

“DEAR DICK” - THERAPIES

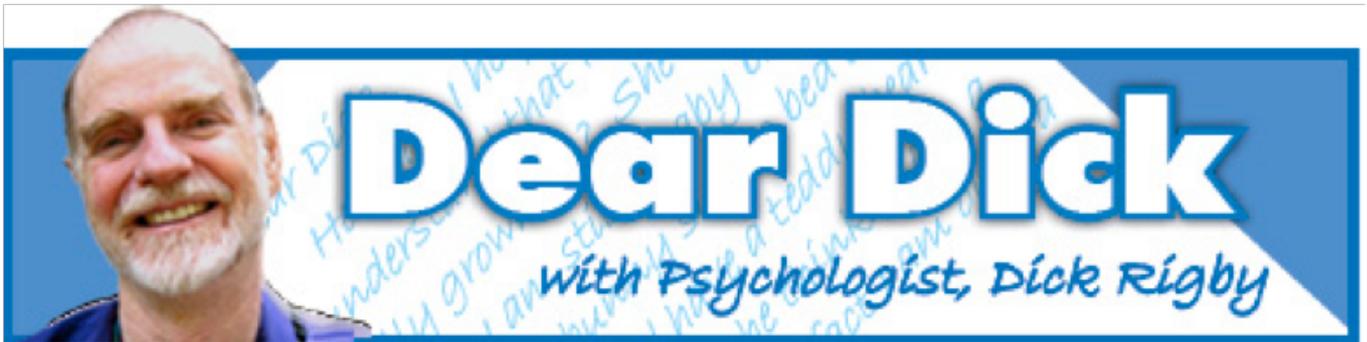
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Chapter 1. Relaxations





**“Relaxation techniques”
August 1998**

Valerie Davis, a yoga teacher, wrote to the “Dear Dick” column recently commenting on my reply to Mrs A. Valerie talked about the benefits of yoga to help with relaxation with people like Mrs A. I agree with Valerie wholeheartedly that yoga can very helpful in many situations, particularly when people are suffering from excessive tension of need to find a new direction to their life. Meditation is one aspect of the yoga teaching which I know can help bring peace of mind.

Meditation has been shown to help with both physical and psychological healing and well being. The benefits include muscle relaxation, improved blood circulation, reducing blood pressure, improved immune system, balancing of energy throughout the body, and improvements to the digestive system. Meditation has also been shown to assist with the curing diseases such as asthma, chronic fatigue syndrome and cancer.

In terms of coping with the busy and stressful lifestyle that most of us lead, it is very important to attend to health issues. I strongly recommend that people put some time aside each day to meditate. Even 10 minutes is better than none. It probably doesn't matter which form of meditation that you use, be it transcendental meditation, yoga, or tai chi. What matters is that the basic rules of meditation are observed. These rules are:-

1. Relax your body and mind. You may find a relaxation tape useful to begin the relaxation.
2. Choose one thing to focus on and explore. This could be focussing on your breath.
3. If the mind wanders, bring it back.
4. Let go everything that comes into your mind.
5. While you meditate, the mind should be focused and alert, not drifting or fuzzy.

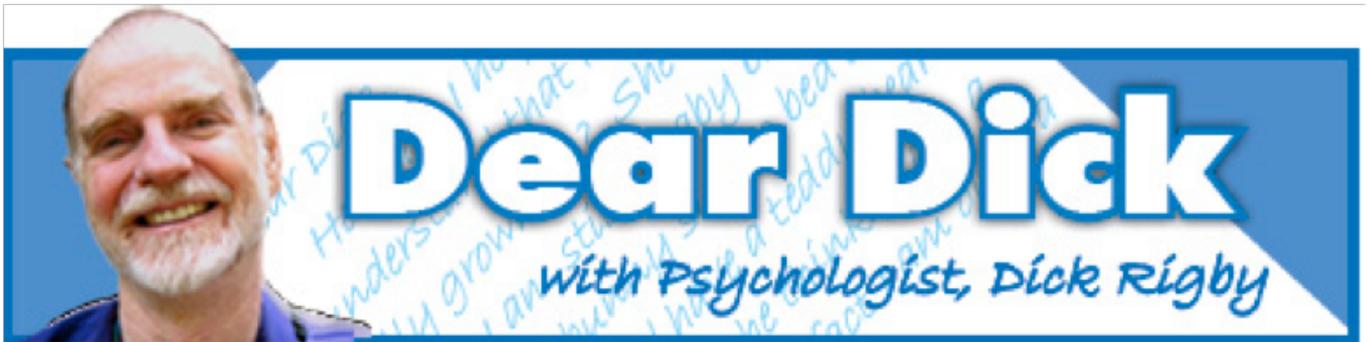
Listening to your own breath is said to be the oldest meditation. It is also one of the most simple. If you find it difficult to hear the sound of your own breath, you can tighten the muscles at the top of your nose making the sound of your breath more audible. Focusing on the breath can make it easier to let the thoughts pass by.

When I teach meditation I usually teach people to use a tone with the meditation. Toning is using the voice to produce a sustained note. The note may be a simple “oo” or you may like to use a repeated mantra such as “OM” or “OM NAMAH SHIVAYA” sung on the one note. Whether the tone be a mantra or a simple note, you should maintain it for between 3 and 20 minutes, interrupted only by the need to take a breath.

Exercises like yoga, meditation and toning help us to stay grounded. Grounding is the sense of feeling solid, centred and connected. Both connected within your body and connected to the earth. It is the opposite of floating. Using your breath or a tone as the focus in meditation is an excellent way to help you to be grounded.

Chapter 2. Complimentary therapies





**“Complimentary therapies”
December 2000**

I suffer from migraines. I have a severe attack every 5 or 6 days on average. Often I have to go to bed with the condition. I am on medication, but it doesn't seem to give me relief. I have heard that migraines can be caused by stress or other lifestyle factors. Would you please comment.

Mrs. A

Dear Mrs. A

Recurrent migraines is a very distressing condition to suffer from. There seems to be general agreement that migraines can have many causes. Some of the triggers can be certain foods, circulation problems in the brain, and stress, to name but a few. Once you have had the medical side checked out, and your medication doesn't seem to be doing any good, there are a wide range of alternative treatments to choose from. Sometimes the choice between the various complimentary therapies is bewildering.

There are those therapies dealing with issues of diet. Dieticians or food allergy experts can help here. You could also look into dietary restrictions, dietary supplements and herbal medication.

There are the many "hands on" therapies. These include reflexology, massage, acupuncture, acapressure, Feldenkreis, Alexander technique, and reiki. All of these may help. Sometimes a chiropractic therapist or an osteopath is the right person to visit.

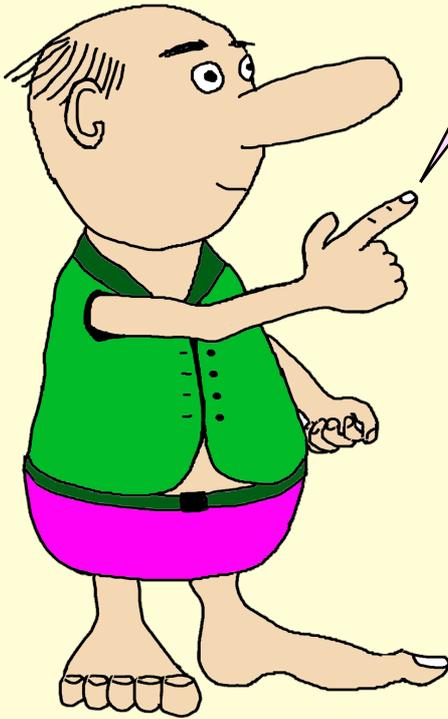
There are many other complimentary therapies that I know people have found helpful, such as, aromatherapy and sound therapy.

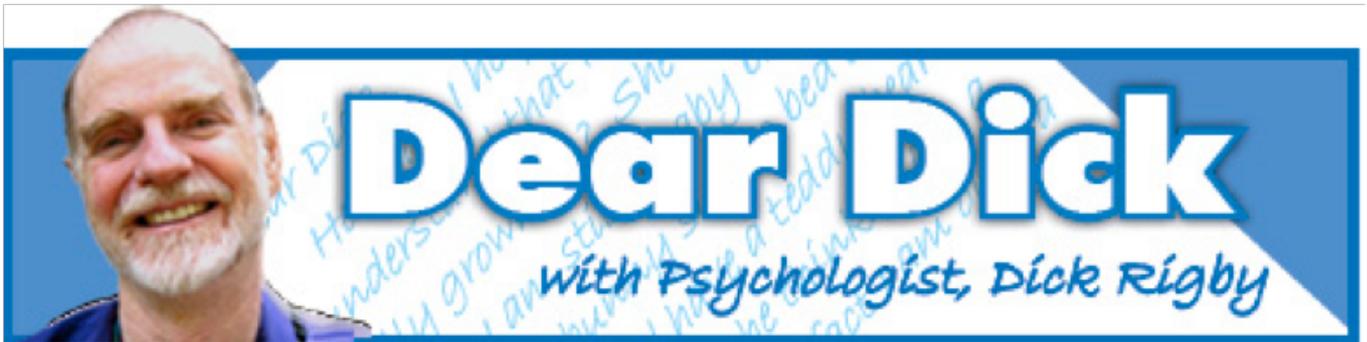
Many of these complimentary therapies are gaining acceptance in medical practices and hospitals. I have just returned from running a workshop at the Calvary Hospital in Sydney to train health professionals in the use of sound and music therapies to help with people who are in the last stages of a terminal illness.

Last but not least are the therapies dealing with the management of stress and pain. Psychologists can help with stress management techniques as well as how to cope with a migraine when it hits. Many psychologists, like myself, recognise the need to work in with other complimentary therapists when treating conditions such as migraines.

Stress and life management techniques are also taught as part of yoga, tai Chi, meditation etc. The list of complimentary therapies that I have described is by no means complete. I firmly believe that if conventional medical treatment is not working, then it is well worth looking into the complimentary therapies.

Chapter 3. Cost of treatment





**“The cost of treatment”
September 1999**

About a month ago, I took my son to see a psychologist because he was having trouble coping at school. The psychologist was able to help my son and we were pleased with the outcome. However, I was surprised that the psychologist’s fees were so high. Why do psychologists charge so much for their service?
Sam P

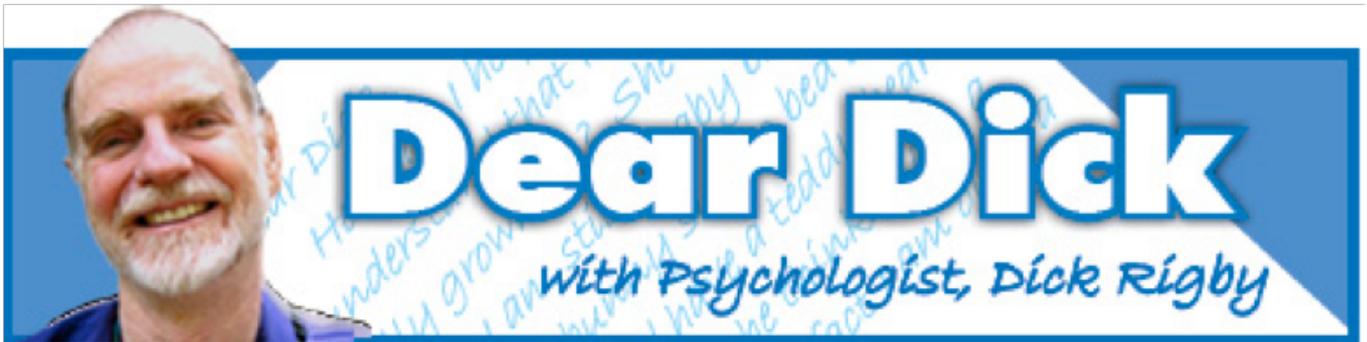
Dear Sam

In general, psychologists fees are in line with other professionals in the community who have done an equivalent amount of academic and post academic training. In Queensland, the law stipulates that the title “Psychologist” can only be used by someone who is registered by The Psychologist Board of Queensland (or an equivalent interstate board). In order to be registered by The Psychologist Board, a psychologist has to complete a four year university course and then complete a further two years of supervised post graduate training .

On the other hand, anybody can call themselves a “counsellor” or a “psychotherapist”. That title is not regulated by legislation. A counsellor does not have to have any formal qualifications in Queensland. However, most counsellors that I know have done some formal training, and some are well qualified. The fees charged by psychologists, reflect the level of training that psychologists have undergone.

It is a sore point with most psychologists, that psychiatrists (being doctors of medicine) are eligible to be part of the Commonwealth Government’s Medicare scheme. This means that a psychiatric patient can have most, or all of their fee paid by Medicare. However, psychologist are not eligible for Medicare. Most psychologists charge much less than psychiatrists, but it seems that they charge more because the government picks up the tab for the psychiatrists. People who are covered by private medical insurance top cover are eligible to some rebate for psychological services.

I often say to my clients that good therapy is an investment in the future. I know of so many cases where effective psychological intervention has saved a lot of money and heartache. This is particularly true for marriage and couples counselling.



**“Medicare for psychology”
March 2008**

In October 2006 the new federal Mental Health Care Plan came into effect. Now, anyone who wishes to receive treatment from a registered psychologist (registered by the State psychologists Board) can claim a rebate from Medicare. However, conditions apply! It is a really good scheme allowing ordinary people to afford psychological treatment. The present Federal Government is committed to keeping the service going.

One condition that applies is that a client must be referred by a GP, psychiatrist or paediatrician. The referring doctor would be required to do an assessment completing a “2710” online government form. Any of the following conditions would be eligible for the rebate; Psychotic disorders, Schizophrenia, Bipolar disorder, Phobic disorders, Anxiety disorder, Adjustment disorder, Depression, Sexual disorders, Conduct disorders, Bereavement disorders, Post-traumatic stress disorder, Eating disorders, Panic disorder, Alcohol use disorders, Drug use disorders, Sleep problems, Attention deficit disorder, Obsessive Compulsive Disorder, Co-occurring anxiety and depression.

Quite an impressive list. Most of the clients referred to me are suffering from depression and/or anxiety. If you have a 2710 assessment in hand and trot along to your psychologist you will be eligible for six treatment sessions. If at the end of six sessions, you require further treatment, your doctor can authorize a further six sessions.

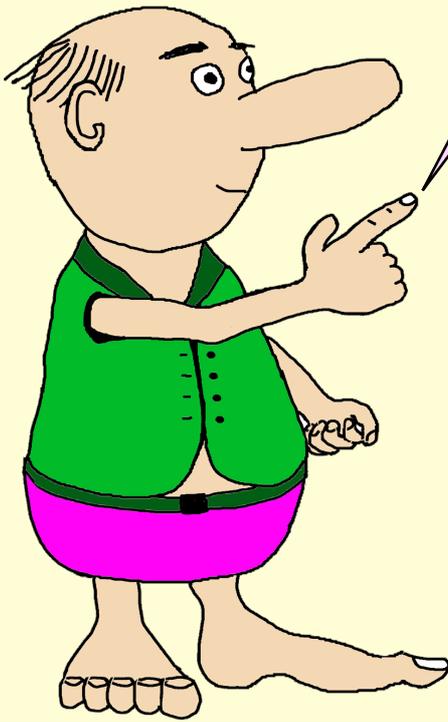
You are entitled to 12 sessions in a calendar year. (There are exceptional circumstances wither another six sessions can be authorized.) The system renews itself on the 1st January each year. Unused sessions from the previous year can be carried into the new year.

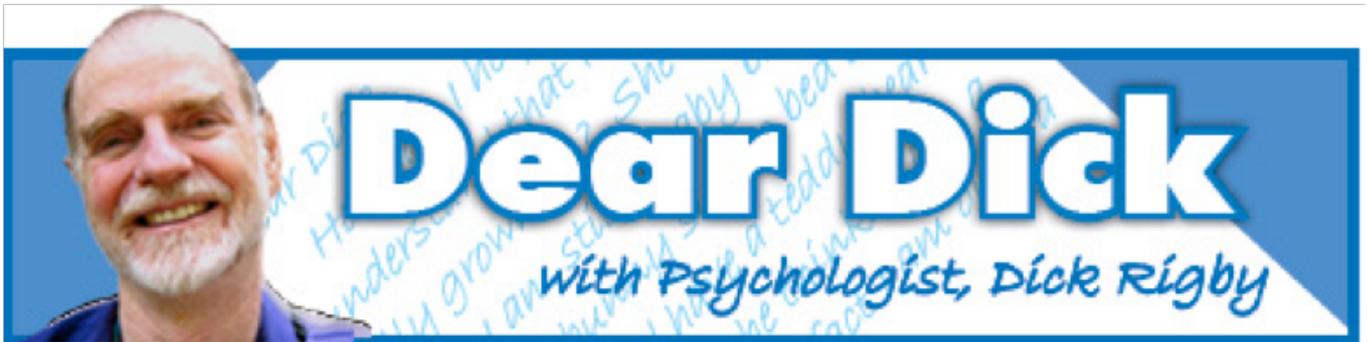
Medicare will rebate \$75.00 for each session for the treatment “item 80110”. A limited number of psychologist have been given authority to use a different item number and this attracts a higher rebate. Unfortunately the authority for registering for this rebate has been placed in the exclusive hands of the Australian Psychological Society (APS).

The APS is a very narrow, academic and exclusive society. They have eliminated many fully qualified clinical psychologists (such as myself) from this eligibility for the higher rebate. I know of many Clinical Psychologist with over 20 years of clinical training and experience that the APS have found ineligible. Strange behaviour indeed. I hope that the government reviews this anomaly soon.

The good news is that the Mental Health Care scheme has been very popular and has shown us the huge community demand for psychological services. Many of the private health insurance plans also give a reasonable rebate. However, you cannot claim both rebates for the one session. Take advantage of the scheme and get the help that you need when you need it.

Chapter 4. Too much therapy?





**“How much therapy? Part 1”
June 2010**

People often ask me how long will therapy last. Good question. Let me explain with a couple of examples. Joan was 56 years old when she came to me. She had to fly to London to her daughter’s wedding. Three days before she was ready to leave she was so terrified of flying that she was about to cancel her flight.

Joan was a delight to work with. We did some reframing of beliefs and some tapping. She boarded her flight with only mild anxiety. Her flight back to Australia was not a problem. That crippling problem with her anxiety was largely fixed in one session.

John had big problems with his boss. At least the problems seemed big to John. We did some assertiveness training, some role playing, some reframing and some basic empathy training. This work made a huge improvement to John’s work situation. This took only two sessions.

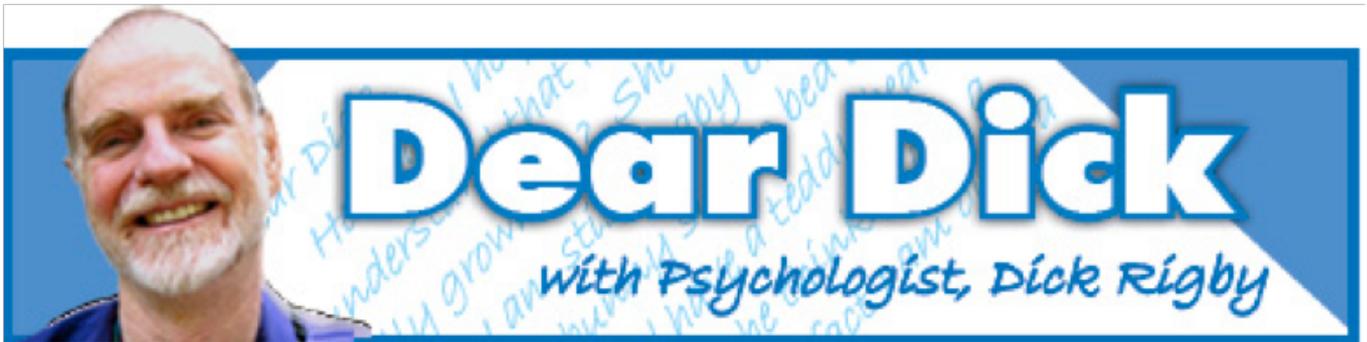
Most therapy takes more than two sessions. My average number of sessions is about 10. Issues like depression and anger management can take many sessions to resolve because the coping strategies have been around for a long time and are so well embedded. Sometimes it like peeling the layers of an onion. Each layer we peel away uncovers another layer.

Anne-Marie hit a major block in her life at age 40. She had been an accountant and wanted a change, but had no idea of what it should be. She saw me for 6 months working through many issues including her relationship with her husband, her in-laws and some childhood issues. She made a complete career change and is now working happily as an artist.

Some people just need a helping hand to work through stuff and this can take quite some time. The main thing about therapy is that you should feel that you are getting somewhere as it progresses. If you don’t think you are getting somewhere, then talk to your therapist about your sense that the therapy is not achieving what you want.

The question is “how much therapy is enough?” I believe that therapy should end when both client and therapist agree that the client has achieved their goals. The overall goal of therapy is that life should be working better than it had been. It can be appropriate to finish therapy even if not all your goals have been achieved.

Next month I will look at when the client and therapist cannot agree on when to finish.



**“How much therapy? Part 2”
July 2010**

There are two scenarios where therapist and client might not agree about when to finish therapy. The first is where the client wants to continue and the therapist believes the job has been done. The second scenario is where the client wants to finish and the therapist believes there is more to do.

The first scenario is not common, but it can happen. A good therapist should always listen carefully to what the client wants. Sometimes a client may develop a dependency on their therapist and be reluctant to finish. The therapist should work with strengthening that client's skill base until they feel strong enough to leave therapy. The therapy should taper off rather than finishing abruptly.

In the second scenario, the therapist may see that the client has not dealt with some key issues that are going to cause trouble in the future. Let me tell you about Owen.

Owen had come with marriage difficulties. He was a workaholic. He lived and breathed his work. About a year before, he had an affair. His wife Mary found out and they came to see me to repair the damage. She was very upset, but just wanted him back to normal. He also wanted life to return to normal and the issue to go away. Neither were motivated to look at the underlying causes.

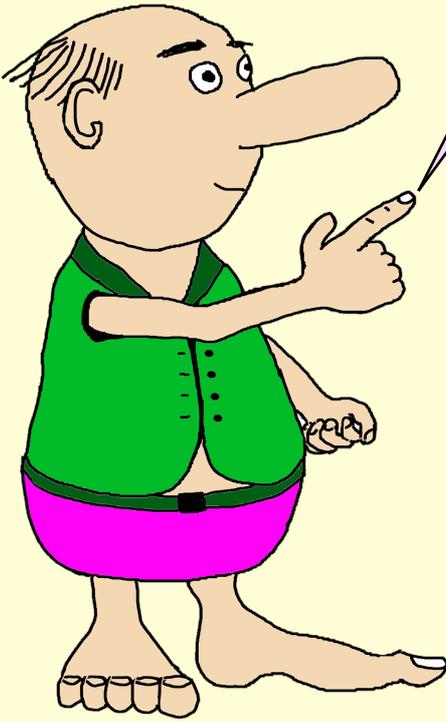
We did some conflict resolution and empathy work. They patched up their differences and after three sessions they were getting on well together. They had reestablished peace and harmony, but they had not resolved any underlying issues. Owen cancelled their fourth session and thanked me for the help I had given them. I tried convince him that the job was not finished. He was not ready.

Owen had not dealt with his habit of escaping into work. Excessive working meant that he didn't have to engage with his wife and children. His underlying issue was a fear of intimacy. The issue Mary had not dealt with was her “peace at any price”. She wanted peace so desperately that she was not prepared to look at what wasn't working in the marriage.

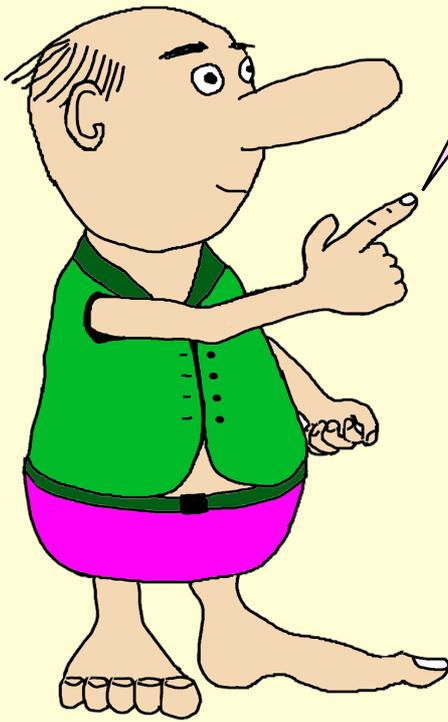
I lost touch with them. I know that they cannot have a fulfilling and honest marriage until these underlying issues were dealt with.

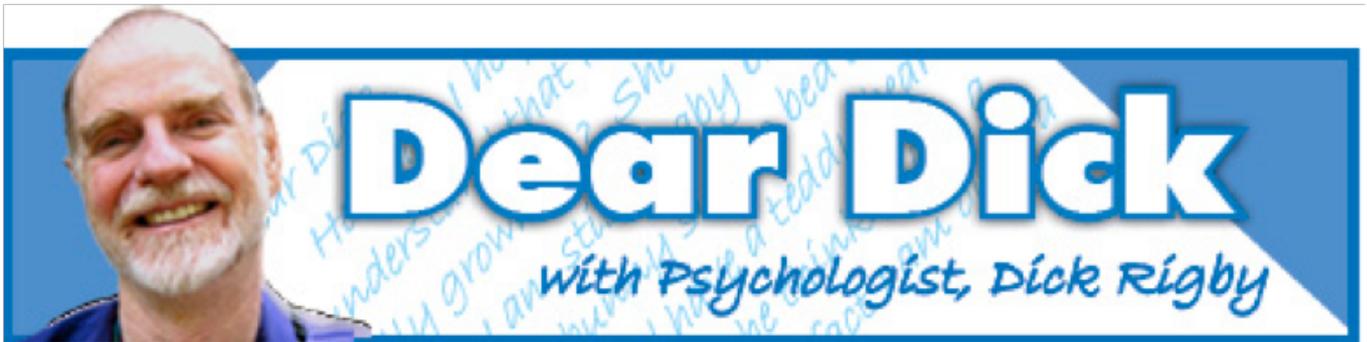
Therapists can also get too enthusiastic in wanting their clients to continue, when the client is not ready to look at issues. As therapists, we need to respect our clients wishes, while gently pointing out what still needs to be done.

Chapter 5. Not crazy



Chapter 6. Energy techniques





**“Emotional Freedom”
August 2006**

I’m so excited. I want to share it with you. I’ve known about “Emotional Freedom Technique” (EFT) for quite some time, but I haven’t had the time to study it. On my recent trip to the USA I had the opportunity to study EFT.

Since I came back from the States, in mid June, I have been using EFT and I am very pleased with the results. It works more quickly than any other technique that I have learned about in my 35 years of psychology.

Why does it work so well? Because it is fundamentally different from the techniques that most psychologists use. EFT works with the energy centres of the body. Every living creature is made up of energy points and energy pathways. These pathways may be called “subtle energy” pathways or “meridians”.

The Indians and the Chinese have known about these points & pathways for centuries. Acupuncture points are the energy points along the meridians. Somebody came up with the bright idea of stimulating these energy points at the same time as dealing with psychological blocks. Eureka – it works.

The therapist guides the client through a simple and safe routine. The client taps on certain energy points of the body while stating their problem out loud. Each statement of the problem ends with the affirmation “I deeply and profoundly accept myself.”

The problem might be “fear of flying” or “migraine headaches” or “unresolved grief.” The list is endless.

The success of EFT seems to be dependent on the careful choice of words so that the client is deeply emotionally connected with the words they are saying. Therapists who have been using this technique for years report that it is effective on a range of physical problems as well as psychological problems.

We all know the old saying about “mind over matter”. I have seen it demonstrated over and over, that if we can set the body switches right, the body cures itself. EFT helps set the switches.