

Counselling in Scotland

SPRING 2011

FOR BETTER OR WORSE? RELATIONSHIP
COUNSELLING IN SCOTLAND TODAY

SCOTTISH MARRIAGE CARE

GETTING READY FOR THE NEW PROTECTING
VULNERABLE GROUPS SCHEME

POSTNATAL DEPRESSION AS A SPECIALIST
COUNSELLING SERVICE

COUNSELLING SUPERVISION WITHIN AN
ORGANISATION

OBITUARY: MILITZA MAITLAND



COSCA

Counselling & Psychotherapy
in Scotland

Contents

- 03 Editorial
JOHN DODDS
- 04 For Better or Worse?
Relationship Counselling in Scotland Today
STUART VALENTINE AND HELEN WESTON
- 09 Scottish Marriage Care
KATHLEEN CONROY
- 13 Getting Ready for the New Protecting
Vulnerable Groups Scheme
SCOTTISH GOVERNMENT
- 16 Postnatal Depression as a Specialist
Counselling Service
TESSA HARING
- 21 Counselling Supervision Within an Organisation
TRISH ELRICK
- 24 Obituary: Militza Maitland
WENDY MATHISON AND PETER BOWES
- 27 New Members of COSCA
- Gazette

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Charity Registered in Scotland No. SC 018887
Charitable Company Limited by Guarantee
Registered in Scotland No. 142360

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Editorial



John Dodds

WHILE WORKING as a volunteer counsellor in Edinburgh, my supervisor for a part of that time was Militza Maitland, who sadly died at the young age of 63 last August. I learned of her death through the submission of the obituary piece by Wendy Mathison and Peter Bowes. To their piece, I'd like to add my own sentiments. I found Militza as my supervisor warm and supportive, challenging, incisive and funny. My deepest sympathy goes to her family and friends. She will be missed.

A theme crossing two articles this issue is that of relationship counselling. Both articles (*Relationships Counselling in Scotland Today* and *Scottish Marriage Care*) look at the pros and cons of working with a couple in crisis. As a person-centred counsellor, it's been my choice, preference, and belief, to work with individuals exclusively. Like some other counsellors I've had questions, and uncertainties about the effectiveness of relationship counselling. Yet I freely admit that my reservations are not from any practical knowledge, but rather my personal feelings and from where I always felt my skills best lay.

Having said that I feel these pieces have given me a richer understanding of the value of relationship counselling. And I certainly echo the authors' comments that a relationship counsellor requires unique qualities and skills if they are to best support their clients, both as individuals, and as part of the relationship dynamic. It's certainly a topic I'd welcome letters about for the journal.

On a practical note, I draw your attention to an update on a piece we ran previously on Protecting Vulnerable Groups Scheme being introduced this year by the Scottish Government. As counsellors we work within the strictures and certifications of Disclosure Scotland. The new scheme builds on, and enhances, the scheme for those who work with vulnerable groups. An outline of the scheme appears in this issue, together with details of how you can obtain more information.

How counselling can help with postnatal depression is examined in a fascinating piece by existential psychotherapist Tessa Haring. Tessa gives us insights into the complexities, challenges and opportunities presented by postnatal depression in the counselling context. CrossReach Postnatal Depression Services in Edinburgh, for whom Tessa is the manager, is providing invaluable support in this arena.

It seems apposite, in light of the death of Militza Maitland, that we close this issue with a look at counselling supervision within an organisation. Trish Elrick opens with a quote from a publication called *Passionate Supervision*. And if anyone was an exemplar of passionate supervision, and its very definition, it was most certainly Militza.

Erratum

Last issue the article on Getting it Right for Every Child, critically omitted some of the stakeholders. This was due to an editorial and typesetting error, rather than any fault of the author. I offer my apologies, together with the list of additional stakeholders that should have appeared:

Voluntary Sector
Lothian and Borders Police
NHS Lothian
Scottish Government

Article submissions requested

Regular contributor David Lingiah is preparing a book on the topic "What moves me". He wishes to include contributions from COSCA members and readers as well. It could be a person, book, a quote, an event that has moved/influenced/transformed your life. Please write an A4 page and include a short biographical note. Send your stories to: Dr David B.Lingiah, 7 Glenwood Gardens, Lenzie, Glasgow G66 4JP, or email them to: david.lingiah@gmail.com.

For Better or Worse?

Relationship Counselling in Scotland Today



Stuart Valentine Chief Executive
Helen Weston Head of Professional Practice

‘Our greatest joy and our greatest pain come in our relationships with others.’ – Steven R Covey

Each year over 15,000 people are supported by Relationships Scotland through its network of 22 local services across the country. Many are couples who have taken the courageous step of allowing a stranger to hear the most intimate details of their lives, in the hope that their relationship will improve as a result. Stuart Valentine and Helen Weston examine the vital role that relationship counselling plays in helping couples overcome crisis.

Family life today

Whilst all families have much in common, there is no such thing as a typical family in 21st Century Britain (Cabinet Office Strategy Unit 2008). Economic and social factors have changed the face of our society. Today fewer people marry and those who do tend to do so later in life. More children in Scotland are now born outside marriage than within. Of those that do marry, it is now normal to live with partners before marrying. Married couples are more likely to divorce but a surprising number go on to re-marry and extended step-families are increasingly common. Civil partnerships have become a feature of everyday life, as has the growing number of people who choose to live alone.

Although there have been many such changes in family life over the last few decades, intimate relationships remain vital for most people’s well-being and happiness. Couple and family relationships that are strong and healthy have the ability to help people cope with the great challenges of life such as bereavement, unemployment, ill-health and financial crisis. Strong family relationships also provide stability that helps children grow and develop in safety.

When intimate relationships do break down, however, most people experience a deep sense of personal crisis. Added to this are the many negative outcomes that often accompany separation and divorce. Research shows that factors such as parental conflict, financial hardship and mental health are the key drivers that lead to negative outcomes for children (Thomas Coram Research Unit, 2009).

Estimates of the total cost of family breakdown in Britain today vary, with recent reports ranging from between £20bn (Social Justice Policy Group, 2007) to £40bn (Relationships Foundation, 2010) each year. What is clear, however, is that relationship breakdown leads to a great many negative outcomes for children, for families, for individuals and for society as a whole.

In terms of policy, the Scottish Government’s *Early Years Framework* is perhaps the key document relating to family support. While this framework has many strengths in its focus on early intervention and prevention in relation to children, it lacks a broader family perspective that recognises the crucial role that parents and other carers play in supporting positive development in children. This broader family perspective is being advanced by the UK Coalition Government which has made clear references to the importance of relationship counselling in supporting families. The Scottish Government would do well to follow suite.

What is special about relationship Counselling?

Many couples tell us that they are only able to raise certain painful or explosive issues because of the safe environment provided by the counsellor.

This idea of the counselling relationship as a 'container' (Bion 1962) is particularly pertinent for relationship work as often the warring partners have lost all sense of themselves as a couple and need the counsellor to hold it for them until they can recover it for themselves. This is why relationship counsellors need a specialised training, as it is not only about the ability to 'hold the couple in mind' (Grier 2005) but also the ability to create a therapeutic alliance with two individuals who are often facing in opposite directions. Counsellors need to acquire a highly developed sense of poise and balance, so that they can remain impartial and not be tipped over into collusion or over-identification with one partner or the other.

Confidentiality is also more complicated when working with couples and has to be clearly and carefully defined from the start, with special attention paid to the difference between legitimate privacy and the destructive impact of secrets on the couple process. This is a particularly delicate negotiation when couples are also seen individually for one or two sessions before coming back to work together on their relationship. Where domestic abuse is suspected it is of course essential that both partners are seen separately. Safety issues then become paramount, overriding the normal concerns about impartiality and balance.

Sometimes people come for counselling on their own and are looking for counsellors who will be alert to the dynamics of intimate relationships. Often the counsellor will be able to help them identify destructive patterns of relationship in their own life history. Relationship counsellors have this extra dimension emphasised in their training from the beginning and employ psychodynamic principles to explore the roots of relationship patterns in formative childhood experiences.

Theoretical underpinning for couple work

Because there is a proven link (Clulow 2001) between early attachment patterns and later adult relationships, the training of couple counsellors focuses in depth on attachment theory, so that clients can be helped to identify their own contribution to the couple 'fit' and be more aware of what they need from their partner.

Object relations theory is also a key part of the training, as it provides a framework for understanding the projections and transference that plague intimate adult relationships, as couples replay old dramas and blame their partners for behaviour that they cannot acknowledge or accept in themselves.

Family systems theory is the third vital component, enabling clients to see where their particular relationship sits in the larger family system and how much the roles they play are influenced by unwritten rules and behavioural norms from their families of origin and the surrounding culture.

Intimacy and sex

Intimacy is, of course, at the heart of couple relationships and experience suggests that a big proportion of rows and affairs are about the inability to tolerate either closeness or distance. Problems with children or in-laws are often caused by the unconscious need to create a triangular relationship in order to deflect attention from the horror of either engulfment or rejection.

All of this points backwards to early attachment experiences with care givers and significant others and underlines the importance of the psychodynamic and systemic base in all Relationships Scotland courses.

Sex is often a taboo subject in counselling sessions. However, couple counsellors are trained to raise it with both individuals and couples who come to do relationship work, as it is a reliable barometer of their relationship and provides vital clues to problems in other areas that may be unspoken or even unconscious. If the relationship is robust and the problems are specifically sexual, the couple will be referred to a sex therapist, provided in the majority of Relationships Scotland local services in Scotland.

Sexual and relationship therapists, or psychosexual therapists as they are sometimes known, are all relationship therapists who have done an additional intensive training (often to Masters level) equipping them to offer specialised help for a wide range of sexual problems and 'dysfunctions'. This is a unique specialism, which Relationships Scotland has offered for many years in conjunction with Relate in England.

Our short course 'Sex and Beyond' offers additional training to our relationship counsellors to keep them up to date with this fast-changing area of our work and the growing impact of the Internet on sexual relations in general.

Same sex relationships

It is part of Relationships Scotland's mission statement that we work with individuals and couples regardless of their gender and sexual orientation and like Relate we are committed to working with all couples who are in 'adult intimate relationships'. This includes lesbian, gay, bisexual and transgendered couples and individuals or couples who are seeking to explore their own sexuality or their sexual orientation.

Is couple counselling effective?

A report by the Tavistock Centre for Couple Relationships (April 2009) emphasises the importance of good-quality couple relationships for the well being of the adult partners. There is strong evidence that couple interventions can have a positive effect on issues such as depression, addiction to drugs and alcohol and domestic violence, though the latter is more problematic because of concerns over safety issues.

In particular, studies have shown the effectiveness of couple therapy for adult mental health problems and marital distress (Baucom et al, 1998) and have demonstrated that low-level aggression can be reduced by couple therapy even when this issue is not specifically targeted (Simpson et al, 2008).

Importantly, there is a growing body of research that points to a strong link between the quality of the adult couple relationship and the quality of parenting (Clulow, 2008). Many studies show the positive impact of good parental relationships on children, while others show that prolonged marital conflict and relationship breakdown tend to be associated with school difficulties, antisocial behaviour, increased aggression, hostility and depression (Cummings & Davis, 1994).

Couple interventions are shown to have a marked effect on children's functioning (Cowan & Cowan, 2005). Where couple work takes place, there is generally a reduction in destructive marital conflict and improvements in both parenting and family adjustment.

Research clearly shows that relationship counselling achieves significant and long-lasting positive change for clients (Synder et al, 1991). The Department of Social and Family Affairs in Ireland (2002) states:

“In general, cases which receive marital counselling tend to do better than those that do not receive marital counselling in about seven out of ten cases...about half the couples reliably move from marital distress to marital satisfaction by the end of counselling.”

Such research backs up the experience of counselling practitioners who have witnessed significant positive change in the outcomes for couples and their families over many years of counselling practice.

Why retain specialised courses in relationship counselling?

It is a widely held belief that all proficient counsellors can work just as well with couples as with individuals, but evidence is growing from participants on our post-qualifying Certificate in Couple Counselling that there is little awareness of the radical challenge posed by managing warring partners in the counselling room or dealing with the complexities of split agendas. Counsellors must be able to contain the distress and disintegration of a relationship and also be able to demonstrate belief in the continuance of a relationship when the two individuals have lost all sense of it themselves. They must be able to be engaged with both partners while standing back and assessing the strength of the relationship. This is a very particular skill, demanding a robustness that is not found in all counsellors. Students actively choose this specialism and it needs to be protected as the Regulation of Counselling approaches and funding potentially declines.

Conclusion

Relationship counselling has a vital role to play in the life of Scotland's people and this needs to be more fully recognised by the Scottish Government. Research has shown that

relationship counselling is an effective support that enables couples and families to work through the difficulties they may have. While counselling may help some couples see that it is best for them to separate, many others have found greater understanding of each other and have been able to maintain strong and worthwhile relationships which benefit those around them, especially their children.

Relationships Scotland

Relationships Scotland was formed in 2008 through the merger of Relate Scotland and Family Mediation Scotland. It supports a Scotland-wide network of local services that provide relationship counselling, children's and young people's counselling, psychosexual therapy, family mediation, child contact centres and a wide range of other related forms of family support.

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Scottish Marriage Care



Kathleen Conroy

Head of Training, Scottish Marriage Care

Scottish Marriage Care (SMC) is motivated and defined by a belief in the intrinsic worth of every person and the recognition of their unique potential. These values distinguish the organisation's approach to relationships and relationship education both in personal lives and in society as a whole. The ability to form and sustain good relationships is the DNA of a mature cohesive community, and SMC's aim is to work with clients at all ages and stages of their relationship development.

SMC uses the skilled helper model: a problem management and opportunity development approach to helping as its core model. The skilled helper model can be described as integrative, influenced by humanistic, person-centred values and uses client-centred counselling skills. The model is not based on a particular theory of personality or moral development. The model is influenced by work on social and emotional intelligence (Egan, 2009, p.11); it places value on the elements of positive psychology (2009, p. 25) and Egan holds the view that any '...helping worth its salt must be...solution focused.' (2009, p. 290). The Skilled Helper Model provides a useful 'map' (Egan, 2001), which can also be used eclectically. The skilled helper model offers a template of good communication skills and a method of problem solving, establishing each client as the expert in their own lives.

As relationship counsellors, we inform and underpin our use of the model with various relationship theories. *Marital Interaction* (Pincus, 1962; Ross, 1979), and *Stages of Marriage* (Kovacs, 1988) are amongst those which explain the patterns of lifelong committed relationship and have, over time proved most useful to counsellors. More recently, we have also been incorporating theory from Systemic Family Therapy into our training and practice, taking cognisance of clients' familial and societal systems.

This expansion of our theory base is particularly relevant because a key part of our work with clients is helping them to manage change. The transition to parenthood, midlife and older marriage, are constant themes encountered by counsellors and whilst change is inevitable, growth is intentional and needs self-awareness and courage on the part of the participants; counselling can provide the security, support and structure that turns changes into choice points. However, trying to manage changes brought about by the sequence of life events amidst modern family living creates potentially destructive conflict. This conflict is frequently the determining factor that brings a couple to counselling. A MORI poll of 1,000 Scottish parents conducted as recently as July 2010 for Parenting Across Scotland (PAS, 2010) reported that money, work and children's behaviour were named as the three top sources of stress in clients' relationship with their partners. Because of the demands of family life, a couple's relationship could justifiably borrow from the politicians' expression 'the squeezed middle'.

Finding acceptable alternatives and solutions to these day-to-day conflicts can be particularly challenging for couples as they try to integrate and reconcile what might be called 'family values' with 21st century values and aspirations. Gottman and Clifford (2000) note the trend in contemporary western society, which places the context of life within the search for personal happiness and individual fulfilment.

The search for self and personal identity can mean that putting a partner's needs first is less acceptable and leads to resentment and frustration. Two-career households and the general busyness of life can find relationship time compromised and couples feeling lonely and stressed. High expectations around lifestyle contribute to financial difficulties and feelings of being undervalued and dissatisfied.

Although counselling may now be more commonplace there is, for some clients, still an issue around “having to get help” and not managing to work things out themselves. Many clients do not tell family members, friends or their children that they are attending counselling. Couples who do look for support and help from families and friends find they can either be too supportive or critical. Clients faced with relationship difficulties can experience a myriad of emotions and issues. Feelings of guilt, failure and fear are frequently raised by clients “what will happen to me?”, “what about the kids?”, “do I want this relationship anymore?”, “does she really want it to work?”, “do I still love him?”, “can I go it alone?”

Couples benefit from the time and space offered in counselling to discuss openly what their emotions are and to reassess how they see themselves as a couple. They need to explore and communicate what it means to be accepting of each other and of self, but also be open to challenge and personal change. Couples and individuals who benefit most from counselling are those who invest in working through the challenges and conflict to greater understand their particular relationship. This also applies if the relationship does not survive, as there has been the opportunity to look at what went wrong, work through it and develop a greater understanding of themselves in relationship/s.

Understanding and communication are the framework of effective relationships so it is ironic that more and more couples come to counselling as part of the fall-out from the explosion of communication which has taken place in the last twenty to thirty years. Dutton et al (2009) note the effects of technology and the cyber age in how we live our lives. Alongside the obvious benefits of making and sustaining relationships based on information sharing and common interest (for

example friends on Facebook), have come a whole new set of difficulties and temptations for those in a relationship based on deeper values – intimacy and lifelong commitment and trust. Hours spent on the internet, internet sex, social networking, texting and email, can impact on the intimacy of a couple relationship, affect trust, and sometimes, if things get bad enough, dismantle the intimacy of their sexual relationship. Peoples’ experience of infidelity and betrayal is wider than the sexual act itself. These kinds of issues need help from the counsellor to rebuild trust and reset priorities. In the counselling room, which is a safe place to be honest, the couple can identify how, as individuals, they want things to look and decide the best option for their future and critically, how together they will make this happen, step by step.

In keeping with Egan’s emphasis on positive psychology, a key outcome for clients is to help them recognise their unused resources and learn enough about themselves to be their own problem solvers.

Counselling can help couples become aware that throughout their lifetime together, a cyclical pattern of a committed relationship will run through many periods; at times making them close and intimate, sometimes emphasising their autonomy and distance from one another. These stages could be defined as a romantic, honeymoon time, a period of ‘Expansion and Promise’ (Dym and Glenn, 1993), when they will search for and emphasise their similarities. Inevitably after some time, a second phase begins where differences emerge and unmet expectations and/or a power struggle become the focus of the couple’s emotions – usually anger, blame and disappointment. This is a critical time in the relationship and is often the stage that a couple will seek the help of a counsellor. Relationship skills, openness to ‘living forward’ and accepting responsibility help a couple manage this part

of the cycle. In a third phase couples begin to integrate the ups with the downs and learn a little more about acceptance, negotiation and forgiveness. In this way, crisis and the change it initiates can be a source of personal growth as well as an opportunity to strengthen couples' relationships.

So does relationship counselling work? The effectiveness of relationship counselling has in fact been demonstrated in a meta-analysis of 15 studies using outcome studies – where cases that receive treatment tend to do better than cases that do not (Dunn & Schwebel, 1995).

Another major study, commissioned by Accord into whether (relationship) counselling makes a difference – *Unhappy Marriages* (McKeown, 2002) – pulled together existing findings and new research and cites the following findings:

- counselling works by reducing stress
- counselling changes partners' negative behaviours of criticising, insulting and not listening
- counselling helps clients to become more satisfied with their partners' share in housework and childcare
- people who go to relationship counselling feel better about themselves afterwards and tend to develop more sharing and affectionate relationships (McCarthy et al, 1998)
- counselling improves relationship satisfaction for around one third of men and one fifth of women
- counselling works equally well for both men and women and all social classes
- counselling helps unhappy relationships quickly, with 7-8 sessions being the optimum number

In short, counselling does help unhappy relationships.

SMC's own statistics show that clients come for counselling at all ages and stages in their relationships.

Client age:

16% of clients are aged between 18 and 30
70.5% between 30 and 50
13% over 50, with 0.5% of these being over 70

Length of Relationship:

50.15% of clients have been together between 1–10 years
33.38% have been together between 11–20 years
14.63% have been together between 21–35 years
1.38% have been together between 36– 50 years
0.46% have been together 50+ years

Almost 90% of SMC clients are married or cohabiting and 82% of SMC clients are employed. There is evidence that less than one-fifth of SMC clients' relationship has ended on termination of the counselling process and clients report a high level of satisfaction with our service:

“Our counsellor was very friendly and welcoming. We've learned a lot about each other.”

“Counselling helped me to realise that where there's commitment in a relationship, problems can be overcome with communication.”

“Our counsellor was excellent, she helped us 100%. If it wasn't for your service our relationship would have failed.”

Research by Fosco and Grych on teenage relationships (2010, cited by the About Families Team) also supports SMC's own conviction that

improved communication and problem solving skills within the couple relationship make a positive impact on family relationships as a whole. Their research reports that teenagers in a household where the parents manage their own conflict and relationship difficulties effectively have fewer arguments with their parents.

So it would seem that working with couples on their marriage or their unique couple relationship can be a very good starting point for helping all their relationships become more rewarding. A 'good' marriage anecdotally and empirically leads to happiness and fulfilment, but the sound relationship skills that nurture that marriage are the same as those that successfully parent a child, effectively manage an employee, generously befriend a colleague and enthusiastically embrace the opportunities provided by retirement.

SMC as an organisation continues to promote this philosophy through its extensive work in the field of marriage preparation, its relationship education from childhood onwards, its support of families, parents and step parents and of course in its on-going commitment to the professional provision of relationship counselling.

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Parenting Across Scotland
www.parentingacrossscotland.org.uk

Getting Ready

for the new Protecting Vulnerable Groups Scheme

Scottish Government

13

Counsellors, psychotherapists and employing agencies will be only too familiar with the need to have robust child and adult protection policies and safe recruitment practices in place.

Of course, the vast majority of people who work with vulnerable groups are responsible and caring, wishing only the best for their clients. But there are some who would use the work environment to do harm.

Ensuring that vulnerable groups are protected from those who could cause them harm is a priority for the Scottish Government, which is why it will soon introduce the Protecting Vulnerable Groups (PVG) Scheme to replace and improve upon the current enhanced disclosure service for people who work with vulnerable groups.

This new scheme will be managed and delivered by Disclosure Scotland (www.disclosurescotland.co.uk) as an executive agency of the Scottish Government. Disclosure Scotland will also take on additional responsibilities that will include taking decisions, on behalf of Scottish Ministers, about who should be barred from working with vulnerable groups.

For the first time in Scotland there will be a list of those who are barred from working with protected adults to complement the list of those who are barred from working with children.

PVG is a membership scheme that people who work with vulnerable groups will join. It will help to ensure that those who have regular contact with children and protected adults through paid and unpaid work, do not have a known history of harmful or abusive behaviour.

People who are known to be unsuitable to work with children and/or protected adults will not

be able to become members of the PVG Scheme and they will be barred from working with one or both of these groups.

The PVG Scheme introduces a system of continuously updating scheme members' records with any new vetting requirements – convictions and other information which the police consider relevant. This means that people whose behaviour suggests that they may have become a risk to vulnerable groups will be quickly identified. This will enable action to be taken by Disclosure Scotland and by the individual's employers.

In addition, organisations and groups must make a referral to Disclosure Scotland if they investigate and conclude that an individual doing regulated work for them on a paid or unpaid basis has behaved in a harmful way towards vulnerable groups and they have removed the individuals from their position as a consequence.

If someone is barred or placed under consideration for listing on one or both of the barred lists, Disclosure Scotland will notify all organisations and groups with an interest in that person.

A robust and structured approach will be applied to every case to ensure that decisions to bar unsuitable people are fair and proportionate. This approach has been developed in conjunction with a wide range of experts who have knowledge and experience of risk assessment and the protection of vulnerable groups. Before any barring decision is made, the individual will have access to all the information that is being considered and the opportunity to make representations to Disclosure Scotland.

As well as strengthening protection for vulnerable groups, the scheme will be quick

and easy to use and cheaper in the long run than the current service. A particular benefit is that it significantly reduces the need for people to complete a lengthy application form each time a disclosure check is needed. This has been a frustration with the current system.

So what will this mean for counsellors, psychotherapists and organisations that employ them?

First of all, counsellors, psychotherapists and their employers will need to determine whether they are doing regulated work. 'Regulated work' and 'work' are defined by the PVG Act. To avoid doubt, 'work' includes paid or unpaid work, and work done under a contract with children or protected adults, but excludes this if done in the course of a family relationship or personal relationship for no commercial consideration.

Counsellors and psychotherapists are likely to be doing regulated work with children if they regularly see clients aged under the age of 18. Counsellors and psychotherapists are likely to be doing regulated work with adults if they are providing a defined health, care or welfare service. Some counsellors and psychotherapists may be doing both types of regulated work.

Secondly, employing organisations should be aware that they will be committing an offence if they offer regulated work to an individual barred from that work. (This offence does not apply to personal employers.) Personnel suppliers and agencies will also commit an offence if they offer or supply anyone barred from regulated work to do regulated work for an organisation. It is also an offence for someone to do, seek or agree to do, any 'regulated work' from which they are barred.

Thirdly, organisational employers and personnel suppliers and agencies have a duty to refer an individual to Disclosure Scotland if they stop using that individual for regulated work because of harm caused to children or protected adults.

A detailed package of guidance and training, covering all aspects of the PVG Scheme is available on the Disclosure Scotland website.

Counsellors and psychotherapists may also find the Regulated Work Self Assessment Tool helpful. This tool takes users through a series of questions to help them decide whether a post may or may not be within the scope of PVG Scheme membership and can be used in relation to work with children and protected adults.

All of the guidance and training materials are designed to lead people through parts of the PVG Scheme most relevant to them, taking as much or as little information as they need for their own situation.

The Scottish Government recognises that some counsellors and psychotherapists may not have an employing or contracting organisation that asks them to join the PVG Scheme. Those only ever doing self-employed regulated work with either children or protected adults, will be able to apply for PVG Scheme membership unilaterally to work with one or both groups.

This will give reassurance to clients, who can ask to see a counsellor's or psychotherapist's PVG Scheme Membership Statement to confirm that they are not barred from working with children and/or protected adults.

Becoming a PVG Scheme member as a self-employed person also means that any future request for an update can be provided very quickly by Disclosure Scotland.

The PVG Scheme is due to be launched in February 2011 and it will take four years to fully phase it in. In the first year after the launch, Disclosure Scotland will deal primarily with PVG Scheme membership applications for people who are new to regulated work with vulnerable groups, people who have changed posts or have had some other change of circumstances that requires confirmation of PVG Scheme membership.

After the first year, the process of phasing in the entire vulnerable groups' workforce will begin and more information will be available on this process in due course.

More information on the PVG Scheme is available at: www.infoscotland.com/pvgscheme which includes links to the most recent PVG Scheme Progress Update newsletter, a short information booklet and frequently asked questions. You can also register to receive updates on the PVG Scheme on this site.

For the dedicated PVG Scheme help service, telephone 0870 609 6006 or email pvg.enquiries@scotland.gsi.gov.uk

Postnatal Depression

as a Specialist Counselling Service



Tessa Haring

Manager of Crossreach Postnatal Depression Services

What is postnatal depression?

Postnatal depression is a condition affecting one in six mothers and one in ten fathers, either immediately or many months after the birth of their baby. The following are medical definitions of postnatal depression:

‘Postnatal depression is regarded as any non-psychotic depressive illness of mild to moderate severity occurring during the first postnatal year. However, for a significant proportion of women, the illness may have its onset in the antenatal period. It is important to distinguish postnatal depression from “baby blues”, the brief episode of misery and tearfulness that affects at least half of all women following delivery, especially those having their first baby. It is also important that the term postnatal depression should not be used as a generic term for all mental illness following delivery.’

– Scottish Intercollegiate Guidelines Network, *Postnatal depression & puerperal psychosis* (2002)

‘Postnatal depression (PND) has been variously defined as non-psychotic depression occurring during the first 6 months, the first 4 weeks, and the first 3 months postpartum; but recently 3 months postpartum was suggested in the UK as a useful clinical definition. Puerperal mental disorders have only recently been categorised separately in psychiatric classifications, but both the ICD-10 and the DSM-IV require certain qualifications to be met that limit their use: ICD-10 categorises mental disorders that occur postpartum as puerperal, but only if they cannot otherwise be classified, and DSM-IV allows “postpartum onset” to be specified for mood disorders starting within 4 weeks postpartum. In clinical practice and research, the broader definition above is often used, because whether or not PND is truly distinct from depression in general, depression in the postpartum period

raises treatment issues for the nursing mother and has implications for the developing infant. However, there is increased recognition that the depression often starts during pregnancy.’

– BMJ Publishing Group, *Clinical Evidence* (2010)

From a psychotherapeutic perspective, postnatal depression may be viewed as an opportunity, as depression often is, to review and take stock. Becoming a parent can be the catalyst to look at one’s own childhood. Rather than the medical view of postnatal depression as an illness, we tend to consider it a ‘well-ness’. The body is working well when it presents with a depression. Something needs attention and it is the body’s way of gaining that attention. Belying the depression may be ghosts from the past, unresolved issues that get in the way of living fully in the present. Postnatal depression is frequently about transition and loss. Many losses are incurred in having a baby, although rarely talked about openly. If unresolved, this can lead to depression, anger and anxiety. Having a baby is a huge life change. Sometimes the inner as well as outer resources are not there. Counselling and therapy offers clients with postnatal depression the opportunity to work through these issues.

Symptoms of postnatal depression

- Panic attacks
- Disturbed sleep patterns
- Tearfulness/social withdrawal
- Lack of interest or enjoyment in baby
- Lack of energy/tiredness
- Changes in eating patterns
- Lack of concentration
- Anxiety about baby’s or own health
- Despair and hopelessness

- Negative thought processes
- Irritability/mood swings
- Lack of libido
- Lack of self esteem/sense of failure inadequacy/guilt
- Isolation
- Loss of interest in social and other activities
- Suicidal thoughts
- Rage/thoughts of harming self or baby

A counselling approach to postnatal depression

As an Existential Psychotherapist, my framework is centred on the four basic human issues that cause angst for all people: loss/death, meaning, choices, and aloneness. Having a baby is a huge crisis in a person's life, and as a result these existential questions are often raised:

Loss/Death – Birth and death are closely related. All who are born are doomed to die. Giving birth and creating new life brings us in touch with the fragility of life, so easily created and extinguished. Parenthood involves numerous losses. Postnatal depression may be an opportunity to explore losses. We will have experienced many losses by the time we become a parent that may not have been processed. Looking into the face of your own child can bring you face to face with your own childhood losses. Parents generally want to do the best for their children. Becoming a parent can bring with it a determination not to pass on unhealthy patterns to the next generation. Clients can therefore be very committed to the therapeutic work they engage in at this life stage.

Meaning – What is life all about and what is the purpose or meaning of my life now that I am a parent? Each new life stage begs this question.

It is a time for reviewing. Old belief systems and values may no longer fit the new life stage. For many parents there is a crisis of identity. Who am I now? New perspectives may need to be found, new ways of understanding and making sense of the world and what matters to the individual. Letting go of old beliefs and meanings also incur losses.

Choices – All individuals have choices. As the occupier of my time and space in life, I am responsible for making the choices I make. This personal responsibility can seem overwhelming after the birth of a baby. It is all up to me. Parents are faced with a deluge of conflicting advice on how to rear a child. They may doubt their choice in having a child or feel that they have very little choices once the child is here. Counselling and psychotherapy can help people at this life stage to look at choices they have made or are making, and gradually build up a sense of personal power and freedom.

Aloneness – We are essentially alone in the task of living. As a unique individual in the world, no one else can inhabit the body, mind, spirit of who I am. Humans have found endless ways of trying to evade this reality. Technology offers constant contact. There is little opportunity to get to know ourselves in silence and solitude. Having a baby can be a very isolating experience – getting up in the middle of the night when the world is asleep; spending long days alone with a tiny baby, away from the distractions of work and others. Families are more dispersed now than years ago. Most people work, including grandparents. Alone means all-one: at one with self. If we never get an opportunity to experience this, it becomes terrifying to be alone. New mothers frequently grapple with this. Fathers may feel isolated and shut out during the perinatal period, excluded from the mother/baby relationship. Postnatal depression may offer an opportunity to explore

in therapy what makes aloneness so terrifying. What is being thrown up or avoided? If a parent grows towards embracing their aloneness they will be in a better position to help their child grapple with it.

There are many challenges in specialising in postnatal depression. It is a costly service to provide, as crèche support is a vital part of the provision. The waiting list can be lengthy as referrals are high and clients tend to engage in long-term work. Groups are an effective way to work as they lessen the sense of isolation often experienced after the birth of a baby, and offer a sense of universality which individual work cannot always provide. More women than men engage in therapy. Counselling is not for everyone. We are being challenged to explore new ways of reaching our client group, possibly through the internet and social network sites.

In part it seems we provide the stereotype grandparent role for families attending the service. What are we creating in our society that this is needed? Our task is often to explore the myths that surround motherhood and fatherhood, and 'the perfect family'. The challenge perhaps is to explore what can be done at a macro level to ensure that bringing a baby into the world has more support and understanding. Having a child is one of the most natural occurrences in human experience. We possibly take it for granted. We have a proliferation of manuals and technical support in our lives, and yet nothing can really prepare us other than experience for such a life change.

One client's story:

"I had always wanted to have children and was delighted to be pregnant, but I felt strangely detached from the baby when she was born and at a loss of what to do with this tiny child. I thought

these feelings would lift with time and tried to ignore them. When (*the baby*) was about six weeks old I found I couldn't put up this pretence any longer. I couldn't believe that no one had noticed how increasingly desperate I was feeling. I felt as if my feelings of depression and despair were plain to see. So why was nobody helping me? I was putting up a front but inside I felt as if I was going slowly mad, with thoughts that were so alien it was hard to believe I was experiencing them."

"I confessed some of what I was feeling to my health visitor and I was diagnosed with postnatal depression. My GP prescribed anti-depressants but most importantly I was fortunate to have a referral within weeks to the Postnatal Depression Services in Edinburgh. I was offered one to one counselling and, in the end, was a client for about two years during which time I went on to have another child. I had never in my life imagined needing the support that counselling would provide but it became a real life line. I had help from health professionals. Unfortunately though health professionals may not have the time to spend with women who are having these problems. This means the support provided by the Postnatal Depression Services – for me an opportunity to talk in a safe setting and in confidence about the feelings I was having about my baby and myself – is even more important."

"I found it impossible to talk about my thoughts to anyone else... I had a beautiful healthy child but I could not bond with her. I had nothing to be depressed about. I had a partner, a child, a roof over my head and my physical health. But I was desperate and suicidal and did not know how to communicate it. I stopped eating, became very thin and unable to really look after myself or my family. Different people will have different problems and different ways of showing they are not coping. Maybe the one thing that is similar

for many is the difficulty to talk about what is happening, honestly. We fear people's reactions to what we have to say and prefer to remain silent instead. We put up a barrier and wear a mask because it's hard to talk about what our true thoughts might be or to rationalise them."

"The Postnatal Depression Services in Edinburgh provide wonderful crèche facilities which means families can come to talk to counsellors, or use some of the other services provided, without being concerned about who will look after their children, or having to worry about finding childcare for a young baby."

Research findings

- Deaths from mental illness are the leading cause of maternal death¹.
- The affect of maternal mental health on infant development is well researched².
- Recent research reveals that one in ten fathers also experience postnatal depression³.
- Research shows that children of parents with untreated PND are more likely to attempt suicide, have mental health problems, and do less well educationally and emotionally⁴.
- Postnatal depression is a serious condition affecting one in six mothers⁵ and one in ten fathers⁶ with long term consequences for the whole family⁷.
- It can be successfully treated with counselling and support⁸.

A Scottish perspective

Postnatal depression is being tackled across the professions in Scotland in a multidisciplinary

approach. Over the past decade in Scotland, postnatal depression has been increasingly recognised by the Scottish Government and NHS Scotland as a condition to monitor and invest time and money in order to prevent and ameliorate. The NHS provides an Integrated Care Pathway for all women once they have become pregnant. This involves screening both antenatally and postnatally for early detection of postnatal depression using the Edinburgh Postnatal Depression Scale. CrossReach's Postnatal Depression Services in Lothian have worked closely with NHS Scotland over the past 20 years. Many of our groups are run in conjunction with a health professional, such as a health visitor (HV), community psychiatric nurse (CPN) or occupational therapist. Eighty per cent of our referrals come from health professionals such as doctors, midwives, HV, CPN, etc. The Postnatal Depression Services in Edinburgh currently receives one sixth of our funding from NHS Lothian. We have referrals from Social Work and frequently have social worker trainees undertaking a placement within our service.

Summary of CrossReach's postnatal depression services provision

The Postnatal Depression Services is a CrossReach Charity providing a service to families where a mother or father is suffering from postnatal depression. We believe that where the family unit is healthy, children can develop into secure adults. When the family is in distress, children become disturbed and this can have far reaching consequences which affect their emotional balance in adulthood. Our counsellors and therapists come from a variety of different core theoretical models.

In Edinburgh, where we have been established since 1988, we currently operate from four locations and see approximately 140 clients a week. In Glasgow, a Perinatal Depression Service operates as part of CrossReach's Tom Allan Centre.

¹*Confidential Enquiries-Why Mothers Die*, 1997-99

²*Growing up in Scotland*, May 2010; Murray & Cooper, 2003; Gerhart, 2004

³Paulson & Bazemore, East Virginia Medical School, May 2010

⁴Murray L, Cooper PJ, Wilson A, Romaniuk H., 2003

⁵SIGN 2002

⁶Paulson & Bazemore, East Virginia Medical School, May 2010

⁷Fadden, Bebbington, Kuipers, 1987; Boath, Pryce, Cox,1998; Ballard et al. 1994; Murray,1992; Murray et al.1996b

⁸Alder & Truman, 2002

CrossReach Postnatal Depression Services
Wallace House, 3 Boswall Road, Edinburgh EH5 3RJ
tel: 0131 538 7288

Individual & Couples Counselling

Couples Groups

Women's/Men's Therapy Groups

Family Therapy

Art Therapy, (individual and group)

Crèche Facilities

Infant Massage

Telephone Support

Bowen Technique

Postnatal Depression Training & Consultancy



Trish Elrick

COSCA Recognition Scheme Development Officer

Counselling Supervision within an organisation

Passion is not fanatical.
Passion is not noisy.
Passion is gentle and patient while at the same time fierce and determined.
Passion arises when the essence of one's life has been touched and one starts dealing with the world from that place.
– Encke, J. (2008) 'Breaking the Box: Supervision – A Challenge to Free Ourselves.'
In R. Shohet (ed) *Passionate Supervision*. London: Jessica Kingsley Publishers.

As Development Officer for COSCA's Recognition Scheme, I help our members work towards assessment and continue to maintain standards and good practice. By recognising and endorsing good practice in counselling, psychotherapy and counselling skills organisations throughout Scotland, the COSCA Recognition Scheme aims to identify and raise awareness of good quality service provision. Supervision is a significant element of that provision, not only for members within the Recognition Scheme but also to all our individual and organisational members.

My contact with organisations and agencies has given me insight into the challenges and different experiences they may encounter when ensuring adequate supervision is in place. Supervision may be provided within an organisation or by an external supervisor or agency. While these provide different ways of implementing and maintaining supervision, all of them should provide the key functions of support and development, while at the same time monitoring adherence to ethical and safe practice.

“Supervision is a structured and formal collaborative arrangement whereby a counsellor or psychotherapist reflects regularly on their clinical work with someone who is an experienced practitioner and supervisor.” (Wosket, 2000).
As well as providing an open and supportive

environment where the personal growth and development of the counsellor is encouraged, effective supervision includes client safety.

In a qualitative study by Weaks, the need for safety was one of the key characteristics identified in this research (participants were all experienced counsellors). The safety referred to here relates to the importance of a safe space for the counsellor to discuss, reflect and explore all aspects of client work, which can be difficult and challenging, and sometimes where the greatest learning and self awareness stems from.

Whether a counsellor is receiving supervision for their client work within an organisation, or externally, another safety element is to establish a working alliance between counsellor, supervisor and agency. That alliance should encompass the organisation's ethos and culture as well as its own practice standards and policy. By providing their own supervision, organisations may be able to ensure that awareness of these standards and policies are already in place.

With external supervision, as well as having an understanding of the setting in which the supervisee practices, an example of good practice would be to have a “line of contact” between the organisation and the external supervisor, and a copy of the organisation's practice standards, guidelines and supervision policy be provided to the external supervisor. This gives greater insight into the organisation and the context in which the counsellor practices. A helpful resource providing information and guidance on elements of an organisation's agreement with an external supervisor can be found in *Counselling Supervision in Organisation* – appendices 2-5 (Copeland, 2005). Also the concept of “Three-Cornered Contracts” (Copeland, 2005) looks at the role and place of the supervisor being equal in this work with the supervisee and the organisation.

Providing internal supervision within the organisation in which the counsellor practices may be a simpler method but one which some organisations are unable to provide, for numerous reasons. However a supervisor from out with the organisation can also bring a fresh outlook and perspective along with experience of working in other contexts.

In response to issues raised by COSCA organisational members about supervision, I've listed some points to consider when reviewing your organisation's supervision provision and practice.

- Confirm that the supervisor has successfully completed supervision training and has experience in the supervision of client work and issues relevant to the organisation (i.e. substance misuse, bereavement, sexual abuse);
- has awareness of, and agrees to work within, the organisation's operating procedures and confidentiality policy;
- adheres to a professional body's statement of ethics and code of practice.
- evaluate the supervision to ensure efficacy of the working relationship with the organisation and how supervision is used to support, challenge, and share information and skills with the supervisee, within a developmental, respectful and open supervisory relationship;
- agree that the relationship between counsellor and supervisor should be reviewed periodically, ensuring that supervision remains focussed, effective and contributing to the support offered by the counsellor to the client;
- provide regular supervision on a monthly basis (COSCA recommended ratio 1:12, and be proportionate to the training, experience and nature of client work of the individual supervisee);
- if relevant, agree the amount paid to the external supervisor by the organisation for each supervision session;
- make an agreement to inform the organisation of any concerns relating to practice (the organisation to provide a named person and contact details within the organisation that concerns may be addressed to); and
- obtain a yearly/6 monthly report from the supervisor to a named person within organisation, advising dates that counsellor attended supervision. (Perhaps there could be space on this document for both counsellor and supervisor to make any comments, if relevant.)

The following resources provide further information and guidance on supervision within an organisation. I hope that these are helpful to you.

COSCA Counselling Supervision Certificate Course Handbook for Supervisors and Supervisees

COSCA Statement of Ethics and Code of Practice

Counselling Supervision in Organisations. (2005) Sue Copeland. Hove: Routledge

Integrative Approaches to Supervision. Chapter 4 'Supervision in and for Organisations'. (2001) Edited by Michael Carroll & Margaret Tholstrup. London: Jessica Kingsley

Standards and Ethics for Counselling in Action. (2000) Tim Bond. London: Sage

Supervision in the Helping Professions. (2006) Peter Hawkins & Robert Shohet. Maidenhead: Open University Press

References

Copeland, S. (2005) *Counselling Supervision in Organisations*. Hove: Routledge

Weaks, D. *Unlocking the secrets of good supervision: a phenomenological exploration of experienced counsellors perceptions of good supervision*. CPR.2002: 2(1): 33-39

Wosket, V. (2000) 'What is supervision?', in Feltham, C and Horton, I. (eds), *Handbook of Counselling and Psychotherapy: Clinical Supervision*. London: Sage



Obituary

Militza Maitland (Lady Caroline Maitland)

Wendy Mathison / Peter Bowes

Born 18th November 1946; Died 9 August 2010

Scotland's therapeutic community has lost a colourful, sensitive, and unusual character through the death at 63 of Militza Maitland.

Born the daughter of the late Patrick, Earl Lauderdale and Stanka Losanitch of Belgrade and named then as Caroline, Militza was educated at London's Lycée Francais Charles de Gaulle. Her English degree led her initially into teaching but this might fairly be described as the traditional role which became the gateway to many others.

It is typical of the loving friend she was that some of us had no idea about her family tree and title, proudly traced by her recently deceased father back to 1624. Also typical was her infectious sense of fun, determination to explore life and its meaning, and of course, her laughter.

Militza's career as a therapist began when she attended a counselling skills course run by the Church of Scotland Counselling Service at Simpson House in Edinburgh. She became a valued and lively member of the volunteer counselling team. In 1993, when there was a threat to the service's survival as an accessible city centre service, she was one of a group of four counsellors who petitioned the General Assembly to keep the service in the city centre. They were successful, and Militza moved with the service to Number 21 Rutland Square. She was by then engaged in further professional training as a person-centred therapist, and was passionately committed to best practice and her own ongoing personal development. She was never shy of challenging herself and others, always with warmth and humour, and her raucous chuckle.

She worked for a time as practice manager for CRUSE and set up her own private practice as therapist and trainer. When Number 21's deputy

manager, Wendy Mathison, took six months unpaid leave to go and work as a volunteer in Armenia, Mitzi insisted on setting up a group to raise funds for her trip. She then took on Wendy's role in her absence, and fearlessly decluttered her filing cabinet!

Militza became a tutor for the Peter Bowes Consultancy's Post Graduate Diploma in Counselling, developing the humanist element for the students and herself and congruently modelling person-centred values and behaviour and sometimes rebuking those who did not. She was a key link in that diploma's tutor team which worked together so happily and professionally.

Her dress sense was eclectic but delightful, requiring all meetings around the diploma to begin with commentary on what the tutors were all wearing. Her frugality was evident and elevated to a hallmark of excellence through her conviction that all paper could and should be used on both sides! Those fortunate to have her as a personal tutor found her an inspiration.

Just over two years ago her family ties and her father's failing health drew her back to London, staying at the family home until after her father's death. At the time she was diagnosed with ovarian cancer in June this year, she had been looking forward to finding a house with a garden and resuming her therapeutic work.

The esteem and affection in which she was held was witnessed to by the appearance at the memorial service in St Mary's Church in Haddington in October of many friends and colleagues, as well as former students from as far away as Skye and Lewis.

Wendy Mathison and Peter Bowes
A full obituary by Maxwell McLeod can be found at www.scotlandquovadis.net

COSCA (Counselling & Psychotherapy in Scotland)

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3rd Annual COSCA Ethical Seminar

Everyday Technology in Counselling and Supervision

Thursday 10 March 2011 ■ 1.00pm – 3.45pm ■ (12.30 pm registration/tea/coffee)

Venue: Forthbank Leisure Stadium, Springkerse, Stirling FK7 7UJ

FREE PARKING AVAILABLE

About the Seminar

Counsellors, psychotherapists and supervisors in Scotland are already using technologies in their client work e.g. phone (mobile and landline), texting, email, instant messaging, Skype, counselling websites and online or e-counselling.

This 3rd Annual COSCA Ethical Seminar will examine the additional ethical and practical implications of the use of these technologies by counsellors, psychotherapists, and supervisors and clients' expectations of the use of technologies for communication.

The keynote presentation will be delivered by Dr Kate Anthony FBACP, a leading authority and published writer on online therapy.

Aims

This Seminar will:

- examine the increasing use of technologies for providing counselling, psychotherapy and supervision, and their ethical and practical challenges
- explore the increasing use of technologies by clients as well as other participants in the activity of counselling
- discuss the potential of using technologies to reach clients who are unable or unwilling to pursue face-to-face counselling
- look in particular at what is involved in delivering ethically based online counselling
- review COSCA's draft guidelines on e-counselling
- provide participants with the opportunity to engage with the ethical values and principles raised in the above discussions and apply them to their own practice as counsellors, psychotherapists and supervisors.

Programme: Available on www.cosca.org.uk - Events/COSCA

To book your place, booking form available on www.cosca.org.uk - Events/COSCA

COSCA acknowledges the support it receives from the Scottish Government.

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COSCA
Counselling & Psychotherapy
in Scotland

DATE & VENUE
JUST ANNOUNCED

FRIDAY
10 JUNE 2011

COSCA **ANNUAL TRAINERS EVENT** for **2011** at...

Open Space at Scotland's Colleges
Argyll Court, Castle Business Park,
Stirling FK9 4TY

New Thinking: Fresh Practice

We are delighted to have Judith Fewell from the University of Edinburgh as our Keynote Presenter, speaking about her thoughts on Neuroscientific findings and she will also be facilitating an afternoon session. Anne Goldie and Dorothy Smith from the Tom Allan Centre will also be presenting their views/experiences on how to make COSCA training material unique to you and your students. There will be a choice of four workshops in the afternoon.

COSCA reserves the right to amend or change the programme accordingly.

Put the date in your diary, Early Bird booking will be available until the end of March 2011.

Booking form available from:

www.cosca.org.uk - Events/COSCA

PLEASE CONTACT GILLIAN LESTER,
DEVELOPMENT OFFICER AT COSCA

New members of COSCA

FULL ORGANISATIONAL MEMBERS

AMINA MUSLIM WOMENS RESOURCE CENTRE
COUPLE COUNSELLING LOTHIAN
RELATIONSHIPS SCOTLAND - COUPLE COUNSELLING TAYSIDE

PRACTITIONER MEMBERS

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BOYD-MACMILLAN, EOLENE
EDWARDS, MARGARET
GRANT, PHILIP
GRAY, CATHERINE FOX
MACDONALD, GWYNETH
MACKENZIE, BRIDIE
RITCHIE, MARILYN
STEPHENSON, MARGARET MARY
STILMAN, RONEN
WILSON, BRIGITTE MARGRET
YOUNG, MARGARET

COUNSELLOR MEMBERS

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CORBETT, RUTH
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HEWITT, CHRISTINE MARGARET
HUGHES, MANDY J
MACGILLIVRAY, CHLOE
MACINNES, CERIAN
MCCULLOCH, CICELY CV
MCINTOSH, YVONNE A M
MCNAUGHTON, ALASTAIR HUME
MCTEAR, PETRINA
MICHIE, CATHERINE VIRGINIA
ROSS, LYNDESEY MARIE
RUSSELL, WINIFRED
SAMSON, MURIEL
SANTA, TAMAS

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TAYLOR, MARGARET GILLIAN
THOMSON, COLIN
WHITFIELD, JILL
WROE, ELAINE

Gazette

Details of all events are on the COSCA website: www.cosca.org.uk
Please contact Marilyn Cunningham, COSCA Administrator, for further details on any of the events below:
marilyn@cosca.org.uk
Telephone: **01786 475 140**.

2011

8 February

Recognition Scheme Workshop
Glasgow

10 March

COSCA 3rd Annual Ethical Seminar
Stirling

11 March

COSCA Diploma Trainers/Providers Forum
Stirling

31 March

Deadline for receipt of COSCA Trainer and Counsellor Accreditation applications

10 June

COSCA 13th Annual Trainers Event
Stirling

28 September

COSCA Annual General Meeting
Stirling

30 September

Deadline for receipt of COSCA Trainer and Counsellor Accreditation applications

November (tbc)

COSCA 8th Counselling Research Dialogue

December (tbc)

COSCA Trainer and Counsellor Accreditation Workshops

Vision and Purpose

As the professional body for counselling and psychotherapy in Scotland, COSCA seeks to advance all forms of counselling and psychotherapy and use of counselling skills by promoting best practice and through the delivery of a range of sustainable services.

Contact us

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