We would like to start by congratulating ourselves and our wonderful trainers: our *Certificate in Expressive Therapies with Children and Adolescents* has now been continuously developed and taught around Australia for **25 years**!

After six years in Perth, the Institute founders and creators of the Institute's courses, Mark Pearson and Helen Wilson, have begun another adventure, by moving to Adelaide. They are establishing a small training centre and practice in the Adelaide Hills, and lecturing in the *Post-Graduate Program in Counselling and Psychotherapy* at the University of Adelaide. Helen has begun a new supervision and counselling practice at Carey Gully, near Stirling in the Adelaide Hills, offering both in-person and Skype sessions. Work is underway for converting our large shed into a training and consulting studio. For details on Helen's practice go to: http://www.expressivetherapies.com.au/scripts/openExtra.asp?extra=68

Mark will be offering a brand new course in Adelaide, in conjunction with well-known counsellor and senior supervisor **Dr Pamela Brear**: *The Art and Science of Supervision*. Trading as *Supervision Alliance* (website to come) their course commences in Adelaide on 2nd May, 2014. This course is designed to meet the PACFA requirements for supervisor training, and specialises in use of the creative arts as a support for supervision practice.

To follow Mark's twitter feeds: follow @MPearson62   To access Mark's publication list and download articles go to: http://www.markpearson.com.au/publications.php

ET in Tassie - For the first time our courses are being offered this year by **Jo Ablett** in Tasmania, at the picturesque seaside resort town of Bicheno, on Tasmania's east coast. Jo continues her practice at Phillip Island – Trading as Intro Blue Expressive Therapies, see: http://www.intoblue.com.au/ And, don't forget Jo's wonderful meditation CDs can be found at: http://www.intoblue.com.au/meditation_cd.php

Lynette Fox is engaged in training to become a Jungian Analyst through the *Australian and new Zealand Society of Jungian Analysts*. This depth knowledge of Analytic Psychology – one of the three foundations of Sandplay Therapy – will inform her ongoing commitment to bring the best possible experience to participants of our Sandplay Certificates in Brisbane and Sydney. To find Lynette's practice go to: http://lynettefox.com.au/   To access Lynette's article on Sandplay Therapy, written for parents *Sandplay – A Medium for Children to Express That for Which They Have No Words* go to: http://www.naturalparenting.com.au/sandplay-a-medium-for-children-to-express-that-for-which-they-have-no-words/

Keran Thomas, our trainer for far North Queensland, has established a beautiful new studio beside her home in Redlynch, just a few minutes west of Cairns. As well as conducting our ET courses there, she provides individual counselling and supervision, trading as *Birdwing Therapies*, go to: http://www.birdwingtherapies.com.au/ Keran's new website provides us all with access to wonderful sandplay miniatures and access to the books and relaxation music, mandala colouring books, etc., used to support ET practice. Enjoy your visit to: http://sandplaycreativetherapytools.com/index.php?route=common/home

Certificate in Expressive Therapies with Children and Adolescents
- somatic focused, creative counselling for emotional integration

Five training workshops of three days each – Total of 15 days
This course has been presented continuously for 25 years!

MODALITIES USED IN THE COURSE
Symbol Work, Art as Therapy, Music in Therapy, Emotion Focused Processes, Expressive Writing, Somatic Focus Techniques, Visualisation, Role-Play, Bioenergetics, Emotional Literacy, Relaxation and Meditation.
There is a focus on developing trust, self-discovery, emotional release and integration.

Start dates for Expressive Therapies Certificate		
LOCATION	**TRAINER**	**START DATE**
Swanbourne, Perth	**Helen Wilson**	**17 January, 2014**
Carey Gully, Adelaide	**Helen Wilson**	**6 November, 2014**
Bicheno, Tasmania	**Jo Ablett**	**6 April, 2014**
Phillip Island, Victoria	**Jo Ablett**	**13 February, 2014**
Brisbane	**Mark Pearson**	*Late in 2014*
Redlynch, Cairns	**Keran Thomas**	**5 June, 2014**
Northern NSW	**Monique Rutherford**	*To be announced*

Certificate in Sandplay Therapy and Symbol Work
– with children, adolescents and adults
Four training workshops of three days each – Total of 12 days
This course has been presented continuously for 23 years!

MODALITIES USED IN THE COURSE
Sandplay Therapy, Symbol Work, Role-Play, Mandala Artwork, Dreamwork, Reflective Journalling

Start dates for Sandplay Certificate		
LOCATION	**TRAINER**	**START DATE**
Swanbourne, Perth	**Helen Wilson**	**7 March, 2014**
Carey Gully, Adelaide	**Helen Wilson**	**21 March, 2014**
Pennant Hills, Sydney	**Lynette Fox**	**3 April, 2014**

Bicheno, Tasmania	**Jo Ablett**	**20 September, 2014**
Phillip Island, Victoria	**Jo Ablett**	**29 May, 2014**
Brisbane	**Lynette Fox**	**6 March, 2014**
Redlynch, Cairns	**Keran Thomas**	**16 May, 2014**
Northern NSW	**Monique Rutherford**	*To be announced*
Singapore	**Mark Pearson**	*Late in 2014*
Canberra, ACT	**Mark Pearson and Helen Wilson**	**2-day Introduction 16 & 17 June, 2014**

Certificate in Emotion-Focused & Transpersonal Expressive Therapies
- with Adult Clients

Five training workshops of three days each – Total of 15 days

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MODALITIES USED IN THE COURSE

Expressive Counselling Methods; Expressive and Reflective Writing; Process Drawing; Mandala Artwork; Emotional Release Processes; Individuation and Differentiation Processes; Bioenergetics; Symbol Work; Visualisation; Self-Awareness.

Start dates for the Certificate in ET with Adults		
LOCATION	**TRAINER**	**START DATE**
Phillip Island, Victoria	**Jo Ablett**	**13 November, 2014**

The Innerspace Program
Emotional Literacy for Student Wellbeing & Resilience
Proactive Groupwork Programs for Schools, Agencies & Private Practice

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MODALITIES USED IN THIS PROGRAM

Reflective writing, emotional literacy tools, emotional mapping, use of music, bioenergetics, relaxation skills, self-esteem exercises, visualisation and self-discovery worksheets.

Dates for the Innerspace Program			
LOCATION	**PROGRAM LEVEL**	**TRAINER**	**DATES**
Redlynch, Cairns	**Level One – for use with 7 to 9yr olds**	**Keran Thomas**	**17 & 18 February, 2014**
Redlynch, Cairns	**Level Two – for use with 10 to 14yr olds**	**Keran Thomas**	**26 & 27 March, 2014**

PROGRAM	LOCATION	TRAINER	DATES
Expressive Therapies with Troubled & Traumatised Young Clients	**Redlynch, Cairns**	**Keran Thomas**	**19 February, 2014**
Safe Anger Release with Young Clients – Intro to ET	**Redlynch, Cairns**	**Keran Thomas**	**9 April, 2014**
Applying Multiple Intelligences – Using Expressive Therapies with Adult Clients	**Carey Gully, Adelaide Hills**	**Mark Pearson**	**1 November, 2014**

In our unending quest to provide information on the research basis for Sandplay Therapy, we share this extract from an article in preparation:

The Evolution of Sandplay Applications

By Helen Wilson and Mark Pearson
Extract from an article in preparation
References available on request

The publication of authoritative texts and research on a range of applications of sandplay therapy and the use of sandplay equipment has added to a flourishing world-wide interest in this psychotherapeutic intervention. The publication of international sandplay and play therapy conference papers, the on-line availability of a fast-growing number of doctoral theses and the extensive peer-reviewed research base, generated since the 1940's, illuminates the ways sandplay has been applied as a highly effective therapeutic tool with clients of all ages and in many different settings.

With young clients sandplay has been shown to be effective in schools (Allan & Berry, 1987; O'Brien & Burnett, 2000; Pearson, 2003; Richards, Pillay & Fritz, 2012; Tunnecliff & O'Brien, 2004), and in welfare agencies (Grubbs, 1994; Zinni, 1997). Sandplay has been used to improve the security of adolescent attachment schemas (Green, Myrick, & Crenshaw, 2013), in providing therapy with bereaved children (Green & Connolly, 2009; Scaletti & Hocking, 2010; Walker, 1998), with autistic children (BoBo, 2002; Cao, Shan, Xu, & Xu, 2013; Lu, Petersen, Lacroix, & Rousseau, 2010; Parker, & O'Brien, 2011), as part of family therapy **(**Armstrong & Simpson, 2002; Carey, 1991; Green & Connolly, 2009), and in group therapy (Flahive & Ray, 2007; James & Martin, 2002).

Sandplay has also been recommended as an ideal therapeutic medium for traumatised young clients (Harper, 1991; Howe, 2005; Troshikhina, 2012; Webber, Mascari, Dubi & Gentry, 2006). Porat and Meltzer (1998, 2013) describe the way sandplay has made significant inroads in the healing process of Israeli children impacted on by the trauma of war. McCarthy (2006) describes the way sandplay helps with somatic memory recovery after trauma, and Lacroix et al.

(2007) demonstrate its effectiveness with refugee children recovering from a tsunami. Sandplay has been utilised in the support of young patients recovering from serious illness; for example in hospitals (Miller & Boe, 1990), with those recovering from traumatic brain injury (Plotts, Lasser & Prater, 2008), and with those recovering from cancer (Mindell, 1998). Sandplay effectiveness has been noted in the treatment of children who have experienced sexual abuse (Grubbs, 1994; Harper, 1991; Hong, 2007; Mathis, 2001; Reyes, 2003; Zappacosta, 2013).

Sandplay has been shown to be a support for academic development with children experiencing learning challenges (Belzer, 1991; Murphy & Tracey, 2001; Noyes, 1981). And, finally, Skigen (2008) has applied the concept of sandplay to the therapeutic use of digital media, creating 'Simplay', a link that might well be distressing to Kalff's spirit.

Contrary to the frequently encountered belief, sandplay therapy has been described as highly supportive within adult counselling and psychotherapy (Mitchell & Friedman, 2003). It has long been incorporated into Jungian analysis with adults (e.g. Aite, 2007), and sandtrays and miniatures are widely used by creative arts therapists working with adult populations. Sandplay has been reported as a core therapeutic tool in couple therapy (Dean, 2001), in the area of treating adults with PSTD (Moon, 2006), with combat veterans suffering severe nightmares (Coalson, 1995), with substance abuse offenders (Garza, Monakes, Watts, & Wiesner, 2011), with eating disorders (Myers & Klinger 2008), in the treatment of borderline personality disorders (La Spina, 2004), with sexual addition treatment (Spooner & Lyddon, 2007), with dissociative disorders (Sachs, 1990), and with adults experiencing traumatic nightmares (Daniels & McGuire, 1998).

The role of sandplay has more recently been explored in supporting the psychological challenges of people with physical problems (Lagutina, Sperlinger & Esterhuyzen, 2013) and in groupwork (Jang & Kim, 2012; Katz & Rekayek, 2010; Zhang, Zhang, Haslam & Jiang, 2011). Sandtrays and miniatures have also been used to support personal and spiritual growth (e.g. Frame, 2003), as well as career decisions (Sangganjanavanich & Magnuson, 2011), and to support reflectivity in the training of educational leaders (Mayes, Mayes, & Williams, 2007).

The supervision and training of sandplay therapists has become more organized, with many countries around the globe establishing sandplay therapy associations, some under the auspices of the international society, founded by Kalff herself in 1985. Techniques for supervision of sandplay therapists have been developed (Friedman & Mitchell, 2008), and counselling supervisors are beginning to use sandplay equipment as a supervision tool (e.g. Markos, Croker, & Jones, 2007; Mullen, Luke, & Drewes, 2007). Boik and Goodwin (2000) describe the value of creating sandpictures for self-supervision, especially when dealing with issues of countertransference.

Sandplay therapy and sandtray work have both been described as valuable additions to, or companions with, several therapy frameworks and activities. For example sandtray work has been described as a useful adjunct to solution-focused therapy with children and adolescents (Taylor, 2009), and has been investigated as a tool in constructivist psychology (Dale & Lyddon, 2000). The use of sandtrays and miniatures have been combined with psychodrama by Toscani (1998) creating a process she named "sandrama". Sandplay has been combined with storytelling (Miller & Boe, 1990; Russo, Vernam, & Wolbert, 2006; Unnsteinsdóttir, 2012) and combined with the use of art (Pearson & Wilson, 2009; Reyes, 2003).

Similarities have been noted between the underlying theory of sandplay therapy and Eriksonian psychology (Tennessen & Strand, 1998), and with social constructivist psychology (Dale & Lyddon, 2000). The sandplay technique has also been implemented through an Adlerian lens (Garza, Monakes, Watts, & Wiesner, 2011), with Bainum, Schneider and Stone (2006) and Sweeney, Minnix and Homeyer (2003) claiming that therapeutic use of sandtray work can aid the Adlerian practitioner in assessing the client's lifestyle.

While sandplay has been shown to be highly effective for traumatised clients (e.g. McCarthy, 2006; Zinni, 1997), depending on the level of distress, some clients will accept an invitation to engage with sand and the objects; others may initially feel unable to engage in a playful activity. Trauma can have the effect of shattering or disconnecting the psyche, survival-related needs may dominate (Wastell, 2005). For some, spontaneous play may feel too loose, too unstructured, too unpredictable. At this point a therapist may switch modes to using symbol work and directed sandplay, offering a topic or focus for exploration as a starting point.Respect for the legacy a client brings to therapy, as well as engaging, with a willing, open mind, in the process of understanding each particular client, can eventually ease the movement from 'talking about' to active self-engagement in the process (Ammann, 1991).

Extensive training and supervision, coupled with significant personal experience with the sandplay process in the client role, provides counsellors with optimism and confidence in the process as well as a calm acceptance of client responses. This attunement or resonance transmits a feeling of safety. This feeling of safety, the safe boundaries of the tray, along with the somatic engagement with sand and miniatures, creates an environment and internal state that allows a spontaneous healing journey to unfold.

Here is an extract from Mark's article in the inaugural edition of PACJA:
Pearson, M., & O'Brien, P. (2012). Changing views of theory and practice in counselling: Multiple intelligences, eclecticism and the therapeutic alliance. *Psychotherapy & Counselling Journal of Australia, 1*(1), online at: http://pacja.org.au/?p=465

Changing views of theory and practice in counselling:
Multiple intelligences, eclecticism and the therapeutic alliance.
Mark Pearson and Patrick O'Brien
References available on request

This article discusses three theories and approaches in the field of counselling that have the potential to advance understanding of counselling processes. One, developed within educational psychology and first published in 1983, is Gardner's theory of multiple intelligences

(MI) (Gardner, 1983, 2006). Gardner argued against a one-dimensional view of intelligence, in favour of a pluralistic view that recognises that people have different cognitive strengths and contrasting cognitive styles (Gardner, 2006). His theory has become instrumental in school curriculum planning, and widely adopted in the field of education. His theory delineates eight distinct intelligences, each one representing a different way that people can reflect, communicate and learn.

The next could be seen as a therapeutic approach in search of a theory: eclecticism, a trend that has been developing for over 70 years (Lampropoulos, 2000). The term eclecticism has been used to describe informal and more systematic ways counsellors and psychotherapists gather and apply theories and methods into a preferred therapeutic style or an individual approach for specific client needs (Hollanders & McLeod, 1999; Lampropoulos, 2000; Lazarus, Beutler & Norcross, 1992).

The third is a collection of theoretical views of the therapeutic alliance, that have evolved throughout Western psychotherapy, first appearing in 1912 in Freud's early work (Elvins & Green, 2008). The counselling and psychotherapy literature throws light on the influences and the value of a strong therapeutic alliance, defined broadly as "the collaborative and affective bond between therapist and patient" (Daniel, Garske, & Davis, 2000, p.438).

Eclecticism and integration of approaches in counselling

Eclecticism is the "…use of various theories and techniques to match client needs with an average of 4.4 theories making up their therapeutic work with clients" (Gladding, 2000, p. 190). Eclecticism "advocates the selective combination of the most efficient techniques, regardless of their theoretical origin, in order to achieve optimal therapeutic results for a specific client" (Lampropoulos, 2000, p. 287).

Eclecticism has been described as an important and essential perspective in the provision of effective therapy (Larsen, 1999). It may be a challenge for counsellors to become knowledgeable about the theories and methods of a variety of approaches. However, this open-minded eclectic stance allows for a holistic view of the client (Larsen, 1999).

Eclectic practice emerged informally into the field of psychotherapy about 77 years ago (Lampropoulos, 2000). In 1992 Lazarus, Beutler and Norcross stated that therapists have realised "that one true path to formulating and treating human problems does not exist" (p. 11). A survey of British counsellors indicated that 87% revealed some form of eclecticism (Hollanders & McLeod, 1999). A similar study in the United States of America (Jensen, Bergin & Greaves, 1990) found that 68% of therapists indicated that they approached their practice from an elective perspective.

The therapeutic alliance in counselling

The therapeutic alliance is also termed in the literature the 'helping alliance', the 'working alliance', and the 'treatment alliance' and is a term for "the degree to which the patient experiences the relationship with the therapist as helpful or potentially helpful in achieving the patient's goals in psychotherapy" (Luborsky & Luborsky, 2006, p. 63). While there is some

disagreement about the therapeutic alliance construct, there is widespread agreement that the relationship is crucial (Lambert & Ogles, 2004).

Interest in the importance of the therapeutic alliance to the psychotherapeutic process has recently grown, and in the "robust empirical literature the therapeutic alliance consistently predicts psychotherapeutic outcome" (Arnd-Caddigan, 2012, p. 77). The psychotherapy and counselling literature identifies the therapeutic alliance as one of the reliable ways to predict positive outcome (Luborsky & Luborsky, 2006), and as contributing to up to 30% of positive outcomes (Lambert, 1992).

Early writers (such as Freud, 1912/1958; Rogers, 1951; Zetzel, 1956) claimed that a positive connection with clients was a basic requirement for effective therapy. These claims have been echoed and supported through more recent meta-analytic reviews of the literature (e.g. Daniel, Garske, & Davis, 2000) and neuroscience findings that highlight increases in the effectiveness of therapy and higher neuro-plasticity (leading to the possibility of change) when positive therapeutic alliances are present (e.g., Barletta & Fuller, 2002; Schore, 2002; Siegel, 1999; Wright, 2000). In recent decades the exploration of mirror neurons as a biological basis for empathy suggest that humans are hard-wired for empathy and connection (Prestona & de Waal, 2002).

Multiple intelligences theory

The theory of multiple intelligences (MI) (Gardner, 1983, 2006) delineates eight distinct intelligences, each one representing a different ability through which clients can communicate, process their difficulties, and learn. The implications for MI theory, as applied to counselling with young clients has been described by Booth and O'Brien (2008) and O'Brien and Burnett (2000a, 2000b). The authors' clinical observations, as well as previous research (e.g. Booth & O'Brien, 2008; O'Brien & Burnett, 2000a, 2000b; Pearson, 2003), suggested that there was an improvement in the alliance and overall therapeutic effectiveness when MI theory was used as a basis for selection of treatment modalities by counsellors working with children.

Gardner's eight intelligences (Nolen, 2003) can be summarised as verbal linguistic (strong ability to use words), mathematical logical (ability with deductive reasoning), visual spatial (ability to use images and graphic designs), musical rhythmic (ability to express through music and rhythm), bodily kinaesthetic (ability with movement and use of the body), intrapersonal (awareness of internal moods and thoughts – also termed "emotional intelligence" [Mayer & Salovey, 1995, p. 197]), interpersonal (ability to learn and express through relating to others), and naturalist environmental (affinity with nature and living things).

MI theory has been widely and enthusiastically applied in the field of education since its first appearance (e.g. Hoerr, 1992; Kelly & Tangney, 2006; Smagorinsky, 1995), particularly in widening the ways teachers teach, so as to support a higher level of student inclusion in the learning process. Teachers have included more experiential teaching methods and deliberately selected learning tasks that relate to students' cognitive styles. Over many years, pre-school to tertiary educators have found improvements in learning when MI methods have been introduced (e.g. Gardner, 2006; Greenhawk, 1997; Hopper & Hurry, 2000; Kezar, 2001; Vialle, 1997).

Educational curriculum planning and new methods of teaching have been developed based on MI theory (e.g. Kelly & Tangney, 2006). MI interventions, where students have been enabled to identify their own dominant intelligences, and educators have responded to these, have been shown to have a positive impact on study skills and habits, and on students' attitudes towards educators (John, Rajalakshmi & Suresh, 2011). This finding illuminates a potential field for counselling research i.e. to explore whether a client's ability to identify their own intelligence preference might have a positive effect on their therapy as well as attitudes towards their counsellor.

Multiple intelligences theory may contribute to counselling effectiveness

Counselling in Western countries has focused primarily on the verbal / linguistic and the logical / mathematical intelligences as vehicles for activating and using the interpersonal relationship, or intelligence. With the notable exception of creative arts-based approaches and somatic therapies, western counselling operates on the assumption that most clients communicate and process information in a similar way. By contrast, educational research has explored the improvement of learning outcomes when students' individual learning styles – or intelligence preferences – are used to construct learning tasks (e.g. Gouws & Dicker, 2011; Griggs et al., 2009; Kelly & Tangney, 2006). Perhaps similar advantages may result from counsellors adapting their methods and frameworks to individual client's intelligence preferences, or strengths.

Expressive therapies as MI practice

Expressive Therapies (ET) are an effective way to implement MI theory in counselling practice (Booth & O'Brien, 2008; O'Brien & Burnett, 2000a, 2000b; Pearson, 2011; Pearson & Wilson, 2008). ET is a synthesis of client-centred expressive counselling principles and activities, utilising creative arts therapies; approaches to counselling that utilise art, music, writing, drama, movement, play, visualisation and relaxation. In other words, ET activities utilise the full range of intelligences. This style of ET has been evolving in Australia since the 1980s (Pearson, 1997, 2004; Pearson & Nolan, 1991, 2004; Pearson & Wilson, 2001, 2008, 2009).

There are many reports on the positive impact of using art and drawing as part of therapy (e.g. Henley, 1999; Klorer, 2005; McNiff, 1992, 2004; Malchiodi, 2005; Oster & Montgomery, 1996; Pearson, 2003; St Clair Pond, 1998). Difficult behaviour can be channelled and transformed into socially constructive forms of self-regulation through supported creative activities (Henley, 1999). The use of imagery has been shown to be highly effective in helping people change in positive ways (Hass-Cohen & Carr, 2008; Lazarus, 1982; McNiff, 1992, 2004; Rogers, 1993; Skovholt, Morgan & Negron-Cunningham, 1989; Wolpe, 1958). The successful use of writing as a therapeutic tool has been documented (e.g. Baker & Mazza, 2004; Waters, 2002; Wright & Chung, 2001). The use of the body has been incorporated into somatically focused therapies (Diamond, 2001; Levine, 2004; Roberts, 2004), dance therapy (Levy, 1988), bioenergetics (Lowen, 1975), as well as relaxation strategies (Charchuk, 2000; Moroz, 2000; Pearson & Nolan, 2004). ET has been used successfully in schools for working through loss and grief (Rogers, 1993; Tereba, 1999), and as a foundation for critical incident debriefing (O'Brien,

Mills, Fraser, & Andersson, 2011).

Metaphor, which often combines imagery, language, narrative, stories, and is developed and encouraged through the application of ET, has been described as a significant support for positive change within counselling (Lyddon, Clay & Sparks, 2001). Emotional health can be enhanced by accessing, symbolising and externalising internal conflicts so they can be recognised and worked with, through a range of expressive modalities (e.g. Klorer, 2005; Malchiodi, 2005; McNiff, 2004; Pearson & Wilson, 2009).

ET brings together a number of modalities that in total provide avenues for counsellors to use whatever their client's preferred intelligences are. It includes modalities that clients might enjoy, experience some competence at, and which might seem close to their interests. In this way, ET may make an effective entrée into therapy for the client since a positive early engagement within counselling can strengthen the therapeutic alliance.

MI theory has been applied in many areas of education and in counselling with young clients (e.g. Booth & O'Brien, 2008; Gardner, 1999, 2006; Longo, 2004; O'Brien & Burnett, 2000a, 2000b; Waterhouse, 2006). A large number of counselling activities that utilise MI theory have been trialled and published as part of ET (Pearson, 2003; Pearson, 2004; Pearson & Nolan, 2004; Pearson & Wilson, 2001, 2009). Useful tests are available to help identify counsellors own preferred intelligences and to discern their clients' natural or stronger intelligences (e.g. Chislett & Chapman, 2005; Shearer, 1996). The ET activities, in conjunction with the MI tests, practically equip counsellors to move beyond assumptions and respond in a more flexible way to clients.

The study of MI theory and practice within counselling may provide several contributions. Future study may identify new ways to understand and enhance the early therapeutic alliance, and may provide a model for extending counsellor training with integrative and multi-cultural approaches. A framework for counsellors to be more flexible and intentionally eclectic in the delivery of service to clients may emerge from future studies, so that new ways emerge to match counselling treatments to clients' preferences.

The application of MI theory may contribute to best practice in the support of clients. The integration of MI theory and practice may provide new ways to understand and enhance both the personal and interpersonal components of the therapeutic alliance. With further research, a broader, reliable model may emerge for enhancing counsellor training with MI theory. This model could provide a framework for counsellors to be more flexible in the delivery of service to clients, and utilise new ways to match treatment to clients' abilities and strengths.

This article is one of six which have been published or are under review by peer-reviewed journals and form the body of Mark's now-complete PhD project.