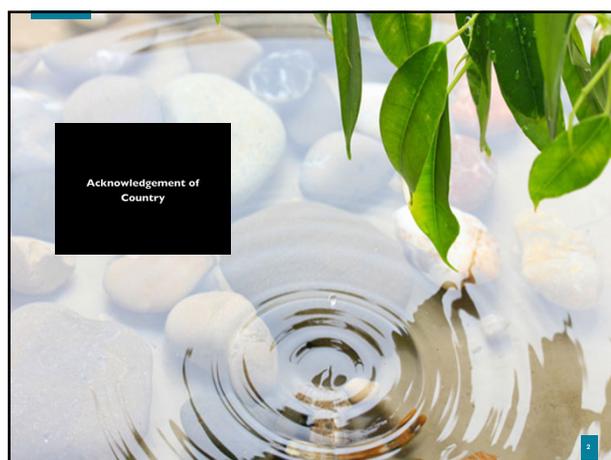
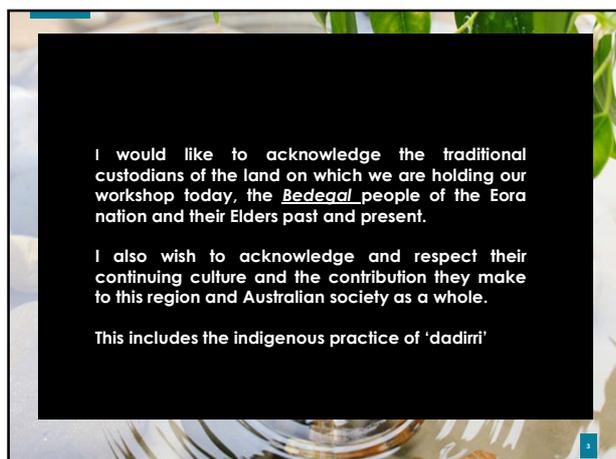


Addressing Vicarious Trauma (VT)

A workshop for interpreters and translators:
Increasing awareness, understanding and mental well-being
Providing knowledge and tools to minimize VT



Acknowledgement of Country



I would like to acknowledge the traditional custodians of the land on which we are holding our workshop today, the Bedegal people of the Eora nation and their Elders past and present.

I also wish to acknowledge and respect their continuing culture and the contribution they make to this region and Australian society as a whole.

This includes the indigenous practice of 'dadirri'



Overview of the day

Part 1: 9.30 - 11.00

- What are we doing today and how?
- Who are we?
- Medicare and psychological counselling
- Vicarious trauma in context

Part 2: 11.15 - 12.45

- Job satisfaction and stress models
- Vicarious traumatisation
- Why interpreters are prone to stress and VT
- Physiological explanations
- Cognitive aspects
- Additional individual factors
- Personal impact

Part 3: 1.30 - 2.45

- Preventing and minimising stress and VT
- Short-term activities: Before, during and after assignments

Part 4: 3.00 - 4.30

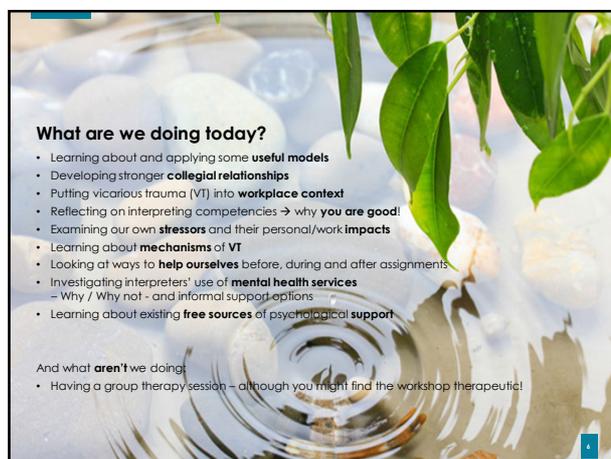
- Mindfulness
- Self-care contract
- Confidentiality
- Help-seeking beliefs and behaviour
- Question time & feedback



Part 1

Part 1:

- What are we doing today and how?
- Who are we?
- Medicare and psychological counselling
- Vicarious trauma in context



What are we doing today?

- Learning about and applying some **useful models**
- Developing stronger **collegial relationships**
- Putting vicarious trauma (VT) into **workplace context**
- Reflecting on interpreting competencies → **why you are good!**
- Examining our own **stressors** and their personal/work **impacts**
- Learning about **mechanisms of VT**
- Looking at ways to **help ourselves** before, during and after assignments
- Investigating interpreters' use of **mental health services** – Why / Why not - and informal support options
- Learning about existing **free sources** of psychological support

And what **aren't** we doing:

- Having a group therapy session – although you might find the workshop therapeutic!

How are we doing it?

- Sharing our extensive mutual knowledge of the topic with each other:
 - I have various models & frameworks
 - You have your personal experience, tips and techniques
- Taking part in a number of active learning experiences
- Watching some videos on the Neurobiology of human interaction, stress responses and coping strategies
- Practising some simple short- and long-term anti-VT skills

WARNING:
It is possible that you may find some of the material and activities in this workshop to be discomfiting. Please feel free to take a break at any time and/or speak to me about the situation.

Who am I?

Michael Grunwald
Psychologist / Counsellor
(61) 0414 400 508

Work in Progress
Counselling / Mediation
www.work-in-progress.net.au

michael@work-in-progress.net.au
125 St Johns Road
Glebe NSW 2037

Every Australian resident is entitled to subsidised healthcare through Medicare - this includes 10 sessions of psychological counselling per calendar year for a diagnosed mental health condition.

Step 1: Be aware of negative changes in your thoughts, feelings or behaviour
Step 2: Visit a GP of your choice
Step 3: Tell the GP about the negative changes, possible causes and your desire for a referral to a Medicare-approved Psychologist / Social Worker
Step 4: Obtain the referral with a mental health plan (MHP)
Step 5: Find / Visit your chosen MH practitioner

The **Better Access** initiative (Medicare) covers people with diagnosed mental health problems including:

- Posttraumatic stress disorder
- Alcohol use disorder
- Depression
- Eating disorders
- Sleep problems
- Anxiety disorders
- Panic disorder
- Phobic disorder

Lingo Bingo

Find a different person for each of the following (i.e. 9 in total) who you have **not** met before today and who:

- lives within 5 kms of where you live
- has overseas T&I qualifications and/or training
- is a member of both **AUSIT** and **Translators & Interpreters Australia**
- works **mainly** as a telephone interpreter
- shares a hobby or special interest that you also enjoy
- plans to retire in the next 10 years
- is rarely distressed by the interpreting work they do
- has some good advice on reducing stress when interpreting
- can recall a particularly upsetting interpreting assignment

Also: If your interviewee doesn't fulfill the requirement, find out **why!**

Context: Mental illness at work

Mental illness is now the leading cause of long-term sickness absence among Australian workers, with significant costs to the individual, their employers and society more broadly.

Figure 2: Proportion of people receiving DSP by top 5 medical conditions, 29 June 2018

Primary medical conditions	DSP recipients (per cent)
Psychological (psychiatric)	~35
Musculoskeletal and connective tissue	~25
Other conditions	~15
Intellectual/learning	~10
Nervous system	~5
Circulatory system	~5

Now over 1/3 of all DSP recipients

Sources: Felton et al., 2017; Australian Institute of Health and Welfare 2019

Context: Mental health at work

Continuum of mental health at work

HEALTHY WORKER

↔

WORKER AT RISK / SYMPTOMATIC

↔

MENTAL ILLNESS

↔

SICKNESS ABSENCE & RETURN TO WORK

1. Design work to minimise harm

Primary prevention

2. **Enhancing personal resilience**

Secondary prevention

3. Good mgt. builds resilience

Tertiary prevention

4. **Promoting & facilitating early help seeking**

Organisation supports recovery & return to work

Context: Mental health at work
Possible workplace interventions that are effective

Before During After

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Part 2

Part 2: Interpreting, stress and VT

- Job satisfaction
- Stress models
- Vicarious traumatization
- Why interpreters prone to VT
- Physiological explanations
- Cognitive aspects
- Additional factors
- Personal impact

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Skills of interpreters

It takes more than having two hands to be a good pianist.

In addition to having all the skills of translators, **professional interpreters** must have all the linguistic and cognitive skills that allow them to go from one language to the other, either simultaneously or successively. For example, simultaneous interpreting involves careful listening, processing and comprehending the input in the source language, memorizing it, formulating the translation in the target language, and then articulating it, not to mention dual tasking, i.e., letting the next sequence come in as you are outputting the preceding one. Interpreters overlap speaking one language while listening to another up to 75% of the time!
Source: Grosjean, F. (2011)

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Job satisfaction

What is so **rewarding** about your job?

16

Job satisfaction & mental health

Extrinsic vs Intrinsic

leaderboard	Autonomy
Money	Purpose
levels	Mastery
points	Passion
gold star	Love
prizes	Belonging
punishment	Fun
	Discipline
	Self-knowledge
	Learning

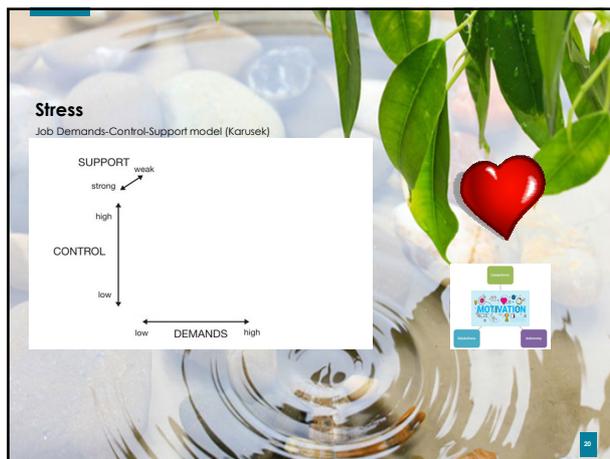
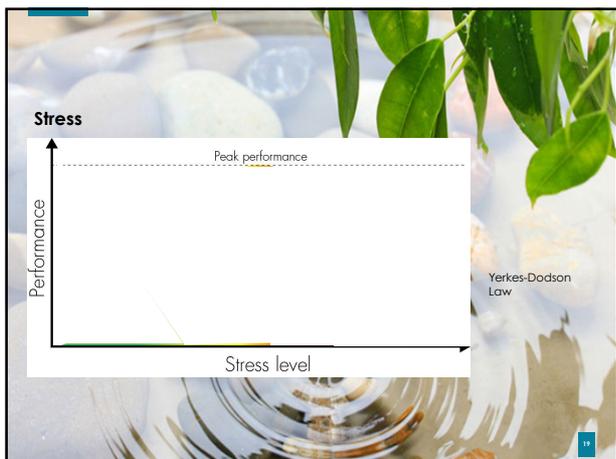
Self-determination theory (Ryan & Deci)

Motivation is the fuel, necessary to keep the human engine running.
Zig Ziglar

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Interpreting & Stress

18



Interpreting & Stress

Interpreter

Survey of Interpreter Distress	Mean	SD	Min	Max
1. How often do you have trouble concentrating on a particular assignment or task?	2.1	0.8	1	5
2. How often do you have trouble remembering information?	2.2	0.9	1	5
3. How often do you have trouble focusing on a task?	2.3	0.9	1	5
4. How often do you have trouble completing a task?	2.4	0.9	1	5
5. How often do you have trouble getting started on a task?	2.5	0.9	1	5
6. How often do you have trouble staying motivated?	2.6	0.9	1	5
7. How often do you have trouble staying organized?	2.7	0.9	1	5
8. How often do you have trouble staying on task?	2.8	0.9	1	5
9. How often do you have trouble staying focused?	2.9	0.9	1	5
10. How often do you have trouble staying alert?	3.0	0.9	1	5
11. How often do you have trouble staying calm?	3.1	0.9	1	5
12. How often do you have trouble staying patient?	3.2	0.9	1	5
13. How often do you have trouble staying polite?	3.3	0.9	1	5
14. How often do you have trouble staying respectful?	3.4	0.9	1	5
15. How often do you have trouble staying professional?	3.5	0.9	1	5
16. How often do you have trouble staying courteous?	3.6	0.9	1	5
17. How often do you have trouble staying helpful?	3.7	0.9	1	5
18. How often do you have trouble staying cooperative?	3.8	0.9	1	5
19. How often do you have trouble staying flexible?	3.9	0.9	1	5
20. How often do you have trouble staying adaptable?	4.0	0.9	1	5
21. How often do you have trouble staying resilient?	4.1	0.9	1	5
22. How often do you have trouble staying optimistic?	4.2	0.9	1	5
23. How often do you have trouble staying positive?	4.3	0.9	1	5
24. How often do you have trouble staying confident?	4.4	0.9	1	5
25. How often do you have trouble staying assertive?	4.5	0.9	1	5
26. How often do you have trouble staying decisive?	4.6	0.9	1	5
27. How often do you have trouble staying organized?	4.7	0.9	1	5
28. How often do you have trouble staying motivated?	4.8	0.9	1	5
29. How often do you have trouble staying focused?	4.9	0.9	1	5
30. How often do you have trouble staying alert?	5.0	0.9	1	5

What makes interpreting stressful for you? → Group discussion

Interpreting & Stress

Timeline of workplace research focus

Stress / Strain

↓

Trauma

↓

Vicarious traumatization

Workers pay the price



What is Vicarious traumatization (VT)?

Vicarious Trauma Toolkit Model

Work-Related Trauma Exposure = Vicarious Trauma

↓

Change in World view Spectrum of Response

While individuals respond to vicarious trauma in a number of ways, **a change in their world-view is considered inevitable**—people can either become more cynical or fearful, or they can become more appreciative of what they have, or both.

Resilience can and participants

the sense of meaning that is gained from working in the field with victim services, first responders etc. Such positive outcomes can motivate and, in turn, protect against the negative effects of trauma exposure.

Vicarious traumatization is a **negative** reaction to trauma exposure and includes a range of bio-psycho-social symptoms

A **neutral** reaction signifies the ways that an individual's resilience, experiences, support, and coping strategies manage the traumatic material, **not** that it has **no effect**.

VT vs. other mental health issues

Secondary traumatic stress (STS) → often used interchangeably with VT

Traumatic stress

- negative reaction to traumatic events, i.e. shocking and emotionally overwhelming situations that may involve actual or the threat of death, serious injury or threat to physical integrity
Source: International Society for Traumatic Stress Studies, n.d.

Post-traumatic stress disorder (PTSD)

- delayed chronic response to traumatically stressful events with symptoms of arousal, avoidance, intrusion and emotional numbing

Compassion fatigue

- emotional wellbeing of helpers suffering from constantly engaging with, supporting and "holding" the pain of their traumatised clients
Source: Figley, 1995

Burnout

- general wearing down from the cumulative pressure of human service work; symptoms such as depression, cynicism, boredom, loss of compassion, and discouragement
Sources: Maslach, Jackson & Leiter, 1996 / Freudenberger & Rodin, 1979.

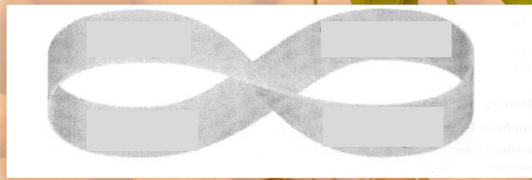
VT vs. other mental health issues

What is Burnout?
Two important **definitions** of burnout are:
"A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations."
Ayala Pines and Elliot Aronson.
"A state of fatigue or frustration brought about by deviation to a cause, way of life, or relationship that failed to produce the expected reward."
Herbert J. Freudenberger.

Between them, these definitions embrace the essence of burnout, with the first stressing the part that **exhaustion** plays in it, and the second focusing on the sense of **disillusionment** that is at its core.
Anyone can become exhausted. What is so poignant about burnout is that it mainly strikes **people who are highly committed** to their work: you can only "burn out" if you have been "alight" in the first place.
While exhaustion can be overcome with rest, a core part of burnout is a deep sense of disillusionment, and it is not experienced by people who can take a more cynical view of their work.

Source: www.mindtools.com

Why do T&Is suffer VT?



The interpreter is the only person who is **cognitively processing the traumatic content at least four times for each and every statement made** (5 if taking notes).

Why do T&Is suffer VT?

Physiological underpinnings



Mirror neurons

Why do T&Is suffer VT?

Autonomic physiological underpinnings (ANS)



Client story



Normal response to threat:

- Fight/Engage (SNS)
- Flight
- Freeze

Which of these is a permissible response on the job ???

Why do T&Is suffer VT?

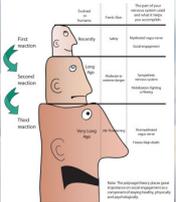
Autonomic physiological underpinnings



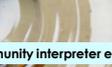
Social Engagement System (PNS)

Why do T&Is suffer VT?

Autonomic physiological underpinnings



Response hierarchy

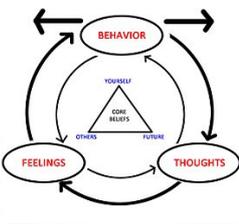
1. Social engagement 
2. Fight/Flight 
3. Freeze 

Which of these responses can the community interpreter employ?

Why do T&Is suffer VT?

Cognitive underpinnings

When you are exposed to the suffering of another person it can also impact your **core beliefs about the world** and the way you **think**.
 In turn, this can change the way you **feel** and how you **behave**.
 And this can then impact your **thoughts** and so on



Common negative reactions to VT



- difficulty managing emotions;
- increased irritability; aggressive, explosive, or violent outbursts and behaviour;
- feeling emotionally numb or shut down;
- loss of a sense of meaning in life / feeling hopeless about the future;
- feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety;
- relationship problems (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy);
- destructive coping or addictive behaviours (e.g., over/under eating, substance abuse, gambling, taking undue risks in sports or driving);
- lack of or decreased participation in activities that used to be enjoyable;
- avoiding work and interactions with clients or constituents;
- **fatigue, sleepiness, or difficulty falling asleep;**
- **physical problems or complaints, such as aches, pains, and decreased resistance to illness;**
- **being easily distracted, which can increase one's risk of accidents;**

Cognitive: Mental models

- the largely unconscious ideas and beliefs that structure what we think about—and what we do not consider
- represent mental shortcuts and limitations
- deeply held internal images of **how the world works**
- limit us to familiar ways of thinking and acting
- often, we are not consciously aware of our mental models or the effects they have on our behaviour

- Automatic, rapid, unconscious
- Direct our thought, self-reinforcing
- Maximize efficiency
- Define normality for us
- Impact on our feelings/behaviour

Source: Senge, P., *The Fifth Discipline: The Art & Practice of the Learning Organization*, 1990, Currency/Doubleday



Why do T&Is suffer VT?

Additional (inter)personal factors:

- **Extent of your exposure** to distressing interpreting situations
- **Your similarity** to client
- **Client similarity** to a significant other
- Your **personality**
- Your **experience** in this job
- Your **feelings of efficacy** on the job
- Opportunities to **share with colleagues / partner / family**
- **Your own previous traumatic experiences**

Why do T&Is suffer VT?

Your own exposure to traumatic experiences



How much cumulative exposure have you experienced?

Why do T&Is suffer VT?

Personal impact of secondary traumatic stress




Can you discern any patterns or groupings in your responses?

Why do T&Is suffer VT?

Organisational setting and resources

There are also **organizational contributors** to the development of vicarious traumatization. Organizational settings that **refuse to accept the severity and pervasiveness of traumatic experience** in the population they are serving will thereby refuse to provide the social support that is required for employees if they are to do adequate work

Excerpt from Bloom, S.L., Caring for the Caregiver: Avoiding and Treating Vicarious Trauma. In Sexual Assault, Victimization Across the Lifespan, A. Giardino, et al., Editors, 2003, GW Medical Publishing:Maryland Heights, MO, p. 439-470

Organisation protective factors:

- Awareness of risk of vicarious trauma
- Access to peer groups & supervision
- Safety: Processes to deal with client-related threats
- Access to the right training (to protect self & help clients)

Part 3

Part 3: Preventing and minimising stress and VT

- Psycho-education and counselling
- Deep breathing, its mechanism and applicability
- Stress and VT reduction activities:
 - Before assignments
 - During assignments
 - After assignments
- Mindfulness
- Self-care contract
- Help-seeking

Part 3

Work-induced trauma — help is at hand - 1800 RESPECT

There is growing awareness that professionals who work with cases involving violence can suffer from work-induced trauma (also known as vicarious trauma, burnout and compassion fatigue).

The **National Sexual Assault, Domestic and Family Violence Counselling Service**, 1800 RESPECT, has telephone and online counselling services which cater for professionals working in this sphere.

Both services are available 24/7; call **1800 737 732**, or go to: <https://www.1800respect.org.au/telephone-and-online-counselling/> and click on 'Connect to a counsellor'.

1800 RESPECT also offers a free online 10-week 'Resilience Program'; the details can be found at: <https://www.1800respect.org.au/workers/resilience-program/>

How to prevent/reduce stress

Generally and at all stages of assignments

- Engage in your regular self-care activities
- **Breathing** (deep & mindfully)




How to prevent/reduce stress

Generally and at all stages of assignments

Breathing (deep & mindfully)

- Sit (or lie) comfortably with hands resting / relaxed
- Close eyes (if appropriate)
- Close mouth and relax jaw
- Breathe normally in and out through nostrils

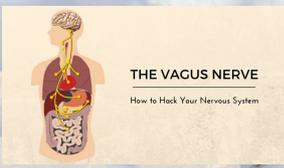
- Place hand on lower abdomen, breathe in & allow tummy to expand
- Hold breath ('space') for 1-2 seconds and breathe out slowly
- Contract tummy at end of out breath
- Wait 1-2 seconds → start next in breath

Now **practise!**
Remember to focus on each and every aspect.



How to prevent/reduce stress

Impact of breathing on our stress response*



THE VAGUS NERVE
How to Hack Your Nervous System



Now **practise** one more time!

* Close link to plastic load† and physical health

How to prevent/reduce stress

Deep breathing - Additional variations:

- **Open mouth** to relax jaw on out breath
- Use a **positive word/phrase** (e.g. peace, ahhh, om etc.) in your **mind** on **out breath**
NB **Man-tra = mind + vehicle** (Sanskrit)
- Imagine in breath thru lower spine → Out breath through forehead
- **Alternate nostrils** (thumb / ring finger)
- **Notice** each of your **5 senses** in turn; aural, visual, tactile, smell, taste (dominant, then subtle)
- **Finish** with thought of **gratitude**

Now practise again!

How to prevent/reduce stress*

Reducing stress reduces susceptibility to VT

Before the assignment

1) **Reduce task related stress:**

- Be confident about your ability (Competence)
- Inform yourself as much as possible
- Prepare the specialist terms
- Become comfortable with coarse/obscene language
- Arrive early
- Eliminate distractions early (e.g. phone)

* vs. vicarious trauma

How to prevent/reduce VT

A. Before the assignment

General

- Engage in your regular self-care activities
- Prepare a 'safe place' (visualisation)
- Rehearse deep breathing
- Bring or wear a special object (e.g. talisman)
- Put elastic band on wrist

Get in the 'zone'

- Engage in a 'boundary ritual'
- Ground yourself mentally ("I am not my emotions")
- Remember why you do this job
- Remind yourself to focus on the task at hand and maintain clear boundaries

Pre-session briefing

- Understand context, clarify roles and define purpose
- Discuss any potential strategy
- Organise a 'time out'/distress signal with professional

Sources:
Bancroft, M. (2017). Breaking the silence: What interpreters need to know about vicarious trauma and interpreter self-care. <https://www.interpreting.com.au/wp-content/uploads/2019/01/How-Not-to-Hurt-Teaching-Trainers-About-Vicarious-Trauma-and-Interpreter-Self-Care.pdf>

How to prevent/reduce VT

During the assignment

- Try to avoid eye contact with the NESB client
- Ground yourself again physically (repeatedly)
e.g. snap band, rub hands, move feet/big toe, stand straight
- Ground yourself mentally
e.g. "I am not my emotions"
- Recognise and name the emotion ('ride the wave of emotion')
e.g. "I feel sad, angry etc."
- Breathe deeply (using diaphragm)
- Change focus
e.g. on taking notes, look up, observe objects in room, clock ticking
- Distance yourself emotionally
e.g. imagine viewing from '3rd position' (birds eye, back of auditorium)
- Visualise your pre-prepared safe place
- Ask/Signal to take a break

Sources:
Bancroft, M. (2017). Breaking the silence: What interpreters need to know about vicarious trauma and interpreter self-care. <https://www.interpreting.com.au/wp-content/uploads/2019/01/How-Not-to-Hurt-Teaching-Trainers-About-Vicarious-Trauma-and-Interpreter-Self-Care.pdf>

How to prevent/reduce VT

After an assignment

- Utter a prayer or comforting phrase and/or remove talisman
- Debrief (share feelings with someone else)*
- Seek social/spiritual support
- Engage in a social activity
- Say 'No' to other jobs (if possible/feasible)
- Exercise
- Write a journal (no client data)
- Perhaps avoid being alone
- Consult your self-care plan (work/life balance)
- Progressive muscle relaxation / Body scan
- Practice 'gratitude'
- Deep breathing exercise
- Meditate
- Mindfulness, i.e. focus attention on detail in the here and now

* Confusion re (i) confidentiality and (ii) role of debriefing partner

Gratitude examples:
- write 5 things you are grateful for e.g. gratitude journal
- write a thank you note to someone
- write down the best thing that has happened to you in last 24 hours
- volunteer

Sources:
Bancroft, M. (2017). Breaking the silence: What interpreters need to know about vicarious trauma and interpreter self-care. <https://www.interpreting.com.au/wp-content/uploads/2019/01/How-Not-to-Hurt-Teaching-Trainers-About-Vicarious-Trauma-and-Interpreter-Self-Care.pdf>

Part 4

Part 4: 3:00 - 4:30

- Mindfulness
- Self-care contract
- Confidentiality and impartiality
- Help-seeking beliefs and behaviour
- Question time & feedback

Question: What is your oxygen mask? What do you need to do each day so you can be equipped to properly help others?

Mindfulness

Mindfulness exercise

Self-care contract

What is the ONE (external) factor that I need to change to improve my mental health and/or resilience?

<https://www.youtube.com/watch?v=1SEBIFUDl>

Self-care: Reflective practice

Reflective Practice refers to the process of thinking about your work with the view to understanding and evaluating both the work and your responses to it. There are many different frameworks for reflective practice. The following questions is a process that may assist in undertaking reflective practice:

- What are my thoughts about this work?
- What happened – what was the sequence of events?
- What were the main issues? What would my supervisor have suggested?
- What would I suggest to someone who asked my opinion about this?
- What would I have done differently?
- Where does this leave me now? How do I feel about the work? How do I feel now? Are these feelings related to work? If so, how?

Confidentiality dilemma

Code of ethics

<p>2. Confidentiality</p> <p>2.1 Interpreters and translators are bound by strict rules of confidentiality, as are the parties they work with in professional or business fields.</p> <p>2.2 Where teamwork is required, the ethical obligation for confidentiality extends to all members of the team and/or agency.</p> <p>2.3 Practitioners do not seek to take advantage of information acquired during or as a result of their work.</p> <p>2.4 Disclosure of information may be permissible with clients' agreement or when disclosure is mandated by law (see Int15).</p>	<p>Ethical principle: Interpreters and translators maintain confidentiality and do not disclose information acquired in the course of their work.</p>
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Source: AIST Code of Ethics (2012), p. 6

Confidentiality dilemma?

Discussion:
Is the need for interpreter **self-care** incompatible with the need to maintain **confidentiality**?

2. Confidentiality

2.1 Interpreters and translators are bound by strict rules of confidentiality, as are the parties they work with in professional or business fields.

2.2 When teamwork is engaged, the ethical obligation for confidentiality extends to all members of the team and/or agency.

2.3 Practitioners do not seek to take advantage of information gained during or as a result of their work.

2.4 Disclosure of information may be permissible with clients' agreement or when disclosure is mandated by law (see 1a15).

Ethical principle: Interpreters and translators maintain confidentiality and do not disclose information acquired in the course of their work.

Source: AUST Code of Ethics (2012), p. 9

Impartiality dilemma

4. Impartiality

4.1 Professional detachment is required for interpreting and translation assignments in all situations.

4.2 Where impartiality may be difficult to maintain because of personal beliefs or other circumstances, interpreters and translators do not accept assignments, or they offer to withdraw from the assignment.

4.3 Interpreters and translators are not responsible for what clients say or write.

4.4 Interpreters and translators do not voice or write an opinion, solicited or unsolicited, on any matter or person during an assignment.

4.5 Interpreters and translators frankly disclose all conflicts of interest, e.g. in assignments for relatives or friends and those affecting their employers.

4.6 Interpreters and translators do not recommend to clients any business, agency, process, substance or material matters in which they have a personal or financial interest, without fully disclosing this interest to the clients.

Ethical principle: Interpreters and translators observe impartiality in all professional contacts. Interpreters remain unbiased throughout the communication exchanged between the participants in any interpreted encounter. Translators do not allow bias towards either the author of the source text or the intended readers of their translation.

Source: AUST Code of Ethics (2012), p. 9

Interpreters/Translators & help-seeking



2. Confidentiality

2.1 Interpreters and translators are bound by strict rules of confidentiality, as are the parties they work with in professional or business fields.

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Source: AUST Code of Ethics (2012), p. 9

Peer support – act local



Feedback

Individual

1. Three most valuable take ways/aspects of today
2. Single least worthwhile element

Feedback sheet

THANK YOU

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