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RATIONALE FOR THE NECESSITY OF PROVIDING 18 SESSIONS FOR DIFFICULT PATIENTS

Psychological Counselling services are an essential part of psychology. Focussed Psychological Therapy is a very useful tool for helping patients work through their emotional traumas in the treatment of anxiety and depression. However, in my experience, treating "difficult" and highly traumatised patients needs more than ten sessions to break through their emotional blockage and to rebuild their confidence in relearning how to handle their life. In the treatment of post traumatic stress disorder, where chronic depression is debilitating their memory and distorting their perceptions and cognition. Consequently the therapeutic encounter is a very highly charged emotional ground for patients. Inevitably the patient's mental state is very critical and fragile. If the patient feels that he is being pressured to move too fast this is detrimental to their condition and he may lose trust in engaging in the therapeutic work. As a psychological counsellor cum therapist, in my opinion it is crucial that we can provide a sense of security to the client right from the beginning. We certainly need up to eighteen sessions in order to facilitate a safe environment for our patient to work through their emotional issues according to their pace. To hurry with their deep seated fears and anxiety would be detrimental to the progress of the therapy.

Psychological counselling and emotional focussed therapy constituted three stages. The first stage is a diagnostic stage in which the patient is highly anxious about the therapy. The building of confidence and confidentiality is necessary in order to feel safe. The second stage is the exploratory stage of the therapy in which the patient may tolerate revisiting their old trauma in order to understand the old situation and let go of their sadness and restructure their belief systems. The third stage is the integration stage in which psycho education helps the patient rebuild their self esteem and improve their interpersonal skills. The three stages are not meant to be rigid but it gives the therapist a parameter to work with, without "feeling under pressure" by both the patient and therapist. Dividing the eighteen sessions into these three stages would mean both client and

therapist can work together, in a collaborative way, thus reducing unnecessary pressure to complete the goals of therapy.

It is distressing to see patients of moderate to severe depression terminate therapy prematurely because they cannot afford to pay the difference between Australian Psychological Association recommended fee and the current rebate for specialists in the provision of psychological therapy.

As a member I support the College of Counselling Psychologists' submission.