Acceptance and Commitment Therapy (ACT)

Founder, Description, Basic premise/philosophy

Acceptance and commitment therapy (ACT) is a newer form of cognitive behavioural therapy that focuses on contextual and experiential change strategies and the influence of language and "thinking" on behaviour. It was developed by Dr. Steven C. Hayes in 1982 to integrate both cognitive therapy and behavioural therapy. We live in a culture that generally focuses on "feeling good" and avoiding pain based on this concept, the basic premise of ACT is that trying to control painful emotions or psychological experiences is counterproductive and ineffective because attempting to suppress these experiences often leads to more distress. Acceptance and commitment therapy uses alternatives to trying to change the way you think including mindful behaviour, paying attention to personal values, and making a commitment to action. Acceptance and commitment therapy is different from CBT in that it attempts to promote psychological flexibility, i.e., being open, aware, and in contact with the present moment. It also promotes flexibility engaging in behaviours which help life goals. Clients can change their attitude and emotional states by taking the steps to change behaviour and learn to accept their personal experiences.

What type of problems is this approach used to treat and what populations can it serve?

Acceptance and commitment therapy has been used to treat a number of problems including stress in the workplace, test anxiety, social anxiety disorder, stress produced by end-stage cancer, depression, obsessive-compulsive disorder, and psychosis. Some medical conditions have also been treated with ACT including chronic pain, substance abuse, and diabetes. This form of therapy can be used within multiple contexts where psychological factors play a major role in quality of life and mood (ex. Illness perceptions, coping strategies, self-efficacy, psychological flexibility, and emotion regulation).

What does this approach look like in practice. What are some types of interventions?

The interventions in ACT attempt to change the function of negative events and the person's relationship to those events using different strategies like mindfulness and acceptance. The focus of ACT is listening to one's own self-talk about traumatic experiences, problematic relationships, physical limitations, and other issues of importance to the client. Clients will learn to decide whether a problem requires immediate action and change or whether it must be accepted for what it is while learning to make behavioural changes that affect the situation. The therapist may guide the client to look at what they've done in the past that hasn't worked so that the client can be helped to stop repeating thought patterns or behaviours that are causing more

problems. Once the client faces and accepts their issues for what they are a commitment is made to stop fighting the past and the emotions and instead, start practicing more adaptive behaviours based on their personal values and goals.

Sources:
Hayes, S.C., Luoma, J.G., Bond, F.W., Masuda, A., Lillis, J. (2006). Acceptance and commitment therapy processes and outcomes. *Behavior research and therapy, 44,* 1-25.

Graham, C.D., Gouick, J., Krahé, C., Gillanders, D. (2016). A systematic review of acceptance and commitment therapy (ACT) in chronic disease and long-term conditions. *Clinical psychology review, 46,* 46-58.

Cognitive Behavioural Therapy (CBT)

Founder, Description, Basic premise/philosophy

Cognitive behavioural therapy (CBT) is an approach with over 60 years of research and development. The approach is an integration of cognitive therapy (CT) and behaviour therapy (BT) which go back to 1950's and 1960's animal behaviour studies. It focuses on challenging and changing thoughts, beliefs, and attitudes that are unhelpful for more helpful ones, improving emotional regulation, and developing strategies to cope with distress from specific problems. This type of therapy is problem-focused and action-oriented, which means that the focus is on specific problems related to diagnosed mental disorders. It can be used in people without diagnosed disorders as well. The basic premise is that thoughts, behaviours, and emotions are all interrelated and influenced by what a person believes about themselves, others, and their future.

What type of problems is this approach used to treat and what populations can it serve?

Cognitive behavioural therapy has been used to treat mild forms of depression and anxiety, posttraumatic stress disorder (PTSD), substance abuse, insomnia, tic and habit disorders, eating disorders, and personality disorders. Obsessive compulsive disorder, major depression, psychotic disorder, and bipolar disorder can be treated with CBT however it is typically done in combination with medication. It can be used with adults, adolescents, and children. Cognitive behavioural therapy can be done in person and has also been used with online interventions, e-therapy, self-help, group courses, or smart-phone delivered methods.

What does this approach look like in practice? What are some types of interventions?

Cognitive behavioural therapy is time-limited and problem focused, therefore you will likely have a set number of sessions designed to work on specific goals in therapy. The CBT model hypothesizes that people's thoughts and feelings are determined by their interpretation of different situations and not determined by the situations themselves. Therefore, in therapy, CBT uses interventions to change the dysfunctional beliefs that a client has which result in automatic thoughts that trigger emotions in specific situations. Therapists that use CBT in their practice will often use homework and educational components in their work to accomplish this task well. CBT promotes active collaboration between the client and therapist and requires a good alliance between the two. The interventions focus mostly on the present with less importance given to the past.

Sources:
Thoma, N., Pilecki, B., Mckay, D. (2015). Contemporary cognitive behavior therapy: A review of theory, history, and evidence. *Psychodynamic psychiatry, 43,* 423-462

Eye Movement Desensitization Response (EMDR)

Founder, Description, Basic premise/philosophy

Eye movement desensitization response (EMDR) is a treatment modality that was designed by psychologist, Dr. Francine Shapiro in 1987 to treat symptoms of post-traumatic stress disorder (PTSD); an anxiety disorder characterized by symptoms of re-experiencing the trauma (flashbacks, nightmares), emotional numbing, and avoidance. The approach is structured and integrates elements of other types of psychotherapies such as psychodynamic, cognitive-behavioural, person-centered, body-based, and interactional therapies. The theoretical basis of EMDR is that there is a natural mechanism in all human beings for resolving and processing disturbing experiences. For example, following an event a person talks about it, thinks about it may even dream about it. As this happens there is an adaptive resolution, "that was then, this is now", or "I can learn from what happened without being trapped in what happened". In time, you would not feel that same emotional impact as when it first happened. A 'traumatic memory' differs, in that the natural information processing system fails, and the memory of the disturbing event becomes stuck and is stored in a dysfunctional way as a, "right now" immediate experience. The system might fail because the event was so terrible that it falls outside and previous life experience, or there is a defense in place that prevents the person from fully perceiving and processing the memory. When a trauma occurs the nervous system gets locked

with the original sights, sounds, thoughts and sensations. The eye movements seem to unlock the nervous system to allow the brain to process the memory. Such as what happens in REM sleep. It is important to know that the client is in full control, the belief is we all have the natural capacity to heal. However, when a trauma occurs individuals may feel flooded. EMDR is effective at promoting integration, helping clients unlock and clear the blockage. It is not the symptom, it is not the behaviour, it is the memory of the reactions to an historical event locked into memory that needs to be reprocessed.

What type of problems is this approach used to treat and what populations can it serve?

EMDR is mainly used for people with traumatic memories, such as people with PTSD. The treatment has been used with sexual assault victims, combat veterans, people who experienced child abuse, physical violence, natural disasters, accidents, and other traumas. It can also help with phobias, stress, sleep problems, complicated grief, addictions, pain relief, phantom limb pain, self-esteem and performance anxiety.

What does this approach look like in practice? What are some types of interventions?

There are typically 8 phases of EMDR treatment, with phase 3 through 8 repeated in most sessions. It can be done as a form of brief therapy or used as a part of long term psychotherapy. The therapist will explore the traumatic and vivid images, situations that illicit distress, and create targets for positive future action. Psychoeducation is typically part of EMDR as well as learning self-control, and emotional regulation. Therapists will often use visualizations of the traumatic memories and explore the negative beliefs associated with those images. Repeated eye movements are done with guidance from the therapist while recalling the traumatic memories in order to help neutralize the strength of the emotional responses and the vividness of the memories themselves. Other tools like hand-tapping or auditory stimuli can also be used to help process the memories along with eye movement. A significant part of the assessment phase of EMDR is Resourcing. Assisting clients to find what skill, strength, or resource they need to assist them in preparing for the trauma work. For many, often talking about the event may be too overwhelming. Resourcing is necessary to deal with the memory when there is flooding at the mere thought of reprocessing the traumatic memory.

The trained therapist uses resourcing, or stabilization such as locating an inner safe space to encourage ‘dual attention’, simultaneous awareness of present safety and past trauma. Finding a calm safe place is often difficult because of clients traumatic event(s), so a significant amount of time may spent building stabilization skills. For example, creating a container to hold disturbing memories during and between sessions may be important when clients are not

equipped. Once stabilized clients may be ready to address the trauma and proceed to EMDR protocol.

Sources:
Shapiro, F., Maxfield, L. (2002). Eye movement desensitization and reprocessing (EMDR): Information processing in the treatment of trauma. *Psychotherapy in practice, 58,* 933-946.

Jennifer Berbrier, Montreal Therapy Centre

Psychodynamic Therapy

Founder, Description, Basic premise/philosophy

Psychodynamic psychotherapy is a form of therapy that explores the past of the client to reveal unconscious information from the client's psyche. It relies strongly on the interpersonal relationship dynamic between the client and therapist to understand how the client relates to others. The premise is that life issues and relationship patterns and dynamics re-emerge in the context of the client-therapist relationship. The focus is on uncovering unconscious conflict and identifying defensive strategies that the client uses that help them to avoid the unpleasant consequence of conflict. One central belief is that early childhood experiences influence the development of psychopathology and that insight is important to the success of therapy. Recognizing, acknowledging, understanding, expressing, and overcoming, negative and repressed emotions improves the client's interpersonal experiences and emotions.

What type of problems is this approach used to treat and what populations can it serve?

Typically, psychodynamic psychotherapy is used to treat depression and other psychological issues especially in those who feel that they have lost meaning in their lives or those who have difficulty in their relationships with others. It has also been used to help people with addictions, social anxiety disorder, eating disorders, borderline personality disorder, and more. Psychodynamic psychotherapy is often done with individuals but can be incorporated in other settings.

What does this approach look like in practice? What are some types of interventions?

Psychodynamic psychotherapists will typically explore the early childhood experiences of the client to assess how these experiences influenced the development of their current symptoms. Clients are typically encouraged to speak freely in sessions about anything that comes to mind (fears, desires, dreams, etc.). The therapist's role is to help the client understand how their repressed earlier emotions are affecting current decision-making, behaviour, and relationships. Clients learn to analyze and resolve their issues and change their behaviour in current relationships through deep exploration and analysis of earlier experiences and emotions. Developing a good working relationship with the therapist is incredibly important in psychodynamic psychotherapy.

Source:

Humanistic Therapy

Founder, Description, Basic premise/philosophy

The humanistic approach is a form of positive psychology which emphasizes a person's innate drive towards realizing their own potential and their own capabilities (self-actualization). The approach is holistic and focuses on human potential, free will, and creativity. It encourages self-exploration, self-awareness, and mindfulness and provides positive social support. This approach has several subtypes and was mainly influenced by Carl Rogers, Abraham Maslow, and Rollo May. Humanistic psychotherapy tends to look beyond the medical model and follows a more non-pathologizing view of the person by focusing on the lived experience of people.

What type of problems is this approach used to treat and what populations can it serve?

The humanistic approach has been used in treating depression, anxiety, panic disorders, personality disorders, schizophrenia, addiction, and treating relationship and family issues. It is also used with people who have low self-esteem and self-efficacy and people looking for personal meaning in their lives.

What does this approach look like in practice? What are some types of interventions?

Therapists who use a humanistic approach to therapy will create an environment in which the client feels free to express any thoughts or feelings and will typically avoid suggesting topics to focus on. Behaviour analysis, as in other approaches, is typically not done with this approach. The role of the therapist is to provide empathy and listen attentively to the client and be non-judgemental. Interventions in this approach will typically involve assessing the client's ideal self (the person the client wishes to be) the real self (who they feel they are), and the incongruence between the two. The goal is to have the two representations become congruent. Typically the focus is on the here and now rather than looking at the past and analyzing how it influences the present.

Source:
American Psychological Association

Systemic Therapy

Founder, Description, Basic premise/philosophy

The systemic approach (also known as family systems therapy) is based on the premise that the whole is greater than the sum of its parts and that individual behaviour is heavily influenced by the important relationships in our lives. Systemic therapy is typically used with couples and families, but can also be used in group therapy with people who work or live closely together, as well as with individuals who are struggling with relationship issues. This form of therapy was designed to help people work on issues in the context of their couple, family or group. The members work together to understand problems in the dynamics of the group, identify maladaptive patterns of behaviour between members, and views the group as a system rather than focusing on the individual. Therefore, the couple or family is viewed as the client and not just the individuals themselves. The approach was developed in the early 1950's by Dr. Murray Bowen however other prominent figures in the development of family therapy include Dr. Salvador Minuchin, Dr. Virginia Satir, and Dr. Carl Whitaker.

What type of problems is this approach used to treat and what populations can it serve?

This approach is versatile and can be used to treat a variety of problems including family conflict, couples and individual issues with concerns related to family of origin. It can help with depression, bipolar disorder, anxiety, personality disorders, addiction, eating disorders,

disabilities, issues related to gender and gender identity, etc. The approach goes beyond focusing on an individual and works with all members of the family.

What does this approach look like in practice? What are some types of interventions?

Systemic therapy involves working with the individual, couple or family within a relational context.. With couples and families, everyone will be encouraged to attend sessions so that the dynamics can be observed by the therapist and all members are actively involved in working through the problems. The therapist works with everyone in the couple or family to understand roles, patterns and concerns and will remain a neutral source of guidance throughout the therapy. Each member of the couple or family will have the opportunity to express their feelings and perspectives about an issue. Members will work both individually and together to help develop new ways of communicating with one another and exploring different styles of interactions. When used with individuals, the therapist works to understand the client within the context of their important relationships and the focus is primarily on the individual as part of a larger system.

Dialectical Behaviour Therapy (DBT)

Founder, Description, Basic premise/philosophy

Dialectical behaviour therapy was originally developed to treat borderline personality disorder (BPD) however it has now been adapted to treat anyone who wants to improve their emotion regulation, tolerate distress and negative emotions, be more mindful in the present and interact with others more effectively. This modality was developed by Dr. Marsha Linehan in the 1980's who worked with people diagnosed with BPD and were having great difficulty in their relationships with others (friends, partners, family members). The approach incorporates skills training and distress tolerance tools to allow clients to better manage their own distress. People who typically benefit from dialectical behaviour therapy are those who meet the criteria for borderline personality disorder, people who are at risk for suicide, people who experience depression, anxiety, those who suffer from eating disorders, substance abuse disorders, and anyone who has a difficult time managing their negative emotions. The approach tackles all-or-nothing thinking (i.e., black-and-white thinking) and promotes a balance between opposing perspectives.

What does this approach look like in practice?. What are some types of interventions?

Dialectical behaviour therapy is most often used with individuals but can also be used for group skills training sessions. With DBT, the client will learn distress tolerance skills to use in their daily life to better manage difficult emotions. With the therapist, clients practice a variety of techniques and strategies including mindfulness (being in the present moment and acknowledging thoughts and feelings without having to control them), distress tolerance (learning how to cope with a crisis and dealing with the emotions that are triggered) , interpersonal effectiveness (asking for what one needs from others and setting boundaries in relationships) and emotional regulation (practicing strategies for managing emotions so they don't control the client's thoughts and behaviours).

Sources:
Linehan, M., Wilks, C. (2015). The course and evolution of dialectical behavior therapy, *American journal of psychotherapy, 69,* 91-239.

Gestalt Therapy

Founder, Description, Basic premise/philosophy

Gestalt therapy was developed by Fritz and Laura Perls. The term, *Gestalt* itself refers to the "whole" of the person rather than the individual parts. The basic premise is that people are best viewed as the mind, body, and soul as one entity and best understood through their own eyes. To understand the person Gestalt therapy believes in bringing the past into the future rather than spending time talking about the past passively, as in traditional talk therapy. The belief is that we can alleviate our negative reactions to past events by actively expressing them in the present. Building self-awareness is a big part of Gestalt therapy in that it helps clients better understand themselves and how the choices they make affect their health and their relationships.

What type of problems is this approach used to treat and what populations can it serve?

Gestalt therapy can help people who suffer from anxiety, depression, self-esteem, relationship difficulties. Physical ailments like migraines have reportedly been treated by Gestalt therapy. Clients that do well with Gestalt therapy are those who are interested in gaining insight into their

problems and increasing self-awareness. Gestalt therapy often will include aspects of other therapies such as body work, dance, art, drama, etc.

What does this approach look like in practice? What are some types of interventions?

Gestalt therapy will focus on the client's problems in the present and finding solutions to those problems. Clients are often asked to re-experience their feelings about a problem in the session as opposed to simply talking about those experiences in the past tense. The therapist may use role-playing and other techniques in an attempt to bring these past experiences into the present in the session. The goal is to make the client more aware of how they feel about things as they occur and learn to cope with those feelings in the present. It helps the client take more responsibility for themselves, accept the consequences of their behaviour, and learn to take care of their needs.

Hypnotherapy

Founder, Description, Basic premise/philosophy

Hypnotherapy is the use of guided hypnosis in a therapeutic setting. Hypnosis is a state of relaxed inner concentration and focused attention that can be experienced as a more passive or trance-like state that can facilitate greater connection between the conscious and unconscious mind. The premise is to focus attention on a specific event or specific behaviours to help the client be able to make change or regain control in problem areas of their life. Hypnotherapy is typically used along with other forms of therapy and is rarely used completely on its own. Hypnosis is not considered a type of therapy or treatment. It is generally considered a therapeutic technique that can facilitate other forms of therapy. Several prominent names in the history of the development of the technique include Émile Coué, Clark Hull, Dave Elman, Milton Erickson, Joseph Wolpe, and Albert EllisWhat does this approach look like in practice? i.e. What is the focus in this type of therapy (family of origin, current situation, thoughts, feelings, observing self and actions). What are the types of interventions?

What type of problems is this approach used to treat and what populations can it serve?

Hypnotherapy is often used with people who wish to stop certain habits like smoking but can also be used for depression, anxiety, phobias, gastro-intestinal disorders, weight loss, pain management, and other health problems. Hypnosis does not work for everyone however, a

person's ability to respond to hypnosis depends on fears or concerns that come from certain misconceptions. People who are hypnotized do remain aware of who they are, what they are, where they are, and what transpired during the hypnosis.

What does this approach look like in practice? What are some types of interventions?

Hypnotherapy is done by a trained clinical hypnotherapist. Different forms of hypnosis exist. However it is typically done in a quiet, calm, environment. The therapist will guide the client into a relaxed state and ask them to envision experiences and to think about positive ways that can help them to begin to change the way they think and behave. The therapist will make suggestions about what to think about or what to focus on however the client chooses whether they will act on those suggestions or not.

Sources:
American Psychological Association

Other resources:
https://www.apa.org/monitor/2011/01/hypnosis

Integrative Therapy

Founder, Description, Basic premise/philosophy

Integrative therapy draws on multiple types of therapeutic approaches to tailor the therapy to best meet the needs of the client. The therapist matches their approach to what is most relevant to the client's specific goals, or what may best treat the presenting symptoms based on scientific evidence for specific disorders. The premise is that using only one form of psychotherapy limits what can be done for the client, and that therapy is not a one-size-fits-all approach. Therapists will consider the characteristics, preferences, needs, physical abilities, beliefs, and motivations and use their professional judgement in deciding what methodology would work best. With integrative therapy, a therapist may use multiple therapeutic tools drawn from a variety of approaches. Many training programs now encourage integrative approaches to psychotherapy so that therapists can adapt their methods to best meet the needs of different types of clients.

What type of problems is this approach used to treat and what populations can it serve?

Since the integrative approach uses what's best for the client and their problem, this form of therapy can be useful for treating any number of psychological problems and disorders.

What does this approach look like in practice What are some types of interventions?

The therapy will look like a number of different forms of interventions. It can include cognitive-behavioural techniques, delving into the past, focusing on solutions and problem solving, systemic approaches, hypnosis, etc. Many therapists who are well versed in multiple forms of therapeutic schools of thought will identify themselves as integrative rather than adhere to one approach.

Mindfulness Based Therapy

Founder, Description, Basic premise/philosophy

Mindfulness originated with eastern practices in various religions and secular traditions. People have been practicing mindfulness for thousands of years. Most practitioners in the West learned it from Buddhism and Hinduism. Many yoga practices also incorporate mindfulness in their repertoire. Jon Kabat-Zinn is the person most commonly associated with bringing mindfulness to the West. Mindfulness alone is not considered a therapeutic approach however this technique is used in many forms of psychotherapy as a tool to help clients pay attention and stay present in the moment and has increasingly gained popularity in recent years. The basic premise of mindfulness is learning to accept and tolerate discomfort and only then make necessary changes in one's life. An important caveat is that this practice is not about being happy, but about learning to be with what is and find acceptance. One core belief of mindfulness is that resistance to what causes suffering is a significant source of suffering in most people.

What type of problems is this approach used to treat and what populations can it serve?

The technique can be used with almost anyone and works to develop a person's ability to stay focused and be attentive. It has been shown to decrease stress levels, reduce harmful ruminating, protect against depression, and anxiety, reduces emotional reactivity and improves

cognitive flexibility. Mindfulness practice can also be helpful for chronic pain, stress/burnout, sexual difficulties, sleep disturbances, increased life satisfaction, and perfectionism.

What does this approach look like in practice? What are some types of interventions?

This approach can be done individually in session with your therapist but can also be done in a group environment with a trained professional. The sessions could include learning the skill of mindfulness through exercises and meditation (both in session and as homework) or could include the therapist's own practice and way of being attuned and present in the moment with the client. Some of the more common exercises done in mindfulness-based therapy include body scanning, learning the mindfulness of breath, sounds, and thoughts, mountain meditation, non-guided breath focus, and acceptance of thoughts and feelings exercise. These are short exercises that are typically done at the beginning of the sessions to help the client get focused and relaxed.

Sources:
American Psychological Association
Postivepsychology.com
Mindfulnesscds.com
Yael Gutner, Montreal Therapy Centre

Solution-Focused Therapy

Founder, Description, Basic premise/philosophy

Solution focused therapy is a brief form of therapy that was developed by Steve de Shazer and Insoo Kim Berg and colleagues in the 1970s. The basic premise is that all clients have some knowledge of what would improve their life even though they may need some help describing and envisioning what a better life for them would be. It assumes that those who seek therapy already possess the basic skills necessary to create solutions. Solution-focused therapy is future-focused, goal-directed, and focuses on solutions rather than the causes of the issue. Solution focused therapy is considered one of the leading schools of brief forms of therapy. It is a practical, goal-driven model, and emphasizes clear, concise, and realistic goal setting.

What type of problems is this approach used to treat and what populations can it serve?

Solution-focused therapy is used with people of all ages, and several issues including child behavioural problems, family issues, domestic or child abuse, addiction, relationship issues, and can be used to improve the quality of life for people with psychiatric disorders like depression or schizophrenia.

What does this approach look like in practice? What are some types of interventions?

Solution-focused therapy can be used on its own or as a tool with other forms of therapy and treatments. Therapists using this form of therapy will typically begin by helping the client clarify what their goals are, what the client hopes to get out of working with a therapist, and how life would change in taking the necessary steps to resolve their problems. The therapy encourages creative thinking, setting goals, and developing clear plans for reaching those goals and changing the clients life for the better. Other interventions include exploring previous attempts to solve problems, looking for exceptions to problems, focusing on the present and the future, and assessing coping skills.

Sources:
Institute for Solution-Focused Therapy

Narrative Therapy

Founder, Description, Basic premise/philosophy

Narrative therapy is an approach that focuses on the client's stories (narratives) the client's tell about themselves and their histories and their way of making meaning out of life events. It explores the language that people use to construct and maintain their problems. The basic premise to this approach is that people are meaning makers, meaning that people's lives and relationships are based on and shaped by the stories they develop to give meaning to their experiences. Narrative therapy involves understanding the stories or themes that have shaped a person's life. Out of all the experiences a person has lived, what experiences have held the most meaning? What choices, intentions, relationships have been most important. This form of therapy focuses on putting together the plot which connects the dots of each client's life story. This form of therapy assumes that people have the skills, competencies, beliefs, values, and abilities to help themselves to reduce the influence of problems in their own lives. The approach was developed in the 1970s and 1980s by psychotherapist, Michael White and family therapist, David Epston.

What type of problems is this approach used to treat and what populations can it serve?

Narrative therapy can be used with individuals, couples, and families for a variety of issues. This form of therapy can be used to promote understanding of many problems that individuals are experiencing in their lives and can help explore how life experiences have shaped the client and influenced how they view themselves in the present day.

What does this approach look like in practice? What are some types of interventions?

Narrative therapy is a non-blaming approach which views people as the experts of their own lives. A narrative therapist will be interested in the stories the client tells about their lives, the stories they carry with them about who they are and what is most important to them. The sessions focus on unearthing these stories, understanding them, and working on re-telling them in different and more constructive ways.

Sources:

Sween, E. (1998). The one-minute question: What is narrative therapy. *International Journal of Narrative Therapy and Community Work. Dulwich Center*.

Dulwich Centre: www.Dulwichcentre.com.au