

Editorial

Looking back over recent issues of the Journal, it's interesting how many articles offer insights into diverse worlds and life experiences that may be unfamiliar—being a teenage dad, siblings of children with cancer, tertiary students struggling to transform their social anxiety into social confidence, women transitioning to retirement, and many more. Learning about what has shaped the lenses through which our clients see and experience their worlds can go a long way towards helping us to build real connection and work effectively with them. The first article in this issue, by Jane Kjersten, does just that, in focusing on understanding and working with people with dyslexia.

It is sobering to consider that between 10 and 20 per cent of the population—and therefore potentially 10 to 20 per cent of clients across all practice contexts— may be “dyslexic.” Difficulties with reading, spelling, and writing are commonly associated with dyslexia, which has only been officially recognised in New Zealand since 2007. However, this condition is far more complex than that, and may affect communication, information processing, and organisational skills in adults as well as in children and young people. Struggles associated with dyslexia can also contribute to breakdown in relationships. In this article, Jane Kjersten explains the aetiology of dyslexia and presents and discusses the results of a recent qualitative study investigating the effects of dyslexia in six intimate relationships in which one partner had been diagnosed with dyslexia. The implications of these results and recommendations for practice will be helpful for all readers, whether working with individuals, couples, or families.

Just as further research is needed about the wider implications of, and ways of working with, the effects of dyslexia, so also research is needed in the use of e-technologies in counselling and supervision. The latter is the focus of the second article in this issue, in which Paul Flanagan and counsellors undertaking a postgraduate course in supervision report the results of a small-scale collaborative study of five supervisors' use of e-technology within supervision. Readers will find the results of the research and the ideas offered here valuable in helping to ensure safe and ethical practice and for ways of enhancing supervisory relationships when engaged in supervision using e-technology.

In the third article, Nick Drury offers a critical review of the dominant “competency mechanisms” recommended by the therapeutic professions for professional development and public assurance. He argues that despite voting against registration under the Health Practitioners Competence Assurance Act (2003), NZAC has advanced “competency mechanisms” similar to those developed by some of the registered professions. These can be seen as a form of “panopticism,” which was severely critiqued by Foucault and other scholars. Because a review of the evidence shows that neither licensing nor panopticonian self-examination truly protects the public, the author advocates for an alternative—routine outcome monitoring—that makes practitioners more directly accountable to their clients, rather than to a third party.

The next article, by Craig Whisker, contributes to the body of information available about the history of counselling and therapeutic work in Aotearoa New Zealand. This was originally given as an address at Ashburn Clinic, Dunedin in early 2016, based on an earlier version presented at the Family & Systemic Therapy Association of Aotearoa New Zealand’s AGM and Training Day in Wellington on 16 November 2015. The description of the development of family therapy in this country from the 1950s to 1995 presented here is based on published literature in the field. It provides an account that spans the early influence of psychological medicine, social workers and overseas experts, to the spread of regional interest groups and national conferences, amid the growth and influence of feminism, social justice and antipoverty movements. We republish the article here to make this information available to NZAC members and our wider readership. In his doctoral research, the author proposes to explore what lessons the past may hold for the future development of family therapy in New Zealand.

We conclude this issue with a brief, practice-based article by Donald McMenamin which takes the form of a case study that vividly illustrates creative ways in which a nine-year-old primary school child was helped to change his behaviour and develop a new reputation with his teachers and classmates. Drawing on ideas from narrative therapy, behavioural change was achieved through externalising the effects of a harmful reputation for the child and others; through recording accounts of the child demonstrating a preferred reputation; and through publishing and retelling preferred reputation stories to supportive peers and adults around the child. Effective collaboration between school staff, other professionals, and the family was integral to the successful work with this young boy. We are keen to publish further inspirational case studies as brief or full-length articles in future issues.

Finally, we extend our grateful thanks to Dr Sue Cornforth, Dr Johannes (Hans) Everts, and Richard Cook for their many years of service as members of the Editorial Board. We have deeply appreciated their support. We are pleased to welcome Dr Brian Rodgers and Prof John Winslade who now join the Editorial Board.

Margaret Agee and Philip Culbertson
Editors