

## STUDENT DETAILS

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ACAP Student ID: 166433

Name: Adrian Deane-Johns

Course: Graduate Diploma in Counselling (16)

## ASSESSMENT DETAILS

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Module: Fieldwork Placement 2

Student Placement Department Assessor: Elmer Samonte

Assessment Name: End of placement report

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The following is a report on my second fieldwork placement. It begins with a description of the organisation with which I was placed, and an account of the activities I undertook in the course of the placement. It then proceeds to discuss, analyse and reflect on my personal and professional development in the course of the placement, with specific reference, where appropriate, to my Learning and Supervision Contract. Finally, it outlines possibilities for both my immediate employment and long-term career aims, and some steps for moving in these directions.

My second fieldwork placement has been with the Aftercare ([www.aftercare.com.au](http://www.aftercare.com.au)), an organisation that for more than a century has been devoted to helping people with serious mental illnesses, stating its mission as “to provide high quality, timely services that assist people with mental disorders to live in their chosen communities.” Specifically, I was attached to one of Aftercare’s Personal Helpers and Mentors (PHaMs) teams, and spent almost 200 hours accompanying and assisting the team’s case-workers in their individual and group work with clients.

In retrospect, I believe that I gained far more both educationally and experientially from this placement than I expected, or was expressed in my Student Placement Learning and Supervision Contract. Certainly I achieved my Learning Goals as expressed in this Contract: “how to recognise and respond to mental health issues; the collaborative recovery model (CRM) for people with mental illnesses; and suicide prevention, safe home visitation, child protection and cultural awareness”.

Indeed, Aftercare ensured my attainment of these goals by most generously sponsoring my participation in professional workshops on all these vital topics, as well as affording me a wealth of other opportunities including engaging with clients in face-to-face counselling sessions.

The two-day workshop on the collaborative recovery method (CRM) was especially inspirational, as it acquainted me with what appears to be an increasingly internationally-accepted way of working with people with mental illnesses, largely developed at the University of Wollongong. Though considerations of space preclude a detailed discussion of the CRM here, in brief it is a ‘client-led’, ‘evidence-based’, manualised model based on the two guiding principles that recovery is both ‘individual’ and ‘collaborative’, and consisting of four collaborative components: ‘change enhancement’, ‘identification of values and strengths’, ‘visioning and goal-striving’ and ‘action and monitoring’.

Even more fundamental to my personal and professional development than such invaluable learnings, however, is the fact that my placement with Aftercare has enabled me to achieve the over-riding ambition implicit but unstated in my Student Placement Learning and Supervision Contract, that of overcoming my previous fears of working with people suffering mental illnesses.

In my relative ignorance of mental illnesses following the study of just one module on the subject, I was rendered apprehensive by warnings like that of Meares and Stevenson (2000) that “the treatment of severe personality disorder is a hazardous business”, and that some helping professionals react so badly to such sufferers as to treat them “with the rejection, abuse and neglect which was characteristic of their early lives” (p. 869). An additional caution was that of authors including Berry and Haddock (2008) that “counselling and supportive psychotherapy are not recommended” for clients with schizoid conditions (p. 421).

My experience at Aftercare has dispelled my previous and initial apprehensions in a number of ways. Since the very commencement of my placement I have been impressed by how deeply and genuinely respectful of clients the case-workers are. Even more impressive is the fact that, as I gradually realised, some of the paid case-workers are peer-workers, that is,

former clients who have recovered so fully from their mental illnesses that they are capable of performing their helping duties to the highest professional standards.

Equally revelatory to me has been my experience of Aftercare clients. All are stabilised on medication, of course, and thus not as challenging as if they might otherwise be. Nevertheless, I see them as deserving of enormous credit for how courageously and successfully they are coping with a wide range of diagnoses including schizophrenia, paranoid schizophrenia, borderline personality disorder, generalised anxiety disorder, agoraphobia and in some case dual diagnoses or no definite diagnosis. Though varying considerably in their 'functionality' and capacity for independent living, all show amazing resilience, and some demonstrate considerable expertise and enterprise in fields including IT and ceramic art.

I was interested to observe that perhaps 30 to 50 per cent of the clients with whom I had contact appeared to derive considerable comfort and companionship from their pets, and two actually told me that their dogs had literally saved their lives. Though I did not probe further in either case, I took this to mean that their reluctance to abandon their beloved dogs had saved them from suicide in times of especially dire depression.

This realisation led me to investigate the literature on the value of 'pet therapy' in the enhancement of physical and psychological well-being, and to find that, though there is a dearth of large-scale studies on the subject, pets or 'companion animals' are generally regarded as beneficially providing people with sorely-needed unconditionally-loving attachments. There also appears to be evidence that pets provide people with a sense of control, a fellow creature to nurture, and an incentive to exercise (Giaquinto & Valentini, 2009).

On the other hand, I conjecture that perhaps those clients who choose not to have pets may consider them too much of a burden, responsibility or restriction. Many of those without

pets, however, I gradually realised, seem to find significant comfort and strength in their 'relationships' with powerful idols, as in one case the Queen and in several others God.

As neither royalist nor religious myself, in fact quite the opposite, I felt quite uncomfortable in counselling sessions with some of these clients, especially when they spoke at great or even obsessive length about their religiosity, and had difficulty containing and concealing my feelings of boredom and even irritation.

For some time I was not able to take this issue to supervision, as my mentors in Aftercare, the case-workers, were not trained counsellors, and nor was the leader of the team to which I was attached. So I worked hard to overcome the difficulty for myself by attempting to reframe my clients' dedication to their deities as not 'delusions' for me to inwardly resist or take issue with, but as essential sources of psychological support for them in their journeys toward recovery.

This insight helped me a good deal, especially when I was finally able to have it affirmed and supported in the first of the five two-hour group clinical supervision sessions in which I was able to participate at the ACAP campus. This clinical supervision was also a great help to me in coming to terms with an apparent breach of ethics of which I became aware during my placement. Though this alleged breach was by somebody outside my team, and I only heard of it at second hand, it involved one of the team's clients and seriously impacted the team's and my morale until it was resolved for me by clinical supervision and for my colleagues by Aftercare management.

Besides affording me some rich learning experiences and a wealth of opportunities for face-to-face counselling of clients with which it was appropriate, as well as some colleagues who became triggered by issues arising from professional workshops, this second placement with Aftercare also provided me with a good deal of experience in co-facilitating therapeutic group activities, including swimming, fishing and ceramic art.

The latter, creative group experience was especially welcome to me, as it resonated with and added to my extensive creative experience as a writer, tutor of creative writing and writer mentor, and also with my first placement with the Sydney Centre for Creative Change, a private organisation specialising in creative therapy. Thus I felt that it was a further step toward my aim of creatively integrating writing and reading into my future practice of counselling.

As Bolton (2004) encouragingly declares in this regard, “writing is different from talking; it has a power all of its own” (p. 1), and as Wright (2001) more specifically asserts following her extensive review of the literature on the subject, “perhaps there is no other system of psychotherapy in which the client has so much control over the rate, depth and intensity of his or her therapeutic work” (p. 8).

Following my completion of this placement and now the academic requirements of my counselling course, I see my next step toward professional competence as finding a counselling position with an organisation in which I can gain clinically-supervised experience.

I also propose to continually further my counselling education by reading the latest relevant books and academic literature, attending professional workshops and seminars, and also extending my knowledge of how to use writing and reading in therapy, with a view to thus eventually establishing myself in private practice in this field.

Additionally, I also intend to seek opportunities to work part-time as an educator in entry-level counselling modules within my competence, as from my long experience of tutoring creative writing, I have come to see teaching as a powerful catalyst for continuing learning.

## References

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