

JOURNAL



CERTIFIED
PRACTISING
COUNSELLORS
AUSTRALIA



AACAD



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Counsellors turning lived experience into practice.

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Self-care in the digital age:

setting healthier boundaries with screens

YOUTH AT RISK

Youth at risk in WA:

re-engaging teens who've disappeared from school

NEURODIVERSITY

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neuroaffirming practice and sandplay beyond talk therapy

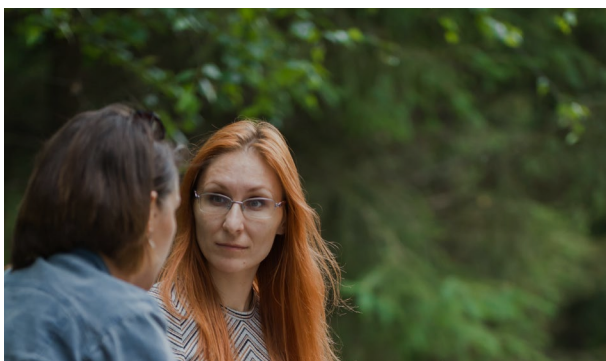
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WELCOME

President's message

Mark Cresswell

Welcome to the Summer 2025 Journal of the Certified Practising Counsellors Australia (CPCA) and Australasian Association of Community, Aged Care and Disability Workers (AACAD).

We would like to take this opportunity to introduce our board and call for expressions of interest for membership of the board. If you are dedicated to your field of practice and want to make the field a better more inclusive place, please reach out. The initial board members and their positions are listed at the end of this article.

I wish to address something of great import to us, both as an organization and as practitioners in general. That is Resilience and Persistence.

It may be recalled, that around 2021 the NDIS changed the rules of procurement for counselling effectively limiting (for managed funds) providers to ACA and PACFA members. The CPCA formed the view that this was unfair to our members and undertook to rectify the situation.

Since that time, we have seen two elections (including a change of government and changes to ministers and departmental heads. The NDIS also went through a rigorous review of services. It has been a long road with many a winding turn.



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Given the nature of Government and elections there were times when we almost despaired. The NDIS would have also been under pressure during this time. As mentioned, a major review of the service was underway with significant changes being flagged.

During this time, we continued to put our case to the NDIS and to the Government (Health Ministers and NDIS ministers). It was always possible that at any moment our application could be turned down, or the rules could change. I feel for the people doing the assessment of our application at the NDIS. Being in a state of flux, changing ministers and changing rules is not easy, especially when you are being pestered for years by an external organization must be a pain.

Persistence was the key. At any time, we could have thrown in the towel and said it was not going to happen. We could have accepted always being treated as lesser. But we persisted. This year we had the results we were looking for, and it is very gratifying to be able to deliver that for our members.

There is, of course, no end to the process of finding ways to better support the members. Currently there are draft practice standards being put about by vested interests. These standards have been produced without consultation and without the best interests of practitioners and clients at heart. We have made it clear that they are not acceptable in their current form and they will never be acceptable without proper consultation. We will continue to lobby the government regarding this and hope we will have your continued support in looking out for your interests.

Thank you, please enjoy the journal!

Board

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**Vice President and Chair of
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**Councillor representing the
students**

TBA

**Councillor representing the
members**

TBA





GRAHAM

How lived experience can teach you how to be resilient.

When I was a young boy, I ended up having an accident where I experienced death and returned to the living. As I grew up, I was told medically that I would never walk or talk again. After getting out of a 5-day coma, I learned to walk and talk again. Doctors told me that they would leave my body as it was and they could do nothing else for me. They told me that I would be in pain for the rest of my life and that I would just have to learn how to deal with it. Most of my body was affected by the accident. Recovering was a nightmare, and at the young age of 11, my dad took me to learn martial arts so that my recovery could not only include the physical but also teach me mental strength as well. Little did I know that I would need to deal with my pain through mental wellbeing.

After a life-threatening accident and years of pain, Graham's journey through martial arts, family support and sheer determination reveals how resilience is built one choice at a time.

The doctors then took interest in me, calling me a miracle—no fixes on my body, just more about how I survived and was walking and talking again. The interest waned, and I was left to sort out what I wanted to do with my life. My family was very supportive and walked through the pain with me when I needed it the most. My dad was incredible; he was working three jobs but always managed to sit with me at night and hold me through the worst of the pain.

Over time, I began to understand the power of resilience and the strength of the human spirit. Martial arts became more than just a way to regain my physical abilities; it became a pathway to mental and emotional healing. I learned discipline, focus, and the importance of perseverance. Each day was a battle, but I refused to let my past define my future. When I wake up in pain, I know that I am alive.

As I grew older, I started to realize that my journey was

not just about recovery but about transformation. I began to advocate for others going through similar experiences, sharing my story to inspire hope and courage. I also pursued education and eventually found a pathway that allowed me to give back to others who were struggling with their own challenges.

Today, I look back on my experience with gratitude. It

has shaped me into a stronger, more compassionate person. I have learned that pain can be a teacher, and that even in the darkest moments, there is always a way forward. My story is a testament to the power of determination, the support of loved ones, and the incredible capacity of the human spirit to overcome adversity.





ARAM CARGILL

How can someone who spends their life helping others carry such invisible battles of their own?



My story begins with loss. My father, himself a psychotherapist, died by suicide. That single event shook the foundation of my life and planted a question in me that has never left: *how can someone who spends their life helping others carry such invisible battles of their own?*

In the aftermath, grief became both a wound and a teacher. It left me broken open, but it also sharpened my vision. I wanted to understand people's battles more fully—not only what they show to the world, but what they keep hidden in silence. That desire to make sense of struggle is what eventually drew me into counselling.

From Pain to Purpose

Losing my father showed me something that training alone never could: even those who dedicate their lives to helping others can carry unbearable weight. It gave me a deeper respect for the complexity of human suffering. People are not puzzles to be solved; they are stories to be heard, rhythms to be understood, and lives to be honoured.

As I sat with clients later in my career, I noticed that my own grief had given me a new kind of listening. I was attuned not only to the words spoken but to the pauses, the hesitations, the flickers of pain in the eyes. My practice became less about fixing and more about presence—holding a safe space where someone can be fully seen in their struggle.

Fatherhood as a Teacher

At the same time, life gave me another lens through which to understand human complexity: parenting. I have been father and stepfather to nine children, raised across three different decades. Each child, each era, each challenge brought new lessons about patience, adaptability, and the limits of any single framework.

After losing his father, a psychotherapist who died by suicide, Aram explores how grief, parenting nine children and mental fitness frameworks shape the way he now sits with clients in their own invisible battles.

Parenting through the 2000s, 2010s, and now into the 2020s showed me how much the world has changed—and how much the inner needs of children remain the same. They still seek safety, rhythm, and connection. They still wrestle with identity, attention, and belonging. And as a parent, I learned that we are all counsellors in our own homes—shaping resilience, listening for the unsaid, and helping to regulate the storms of daily life.

Raising nine children across three decades taught me this above all: **people can only hear after they feel heard. This is especially true with kids.** Until they feel that their voice and emotions are respected, no advice or instruction can land. The same principle holds in counselling—healing begins with listening.

Anchored in Community and Ethics

When I began my training, I followed the vocational pathway through a Diploma in Counselling. This gave me both the foundation and the practical skills to begin working with real people in real struggles. What reassured me was knowing that organisations like CPCA recognised and validated this path.

The CPCA community offered what I needed most: a Code of Ethics that wasn't abstract, but a living guide for practice; access to supervision that reminded me none of us should carry this work alone; and an ethos that said competency, reflection, and care matter as much as formal qualifications.

That support made it possible to bring both my lived experience of loss and my lived experience of parenting into my practice—not as something to hide, but as something that gave depth and meaning to the work.

From Counselling to a Broader Framework

Over time, I realised that counselling was one piece of a larger puzzle. My father's death had left me searching not only for answers, but for tools—ways to help people regulate their inner worlds and reclaim their lives from cycles of stress, trauma, or disconnection.

This search eventually led me to develop **Brain Benefit Movement (BBM)**, a movement-based approach to self-regulation, and later, the **7 Pillars of Mental Fitness**—a framework that emerged from studying more than 3,000 individuals across continents and disciplines.

The insight was simple but profound: just as physical fitness strengthens the body, mental fitness strengthens our capacity for resilience, focus, adaptability, and connection. These are not luxuries for the few—they are necessities for all. And at the foundation of this is something often overlooked but vitally important: **mental hygiene**.

Just as brushing your teeth is daily prevention for physical health, mental hygiene—small, intentional practices that regulate and reset the nervous system—is a necessity for psychological wellbeing. Without it, stress accumulates, attention fragments, and resilience frays. With it, people build the capacity not only to endure but to thrive.

The Legacy Carried Forward

When I look back now, I see how my father's story continues to live on in mine. His suicide was not only an ending, but also a beginning—a call to honour his struggles by helping others face their own.

What I have carried forward is this:

- The conviction that **our lived experiences are not separate from our practice**—they are the soil from which it grows.
- The belief that **counselling is as much about presence as it is about technique**.
- And the vision that **we can shift culture** from managing illness to cultivating fitness—through frameworks of mental hygiene and fitness that strengthen us long before crisis strikes.

My father's silence shaped me, but it did not define me. Instead, it gave me a lifelong mission: to help others find their voice, their rhythm, and their way forward.

In Closing

Counselling is, at its heart, a shared human journey. Each of us brings our story into the room—our losses, our triumphs, our questions. For me, that story began with my father's suicide, grew through the daily challenges of raising nine children across three decades, and continues now in my work to create tools and frameworks that can help others restore rhythm to their lives.

I am grateful that CPCA makes space for stories like this—that it honours lived experience alongside professional training, and reminds us that what we carry in our own lives can become a gift in the lives of others.

Because in the end, what we offer our clients is not only what we've learned, but who we've become.

Bio

Aram Cargill is a psychotherapist, counsellor, and independent researcher whose work bridges lived experience, neuroscience, and counselling practice. He is the founder of the Brain Benefit Movement (BBM) and author of the *7 Pillars of Mental Fitness* framework, developed from research with more than 3,000 individuals across continents. His peer-reviewed articles have appeared in the *International Journal of Family Medicine & Healthcare*, the *American Journal of Neurology Research*, and the *International Journal of Psychiatry Research*, with his latest paper accepted by the *Japanese Journal of Medical Research*.



JESSICA WHALAN

Self Care in the Digital Age

Wellbeing and self-care in the digital age can seem synonymous with photos of Yoga poses, tarot spreads and protein shakes. But true wellbeing and self-care is not an aesthetic—it is a way of life, a way of being and caring for ourselves, day in and day out, through choices that support our overall health and wellbeing.

‘Self-care’ is not another box to tick off our to-do list each day but an accumulation of choices that nourish and restore us. Wellness does not look the same for everybody, although we may engage in the same practices—rather it is found in the unique and personal practices and decisions we make that support our best selves and intentions.

Health and wellbeing includes digital health. How healthy are we really if we spend all day staring at a screen or 8 hours a day on our phones? Our eyes suffer, our mental, emotional and physical health suffers, even our future self suffers—all in the name of “catching up” or “not missing out” on what’s happening online. But I encourage you to choose to love and support yourself through cultivating a rich and meaningful life offline.

In the same way that happiness is a byproduct of a sense of meaning and purpose, wellness is a byproduct of a well-cared for body, mind, soul and spirit through self-care. Wellness is the result of the choices we make when we want the best for ourselves.

It can be hard to prioritize digital health in an age when we spend so much of our time online. In this tech-saturated world we live in, wellness and self-care might look like unplugging for the weekend or prioritizing analogue hobbies and activities over screens. Staying off social media, seeing friends and family, enjoying

analogue hobbies and moving our bodies in enjoyable ways are all forms of self-care.

Mindfully incorporating screen-free time into our lives allows us to better connect with others and ourselves and can lead to a greater sense of satisfaction and wellbeing. I encourage you to set aside one day each

week when you won’t touch your phone, or one night each week when you’ll engage in an analogue activity instead of using screens. It will do your brain and body the world of good.

We have the responsibility to love, care for, protect and nourish ourselves. The responsibility for our health and wellness is in our hands, including our digital health. We can increase our wellbeing through

mindfully incorporating screen-free time into our days. Screens are so prevalent in our society, which makes it all the more important to look after our digital health and to cultivate a life well-lived offline.

It is up to us to make choices aligned with what is best for our overall health and wellbeing. If screens don’t support that, we can choose to go low- or no-screen at home and to use screens intentionally, paying attention to how they make us feel and adjusting accordingly. Paying attention to our screen usage is important for the sake of our mental, emotional, physical and digital wellbeing.

Beyond yoga poses and wellness aesthetics, Jessica invites us to reclaim our digital health, unplug with intention and build a life that feels richer offline than on-screen.

CARA MCKIE

Counselling Should Meet People Where They Are



My name is Cara and I have a background in psychology and teaching before I embarked on my counselling journey in the helping fields. I have always been grounded in a genuine passion to support people to live their best lives through various roles over the years from family support, to inclusion advocacy in the early childhood space to working with NDIS participants in the behaviour support space. What inspires me most is seeing clients find ways to move through challenges, discover their strengths, and embrace who they are with confidence.

I have always believed that counselling should meet people where they are. While traditional talk therapy can be helpful for many, I also know that not everyone finds it easy to express themselves through words alone. This is why I have developed a strong interest in modalities outside talk-based approaches, including Sandplay therapy and symbol work. These creative and experiential therapies allow clients to express their inner world in ways that feel safe and authentic, without the pressure of “finding the right words.” I have witnessed how powerful this can be for children, adolescents, and adults alike.

I currently work as a neuroaffirming Behaviour Support Practitioner and also offer counselling services and Sandplay Therapy through Different Lens Pty Ltd in North East Melbourne. My work spans across home, school, and community settings, supporting individuals and families to build skills, improve wellbeing, and find practical solutions that work for their unique circumstances. Whether I am facilitating behavioural strategies, engaging in a counselling session, or holding space in the sand tray, my goal is always the same: to empower people to feel safe, supported, and understood.

I bring lived experience as a neurodivergent person, which helps me relate closely to clients who may feel different, misunderstood, or excluded in a world that is not always designed for them. This perspective helps

Drawing on her own neurodivergent lived experience, Cara shows how neuroaffirming behaviour support and sandplay therapy create safer, more inclusive spaces for children, young people and their families.

me approach my work with empathy, patience, and a deep respect for individual differences. I know how important it is to create spaces where people feel accepted and understood, and I strive to ensure my practice is inclusive, neuro-affirming, and strengths-focused.

Counselling, for me, is also about advocacy. Supporting individuals to manage their own challenges is vital, but equally important is ensuring that the environments around them become more inclusive. I see my role as not only helping clients build strategies and resilience, but also standing beside them in advocating for their rights and needs. Inclusion should never be an afterthought. It should be the foundation of schools, workplaces, and communities.

Over the years, I have seen how even small shifts in counselling and behaviour support can have a profound impact. I have worked with individuals who came into sessions weighed down by anxiety or self-doubt and gradually began to find their confidence through being genuinely listened to and affirmed. I have seen children who struggled to express their feelings begin to use the sand tray to show their inner world, giving parents and teachers a deeper understanding of what they were experiencing. I have supported families who felt

overwhelmed by behavioural challenges, helping them to recognise strengths, build routines that worked for them, and reconnect with a sense of hope.

One of the most rewarding aspects of this work is witnessing the ripple effect that change in one person can have on those around them. When a client begins to trust themselves more, communicate their needs, or feel safe enough to try something new, it often transforms family relationships and community participation. For me, these moments affirm the importance of an approach that is flexible, creative, and centred on the person's lived experience.

I believe counselling can be a powerful tool for both healing and empowerment, helping people to navigate life's challenges while also strengthening their voice and sense of self. My work is informed by a belief in every person's potential and resilience, even when life feels overwhelming. I feel honoured to be a part of my clients' journeys.

I am also currently completing a Master of Social Work, with the goal of becoming an accredited Mental Health Social Worker. This step will allow me to expand the scope of support I can provide, particularly for people experiencing complex mental health challenges. For me, this further study is not just about professional growth, but about honouring the trust that clients place in me by continuing to strengthen my skills and knowledge. At the heart of all I do is a belief that every person deserves to be met with compassion, respect, and

a genuine understanding of their lived experience. Counselling is not about having the answers for someone else. It is about creating a space where people feel safe enough to explore their own answers, at their own pace, and in their own way.

The lived experience I bring as a neurodivergent person gives me insight into the challenges of navigating a world that often misunderstands difference, and it also reminds me of the importance of seeing strengths where others may only see barriers. For my clients, I hope this perspective offers reassurance that they are not alone, that being different is not a deficit, and that their lives hold immense potential.

My hope is that every client who walks through the door feels that they are not alone, that their story matters, and that they have the capacity to live a life that is authentic and fulfilling. The privilege of walking alongside clients on their journeys continues to inspire me, and I remain committed to creating safe, inclusive, and empowering spaces through my work with people.

Bio

Cara McKie is a neuroaffirming Behaviour Support Practitioner and qualified Counsellor at Different Lens Pty Ltd. Cara is also a registered teacher with VIT. She is currently completing a Master of Social Work to become an accredited Mental Health Social Worker.





JULIE PEMBERTON

The Real Stories Behind Counselling: Why Lived Experience Matters

Counselling is more than just a conversation—it's a space where people share their deepest struggles, fears, and hopes. And at the heart of that process is something powerful but often overlooked: lived experience.

Lived experience is what makes each person's journey unique. It's not just about what happened to them, but how it felt, what it meant, and how it shaped the way they see the world. It's the raw, real stuff of life—what people carry with them, what they've endured, and what they've learned from it.

When I first went to counselling, I didn't know what to expect. I was in a tough place, dealing with something I didn't even have the words for at the time. I thought maybe the counsellor would help me fix things, bring my relationship back together, and make everything okay again. But what I got instead was something else entirely.

I remember sitting in that room, feeling like I was being judged for the way I was feeling. I cried, I tried to explain, and I just wanted to be heard. But instead of being met with understanding, I was told I was making things worse. That moment left me feeling like I was the problem—not the situation, not the person I was with, but me. It was a painful lesson, and one that made me question whether counselling was even worth it.

But here's the thing: every person's lived experience is different. And that's why it's so important for counsellors to listen, not just to the facts, but to the emotions behind them.

What Lived Experience Means in Counselling

Lived experience is about how someone feels, not just what they're going through. It's the way a person grew up, the relationships they've had, the things they've been through, and the way they've made sense of it all. It's the story they carry with them, and it's what makes them who they are.

In counselling, when a counsellor takes the time to understand a client's lived experience, they're not just offering advice—they're offering connection. They're saying, "I see you. I hear you. I understand that this is real to you."

That kind of connection can be life changing. It can help someone feel

less alone, more understood, and more empowered to make choices that are right for them.

Why It Matters

When we talk about lived experience in counselling, we're talking about the real, messy, complicated parts of life. It's not always clean or easy to explain. But that's what makes it powerful.

People come to counselling with stories that are deeply personal. Some are about pain, some about loss, some about healing. And each of those stories is shaped by the person's lived experience.

That's why it's so important for counsellors to be open, curious, and non-judgmental. Because when someone feels safe to share their lived experience, they can begin to heal.

A painful first counselling experience left Julie feeling blamed rather than heard—now she reflects on what went wrong, what good counselling looks like, and why clients' lived experience must be honoured, not judged.

A Lesson in Trust

I didn't trust counsellors after that experience. I thought maybe there was something wrong with me, that I couldn't be in a good relationship. But over time, I learned that it wasn't me—it was the way I was being treated.

It took me a while to find a counsellor who listened. And when I did, it changed everything. That counsellor didn't just hear my words—they heard my pain. They didn't just offer solutions—they helped me understand my own story.

That's the kind of counselling that matters. The kind that doesn't just fix problems but helps people understand themselves.

Final Thoughts

Lived experience is what makes counselling real. It's what makes it human. And it's what makes it possible for people to grow, heal, and find their way forward.

If you're thinking about counselling, know that your story matters. Your lived experience is valid. And the right counsellor will meet you exactly where you are—with empathy, with care, and with a willingness to listen. Because sometimes, the most powerful thing someone can say is: "I understand."

Writer's Bio

My name is Julie. I work in community services because in my younger years I experienced blame and finger pointing from a counsellor and felt that others should not have to experience what I went through. My main passion is to work alongside someone to see that they can grow and develop, to live their lives in the way they want to. Counselling I see as an opportunity to walk with people on their journey. More like a co-traveller than someone who is the expert. Being a counsellor is not just sitting in front of a client letting them know that you are listening to them, this involves validating how they are feeling, accepting that their lived experience has an important role in their recovery or healing journey. My values are about supporting people to seek a better life, to not tear others down just to make yourself feel better or superior. Counselling puts me in a position of being on that journey with someone and experiencing their growth and empowerment. I have a passion for study as well and look forward to working on a doctorate someday soon. Study is never about having the right time; it's more along the lines of just getting in and doing it no matter what your circumstances are. BELIEVE IN YOURSELF

JI Pemberton, Dip Com Serv, B.Couns., M.Ed(Couns),
M.A.A.C.P

Your lived experience matters.

Whether your story is *hopeful*, *complicated*, or still *unfolding*, it can support and guide others through your work and within our community.

Scan the QR code to learn about **CPCA membership** including *free first-year options* for eligible new members.

Learn about **AACAD membership**
aacad.com.au/membership.





MARY-ANNE QUEZEL

My Path into Counselling Was Not a Straight Line

My path into counselling was not a straight line through university halls—it began in the raw, unfiltered terrain of lived experience. From 1995 to 2004 I walked through the difficult journey of chronic gambling addiction, alongside alcohol and other drug struggles. What could have been a story of collapse became the foundation of the work I now do.

I didn't recover through traditional pathways. Instead, I committed to consistent nervous system practices—BreathWork, EFT tapping, and self-regulation—while challenging the limiting belief systems that kept me stuck. Over time, the desire for addictive behaviours simply fell away. My body learned safety, my mind embraced possibility, and freedom became my lived reality.

That journey transformed not only my life, but my way of working with others. When I sit with someone facing anxiety, depression, or addiction, I don't meet them with theory alone. I meet them with lived knowing. I understand the exhaustion of repeated cycles, and I also know the quiet joy of discovering that lasting change is possible.

For me, being a trauma-informed practitioner is about connection and presence. It's about creating conditions where people feel safe enough to explore new ways of being. The tools I now share are not abstract—they are the very practices that carried me through my own healing.

Lived experience has taught me that healing is not about fixing anyone. It's about remembering who we are beneath the trauma and the compulsions. My recovery became my calling, and my calling is to walk beside others as they reclaim their strength, resilience, and freedom.

Bio

Mary-Anne Quezel is a Trauma-informed practitioner, BreathWork facilitator, and EFT practitioner who draws on her lived experience of addiction recovery. She supports people to strengthen their nervous systems, transform limiting beliefs, and discover a life beyond compulsive patterns.

After years of gambling and substance addiction, Mary-Anne's recovery through nervous-system work, BreathWork and EFT now underpins her trauma-informed support for others seeking lasting change.





THI THU VAN NGUYEN

To Be Even More Effective In Helping Others

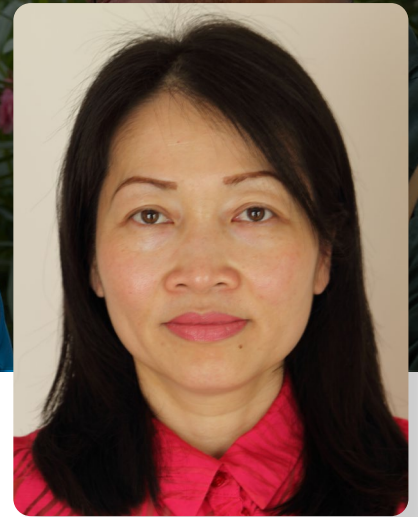
My name is Thi Thu Van Nguyen. I have been living in Australia since 2013. My first job in Australia was in childcare, where I was able to draw from my previous experience as a language teacher in my home country. Before the Covid time I began studying Individual Support (Ageing, Home and community).

Since finishing, I have worked in two Nursing home and home care. I enjoy supporting clients and listening to their needs. I work two Nursing Homes with Dutch and Russian cultures, covering areas such as: high care, low care, rehabilitation and home care. Most of my time is spent in rehabilitation. Where I also assist with transition between nursing homes and homecare packages.

This experience motivates me to study Community Services to be even more effective in helping others. I provide counselling and spiritual guidance to members of my church community. I am deeply committed to this role and always aim to carry out my responsibilities effectively.

Thank you for your help to enrol this course.

From teaching in her home country to caring for older adults in Australia, Thi Thu Van shares how listening, cultural diversity and faith shape her commitment to community and aged care.





MICHELLE CHISHOLM

My Miracle Story

A few months ago, I had the privilege of being asked to share my testimony at the retirement morning tea of a local legend, who 25yrs ago had felt led to set up a local agency to help women and children, who needed accommodation, and to help with food and advocacy.

This is my miracle story I shared with a grateful heart. I was concerned my story might be a bit dramatic, when I saw mostly older folk there, but I also knew there would be local council members and local politicians there, so I wanted to emphasise how important the work of this agency was. I checked with the new manager and she reassured me it would be alright.

In my middle age (while a single Mum of 4 teenagers) I developed some significant mental health issues. My diagnosis that I still live with is schizoaffective disorder (though they say I am high functioning). Schizoaffective disorder means I have had several admissions for psychosis and schizoid episodes related to very high stress levels. Where I didn't sleep for 48hrs each time. Which seems to be the trigger of slipping over into unreality, without realising it.

Thankfully, after being sedated for 24/36 hrs I wake up back in reality. The scary part is that leading up to some of these episodes I heard 'voices' in my mind, that seem determined to convince me to take my life. By placing yourself into risky situations. They convinced me that I was an angel and that any moving vehicle will just pass through me. The 4WD managed to stop in time, and an ambulance was called. It was then I realised this was a true battle going on in my mind for my life, and I have NEVER gone that long without sleep again. I remain on medication at night to stop the rumination and flashbacks to my difficult childhood.

Just 12 months, after being discharged from Graylands, I found myself having a 5th child. I stayed in the Mother and Baby Unit at KEMH, to reassure them I was a capable



Living with schizoaffective disorder, Michelle's story moves from suicide risk and hospitalisation to secure housing, support and study—offering practical hope to others facing mental health crises.

mother (I had been a midwife for many yrs, but my sons father left the day he was born and understandably the doctors were concerned.) We went home with the support of my adult daughter and my sister, a social worker.

When my son was 6yrs old, we returned to Mandurah, where I had gone to school, and my mother still lived and had asked for assistance. But we couldn't transfer with our community housing group as we were no longer metro. I brought copies of my medical records and applied for priority housing and an interview was booked. Meanwhile we rented a cheap ex motel unit, along with a plague of tiny cockroaches. I then got pneumonia and started to slide into a mental health episode. So, I thought, I need an advocate.

I went to this local agency and somewhat non sensibly told my story. There was no judgement, but compassion and a plan promptly drawn up. I was referred to Ruah mental health services to advocate for me at the priority interview. Within a few months we were offered a community housing unit, miraculously at the end of the street where my mother lived! It was only 2 yrs old, modern finishes and plenty of storage. It is central to local shops, and we even had a bus stop at our front door. We accepted it gratefully. We have been here for

10yrs now. My son is now 16yrs old, in Yr 11 and has a car and is learning to drive.

However, the most important message is having safe secure housing has meant that when I have my mental health relapses, which thankfully have spread out over the years, is I have not had to be readmitted.

At Graylands, the psychiatrist told me "Make sure you get help sooner". So, I can now pick up my relapses very early and I do what I call 'hospital at home', or cocooning. Importantly, this has meant I have not had to be separated from my son.

I increase my medication, with my GP's guidance. Fill my unit with food, take Vit B12 (which I usually am deficient when I am admitted) eat healthy, and get plenty of sleep. Then after 3/4wks when I am feeling stronger, I re-enter everyday life. I do sit outside and go for short walks. In other words, I am kind to myself.

These days my relapses are mild and infrequent. Probably as my son is older now and more independent. Also, I am very careful who I let into my inner circle. In-between relapses I volunteer for 2 local, not for profit agencies who help those in need with food, social support, advocacy and referrals for accommodation.

It is like I have come full circle, and a big part of the reason I am studying The Diploma of Counselling. I have the lived experience but often find it hard to put into words the message that is clear in my mind.

It is my dream to complete my Diploma of Counselling, and to become more effective in conveying hope and encouragement, and practical strategies to other women who have found themselves in crisis situations.





PAUL FARLEY

Ordinary Faces, Extraordinary Lives

I became a therapist because I wanted to make a meaningful difference in people's lives. It was a conscious choice that required discipline, sacrifice, and years of training. Yes, I have lived through tragedy, betrayal, and suffering, but those experiences did not make me a therapist. They shaped my view of humanity, revealing our capacity for resilience, adaptation, and renewal. That knowledge lit the way, but training gave me the tools to walk it.

From the outside, therapy can look like comfort for hire, a professional version of friendship. It is not. I had seen how lives unravel, how betrayal hollows a person, how trauma lingers long after bruises fade. I wanted to be equipped, not merely sympathetic. Training taught me restraint: sometimes doing less achieves more. Sitting in silence, resisting the saviour impulse, allowing someone the space to risk, is where therapy's alchemy begins.

In the room people reveal themselves. Clients rarely look remarkable, they look ordinary. Like people whose faces might slip from memory if passed only once on the street. But when they speak, the cracks widen and the extraordinary appears. Ordinary people survive things that should have finished them. They endure grief, disorder, addiction, cruelty, and still move forward. Their resilience is staggering, and we see the greatest parts of humanity in tragedy, in the persistence of courage and hope.

But not all pain impacts in the same way and the decision to become a therapist has brought me into direct contact with many people who were targeted for harm. Tragedy caused by chance can often be

reconciled. Targeted harm is different. When another human chooses to inflict suffering, when someone realises, they were chosen for harm, the wound cuts deeper. It corrodes trust, it warps perception. Grieving an accident is different from living with the knowledge that malice had you in its sights.

Here, knowledge and training matter. Instinct is not enough. The therapist's arsenal, attachment theory, trauma models, relational frameworks, is structural, not ornament. These theories guide when to press and when to pull back, why betrayal embeds itself so deeply, why targeted malevolence refuses to budge. The knowledge we hold gives guidance, but theories are of limited use until they mould into the human form of the person in front of us. Each client needs a different key; knowledge sharpens tools so we can cut cleanly without wounding further.

Therapy must be slow, careful, relentless in patience. Gentle, consistent pressure. Not heroic, not glamorous. It is noticing a tremor in a sentence, the silence after a name, the hesitation that informs more clearly than words. It is offering a hypothesis, risking being wrong, then circling back, gently insisting week after week, until unbearable truths can be named.

The alchemy is the long game, the way two people can sit together and create something neither could manage alone. A client takes what was unspeakable, shapes it into language, and in speaking it, changes it. My role is to hold the space steady enough for that transformation.

Paul argues that lived experience alone doesn't make a therapist—training, ethics and slow, deliberate practice do—yet the "ordinary" clients in the room often show the most extraordinary courage.

This work is not friendship. A therapeutic space can feel warm, companionable, but it is not beers at the pub or coffee with a confidant. It is structured, bounded, deliberate. That detachment is vital, not because I care less, but because reckless caring is dangerous. Without it, the therapist burns out and the client loses the container they need.

My role is not to fix, not to rescue, but to walk alongside. To hold a space strong enough to contain people at their worst whilst gently reminding them they remain capable of their best. Progress can often be slow. It is built from steady care and small moments of trust reclaimed. These are victories that look ordinary but are in truth extraordinary.

I chose this path knowing it would demand sacrifice and the burden of stories that echo after sessions end. I chose it because people deserve more than resilience alone. They deserve to be witnessed; to unpack betrayals so deep they rewire trust, to sit across from someone trained enough to hold it without flinching.

“Living through trauma gave me empathy. Training gave me tools to turn empathy into practice. Knowledge gave me the ability to adapt, to meet each client where they are, and to shape the work to the person, not the other way around. All of this reminds me daily that there is nothing ordinary about the people we pass in the street. Each carries a universe of survival, loss, hope, and possibility.

If there is a reason I remain in this work, it is this: in the crucible of the therapeutic relationship, pain can become strength, silence can become story, and what once felt unbearable can take on meaning. That is the strange, quiet alchemy of therapy, and it is why I continue to stay engaged in the process.



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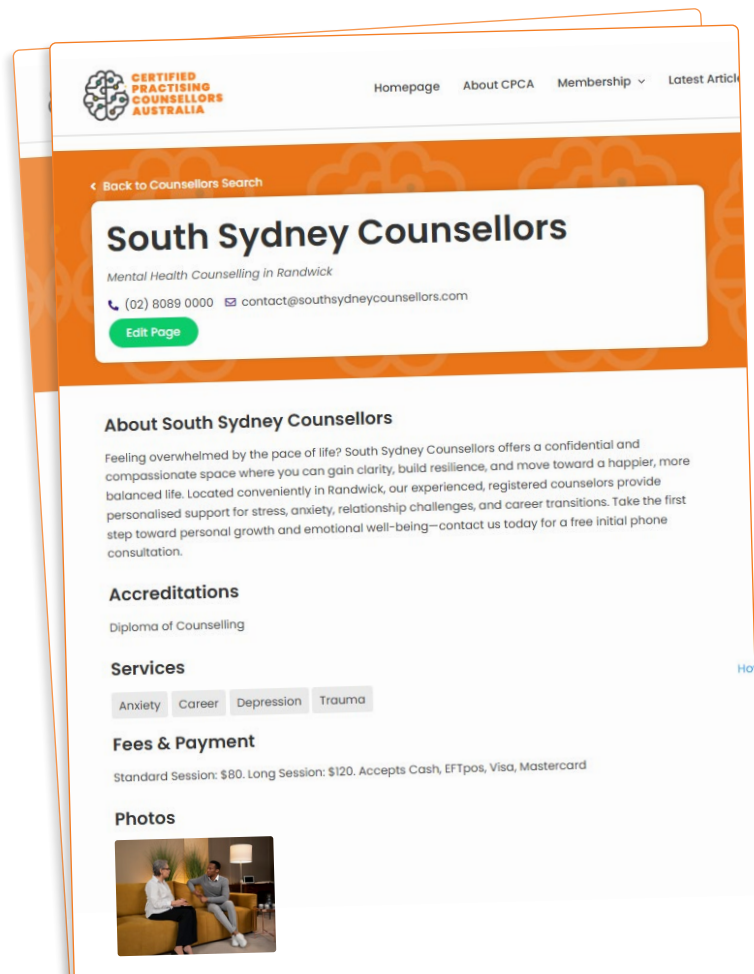
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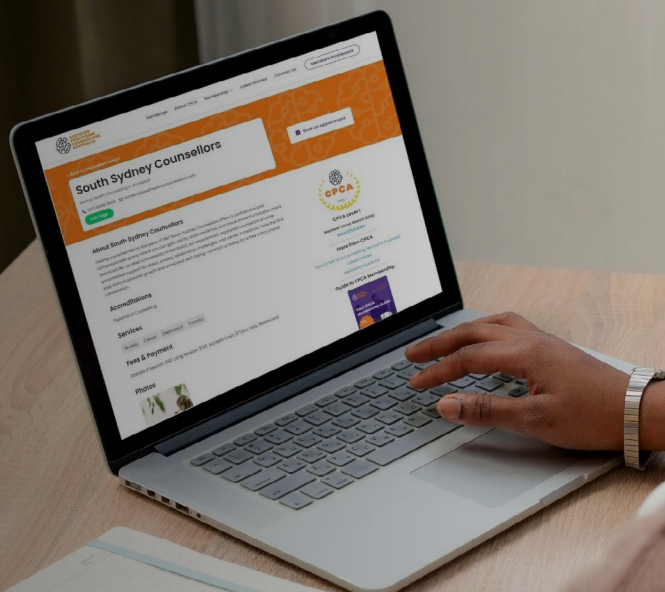
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Issues of reconnection: Youth at Risk (YAR) in the Western Australia Education system

TANYA TEDESCO-MALONE

Abstract

Youth at Risk (YAR) face a range of complex and interconnected challenges within Western Australia's education system. This literature review examines the key issues impacting these young people, including school disengagement, mental health concerns, substance use, domestic violence, and socio-economic disadvantage. It also explores effective service models that support disengaged students, with a particular focus on alternative education programs.

Keywords:

Youth at Risk, schools, educational support, mental health, developmental stages, child poverty

Note: In this paper, the terms "children," "adolescents," "youth at risk," and "students" are used interchangeably to refer to individuals aged 12–18 years.

Introduction

Western Australia (WA) is home to approximately 634,000 children and young people, representing 23% of the state's population (Commissioner for Children and Young People WA, 2023). While many thrive, a significant number face complex challenges that hinder their successful transition into adulthood (Department of Communities, 2022). Over the past decade, WA has recorded the most substantial decline in Year 12 completion rates compared to other Australian states and territories, despite some gains in non-government school retention (Thompson, 2024).

Although approximately 476,000 children and young people were enrolled in formal education across WA in 2023 including around 113,000 in Years 7 to 12 government schools continue to struggle with retaining students through to Year 12. Alarming, the proportion of 15–24-year-olds fully engaged in education or work the year after leaving school dropped dramatically from

nearly 78% in 2022 to under 50% in 2023, marking a near 30% decline in just one year (Commissioner for Children and Young People WA, 2023).

This literature review explores the key factors driving disengagement among students aged 14 to 18, with a focus on those who may thrive in alternative educational pathways. It also highlights initiatives supported by the Department of Training and Workforce Development (DTWD), including traineeships, apprenticeships, and short courses, as viable avenues to re-engage these young learners (Department of Training and Workplace Development, 2020).

Defining Disengagement

To address the issue effectively, it is essential to define what it means for students to disengage from education. Disengagement is multifaceted; it includes students who are physically present at school but are not actively involved in learning, as well as those who attend sporadically or drop out entirely (Department of Communities, 2022). In WA, students who are disengaging or already disengaged are often classified as vulnerable youth or Youth at Risk (YAR) (Department of Communities, 2022).

Several factors contribute to student disengagement, such as learning difficulties, mental health issues, trauma, and a lack of belonging within the school environment. These challenges may be compounded by social isolation and systemic barriers. Research consistently shows that mental health challenges, social exclusion, and a sense of disconnection from school are among the leading causes of disengagement (Hancock, K. J., Christensen, D., & Zubrick, S. R., 2018). Socioeconomic disadvantage also plays a major role. In WA, 105,000 children are reported to live below the poverty line, and a recent study found that 36% of students were not enrolled in any form of study (Vadivel et al., 2023). In addition, 51.5% of young people surveyed in 2021 mentioned mental health as a key barrier to academic success (Mission Australia, 2024).

Mental Health, Substance Use, Violence, and Poverty

Mental health challenges among young people aged 12 to 17 such as anxiety, ADHD, depression, and conduct disorders have been extensively documented (Meadows et al., 2020). These issues often disrupt school participation, particularly when compounded by substance use and exposure to domestic or family violence (The Australian Institute of Health and Welfare, 2020). For example, alcohol and drug use can exacerbate mental health problems, while trauma from domestic violence may create ongoing emotional and behavioural issues that interfere with school life (Harris, 2017; Tran, 2020).

In 2018, 9.4% of WA children were identified as developmentally vulnerable in multiple areas, including poverty, homelessness, and contact with child protection or the justice system (Department of Communities, 2022). WA also reports one of the highest child poverty rates in Australia, at 16.6%. As of June 2022, approximately 11,500 children and young people were on the public housing waitlist which make up 34.1% of all applicants with an average wait time of 102 weeks (Commissioner for Children and Young People WA, 2023).

These conditions often result in educational instability. Geographically, the burden is uneven. The Kimberley region reported that 24.3% of children were developmentally vulnerable in two or more domains in 2021. In contrast, affluent areas like Perth City, Cottesloe, and Fremantle reported vulnerability rates below 10%, highlighting the correlation between disadvantage and educational disengagement (Department of Communities, 2022).

While retention rates in WA non-government schools improved from 82.3% in 2014 to 87.2% in 2023 (Thompson, 2024), overall post-school engagement continues to decline. The dramatic fall in the percentage of young people engaged in work or study post-schooling reinforces the need for targeted interventions.

Cumulative and Cyclical Impacts

The cumulative effect of multiple adverse experiences such as domestic violence, poverty, and substance abuse can significantly impact a young person's educational journey. Youth facing these overlapping challenges are at heightened risk of emotional dysregulation, poor academic outcomes, and future disadvantage, (The Australian Institute of Health and Welfare, 2020). The WA Government's "At Risk Youth Strategy 2022–2027" stresses the need to address these compounding issues before they become entrenched (Department of Communities, 2022).

This cycle can be intergenerational: disengaged young people may become adults with limited employment prospects or parenting capacities, perpetuating the same patterns of disengagement and hardship in their children (Commissioner for Children and Young People WA, 2023).

Alternative Education Models

To support these students, the Department of Training and Workforce Development (DTWD) offers alternative education options (Department of Communities, 2022). Targeted funding enables participation in vocational qualifications, such as Certificate II and III programs focussing on employment outcomes. According to the DTWD (2022), Youth at Risk students must be unemployed, face barriers to mainstream education, and be referred by approved agents. Eligible participants must be between 15 and 24 years old (Department of Communities, 2022).

Adult education settings offer a stark contrast to traditional schools. Mainstream schools often struggle to meet the needs of students dealing with trauma, mental illness, or socio-economic disadvantage. Rigid structures, large class sizes, and academic content disconnected from students' lived experiences can alienate young learners (Maynard BR, Farina A, Dell NA, Kelly MS, 2019). By contrast, adult education is voluntary, flexible, and relational. Students have agency over their learning, which fosters motivation and a sense of ownership. Smaller class sizes help create safer environments for students who have experienced trauma. These spaces

emphasise practical and relevant learning, which supports smoother transitions into employment or further education (Re & Capodiecici, 2020).

Importantly, adult education is not just a second chance at learning, it is an opportunity for healing and empowerment. For many, this setting provides a path to break intergenerational cycles of disengagement.

Trauma-Informed Teaching Strategies

Despite the benefits of alternative education, challenges remain. Young people may face communication difficulties with peers and teachers, affecting emotional safety in the classroom (Re & Capodiecici, 2020). These issues must be addressed through trauma-informed teaching strategies. For example, using small group work with clearly defined roles can ease social anxiety and foster interaction. Activities like icebreakers or structured discussion prompts help build classroom connection and a sense of belonging. Calm spaces and flexible break options can support students overwhelmed by emotion (Thompson, 2024).

Teachers also play a role in modelling healthy emotional expression. Allowing non-verbal forms of communication such as emojis, mood cards, or journals all of which can create safer ways for students to express themselves. Anonymous feedback options or written reflections offer additional avenues for student voice. Involving youth workers or school counsellors can further enrich classroom support (Thompson, 2024).

Reauthoring Student Narratives

Disengagement rarely stems from a single issue. It often reflects the intersection of personal, social, and systemic barriers, particularly among students facing poverty, housing instability, family violence, trauma, or mental health issues (Commissioner for Children and Young People WA, 2023). From a Narrative Therapy perspective, supporting students means helping them “reauthor” their stories. Rather than focusing solely on behaviour correction, this approach highlights students’ values, commitments, and strengths. It helps young people externalise problems (e.g., anger or anxiety) and explore their responses to these challenges (Thompson, 2024). For example, the cognitive behavioural program ‘Talk Sense to Yourself’ (TSTY) by Jeffrey Wragg focuses on self-talk and emotional regulation (Saji, 2015). A Narrative Therapy adaptation would invite students to reflect on the personal stories they tell themselves and explore how these narratives influence their actions and self-image. Short, structured sessions delivered one-on-one or

in small groups can help students identify personal strengths and preferred ways of responding to challenges. A predictable and safe learning environment enhances the effectiveness of these interventions, as it allows space for self-exploration, growth, and confidence-building (Vanzin & Mauri, 2020).

Conclusion

This literature review has highlighted the range of challenges young people face in remaining engaged with education, from poverty and homelessness to domestic violence, trauma, and mental health concerns. While these issues are well-researched in psychological contexts, their specific impacts on educational outcomes remain underexplored. Future research should adopt a national lens, comparing state-based systems and tailoring responses to regional needs. For counselling professionals, the findings emphasise the need for holistic strategies that acknowledge the complexity of disengagement. Supporting at-risk youth requires more than addressing immediate crises; it demands long-term strategies that reconnect young people to meaningful education and employment pathways. By providing trauma-informed, flexible, and youth-centred learning environments, educators and service providers can offer students not just an education but a renewed sense of agency, purpose, and belonging.

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