some of these stories seem to predate experiences of any actual clinicians still with the services, and little is done to overcome these negative perception of others. Dingwall (1977) talks of the way in which atrocity stories serve to develop group cohesion – having a common enemy serves to join a group together. Yet this is not the healthiest way to create group cohesions, at others expense. It is also something that is often paralleled in the dynamics of DFV – cohesion and dependence in the relationship is in part created through isolation from others, stories of how the person using coercive control is the only one who 'really understands' the victim and the pointing out of the faults in others, all serves to alienate, isolate and create a greater loyalty 'back to base'. Healthier relationships, both interagency relationships and intimate partner relationships, are able to recognise that theirs is not the only way of seeing the world and others, outside the immediate sphere, have value to add and should not be regarded as an assumed threat.

Within the whole of the welfare service sector, a further complicating factor over the last few years has been the competitive environment, which often arises from funding systems. It is little wonder that some agencies in the sector behave like warring factions of the same extended family, each believes that they have the 'truth' on the family story and are unwilling to consider others points of view – they see this as necessary to their very survival. This is witnessed through the putting down of other agencies in an attempt to show only their own agency is worthy of receiving funding or is the only one doing things correctly, and yet it often reveals a level of self-interest and unprofessionalism (as well as another parallel process).

Parallel Process Concepts

While working at the psychodynamically influenced Tavistock and Portman Trust in the UK, the author started to reflect on the usefulness of the concept of parallel process to help make sense of past experiences of this phenomenon. Now, as a supervisor of a range of teams in the domestic and family violence sector, and an educator of even more, the experiences shared by colleagues has increased my own 'practice-based evidence' for the existence of a parallel process, that has led to this paper, which is aimed at inviting a broader discussion about both the presence, and influence, of parallel process in the sector.

Mothersole (1999) reviewed the literature on parallel process from its early mention by Searle (1955), and found that, although there are a few studies trying to prove its existence, there is substantial practitioner experience of it discussed in therapeutic circles (Mothersole, 1999).

It is also a concept that has resonated with so many practitioners when exploring the vicarious trauma of the work. It is rarely the 'sad' stories or awful narratives of our clients that cause us distress – they give us purpose, mission and a role (Reynolds, 2011). Rather, it is often the unprofessional practice, lack of integrity and truth in the practice of colleagues, experiences of minimisation of the reality of clients' experiences to fit the rhetoric or role of the agency, rather it is these more systemic issues that cause clinician trauma. Reynolds (2011) explores how it is often the systemic injustices that contribute to clinician stress and distress. It is the belief of this author that in the DFV sector, this stress and distress extends further, in that it is the experiences of power, control and oppression from supervisors, colleagues and other agencies – the playing out of DFV dynamics against each other through a parallel process – that causes

the most harmful and professionally confusing form of vicarious trauma.

As mentioned, Searles (1955:135) was one of the first to identify this parallel process, saying it is 'as if the therapist is unconsciously trying to tell the story of the client'. Ekstein and Wallerstein then built on this idea (1958:180) naming it a 'parallel process,' which they saw as a metaphor 'in which the patient's problem in psychotherapy may be used to express the therapeutic problem in supervision, and vice versa'. Kahn states that:

> "*Parallel process refers to the simultaneous emergence of similar emotional difficulties in the relationship between social worker and client, social worker and supervisor, and postulates a link between these two relationships, whereby emotions generated in one are acted out in the other.*" Kahn (1979:521)

Doehrman (1976) studied themes between supervisors and supervisees, and also supervisees and clients. He found the themes were observed to influence both up and down, proposing the reasons for this fall into two broad categories: identification and the adoption of reciprocal roles. These ideas may be old, but they still useful in highlighting and asking all clinicians and agencies to address, dynamics that may be unhelpfully transferred between clinicians and clients.

Boland (2006) is an Australian practitioner who has alluded to these processes, and draws on a family violence context. In her article comparing team functioning to that of families, she outlines a developmental systemic way of seeing the needs of clinicians in work places as similar to the needs of children in families in a number of ways:

> "*Adults working at the frontline in highly dysfunctional work systems share with all children the experience of comparative powerlessness in hierarchical systems. If exposed to similarly dysfunctional dynamics, we can come to respond in similar ways….this is one reason why the dynamics of some teams and organisations come to parallel the dynamics of the dysfunctional family systems with which they work.*" Boland (2006:24)

It is also not surprising, if we allow the idea of parallel process to be a possibility, that it should occur in the DFV sector. Part of the concept is that the more distressed a particular client group, the stronger the effects of the unconscious countertransference on staff, and the more likely client issues and dynamics will be repeated within the organisations (Sexton, 1999 cited in Webb, 2011:57).

Some of the parallel process possibilities in DFV services are outlined in the table below. The author would invite and encourage both critique and further identification of these possibilities.

Some of the potential parallels outlined in Table 1 draw on the work of Webb (2011: 59-60) who undertook a similar analysis of parallel process in post separation services. It is worth noting also that these behaviours take a toll, not only on the clinician (although this toll is significant),they also have a major impact on the client's experience of a service.

Table 1. *Potential Parallels*

DFV Dynamics	DFV Behaviours	Examples of Workplace Parallel Process
Power and Control	Patterns of violence, compliance through the use of power, abuse, denial minimisation Victim feels disempowered, unable to voice own needs Boundaries blurred and trust and capacity is diminished	Top down directives given to staff without chance for input or consultation Little consideration for impact of decisions on staff Rationale for decisions and processes not given to staff Unclear roles and responsibilities, confusion about tasks Limits on clinician autonomy Limits of access to information Micromanaging Managers or clinicians who won't or can't ever leave or retire – "we are the only ones who know how to do it" The push / pull where managers 'use' clinicians when useful, then push away
DFV Cycle "Walking on Esggshells"	Abuse cycle of violence	Staff describe walking on eggshells with management or colleagues who are unpredictable or explosive Changing of requirements and responsibilities - staff never sure of 'mood' Manager who shares inappropriate information/ uses staff as confidant, only to deny or misuse this
Over Responsability for Others	Victim adapts their behaviour and requirements to suit the person using violence / control and to not 'set off' abusive behaviours Victim denies or ignores own needs Feels a need to please and placate	Staff don't disclose their needs or requirements to manager for fear of response / burdening manager Staff take care to accommodate and not challenge those staff that 'go off' Staff placate others, including listening to the supervisors or colleagues own sense of martyrdom, or need to process and debrief, in a non-reciprocal way
'Parentified' Child	Child cares for parent, takes additional responsibility Child's own needs take a back seat to taking care of adults and reducing tension	Clinicians take on additional responsibility for reducing tension, calming others, including their manager Take on duties of higher levels of responsibility or position to keep the peace (without recompense or recognition) Agency may rely on competent staff to cover for managers or others not doing their job without addressing poor performance of others
Retaliation Violence	Fighting back after having enough of oppression	Emotional outbursts from staff who have 'had enough' Can result in inappropriate behaviour and disciplinary action Splitting and gossip about team members

Table 1. *Potential Parallels (Continued)*

DFV Dynamics	DFV Behaviours	Examples of Workplace Parallel Process
Person using violence / control knows best	Minimising and discrediting victims needs and views	Staff concerns are minimised or ignored Reduced sense of professionalism Imposed practice models with little capacity for reflective practice or consideration of alternative ways of doing things Blame of clinicians where management may have failed Individualizing of systemic issues as not coping Directive, rather than collaborative supervision and overly structured policies and procedures with little room for clinician professional judgment or input
'Gaslighting'	Phenomenon of convincing victim they are the unreasonable one, or going mad	Rather than an environment of continued learning, challenges to service processes are seen as a threat to be managed and questions are turned back on clinician Clinicians made to feel they do not have sufficient knowledge, understanding or experience in the sector Rumours about individuals aimed at discrediting and isolating them
Person using violence / control as savior and the true martyr	Some people who perpetrate violence truly believe they have the best interests of the victim at heart – they are protecting them and looking out for this person incapable of running their own life	Paternalistic and controlling management practices Patronising of new clinicians views and ideas by more established clinicians /managers Keeping people 'learners' in the workplace and discrediting their professional knowledge Comments like 'my team' or 'my girls know I look after them' Not acknowledging clinicians contributions and good ideas or taking as their own
Victim identification	Victim role becomes part of identity, unable to see another role in life Expects to be poorly treated / oppressed	Clinicians take on sense of incompetence and lack of agency for change React to professional feedback as criticism Develop sense of professional and often personal powerlessness Engage in Treat me don't beat me supervisory games (Cousins, 2011) Staff find it difficult to accept or trust fair treatment and may attempt "to provoke the fairest of managers into behaving in more familiar, that is punitive, ways, because this is what they have come to expect." (Boland 2006:25)
Enmeshed relationship	The level of confusion that is created through power and control dynamics, presented as 'for good', resulting in co- dependence	Nonverbal behaviour and affect is incongruent with verbal behaviour Scapegoating One staff member becoming the victim or problem child

Table 1. *Potential Parallels (Continued)*

DFV Dynamics	DFV Behaviours	Examples of Workplace Parallel Process
		Lack of appropriate professional boundaries, including intrusion of work relationships into personal life Clinicians caught up in workplace dynamics that they are unable to leave behind
Appeasement and protection of person using violence and / or control	Advocacy by victim on behalf of person using violence or control, making excuses for their behaviour	Try to predict and manage what will set colleague off Making excuses for their inappropriate behaviour and reactions, rather than holding them to account for consistent unprofessional behaviour Nurture and protect colleague or manager from realties of work Befriend supervisor or colleague through fear Clinicians do long hours to achieve recognition and there can be a culture of martyrdom
Isolation and splitting	Separating victim from supports, ensuring their dependence and reliance more wholly and solely on the person using control / violence	Reducing staffs sense of competence Atrocity stories that reduce inter-agency collaboration, increase competition and create isolationist practices Rhetoric that all other approaches / services than ours have flaws Sub groups and factions within the team fed and encouraged

This can arise in terms of the clinician's capacity and ability to function at their best, and regarding the reduction in services collaborating with each other for the client's best interests. Where this occurs, the author suggests there is an ethical imperative to address and shift these parallel processes. It is not at all acceptable that clients may suffer or receive a reduced service because of the professional systemic issues at play. When these issues are extreme, the author has witnessed that the focus can become clinician survival and the client focus can almost be 'lost' altogether.

Rock (2009:7) outlines how a perception of uncertainty, such as through being micromanaged or changing rules, can generate a threat response in the subordinate. He outlines how human brains are constantly attuned, usually at a subconscious level, to the ways in which social encounters threaten or support the capacity for choice. Where a clinician experiences a lack of control or agency, this has been shown to raise their stress levels. Nielsen (2010, cited in Webb, 2011:58) highlights the needs of clinicians in the helping professions to develop an awareness of their personal motivations, conscious and unconscious, and to examine these with a view to impact on the client work. The greater this insight, the better personal / professional boundaries are likely to be.

Effects when the hierarchical system is playing out these dynamics

It is the author's experience and contention that the most profound impacts on a professional's sense of competency is when either line managers or organisations collectively are not holding to the espoused values.

These values often relate to ideals such as empowerment, justice, integrity and strength based practice. Boland also outlines how the quality of the dynamics of hierarchical systems in the workplace, and whether they hold to the values espoused, can have a profound effect on clinicians (2006:22).

It is the author's observation that the sense of betrayal felt as a result of the difference between espoused agency values and the actual lived work experience in that agency, can be felt quite deeply and impact clinicians for years to come. Where agencies reveal quite a few of the dynamics listed in Table 1, the impact comes from not only being caught up in them, but from the disillusionment that the sector is 'supposed' to be above such behaviour. Webb states (2011:61) that the structure and culture of an organisation has an impact on how staff work and on the development of work practices and group norms. These have the potential to influence how parallel process is experienced and addressed.

Rock (2009) reports that neuroscientific study into the effects of workplace exclusion has shown that people who feel betrayed or unrecognised at work experience this as an actual neurological pain response. He goes on to explain that in the workplace, most of us learn to rationalise or temper our reactions to this lack of value, but there is an effect on our commitment and engagement. Both he and Boland consider the workplace as first and foremost a social system. Boland (2006: 22) states that it is "normal for individual professionals to yearn to feel valued, acknowledged and supported at work". She goes on to add that models of burnout often fail to recognise the systemic contributions to burnout, rather blaming the individual. There is a possibly ironic parallel process here, in that the DFV sector often tries to shift the responsibility away from the individual victim to highlight systemic patriarchy and gender imbalances as the factors which lead to DFV. At the same time, responses to individual clinicians and their 'failures' can still be very personal.

Bringing the process out into the open

Webb (2011:57) outlined that if organisations remain unaware of the phenomenon of parallel process, they are more likely to 'get caught up' in a 'similar state of mind' to their client group. While a central tenet of Boland's (2006:22) article on team functioning, is that the quality of dynamics in workplaces has a 'profound effect on the internal experiences of employees, and hence upon their professional functioning'.

Boland (2006:24) also predicts that reactions of individual clinicians will differ, that some staff will react with self-doubt, others will refuse new challenges and stick to old ways, while others still will "become jealously competitive with their colleagues, responding ungraciously to the success of others, attributing it to the favoritism of management, or to clever and unjustified self-promotion" (2006:25). In a similar vein, Obholzer (1994) outlines that splitting and denial are among the most commonly used defense mechanisms in institutions (cited in Webb, 2011:58), not just amongst families and clients. If any of these effects are at play, it becomes imperative to be willing to discuss and address them.

Ways to challenge the dynamics

One of the primary ways to address and challenge the phenomenon of parallel effect is first to not only identify the dynamics, but name them openly. Parallel process can be easier to predict and see in workplaces other than our own. Lemma (2003 cited in Webb, 2011:58) outlines how the self-reflective practitioner attempts to understand her or his own behaviour, and the behaviour of others, in terms of mental state (i.e., thoughts, feelings, intentions, motivations), while acknowledging that others may hold different perspectives of these behaviours.

Webb (2011:58) advocates listening for more than the 'content' of what is being said between colleagues about each other and the work. That is, listening for the feelings and beliefs behind this. She also suggests the need to reflect on the experiences of others we work with; clients, colleagues and (I would add), other agencies, in order not to just react, but to consider motivation and transference that has been triggered by some of these unconscious parallel processes.

Webb states that (2011:62) "Without the appropriate time, places and processes to support open reflection, clinicians face increased risk of 'acting out' unprocessed material…". Webb sees clinical supervision as fundamental to mitigating the risk of parallel process. This entails not just administrative supervision, and not just supervision for therapists. Case Managers and Caseworkers are being asked to work in increasingly complex situations and need just as much reflective capacity and time to ensure they are not contributing to, and reacting to, the complex dynamics at work in the clients and service delivery system. Webb states (2011:62) clinicians "require a safe place where they can present their work in its entirety, without fear of recrimination or disapproval. A space where the practitioner can feel heard, held and contained limits acting out of unprocessed material ".

So, on an individual level, finding a supervisory relationship in which these experiences can be acknowledged, examined and unpacked to consider their impact both on the clinician and on the client, is a start (although finding a safe space is often not all that easy). Similarly, safe group supervision may be able to offer this, but enough safety can be hard to establish, especially when dynamics are also at work. However, for this phenomenon to be truly examined and exposed requires teams and agencies to be brave and to find safe ways to consider and examine whether parallel process dynamics are at work in their agency and be honest about any such effects. Where ego can be loosely held, particularly by those with positions of organisational power, the ability to have open discussion is more possible. If feedback to those in power can be tolerated without the risk of future criticism or retribution, honest conversations can occur, but for subordinates, these conversations can be risky.

It is the author's proposition that it is likely that even in reading this article, some professionals have been able to see these dynamics in 'other workplaces' or in colleagues, but the next step, considering their own role in these processes, can be harder and is likely to create resistance, push back and defensiveness in some. It is crucial that practitioners take the time to reflect on such events and review the practice implications.

Organisations which use a reverse organsational chart, in which the clients are at the top, the frontline clinicians the next layer, and all other positions, whether managerial or support, are simply there to ensure the frontline clinicians are resourced to provide the services the client's need. With this focus, we can start to consider the importance of finding ways to move past workplace dynamics.

In healthy teams and partnerships there is respect. In workplaces this includes an appreciation of the unique contribution of different disciplines and treating all colleagues as having equal worth. In healthy relationships and teams there is a willingness to hear different ideas and opinions. In healthy workplaces, staff are recognised as the primary asset of a service, and effort is made

to maintain professionalism, professional development and growth, and high morale.

Rock (2009) uses neuroscience to outline that when leaders make people feel good about themselves, clearly communicate their expectations, give clinicians latitude to make decisions, and treat people fairly, this enables people to become more creative, open to ideas and effective. Ensuring respect and having clarity about expectations are crucial starting points for taking power out of the parallel processes.

Next steps

Webb (2011:58) suggests organisations put aside time to map common client challenges and behavioural patterns against the structural and behavioural responses of the organisation, she sees this as a strategy for promoting open reflection on parallel process. She also suggests 'listening well' to new staff who can often observe entrenched dynamics and patterns that staff are accustomed too. Webb finally suggests seeking the input of external advisors to bring alternative perspectives.

It is also worth noting and examining any existing 'atrocity stories' that exist and considering whether these require re-examining. We encourage our clients to be respectful and consider change, stating their concerns and naming issues, so it is imperative that we need to model this at an agency level. Whenever we are tempted to complain about or negate the contribution of another DFV service, we need to instead challenge ourselves to start a dialogue with that service and ensure that our differences in approach, or even understanding of each other, do not get in the way of client outcomes.

For some clinicians, the article will describe an environment that is all too familiar, and an organisational culture that is not yet ready to acknowledge the issues that have been canvassed or shift in the light of them. In these instances, it is the author's suggestion that another parallel process to client work is required. These clinicians may need to find a safe person with whom to do their own version of a safety plan, a plan to stay safe within their workplace; while they may possibly also plan to leave.

Conclusion

Where parallel process is occurring in DFV services, the impacts can be significant, both for the clinicians involved, and potentially on the clinical and service decision making. There is, therefore, an ethical imperative to consider whether this is occurring and for individual and agencies to actively hold this possibility in mind. This article is aimed at generating sector debate and discussion, as well as potentially being a tool for individual and service reflection on the phenomena of parallel process. The first step in addressing these dynamics will always be in recognising and naming their presence. Only after this has occurred can their power begin to be diminished.

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Diverse Learning and the challenge of Inclusive Practices in Higher Education: An Australian Self-Study Action research exemplar of a Student with Dyslexia

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The educational journey of a higher education student with dyslexia and related health issues has complexities. In order to explore the educational practices involved with diverse learning, a self-study action research model, where the researcher also became an active participant, was used. Researcher and co-researcher met irregularly over a period of two and a half years. Their collaborative relationship explored learning difficulties, institutional habitus and health issues, and enacted remedial learning methods that enhanced the student's successful educational progress. The research revealed the need for higher education institutions, educators and governments to recognise and understand more comprehensively the complexity of diverse learner vulnerability. An inclusive educational policy and practice, which recognises and supports 'at risk students', should be supplemented by comprehensive teacher training in diverse learning styles. Self-study action research is an appropriate professional development approach that could enhance teacher understanding and practice within an inclusive curriculum.

Keywords: *Dyslexia; Auditory processing; Receptive listening; Expressive Listening; Affect regulation; Self-regulation*

Introduction

The experiences of a mature age female undergraduate student with diverse learning, in particular dyslexia and accompanying health issues are presented. The focus is in on the crisis points endured, the struggle to obtain effective assistance, and the collaborative support enacted though a self-study action research (SSAR) approach.

The word dyslexia comes from the Greek words 'dys', meaning difficult, and 'lexia', meaning speech ('dyslexia', 1984). From Tomatis (1978) comes a deeper meaning:

> *'The Latin word for "to read" ("legere", as in lecture), goes back to the ancient meaning "to harvest or gather through the ear". Similar to the Greek "lexis" with the variant of "duslectos" which evokes with even great clarity a speaking disability …' (p.59)*

Research studies have identified the common dyslexic features that hamper learning. These include inconsistent Auditory Processing (AP) (Corriveau, Goswami, and Thomson 2010), linguistics issues (Tomatis 1996), differing attention span (Koch and Tsuchiya.N 2006, Sperling et al. 2005) and cognitive deficits such as reduced information processing and reduced working memory capacity (Price 2006). People with dyslexia have more variable auditory brain stem responses to speech (Hornickel et al. 2011).

In Australia, at the commencement of higher education studies, self-report data is asked of students in relation to having a disability. However, while Australian Universities collect these type of statistics, dyslexia is not identified as a discreet category but rather under the category 'other'. Therefore, recognition of dyslexia and consequent specialist help is often unavailable because of the lack of significance of this category. Particularly in higher education, when students are unsupported and have hidden learning and health issues, vulnerability to stress, and impacts on general health can occur (Robotham and Julian 2006) an impact upon academic achievement. The complexity of these interacting factors creates a challenging learning and teaching context as exemplified in this research. Consistent with SSAR, the use of 'I' in the texts refers to the primary researcher; the exemplar is referred to as the co-researcher

Context

The elusiveness of Dyslexia

Research about Dyslexia is contradictory particularly in relation to AP. White et al. (2006) showed how children with dyslexia could have concurrent sensory processing issues even whilst showing excellent cognition and vocabularies. Yet other researchers reject the notion of the presence of low-level AP (Nicolson and Fawcett 2006). It is suggested that a low level of AP may depend on the contribution of more than one factor; for example the learning environment, individual stress level, or even the newness of the task being undertaken?

An often cited example of AP difficulty is the auditory visual disturbance of reversals in writing b and d. This is observed in children with dyslexia and may manifest in adulthood when they are confronted with unfamiliar letters and words (Fidler and Everatt 2012). On an emotional level this may cause hesitation, feeling unsure and doubt.

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As a result, if the person is reading, they may risk losing comprehension and context. The earlier learned compensatory strategy may present in adulthood as excessive re-reading of texts.

Australian and United Kingdom context

The first Australian National Dyslexia Forum (Colheart et al. 2010), which brought many stakeholders together, resulted in a report tabled in Federal Parliament: Helping people with dyslexia: A national action agenda. A government response, agreed with many of the recommendations, but was unprepared to change funding arrangements (The Australian Government response to recommendations of the Dyslexia Working Party Report 'Helping people with dyslexia: a national action agenda', 2012).

Since the report, community awareness has gathered momentum with the development of new support and advocacy group websites such as brisbanekids, defydyslexia and the Australian Dyslexia Association (ADA). Although awareness of the issues has improved, redesigning individual education legislation in every state and territory to accommodate federal changes is not yet complete. ADA, advocating support and education, has set up training protocols to help teachers understand dyslexia. This activity, helped by a newspaper article supporting the report (Patty 2010), has resulted in increased use of the word 'dyslexia' by teachers and parents.

Regardless of these developments funding through the federal Disability Discrimination Act (1992) (DDA) remains non-specific to dyslexia; therefore schools are not obliged to take action. Without school policy changes, the social learning environment will remain unchanged. Dyslexia as a topic is cited in more formal publications: for example, a discussion by a lead researcher (Firth 2010) on 'dyslexic friendly' schools, reported in a peak body publication, influenced the organisation of successful Australian wide seminars and the first Queensland state school to make this policy (Stoneley 2012).

In contrast higher education in the UK accepts dyslexia as an appropriate and desirable label that is understood to indicate a generalised learning style needing specialised help. Dyslexia in this way represents a wider neuro-diverse cohort of students (Pollak 2009, Armstrong 2010). Such a cohort, still unacknowledged in Australia, is placed in the 'Other' group within the national disability statistics of higher education.

Mature age students in higher education, whilst not subject to targeted funding, are an increasing cohort. Along with this, is an increase in higher degree students with dyslexia (Tops 2012). The president of The Council of Australian Postgraduate Associations (CAPA) discussing a pending report, said mature age students would show as 'being undervalued, underfunded, and excluded from student life' (Woodward 2012, 1). As well, being a student with dyslexia means no acknowledgement in education policies despite long-term excellent Australian research (Coltheart, Patterson, and Marshall 1980).

Dyslexia and Auditory Processing

Good AP examples include the immediate understanding of verbal instructions without need to repeat and the mastery of any given literacy program (Leopold 2009). People with dyslexia can have poor AP. Malloch and Trevarthen (2009) suggested that both receptive and expressive listening can be affected by limited voice-ear control and audio laterality, yet people may think when a person is articulate a person is articulate, they cannot be dyslexic (J Sturt, Personal Communication May 2008).

The central notion behind the integration model of the two brain hemispheres is the emotional right brain and the language left brain (Schore 2009), is that any change in aspects of AP effects both affect and self-regulation. When the emotional right brain is dominating, the associated symptoms (e.g. anxiety, and/or dissociation) are more likely to be classified as 'mental' (Helen and Immordino-Yang 2011). Excessive reading can cause sensory processing stress, leading to obsessive behaviours that reduce efficiency and efficacy (Mugnaini et al. 2009).

To support and develop student learning processes for those identified with dyslexia, the following questions were considered: Were the affect regulatory aspects of AP an ongoing issue? Were the attributes of expressive and receptive listening under-used? Were reading aloud and spelling, considered to be practices involving auditory discrimination, difficult for a person with dyslexia? Research by Patten (2011) suggested that understanding the somatic nature of emotions (affect regulation), listening, and engaging students in their learning process would improve learning outcomes for all students. How students learn–their individual learning style–crosses cultural boundaries (Simy and Kolb 2008).

Learning styles that may partly develop from compensatory strategies aimed at managing early schooling learning issues commonly slow down learning (Davis 1994). Under pressure in an unfamiliar learning environment, past strategies may fail, leading to anxiety and stress in adults who may also have other hidden health issues, the significance of which may be unrecognised. The result could be constantly feeling overwhelmed and avoiding certain tasks.

Although there are many aspects to AP, learning to listen to oneself using relationship methods is fundamental to improving the functional aspects of learning and health (Porges 2003, Tomatis 2005). For example, a lack of confidence in speaking and taking a proactive role in the classroom can create a level of vulnerability, social isolation and alienation, such as occurs for Indigenous students and those studying English as a second language(Sawir 2005). A build-up of vulnerability can result in obsessive behaviours and anxieties, which could be classified by student services as a mental health issue, whereas the root cause can be ineffective listening and learning strategies (Khan et al. 2011).

Methodology and Methods

The research was theoretically informed by three major theoretical perspectives. Firstly listening theories, two in particular; auditory processing (Tomatis, 1996) and socio-cultural relational based on the work of (Gilligan 1981), Gilligan et al. (2006) and (Kiegelmann and Gilligan 2009). Secondly, from a biological perspective, self-regulation (Carroll 2009, de Ridder and de Wit 2006) and thirdly critical education (Freire 1970)

Within a higher education context and utilising Kolb's learning cycle (Kolb 1984) a self-study action research (SSAR) model was adopted. The approach utilised a structure that would provide support and empowerment, as that seen previously in the pioneering work of Freire (1970). As critical education theory demonstrates, the intention was to enhance learning and not just to 'diagnose' a situation. This action research framework enabled the inclusion of reflection on the self as researcher and practitioner with emphasis on the experiences, understandings

and knowledge that the researcher/practitioner brought to the study, aiming to improve and/or reframe practice (Feldman, Paugh, and Mills 2004).This method has been predominantly utilised in researching teaching practice where the focus is on understanding and problematising educational approaches.

The value of self-study in teacher research has gained recognition in higher education research (Toit 2012, Loughran 2009), and action research projects have explored atypical learners (Colarossi et al. 2011), adults with disabilities (Rule and Modipa 2012), and higher education researchers in collaboration with teachers of college students with learning difficulties (Forey, Firkins, and Sengupta 2012). Historically there have been a variety of approaches to SSAR, such as interviewing, co/autoethnography, multiple site self-study, arts-based voice work and collaborative participatory methodologies (Lasson, Galman, and Kosnik 2009).

The type of self-study action research applied was a variation of that developed by Whitehead (1988) who challenged the epistemology of education research by shifting the emphasis from the social field of action inquiry to a living process by asking the question 'What can I do to improve practice'? Further, Mc Niff and Whitehead (2009) developed an understandable theoretical and practical framework and expanded on the earlier ideas of the use of self as researcher/practitioner and particularly in the use of the validity criteria, authenticity and transparency (McNiff 2009).

The learning methods implemented in the learning cycles, (Figure 1) were regarded as able to support a change in self-understanding and research reflexivity for the researcher, concurrently with understanding and self-management of individual learning for the co-researcher.

Figure 1

To begin to dynamically develop a collaborative support model using an action research framework, the label 'dyslexia' was used to invite co-researchers to meetings designed to explore a positive perspective of dyslexia as a talent, as proposed by West (1991) and Davis (1994).

The Listening checklist (Madaule 1994) was used to provide a structured approach to enable a two-way reflection process on the themes of the checklist. As a holistic auditory processing tool, it covered both receptive and expressive listening, motor skills, social adjustment, level of energy, developmental and environmental history and foreign languages (Madaule 1993).

The research was also theoretically informed by the listening guide (Gilligan et al. 2006), a relational dynamic system of analysing data which helped to establish the difference and value of tangible and intangible reflexivity processes. I-poems (Gilligan et al. 2006) as a form of intangible reflexivity, allowed blocked emotions to be revealed and understood.

I-poems are created by taking the subject 'I', and the following word, to create a focussed poem. In applying this analytical method both researcher and co-researcher reached new levels of understanding of texts and concepts; resulting in a richer more transparent form of analysis and the revealing of issues which would have previously remained excluded, unseen or abstract.

Other learning methods utilised in this exemplar were reading aloud, using the 'hand held microphone' achieved by placing the right hand in front of the mouth, reflexive conversations and meta-reflections. In this research, combining SSAR and the listening guide utilised the relational and cognitive issues that presented and brought depth and engagement of both co-researcher and the practitioner researcher.

Using creative methods that emphasise language, practices and form can: accommodate changing emotions, help explain complexity and develop knowledge (Black 2011). Self-study action research legitimised the use of these creative methods as both preparations for writing up the co-researcher story and for the interpretation from four perspectives: clinical (health), educative, social and psychological.

Consistent with the notions of transparency and authenticity of SSAR, Figure 1 demonstrates the contextual influences on this research. In particular, the consideration of the personal perspectives and values of the researcher and co-researcher influenced research credibility. Pearce (2008) applied her personal stories from childhood schooling to demonstrate how remembered values and learning were still present in adulthood. In a new collaboration Pearce, Down, and Moore (2008) cited Bourdieu's notion of habitus as a framework to describe and map the dynamic interactions between any objective structures, such as educational institutions, with personal experience and histories, for example students with dyslexia. They then described how 'acquired' habitus is on-going, shaped and modified (Pearce, Down, and Moore 2008, 4). As my history forms part of the dynamic that shapes values, taking into account the notion of habitus fitted well with the research design. The research was approved by the Southern Cross University Human Research Ethics Committee (ECN-05-147). The following explores the learning journey of a co-researcher with dyslexia. The pseudonym Supa has been chosen to maintain confidentiality.

Exemplar: a long term support and helping story

Supa and I met together for twenty meetings over a period of two and a half years. Consequent to the diagnosis of dyslexia of her children, Supa's own dyslexia was finally also confirmed. As undergraduate mature-aged student with previously acquired training in professional group facilitation in personal development, Supa experienced learning and health issues such as a metabolic problem and Post Traumatic Stress Disorder (PTSD). Her story highlighted an evolving mutual understanding of where her learning and health issues intertwined, hindering progress in her studies.

Over the two and a half years of interacting together, the focus changed from initial mistrust to one of a trusting working relationship within a context of awareness of the complexities of dyslexia, trauma and re-traumatisation. To help establish trust, we shared common history, identified previous study, and commenced a progressive understanding of our individual learning styles (Exley 2003).

Supa's experience of the 1st year of her study was characterised by a number of obstacles and difficulties: a traumatic experiential learning environment, a lack of quality learning support, and the general impact of her dyslexia on her progress. Then in the second year of her studies, the co-researcher interactions focussed on strategies to deal with her specific learning issues as it has become apparent that her health issues were triggered by the shock and trauma of failing units of study. In the 3rd year of her study she had a substantial exam failure and shared with me that for over a year staff had not returned or provided feedback on a number of assignments. At that stage she sought help from the University disability services, primarily for assistance with her dyslexia.

The focus, however, became her previous diagnosis of post-traumatic stress disorder (PTSD), rather than her learning needs. This highlights an inconsistency between student learning assistance with an educational emphasis, and the disability health service with a medical emphasis. Supa knew she was a person with dyslexia, which she believed affected only her writing. By this time our process was a co-researcher to co-researcher relationship, sharing in a synchronistic way - simultaneously learning and acting.

Supa's story focused on the context (the habitus of higher education), the vulnerability of studying with a pre-existing background of chronic health issues, and the institute's perception and action when seeking help for her dyslexia late in her studies.

The auditory processing dyslexia link

A two-way reflection was structured using the Listening checklist to explore the process of conceptual understanding of words. Supa believed her trouble saying certain words had their emotional origins from her father helping with spelling in primary school. Her example: 'refrigerator'. She explained how he would: '… spell the word for me! and by the time I [said] "re" and … "yes"– by the time I get to the third [letter] he would yell at me – absolutely yells at me – and I would go – freeze'!! This traumatic experience exacerbated the (dis)integration of her right/left auditory neural pathways (Schore 2009) – leaving her bodymind programmed that spelling out words can be threatening. While she could say 'fridge' it took her one year to learn to say and spell the full word.

Her compensatory strategy was to write down the word slowly and check it. She knew the word was un-mastered as she could miss the sound of any part: middle, beginning or end. She used this strategy when asking a person to spell their surname. After three attempts to spell it she would stop, as she did not want the person to become frustrated with her. When learning Anatomy her strategy failed did not bring success and she had to repeat the exam. The complexity of her compensatory strategies are shown in the following reflection through [missing words] and (excess words): 'I was stuck in my, my, my way of verbalising, my way of writing and (all that sort of thing) and you just [ ] succinct…' (Supa 16 2010). Missing and excess words show a functional challenge to her self-listening; the struggle to find the correct words through her brain hemispheric lateral stress (Schore 2009).

Reflection

Rote learning words, arising from an early emotional incident, continued to trigger Supa to either freeze or have 'a blank feeling' in her head. Such symptoms, common sensations after a startle or shock, manifest in diverse ways in a different habitus, leading to accumulated stress and sometimes exacerbating mental health issues. When the person does not perceive the nuance of the sounds of particular words; parts of the words are not heard, such words must be consciously thought about which delays reading automatically. As stress accumulates, due to such a process, mistakes grow and create confusion. I gained valuable insight into the importance of the integration of both auditory and visual processing for improvement in spelling and comprehension which is consistent with the finding of (White et al. 2006).

A deeper understanding of the affect issues through I-poem use

The use of the Listening Guide (Kiegelmann and Gilligan 2009) enabled a focus on the intangible (affect) aspects of learning. Supa experienced a misunderstanding of the set essay criteria which resulted in a writing failure. Her self-confidence tumbled and she was unable to unblock her writing to start the next assignment. She said she had consciously read the criteria but stated: 'I get confused I haven't learned it properly yet. I have it but I haven't got it.' Feeling confused by this statement I made the above one line sentence into an I-poem, which is one of the four elements of the listening guide. As an I-poem, her statement above becomes:

I get
I haven't
I have
I haven't

When I read this I-poem back to her, she realised she needed a deeper understanding of the concepts in the essay criteria. The discussion explored her surface understanding of the criteria. We moved to a new stage and quality of facilitation and through this action learning process, Supa was encouraged to further her skills in academic writing.

Deep listening as a learning strategy

To accommodate her confusion and lack of understanding I read the essay criteria aloud to her. She could then focus on listening to her written work, freeing her visual perception. Following this I introduced a strategy to develop critiquing skills derived from the benefits of reading aloud, by using the 'hand held microphone'. The deflected sound of her voice entering her right ear enabled Supa to focus her auditory self by objectively listening, leading to better management of her essay writing difficulties, particularly sentence structure and coherence, and increased confidence in editing her essays. Supa continued to successfully utilise this strategy throughout her tertiary studies.

Another strategy included linking the essay criteria to the relevant textual reference material which ensured a development of deeper receptive listening. Deep listening, often was expressed by Supa on a bodily level as 'an appreciation, it's not [only] the writing [but sometimes] you will touch a point [on my arm] in a way that meant I can embody [the knowledge]' (Supa 12 2010). Rather than simply acquiring information or skills offered by university student support services, Supa's capabilities grew, increasing her personal autonomy in the habitus. For example, though receptive listening she developed a new understanding of the use of questions:

> *The power of your support was in the questions. How you questioned myself in the reflection that's the power. I remember to do that for others. You've embodied it. You gave me questions that …helped me put it into a sentence and slow [down the] process… the kindness really helped. It was quite 'masculine' to the point it showed me how you did it (Supa 13 2010).*

Further, she now understood the difference between critique and criticism. She felt encouraged to ask more questions and explore the role of reflection, which became the basis of critique as a 'gift that comes from heart and if not from heart or from practical or just from logic becomes criticism' (Supa 13 2010).

This new knowledge of critiquing developed further during our action learning work on a counselling assignment: she reflected:

> *you were critiquing what I didn't see; you made me go in and look at it more. The critic within had to be able to do that, it was part of the objectives… I couldn't do it, I was stuck (Supa 16 2010).*

Reflection

The strategies to develop deep listening revealed Supa's learning difficulties and actions to improve learning. She had used her version of the requirements of an 'academic' essay style. However, the criteria for this particular essay required a self-reflective subjective style. Although Supa was familiar with self-reflective writing she had completely misunderstood the essay requirements. At that point in her study, with stress accumulating, the cognitive flexibility to change styles, self-listen and comprehend the essay requirements was impossible. The use of remedial strategies within this action learning project led to improved listening: Supa moved from a reactive mode to taking on the co-researcher role (Rose 2009). With reflection skills embedded from the first meeting, gradually her learning became learning-as-knowledge-creation through the 'transformation of experience' (Kolb 1984, 4), a more dynamic and active process.

Discussion

Supa was a capable, intelligent person with a high threshold of adaptability. We met irregularly over nearly three years, insufficient however to implement long term individualised structures to build up knowledge of academic writing. By working on issues brought to each meeting, an empowering process developed which lifted self-esteem and student identity and helped achieve the goal of completing the degree. Rule and Modipa's research (2012) with disabled adult learners in South Africa supports the transformative and self-efficacy outcomes of action research.

The long-term nature of Supa's AP issues was demonstrated by her detailed description of the stress of learning the word 'refrigerator', the detailed learning needed in the Anatomy course, where a variation on an 'old solution' for rote learning failed to work for her. The problem of reduced working memory capacity (Price 2006) hindered Supa's learning of complex anatomical information. The hand microphone method embedded into action learning processes, enabled Supa to realise the importance of auditory self-listening (Austin 2014) to cognitively make sense of her writing and empowered her to self-edit.

Supa entered higher education with un-integrated compensatory strategies. For example problems with spelling, rote learning and affect regulation which manifested within PTSD as panic attacks and 'dissociation' – a term used to express the 'gap' that occurs when inner and outer reality do not match up (Gilligan 2003). The research showed in diverse ways the connection between the experience of dyslexia as an adult, auditory processing as communication and affect regulation. A new auditory strategy, the 'hand held microphone' enabled her to proactively edit her essays, resulting in improved receptive listening. A shared I-poem allowed her to reach, as described by Siegel (2012) as a mindfulness turning point; she could switch her overwhelming affect regulation from reactive to proactive, and resolve her avoidance of her written work. Enabling collaborative support and work directly with affect regulation (Siegel 2012) seemed crucial for developing this diverse learners' attributes.

Gendlin's original work (1981), discusses the use of a 'felt sense' as an internal anchor to language sensory awareness. Further, Imbir and Jarymowicz (2012) have shown that individual performance can differ based on differing levels of affective emotions (reactive) and reflective practices. Individuals may have less control of affect regulation (emotions) compared to self-regulation (cognitive control). Therefore, by firstly working with the affect regulation the educator could work to improve focused cognitive reflections. Linking these ideas it has been proposed that a re-conceptualisation of inclusive education in relation to students with dyslexia would include an understanding of student emotional and cognitive dispositions and notions of identity in the social and academic habitus (Pevitt 2013).

Supa gained flexibility by minimising her visual blanks while reading and through focused listening she gained her auditory locus of control. By systematically embedding strategies within curricula that focus on listening, and therefore attention, educators would be inviting students to find their internal locus of control. Self-awareness processes have educational value and assist in understanding learning as a development model. Vygotsky (1978) used an individual social model, acknowledging the dynamic between internal and external locus of control, crucial in early childhood learning and self-regulation, is equally applicable to any teaching situation as suggested by (Bodrova and Leong 2012). The present research supports the Vygotskian model which requires that in the process of gradual control of their learning environment, students with dyslexia are supported by collaborative guidance (Price 2006). Learners may then be empowered through encouragement to develop personal self-correction of any sensory distortions.

The use of action learning helped understand how Supa's compensatory strategies impacted on her learning. Student support can be enhanced through developing deep listening and appropriate action learning processes. Since the recent changes in equity and diversity policies in Australian universities, policies now include awareness and development of student centred learning to meet the needs of a broader group of diverse learners (Lawrence 2003). Students whose prior university learning experience was in a highly structured teaching and learning system may lack skills in human relations and life-long skills. Therefore any collaborative support in higher education requires teachers to gain an understanding of the background learning experiences, help the communication of ideas verbally and understand student learning styles. Supa had little opportunity for this to happen in her habitus, despite being an experienced facilitator able to seek help. For diverse learners, particularly students with dyslexia, experiencing a sense of belonging and being involved in inclusive teaching practices are essential for long-term empowerment(Shor 2012).

If reflexive practices were more commonly used in educator training, reflective practices would be perceived as a common part of teaching practice. An example of such a practice, was an action learning project with early career academics that led to more flexibility in the individual processes and helped participants to develop the skills of reflective and reflexivity processes within their cohort (Davis et al. 2012). Research by (Norton et al. 2011) suggested that participatory action research enhanced the reflective teaching and practice skills of social work teachers in higher education. In their research both Whitehead (2009) and (Wood and Kurzel 2009) extend this notion arguing that reflexive and reflective practices in SSAR enabled the

development of a living education theory. Therefore the value of collaborative, participatory approaches provides an answer to Marcos, Sanchez, and Tillima (2011) proposition that knowledge on reflection generated by research is not translated into teacher practice. The successful academic progress of diverse learners requires educational solutions to embed internal awareness processes to disentangle debilitating compensatory strategies directly interfering with individual cognitive learning and reflective practices.

Conclusions

Within the context of SSAR the collaborative developmental process aimed to improve practice and empower both co-researcher and the researcher. The main discussion focussed on the co-researcher; however, embedded throughout the paper were examples of the researcher's improvement and reflections on practice. Most important were shared social cultural context; change in communication patterns; understanding of new concepts; proactive use of creative methods; and supportive accommodation of emotional issues in the complexity of the lived experience of dyslexia and chronic health issues.

Key Findings

Supa demonstrated issues with AP which are characteristics of dyslexia and struggled through several aspects related to lack of effective support. Her greatest success was accurately comprehending the essay criteria and completing assignments to the level of distinction. Usually a proactive person, when health issues impinged, Supa's greatest felt need was for a consistent learning support person, yet the institution deemed her health issue as her disability status, implying the on-going essay literacy issues of dyslexia were of lesser importance. Our collaborative support enabled communication on the affect level that allayed some of the contextual stress. Nevertheless, at times these aspects eroded self-confidence, questioned competency and under-mined her student practitioner identity. Supa's strengths – a determined positivity, a passionate love of learning, endurance and resilience –sometimes counter balanced the situation. Supa learned to edit essays, improved self-study management; acknowledged panic attacks and developed new ways to lessen periods of dissociation. A discussion on other essay criteria led to new effective strategies for spelling words and the on-going development of reflective reflexive practices.

Limitations

The study of this exemplar student with dyslexia and health problems is not generalisable to the population of higher education students. However, the processes and outcomes could be common to the diverse learning cohort and other vulnerable students, and therefore transferable to a similar habitus in higher education.

Thoughts for the future

If higher educational institutions embrace positive relational frameworks within the existing social structures (Whitehead 2008), diverse learners could successfully transit through higher education (Kift 2009). Up-skilling tertiary teachers to facilitate student learning then becomes a priority. From an internal change agent perspective, understanding the importance of place (or habitus), would make diverse learners with hidden disabilities more visible. The unrecognised innate abilities of students with dyslexia – as determined risk takers, creative innovative thinkers and excellent problem solvers – would be valued and accepted in an inclusive higher education habitus.

University support systems need to develop a more preventative and proactive stance, by having an in-depth evaluation in place at the beginning of study to support at risk students. For example, an Australian study (Purnell, McCarthy, and McLeod 2010) used an online Student Readiness Questionnaire on enrolment. The results suggested strategies to assist those categorised as having 'low readiness'. One strategy was questioning whether the student is uncertain about their enrolled program and then providing them with contact details to careers counselling services.

In-depth knowledge about student vulnerability could be identified by including an additional question on the current University entry forms. An example: What enhancing and protective factors could you use to manage learning issues during your studies? Answers to this question along with other data from the form may be sufficient to alert student services earlier, as well as providing data for an individualised vulnerability spectrum, as proposed by Distel (2013). This approach legitimizes the development of proactive strategies and demonstrates the complexities of educational vulnerability. Some of the indicator characteristics such as learning difficulties, chronic health issues and being mature age were established in this exemplar.

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The use of scripts in Hypnosis Teaching and Practice: Have we been Con – Script – ed

Leon W. Cowen[1]

Is the use of scripts (also called protocols) in clinical hypnotherapy teaching and practice demonstrating professional competence and skills? Specialised knowledge and skills are essential for a profession (Evetts, 2013), but is the teaching of clinical hypnosis/hypnotherapy by scripts and/or the adaptation of scripts truly professional education? Alternately, is it actually a move towards manualising clinical hypnosis/hypnotherapy (M. D. Yapko, 2003, p. 268)? Will developing competencies to devise customised 'hypnotic patter' for each client be the evolutionary step that distinguishes clinical hypnosis from clinical hypnotherapy?

Keywords: *Scripts, Hypnosis, Teaching, Manualised Therapy, Education, Clients*

Introduction

Older views of 'hypnosis' proposed the view that hypnosis was something done to the client and training courses supported that proposition by using standardised scripts based on the client's presenting condition (M. D. Yapko, 2003, p. 65 and 211). Practitioners using clinical hypnosis/hypnotherapy were - and are still often - taught using hypnotic scripts. Scripts are referred to and/or presented within conferences (Murphy, 2016; SCEH, 2013b), training (ACHE, 2015; A. F. Barabasz, Barabasz, & Watkins, 2012; CPMTC, 2016; MM, 2009), associations (ASCH(USA), 2016; SCEH, 2013a), text books (ASCH (USA), 1990; Elkins, 2016a; Hudson, 2009), professional peer reviewed publications (Jensen et al., 2016; Kellis, 2011; Palsson & van Tilburg, 2015), newsletters (Rubin, 2014), and websites (HD, 2016; HS, 2012, 2013; HW, 2016). Research showed that 69% of participants considered scripts an integral part of clinical hypnotherapy training and 65.9% considered rehearsing scripts was beneficial for the practice of clinical hypnotherapy (Cowen, 2015, p. 154). The question that arises, is why are hypnotic scripts used within training courses and presented in various sections of the profession when there is also commentary advising against the usage of scripts (Alter & Sugarman, 2017; Cowen, 2008; M. D. Yapko, 2011)? This duality highlights issues which include aspects of professionalism, professional competence, and may resonate as a potential difference between the practice of clinical hypnosis and clinical hypnotherapy and challenge current educational constructs and the title of the profession's practitioners?

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Nomenclature surrounding the hypnosis/hypnotherapy profession has been undefined for many years. Debate over the profession's and practitioner titles; hypnotist, clinical hypnotist, hypnotherapist and clinical hypnotherapist are not the focus of this paper and readers are encouraged to apply their preferred nomenclature to make ease of reading and allow attention to the use of scripts within the profession.

The use of scripts

Scripts have been used in clinical hypnosis training for many years and are an acknowledged part of the profession. Whether teaching via scripts is the most frequent training methodology requires greater research than is the purview of this paper. It has been argued that 'The Legacy Model' has so deeply entrenched scripts into the profession that irrespective of how the teaching occurred they would remain (Alter & Sugarman, 2017). This raises the question – has the use of scripts become best or standard practice? If so do they adhere to the best practice model of other disciplines such as medicine or psychology (Cowen, 2015; Stagg & Lazenby, 2012)? Do scripts have the support that other 'best practice' models enjoy or are there differing opinions?

There is divided opinion about the role of scripts within clinical hypnosis/hypnotherapy. It is often stated that scripts are only guidelines used to provide an educational pathway for the novice to practice, while published scripts should be adapted/ modified for the individual (Brown & Hammond, 2007; Davis, 2016; Tefikow et al., 2013). There is also the concept that hypnosis is an ancillary tool to the primary treatment strategy and should be integrated with other methodologies (Frischholz & Spiegel, 1983); yet the integration of counselling, psychological and psychotherapeutic skills occupy less space in textbooks and curricula than scripts. In social media and on listerserv(s) (Lankton, 2017) the number of requests for scripts/or protocols supports the view that many clinicians find it difficult to transition from scripts and subsequently come to rely on pre-tested scripts (Alter & Sugarman, 2017; Spiegel, 2016).

Whilst some educators, associations and authors embrace scripts, others do not. A recent textbook gives dual

messages stating that the described protocol (a script)

> *…should be considered as at most a starting point or as "ideas to be considered," and should not be administered (or read to) patients exactly as written without consideration of the patient's specific aptitudes, needs, and treatment goals. At the same time, it may be useful to keep in mind that the wording presented here has been used and edited by a number of very skilled clinicians over many years of protocol development and refinement so it would be worth considering using at least some of the text, as appropriate (Elkins, 2016b, p. 348).*

The statement "…and should not be administered (or read to) patients exactly as written without consideration" demonstrates an inherent realisation that trained therapists have difficulty with the aforementioned transition from scripts to spontaneously client-centred patter.

Those who have voiced disagreement with scripts (Barachetti, 2017; Lankton, 2017; M. D. Yapko, 2011) have offered alternative concepts such as where the client becomes the script (McNeilly, 2015) and the practitioner develops the 'client script'. Other comment refers to hypnosis being an emerging science (Alter & Sugarman, 2017; Cowen, 2015) where the practitioner acknowledges the client's unique human experience rather than using scripts which 'pigeon hole' client's as a compilation of signs and symptoms with a medical or psychological diagnosis. Yet scripts continue to be acknowledged, taught, and used that raises the question, why, if scripts are effective and integral, is there this disagreement and duality of guidance. Are scripts answering the trend towards the manualising of therapies (M. D. Yapko, 2003, p. 268)?

Manualised therapy

Manualised treatments have been available for many years and been shown to be efficacious (Galovski, Blain, Mott, Elwood, & Houle, 2012; Havik & Bos, 1996; Henry, Strupp, Butler, Schacht, & Binder, 1993; Strimpfel, Neece, & Macfie, 2016). The adoption of scripts fulfils manualised protocols and specific scripts and hypnotic suggestions appear in the clinician's manual (A. F. Barabasz et al., 2012). Within the literature, comments regarding the tailoring of therapy to the individual abound (A. Barabasz & Christensen, 2006; Galovski et al., 2012; Grover, Hughes, Bergman, & Kingery, 2006; Henry et al., 1993; Strimpfel et al., 2016, p. 123). The manualised therapy literature also denotes that customisation of therapy potentially provides greater efficacy.

The customisation of treatment is echoed by hypnosis literature (A. Barabasz & Christensen, 2006). It is noted that manualised treatments can involve a loss of rapport (Havik & Bos, 1996) and Al-Harasi quotes Braithwaite's conclusion that because script imagery was not negotiated with the client, the overall efficacy of the study may have been reduced (Al-Harasi, Ashley, Moles, Parekh, & Walters, 2010). The literature demonstrates that customisation of scripts has greater efficacy than standardised scripts but the most important is the clinically informed judgement applied when spontaneously client-centred scripts are used (Lankton, 2017).

Although customisation is recommended, scripts are still being advocated. This implies benefits or reduced liabilities (at least to the educator and practitioner) by using scripts. What are these benefits and/or limitations that persuade educators and practitioners to continue using scripts rather than revising curricula and adopting new student performance criteria to develop different skills?

Benefits of scripts

There are several benefits to include scripts in the curricula. These benefits have been surmised from various sources but are not specifically outlined in the literature. Some areas of benefit could include research, education and commercial aspects (e.g., course duration).

Research

Research methodology requires standardisation or protocols and a script fulfils this requirement (Palsson & van Tilburg, 2015). Standardisation (M. D. Yapko, 2003, p. 196) was used in 1959 when Weitzenhoffer and Hilgard developed the Hypnotic Susceptibility Scale (SHSS): Forms A and B. Using designed scripts enables easier integration into research protocols (Askay, Patterson, Jensen, & Sharar, 2007; Elkins, 2016b, p. 181). Some research flexibility was demonstrated when subjects were allowed to pick two favourite suggestions thus individualising their scripts (Tan et al., 2015), however the predominant theme of the script remained. The manualised procedure ensures all clients receive the identical suggestions so the hypnotic methodology can be replicated, validated, and evaluated against other protocols.

Educational

Scripts provide an easy form of teaching and assessment. Few teaching institutions provide sufficient information on which to base specific educational commentary (ACH, 2017; CPMTC, 2016). Instructing students to learn a script or adapt a script from existing protocols taken from a textbook, conference, or website does not require the same competencies as developing a script from the 'client's' specific requirements in a real/simulated consultation. It can imbue a degree of confidence so the beginner does not come to an embarrassing stop during a consultation (McCarthy, 2005). Having students spontaneously construct hypnotic patter within a class situation takes time and providing feedback to each student on their unique contribution in class is time consuming. Requiring students to develop scripts external to class time then presenting them for assessment saves class and lecturer time. This methodology enables efficacious scripts to be learned rote and/or with adaptations thus reducing lecturing and class time. With hypnosis and manualised therapy literature providing research support, script based treatment proselytises both educator and student.

Time expended

Health professionals want to use clinical hypnosis/hypnotherapy, but having limited time they find short courses are far more attractive as they allow for other activities (family and earning) to continue more easily. Scripts are the ideal educational pathway for time poor health professionals to develop the advanced competencies and skills. Training viability is achieved with a script as it is an adjunct to existing skills and enables new graduates to deal with a narrow range of client issues. Working from predetermined therapeutic scripts enables students to follow the existing patter and develop rudimentary skills from which advanced competencies may be developed.

This raises questions regarding the process of moving from initial competencies and skills to advanced competencies and skills. The shorter course duration allows the graduate to

immediately use the newly acquired skills and provides a new income stream while they develop advanced skills.

Research shows efficacy when hypnosis is used symptomatically (HL, 2016a, 2016b; M. D. Yapko, 2003, p. 465) and standardised scripts provide a symptomatic approach which serves the time poor health professionals who prefer to search/ ask colleagues for scripts (Lankton, 2017) rather than develop advanced skills.

Marketing Audio/visual products

Using standardised scripts clinical hypnosis/hypnotherapy skills can be extended by making script specific recordings as "pre-packaged tapes and cookbook treatments"(M. D. Yapko, 2003, p. xxviii) available to the general public. Scripts can provide specific suggestions to address the client's issue (Lankton, 2017). Web based repositories for recordings are designed to assist with client issues such as addictions (MM, 2017), cancer (DM, 2016; HJ, 2017), depression (HJ, 2017) and smoking cessation (Eimer, 2017). This provides benefits such as lower cost, ease of access to the purchaser and constant availability of the product to provide an additional income to the provider.

Liabilities of scripts

The use of scripts does contain some liabilities. Some articles outline the liabilities and some are surmised. The liabilities surrounding scripts can be divided into practitioner and client. The attributions of the listed liabilities to client or practitioner in some cases is recognised as a debateable point.

Client

Working from a predetermined script/protocol has inherent weaknesses even if it is adapted for the client (M. D. Yapko, 2003, p. xxviii). The client may experience the practitioner is reading or reciting a rehearsed script which may break rapport with client (Lankton, 2017). In the initial interview the client may be intentionally or unintentionally, led to fit the requirements of the script (Alter & Sugarman, 2017). Some believe that the purpose of a clinical encounter is to activate the clients own resources (Erickson, 1992) and using a therapeutic template may not activate these resources (Alter & Sugarman, 2017). When a script is used the question remains whether the client will be required to adapt themselves to a standardised script ,rather than accede to a personalised program (M. D. Yapko, 2003, p. xxviii).

Practitioner

It has been postulated that standardised scripts reduces efficacy (M. D. Yapko, 2003, p. 46), and likened to "cookbook" treatments. The scripts inherently include assumptions about clients (M. D. Yapko, 2003, p. xxviii) such as all the clients have the diagnostic label (D. Yapko, 2009). Reading scripts distracts the therapist from observing the client (Lankton, 2017) and may result in the therapist requiring the client to adapt to the script (M. D. Yapko, 2003). Requiring the client to adapt to the script may be even more intrinsic when the scripts are selected because the therapist relates to the experiences (Murphy, 2016) rather thing designing the suggestions based upon the client's experiences. Therapy requires non-linear skills, however using scripts promotes linear thinking (Lankton, 2017). Using scripts makes it impossible for the therapist to use the client's perspective (D. Yapko, 2009, p. 20) so the client's unique qualities may be unavailable within the therapy process (M. D. Yapko, 2003, p. 103)./

Research

Whilst some may consider the use of scripts as manualisation or over standardisation (M. D. Yapko, 2003), the loss of scripts would reduce the capacity for replication of research (Wark, 2008). Scripts allow hypnosis to be integrated into research programs as an adjunct to other methodologies e.g. CBT (Byom, 2010; Castel, Cascón, Padrol, Sala, & Rull, 2012; Uman et al., 2013) which allows some conclusions to be drawn about the efficacy and effectiveness of hypnosis. There is an argument that in the evidenced-based management currently in vogue that empirically supported hypnotherapy has a number of benefits for the profession (Alladin & Alibhai, 2007).

The benefits or otherwise regarding scripts has only recently started to appear in the literature with gusto (Alter & Sugarman, 2017; Lankton, 2017; Sugarman, 2017) although comments have appeared previously. It is imagined the profession's debate will continue for some time however a related concurrent discussion is would relate to the implications of this educational methodology.

Implications of being taught by scripts

It would appear that the teaching of hypnosis holds a unique place in health education as it is taught predominantly by scripts. What other health sciences can claim that position? Various health disciplines have embraced manualisation (Boston & Cottrell, 2016; Fung, 2017; Hunt, van Hooydonk, Faller, Mailloux, & Schaaf, 2017) but only after the underpinning competencies and skills have been established. Within hypnosis the scripts are the underpinning competencies and skills. This raises issues as to what are the implication of this educational bias.

The inclusion of scripts in all aspects of hypnosis training (Brown & Hammond, 2007; CA, 2013; CPMTC, 2016; Eimer, 2006; HS, 2012; Hudson, 2009; Rubin, 2014) conveys implicit messages. These messages include:

Hypnosis is easy: use a script;
Rapport is secondary in a therapeutic relationship;
You don't need to engage with clients;
Reading of scripts provides all the necessary therapy; and
The training required is minimal – just read a script.
These messages are reinforced when associations, teaching institutions and other practitioners acknowledge, promote or employ the use of scripts.

If the therapy is successful, then is it the therapist or the script producing the effect? If it is deemed that the script is the mechanism achieving the results, then the effectiveness of the pre-packaged tapes or a manualised approach become valid treatment considerations. The implications surrounding the use of scripts raises many questions one of which is the 'blind obedience' (M. D. Yapko, 2003, p. xxix) in using scripted routines. Professional practice requires the client to be the focus rather than requiring the client to fit into a pre-determined therapeutic process (M. D. Yapko, 2003).

Professional competency, ethics and scripts

The use of scripts raises issues regarding ethics, professionalism, professional competence and professional responsibility. Referring to counsellors, it is postulated that responsibility for the competency of graduates rests with the educational program (Rust, Raskin, & Hill, 2013). If that proposition is valid, then training programs share the responsibility with other stakeholders within the profession that also promote script based programs. The reliance on scripts promotes the question of why does hypnosis rely so heavily on teaching scripts whilst other mental health disciplines (e.g., counselling, psychology, and psychotherapy) do not rely on this teaching methodology. This paper has not investigated these issues however they are raised as points to consider for further discussion.

Script based techniques also raises the ethical consideration of professional competence and who is responsible for those competencies. Competency has been described as the use of knowledge and skills to achieve a high performance (McDaniel et al., 2014). It is assumed that graduates undertake assessment(s) and are competent upon commencement of clinical practice. However with hypnosis and hypnotherapy training undertaken as Continuing Professional Development (CPD) the same assumptions may not be accurate. Health professionals undertaking short courses are designed to provide additional competencies which augment existing skills. If these hypnosis courses teach script based techniques the ethical use of the techniques depends on the practitioner's and supervisor's professionalism to determine the practitioner's professional competency (McNamara, 2013).

Does the use of script based hypnosis provide higher performance to the practitioner's existing skill set (McClelland, 1973)? Potentially it does but does the use of the scripts actually provide a professional competency? Does the teaching of scripts fulfil professional benchmarks such as "the competencies needed for the practice of one's profession" (McDaniel et al., 2014, p. 410) and is it the basis for professional practice (Alter & Sugarman, 2017)? Would the use of scripts satisfy a definition of competence as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (Epstein & Hundert, 2002, p. 226)? If legally challenged, would an existing health practitioner using a script based approach be accepted as competent? If script based practice is so educationally sound why are other mental health disciplines not incorporating this educational style? At this time these questions are rhetorical but need to be considered within the existing hypnosis educational structures.

Conclusion

There are clearly different attitudes about the use of hypnotic scripts although most experts recommend that scripts be amended to suit the client. The debate regarding the benefits and liabilities of scripts is a necessary debate for the profession. There are concerns that this adaptation is either not occurring or is occurring insufficiently from comments previously referenced. It is an anomaly that sectors of the profession are stating that hypnosis should only be used by recognised health professionals with an existing health degree, yet promote the use of scripts. The use of scripts (even with calls for customisation) does not appear in the same manner in other health training(s). Many experienced therapists who use hypnosis believe there are higher levels of competency involved but if scripts are used then the process emulates a lower professional skill set. If a manualised treatment protocol is all that is required then the required levels of competency to use hypnosis/clinical hypnotherapy are significantly reduced. Diagnosis can be made by an appropriate health professional and then the client can be referred to someone who can apply the manualised protocol – script reading with amendments.

The transition from scripted based education such as inductions, deepenings, and therapy protocols to training the profession to develop 'customised' hypnotic patter will challenge not only those entering the profession but also existing practitioners and educators (Alter & Sugarman, 2017). The preconceptions of an easy script based therapy is being confronted and now needs to be addressed (Alter & Sugarman, 2017). Will this paradigm shift also initiate a name change?

Irrespective of the nomenclature, the move from hypnosis to clinical hypnosis/clinical hypnotherapy requires a clinician to integrate, refine and hone their skills (Hope & Sugarman, 2015). Rather than limiting skills to predetermined scripts with adaptation, the clinician can apply an advanced set of counselling, psychological and psychotherapeutic competencies and skills to develop a therapeutic management methodology customised to the client (Cowen, 2008; Elkins, 2016c; Hope & Sugarman, 2015; D. Yapko, 2009; M. D. Yapko, 2011).

A higher level of skills entails the recognition of human experience not as disease and diagnosis, but as manifestations of individual, uniquely endowed, adaptively self-regulating systems (Alter & Sugarman, 2017). This evolution demonstrates a bridge between clinical hypnosis and psychotherapy. The encompassing of psychotherapy into the clinical hypnosis model signifies a conceptual shift from clinical hypnosis to clinical hypnotherapy. Where clinical hypnosis was perceived by many as an adjunct to other mainstream mental health disciplines, this conceptual and attitudinal shift delineates a major shift to clinical hypnotherapy. The integration of psychotherapeutic techniques into the hypnosis model is not new, it represents a shift which will influence research and the direction of the whole profession (Cowen, 1983, 2003, 2009a, 2009b, 2011, 2014, 2015).

Is our profession able to rise above the entrenched script methodology and educate those entering the profession to embrace new concepts, theories, and methodologies (Alter & Sugarman, 2017; Cowen, 2016; Lankton, 2017; Sugarman, 2017)? Is it time to "….re-examine the role of this "low-tech" tool and return hypnosis to the rank of first-line treatments?" (Jiggins, 2017; Makover, 2016, p. 2). Should we abandon script hypnosis for individualised clinical hypnosis and hypnotherapy? At the very least maybe we should be clear in our use of terminology where hypnosis refers to the use of scripts and clinical hypnotherapy relates to the professional application of higher level hypnotherapeutic skills so that practitioners are clear on what they are offering and clients on what service is being provided. Alas, that is a topic for another day.

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