Australian Counselling Association

Submission to Royal Commission into Institutional Responses to Child Sexual Abuse

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Advocacy and Support and Therapeutic Treatment Services

Royal Commission into Institutional Responses to Child Sexual Abuse

Introduction:

The Australian Counselling Association Inc (ACA) welcomes the opportunity to provide a submission to the Royal Commission into Institutional Responses to Child Sexual Abuse. The Royal Commission is undertaking a difficult, yet worthwhile task, and the ACA welcomes the chance to offer support.

A number of issues are raised throughout the paper, all of which focus on the support that victims should have had access to. Whilst we cannot change what has happened in the past, we can ensure that instances such as these do not repeat themselves. The lack of accessible quality support services has left many victims, survivors, families and others without a place to turn or an opportunity to express themselves. Traumatic experiences will not simply “go away” because they are unspoken of or have been expressed to the commission. As such, the ACA proposes an innovation in access to counselling services, which involves the simple idea of subsidizing counselling sessions for traumatic experiences with registered counsellors. Removing financial barriers will alleviate great stress and offer professional therapeutic supports to those in need. Such a program has already been used with success in New Zealand, which has seen many individuals have the support they need funded by the Accident Compensation Corporation (ACC).

The research from the New Zealand experiment clearly demonstrates that the most accessible and cost effective treatment option is to deliver psychological therapies through registered counsellors; with the high cost of treatment from a psychologist or psychiatrist being noted to present a significant barrier to the necessary therapeutic supports. In spite of the researcher not declaring their bias, the quantitative data reflected that the greatest number of therapeutic supports accessed were with registered counsellors.

In Australia, counsellors do not qualify for Medicare rebates at this time; but still represent an equivalently qualified field force to many other similar disciplines that do. ACA registered counsellors (over 4,100 members at the time of writing) are required to complete annual; ongoing professional development; clinical supervision, adhere to a code of ethical practise and conduct, and hold their own professional indemnity and public liability insurance if in private practice. These standards are equivalent across many mental health professions such as psychology and social work. Whilst professional counselling is a self-regulating industry in Australia; ACA’s 4100 registered members represent a significant underutilised field force and provide a safe infrastructure for many people with mental health issues to take advantage of and find solutions. Many of those who access counselling services have lived through sexual abuse. Counsellors practise a wide range of psychological therapies focusing primarily on the talking therapies. Counsellors are trained in the same psychological therapies used by

1 (Goodyear-Smith, Lobb PhD, & Mansell BA, 2005)
2 Ibid.
3 (Hume, 2010)
4 (Australian Counselling Association, 2015)
psychologists, psychiatrists and mental health social workers. Due to not being able to deliver services under national government funding, counsellors have developed a pricing structure that “prices themselves into the market” (see price guide under NDIS comparing counsellors and psychologists as an example).

Counselling is the skilled and principled use of a relationship to facilitate self-knowledge, emotional acceptance, growth and the optimal development of personal resource; giving individuals a safe space to grow. Within ACA, there are four levels of membership which highlight the level of experience and qualifications attained.

Consultation Questions

Topic A: Victim and survivor needs and unmet needs.

As was stated previously, registered counsellors represent a qualified field force ready to be deployed across the country – who have studied and trained in the “talking therapies that are underpinned by evidence based psychological therapies”. Subsidising a number of counselling sessions per year with a $50 rebate per session can make the difference between professional therapeutic support services being made available to hurting people or not. Ultimately the counselling model helps individuals develop their own personal resources.

There are a number of therapeutic models that can be employed successfully for victims of abuse e.g.: cognitive behaviour therapy, solutions focused therapy, motivational interviewing, Gestalt, narrative therapy etc. With regards to advocacy, counselling offers the opportunity to share their story in a safe & therapeutic manner. This allows for the individual to have their voice heard. Should the individual need support in advocacy, this is something that can be discussed on a case by case basis between the individual and their counsellor. Counselling sessions should remain strictly confidential.

Judgement, fear and repression only acerbate trauma, forcing victims to retreat into themselves. Ultimately, each case of abuse and trauma affects the individual differently – and the therapeutic tools necessary to support victims needs to be “tailor-made” for each individual. These therapies could include: cognitive behaviour therapy, Gestalt, motivational interviewing, solution focused therapy, creative art therapies, narrative therapy and others. Counselling works on a principle that the individual is the expert in their own life and the counsellor works with that individual to develop their own personal resources – counselling does not aim to “cure”, or “diagnose and label” individuals; rather giving them a safe space to deal with abuse and recover.

ACA registered counsellors are those that voluntarily adhere to a code of ethical conduct, are accountable to an independent complaints tribunal, undergo annual clinical supervision and ongoing professional development. It makes good sense to include a registered mental health

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5 (James, Woolfe, Dryden, & Strawbridge, 2003)
6 (Chard, Weaver, & Resick, 1997)
7 (Macintosh & Johnson, 2008)
8 (Chard, Weaver, & Resick, 1997)
9 (Australian Counselling Association, 2015)
professional such an ACA registered counsellor to offer therapeutic supports to the victims and survivors of sexual abuse. It bears mentioning again, that counsellors are fully trained in the same psychological therapies as psychologists and mental health social workers.\textsuperscript{10} It is the limited access to therapeutic supports that can have devastating results.\textsuperscript{11,12} It makes good sense, economically and therapeutically to include registered counsellors in the solution.

Topic B: Diverse Victims and Survivors

As it currently stands, a financial barrier exists in many cases between victims and survivors accessing therapeutic support with registered counsellors. By subsidising a number of counselling sessions focused on particular therapies will mitigate that financial barrier. As counselling is a self-regulating industry, as is social work, it makes sense to use ACA registered counsellors, ethically speaking.\textsuperscript{13}

The needs of victims and survivors will be diverse and differ greatly for each individual. ACA is fortunate enough to represent qualified counsellors from a broad and culturally diverse base, including linguistically, diverse backgrounds including a significant base of Aboriginal and Torres Strait Islanders. The counselling model encourages positive emotional growth and the development of the individual’s own personal resources. The ability for a counsellor to act as an individual’s advocate may be limited to the amount of information they can ethically share.

Topic C: Geographic Considerations

There is a distinct lack of services in rural and regional areas, this issue is well documented and acknowledged. The “tyranny of distance” still exists today.\textsuperscript{14} However, because counselling is a much more accessible profession – there are a large number of registered counsellors residing in rural and regional areas. These are the “boots on the ground” that can be accessed now and are an invaluable resource for victims and survivors.

There are a number of hotlines and telephone counselling services available to any Australian with access to a telephone. Additionally, there are web services available to offer “face-time” counselling without having to be physically present. Software such as PlusGuidance which meets confidentiality standards (unlike Skype) and can be an incredible tool when creating that therapeutic relationship.\textsuperscript{15}

Topic D: Service System Issues

1. The terms that have been used are mostly adequate. There is one small change that should be made; including ACA registered counsellors to provide registered counselling services.

\textsuperscript{10} (James, Woolfe, Dryden, & Strawbridge, 2003)
\textsuperscript{11} (Australian Institute of Health and Welfare, 2011)
\textsuperscript{12} (Beyondblue, 2005)
\textsuperscript{13} (Australian Counselling Association, 2015)
\textsuperscript{14} (Hoolahan, 2002)
\textsuperscript{15} (van Wier, et al., 2009)
2. There are a number of different avenues to ensure that the range of services for victims and survivors are being adequately deployed. The Partners in Recovery Program is a similar model that uses a “Support Facilitator” to ensure that the individual is receiving the right supports, at the right time and to ensure the service is consistent throughout. By including registered counsellors, who are formally trained professionals, to empathize with the victims and survivors – the system can be supportive and holistic.

To ensure that practitioners and workers are sufficiently skilled to provide advocacy, support and/or therapeutic treatment for adult and child victims and survivors (including those from a diverse background); implementing a serious of training workshops or professional development will ensure the message is consistent throughout. By then making it a requirement in order to deliver those subsidized counselling session will guarantee that consistent message.

As a peak body, the ACA would be open to approve said training and workshops for “Professional Development Points”, so that members will attend and complete that training on their own volition. This is a similar program to what will be in place in Western Australia; where certain core capabilities must be met, in order to deliver disability services. In short, there are a number of programs and models that are already in place around Australia that registered counsellors can fill very well, and at a cost-effective price.

3. To ensure that practitioners and workers are sufficiently skilled to provide support and/or therapeutic treatment for adult and child victims and survivors (including those from a diverse background), it makes best sense to engage with the various peak bodies in mental health around Australia. They will be able to directly influence the practitioners and workers in this space.

**Topic E: Evidence and promising practices**

1. As reflected throughout this paper, there are a number of different modalities and programs in place that could be replicated to act as positive supports for victims and survivors of sexual abuse. By using registered counsellors to deliver those services means the “boots on the ground” are formally qualified, and able to demonstrate empathy to the individual – something that has been sorely lacking. All ACA counsellors are trained in a minimum of six different therapeutic models; which could encompass cognitive behaviour therapy, interpersonal therapy, motivational interviewing and others. This is the baseline for a registered counsellor; and there are many that could act as fantastic supports for victims and survivors of trauma.

2. As was highlighted earlier in this submission; the ACC in New Zealand are already providing counselling to victims and survivors of child abuse under “Sensitive Claims”. The evaluations of this practise have found that there is a great need for continued and ongoing

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16 (Department of Health, 2015)
17 (Department of Health, State of Western Australia, 2015)
18 (Macintosh & Johnson, 2008)
support. A sudden absence of support does more harm than good\textsuperscript{19}, and the idea of labelling or diagnosing victims and survivors is not well received\textsuperscript{20}.

Conclusion:

Ultimately, registered counsellors in Australia represent a qualified mental health professional who is uniquely placed to build resiliency, deliver psychological therapies and be an effective therapeutic support. As counsellors are not included under the Medicare Rebate Scheme or Better Access Initiative, there needs to be a system put in place – so that victims and survivors can access the therapeutic supports that are needed are experiencing such trauma. There are a number of different programs in Australia and abroad that we can learn from; and replicate their successes here.

Victims and survivors of child abuse need greater access to therapeutic supports and advocacy – of which registered counsellors are uniquely placed to offer. Counsellors are well trained, industry regulated, follow a code of ethics and are accountable to layers of complaints tribunals\textsuperscript{21}. Diagnosing a victim or survivor with a mental illness may not be the best way to proceed; as their reaction may be entirely normal to traumatic experiences (such a child abuse). Instead, we should look to support rather than label.

ACA welcomes and appreciates the opportunity to present this submission to the Royal Commission and we look forward to further elaborating on the process and model in the future.

Yours sincerely

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\textsuperscript{19} (Harvey, 2013)
\textsuperscript{20} (Cropp, 2015)
\textsuperscript{21} (Australian Counselling Association, 2015)
Bibliography


