Counselling in Scotland

SUMMER / AUTUMN 2012

COSCA
Counselling & Psychotherapy
in Scotland

Contents

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Editorial

John Dodds

Kay Kennedy's piece on ethics in this issue is both insightful and entertaining, and many of us, I am sure can relate to some of her experiences in supervision. One sense that first-time counsellors and counsellors in training may experience, for example, is fear of criticism, and exactly what to tell your supervisor or trainer. Yet once the cat is out of the bag, so to speak, your learning and practice can only improve. Wearing my other hat, as a fiction writer, I was asked to speak to, and participate in, a couple of creative writing groups. Around the table I heard some really excellent work. When I asked the authors if they had submitted material to a magazine, or an agent, there was a momentary horrified silence, followed by one brave soul saying, "no." When I asked why, the general consensus was they either felt "not good enough" or were "afraid of rejection." Does any of this sound familiar in your own context (both as a counsellor and a client?)

And, speaking of creative writing, we're running in this issue a poem by Tim McConville which he wrote for his accredited supervision course.

Another core issue affecting counselling is how its benefits can be quantified. The relative lack of research into counselling in the voluntary sector – or counselling in any context, come to that – is slowly being addressed, through the offices of the Scottish Voluntary Sector Counselling Practice Research Network. Dr. Joe Armstrong's article spells out the organisation's aims and objectives, its current plans and how such research might develop in future.

Topics on counselling in relation to other cultures, especially within our very much multi-cultural community, are always welcomed by the journal. I hope that Agnieszka Poloczek's article about domestic abuse of Polish women will prompt debate and perhaps inspire other articles for future journals. Some of the beliefs and attitudes illustrated therein will be broadly familiar, while others are placed in the context of these women's homeland of Poland.

Catriona O'Hara takes a look at the wider influences that can impact on the therapeutic alliance, such as unemployment and client relationships with institutions and other "authority figures," which might of course include the counsellors themselves.

Colin Kirkwood is known to readers of the journal from past issues. You may be interested to learn that he has written a book, just published, called *The Persons in Relationship Perspective In Counselling, Psychotherapy and Community Adult Learning,* so we are giving over some space to a piece which outlines what the book is all about, and how to obtain a copy.

In this issue too, we have some interesting news about the New Accreditation Scheme for Voluntary Registers. COSCA is working towards applying for our register of counsellors and psychotherapists to be accredited by the Professional Standards Authority for Health and Social Care. What this might mean for all of us is spelled out in the enclosed short article.

Finally, I'd like to draw your attention to Jonathan Wood's item on depression in children, revealing some disturbing statistics.

As ever, we hope you will find the journal an interesting read, and don't forget that we always welcome proposals for articles. Just drop us a line to tell us what you'd like to write about, or ask for a list of possible topics.

John Dodds
Editor

Environmental Stresses

and the effect on the Therapeutic Alliance

Catriona O'Hara

In recent years the institutions of our society, which previously many may have seen as trustworthy patriarchal pillars of the establishment, have been shown to have feet of clay. Financial institutions have either collapsed (Barings Bank 1995; Leahman Brothers 2008) or have had to be rescued (the Royal Bank of Scotland and Halifax Bank of Scotland 2008). Our economy seems mired in recession with the Governor of the Bank of England, Sir Mervyn King, recently stating that this looks set to continue; in Scotland unemployment stood at 8.2% in the first quarter of this year with youth unemployment reaching 23.1%. Events such as the serious mistake in software implementation by the Royal Bank of Scotland Group in June last year, and the fraudulent activities at Barclays Bank concerning the interbank lending rate (July 2012) have further undermined confidence. Uncertainty continues concerning the future of the Eurozone and of Scotland as part of the United Kingdom with debate over which institutions we would sever links with. Over recent years the scandal of child abuse in the Catholic Church has been further exposed and the Leveson Inquiry has revealed the level of media and police corruption.

Clients may bring stresses stemming from economic uncertainty and a crumbling faith in our institutions into the counselling room, as may the counsellor. How may the role of the counsellor be affected and what are the implications for establishing and maintaining the therapeutic alliance?

Of course there have been previous periods of economic and political uncertainty. To name but a few of them: the First World War, the 1930s depression, the War itself and the austerity thereafter, the Cold War and the 1980s recession with its widespread redundancies. Historically therapists have differed on the extent to which they have acknowledged the influence of stresses stemming from the larger environment. Influences might vary, for instance, from the original tendency in psychoanalysis to allow only a passing reference to the outside world while focusing on the individual's personal conflicts. In contrast, Adler's involvement in wider educational and welfare initiatives in Vienna after the First World War, was fuelled by the concept of *gemeinschaftsgefuhl* ("social interest"). Bowlby's active involvement in changing parenting practices and the attention family therapists paid to the location of the individual in their environment. While it could be said that the counsellor who works only at the individual level rather than acknowledging the social context is far from apolitical, but their de facto acceptance of the status quo makes them essentially politically conservative.

In my own experience clients have brought the stress of being trapped in jobs because of an employment market they perceive as shrinking, together with their fear of redundancy if they say they are not managing work pressures which increase as staff numbers are cut to the bone. Those who want to pursue a creative career are fearful of not managing financially (although going into creative work has always been financially high risk). Clients may be afraid of being refused Disability Allowances or of having them cut. Clients who had anticipated their adult children leaving home may be finding that this is increasingly economically unrealistic as the present government proposes cuts in Housing Benefit for under 25s with the attendant implications for parent/adult child relationships.

Concerns about finances can impact directly on the therapeutic alliance. This can be because, for financial reasons, clients want to work short rather than long term, and may struggle to meet the ongoing payments for therapy. Self-employed therapists may be under financial pressure themselves, with fewer full fee clients entering therapy or terminating prematurely for financial reasons. Therapists may feel tempted to take on a heavier workload than they would choose in case of a "dry spell" later, despite implications for

the counsellor's self-care and ethical imperatives not to do so. The number of therapists grows as institutions continue to accept people onto diploma courses with little thought for the lack of job opportunities thereafter, and the market is flooding with therapists at a time when many people can ill afford to pay much for counselling. Counsellors' awareness of the precariousness of everyday institutions may be displaced onto the organisation they work for, with feelings of insecurity and anxiety affecting them and possibly being projected onto clients.

How much should therapists address the wider social issues clients bring with them? From a psychodynamic perspective the therapist aims to be benevolently neutral, to view the situation with an observing ego to encourage client autonomy. They may reflect on how a client reacts to the stress they are under, how they perceive institutions such as their employer, the bank which refuses them credit, the Health Service, Social Services, the Housing Department. If they view them as frightening, authoritarian, and uncaring institutions, is there a link to how they perceive previous authority figures, such as parents or teachers, treated them? The therapist may also link this to the transference of client to therapist. For instance when asked to pay for a session they did not turn up for some of the frustration a client may be feeling about demanding employers may be turned on the therapist. Helping a client make links may show them where these feelings of powerless stem from and, by freeing up energy, reveal how they can be more resourceful in dealing effectively with representatives of these institutions. From the person-centred point of view, Rogers (1978:14 cited in Embleton Tudor et al 2004) stated that "The politics of the person-centred approach is a conscious renunciation and avoidance by the therapist of all control over, or decision-making for, the client." Responsibility is therefore placed firmly with the client, though arguably a person's ability to change their environment is limited. Embleton Tudor et al (2004) suggest however that the therapeutic change which happens at the individual level leads to a greater ability to take control of their lives, to dialogue in a non-aggressive way in conflict resolution and that the more congruent we become in ourselves the more able we are to make social changes and indeed become more environmentally congruent, and more connected with our planet, in essence working from the individual to achieve social change, lessening feelings of powerlessness.

With clients who seem victims of institutional misuse of power, the therapist may choose to move from a neutral or non directive stance in the therapeutic alliance to a more active role as advocate. Lewis et al (2011:6) suggest that Kelman's (2010) idea that a psychologist can use their work as a vehicle for social change is equally relevant to counsellors and that they have a responsibility to change their profession to make it a "fusion of activism with scholarship". They see achieving social justice as both a goal and a process. It is only by involving the client in the process that this can be achieved, although there may be times when the counsellor may act on their behalf for example when they are aware of a pattern such as several clients complaining of sexual harassment in an institutional setting. Considerations in the advocacy debate in counselling might encompass: the importance of the client doing as much as they can to further client autonomy; the need to be aware of a possible "drama triangle" of rescuer (counsellor), victim (client) and persecutor (faceless institution, punitive employer etc); the issue of confidentiality; the possibility of strongly negative or punitive consequences for the client if a counsellor acts on their behalf; and the role of the counsellor's own values.

It is also worth considering the appropriateness of giving advice or information rather than actual advocacy. For instance, with a client who seems

to be struggling with a faceless NHS bureaucracy, should the therapist mention the Patient Advocacy Service that can help patients who have become "lost in the system"? With a client who has a disability, should the therapist suggest the benefits of meeting others in the same situation or speaking to a charity that could provide support and information, in the interests of helping the client internalise a disabled identity so as to strengthen them enough to seek appropriate specialist advice? A counsellor might look closely at what feelings of narcissism or omnipotence are activated in them when they give advice or appear to have in-depth knowledge of the system. In the therapeutic relationship this "knowing" may make them seem part of an untrustworthy but powerful system.

Group work and sensitive referrals can help ease a client's sense of isolation, powerlessness or individual pathology, helping them overcome feelings of being cast adrift in an increasingly uncertain world when dealing with socially embedded issues (although arguably all issues can be seen this way). For instance, a group for women with post-natal depression may feel stronger as they explore the social reasons for the pressures on them at this transitional stage in terms of their roles as women. In a group for people with cancer, members may be able to express the sometimes-neglected issue of their anxieties over how their families may fare financially if they die. Referral to a cancer charity offering financial information, on benefits for instance, can also reduce stress and potentially increase the person's resilience. However, if a counsellor suggests the client approach another organisation for help with debts and the client feels too powerless to do so, it may affect the therapeutic alliance in that the client may experience feelings of failure and avoid mentioning the outcome for fear of the 'parental' disapproval of the counsellor. Rather than referring, some counsellors may choose to add financial counselling to their areas of expertise. This could encompass strategies for managing money and working on the emotional meaning of the client's spending patterns.

Central to working with clients facing stresses which seem to emanate from powerful bodies outside their control is understanding of the concept of power. In the therapeutic alliance, the counsellor may appear to the client as a powerful figure, some of this being based on the reality of the counsellor setting the fee, arranging the room and taking payment. The client may not perceive their own power – to not attend, to break off therapy or to affect the counsellor with their material. Reflecting empathically to a client struggling with bureaucracy, or who has lost faith in the reliability of everyday institutions, how frightening this must be or how powerless they may feel, helps establish the therapeutic alliance. When a client fears that their real difficulties in finding a job may be seen by the therapist as individual failure the therapist's understanding of the part played by the larger social, economic and political situation which interacts with the client's own history and personality strengthens the therapeutic alliance and reduces the power balance in the relationship.

In conclusion, we are in a time when clients are presenting against a background of institutions experienced as either disintegrating, incompetent, faceless or morally bankrupt, in a struggling economic climate when belief in a just world (Rowe D 2000) is crumbling. As a result the therapeutic relationship may be affected either by a transference to the counsellor as yet another untrustworthy powerful authority figure or alternatively as the rescuer. The relationship may also be put under stress by concrete financial concerns leading to premature endings prompting examination of the value that counsellor and client place on the work and there may increasingly be dilemmas for the therapist around the role of advocacy, advice giving and referral as the wider context is taken into account.

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Introducing the Scottish Voluntary Sector

Counselling Practice Research Network

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Voluntary sector counselling agencies make a significant and vital contribution to the overall balance of provision of psychological therapies in Scotland. Yet, despite the importance of the voluntary sector and the fact that so much counselling is being delivered by counsellors in voluntary agencies to a diverse range of client groups, it is striking that so little research has been published related to this area of practice. When one considers the richness and role of the voluntary sector in society in general, and the diversity of issues and challenges that voluntary sector counselling agencies have to deal with in particular, one might expect that this area of practice would be a major topic of interest for research. Not so – at least to date.

Research into voluntary sector counselling is important for a number of reasons. First, in an increasingly evidence-based healthcare environment it is important to be able to demonstrate that counselling is actually working and worthwhile in order to obtain ongoing funding to ensure availability and access to voluntary sector counselling services. Second, findings from research can inform initiatives to improve practice, training and the support and supervision of counsellors. Third, there is tremendous potential for research into voluntary sector counselling to build our theoretical understanding of factors associated with effective practice and effective practitioners. Finally, research can help to document the contribution of voluntary sector counselling to Scottish society.

In this article, I would like to introduce the recently established Scottish Voluntary Sector Counselling Practice Research Network (SVSC PRN), which aims to facilitate research into voluntary sector counselling in Scotland. I will start by saying something about the idea behind practice research networks before going on to provide some information on the background and rationale underpinning the SVSC PRN, as well as describing its research agenda. To conclude, I will offer some thoughts on the potential of the network and challenges it is likely to face.

What is a PRN?

A PRN is a network of practitioners that work together to conduct research to inform their day-to-day practice (Audin et al., 2001). The PRN acts as an infrastructure for collaboration between counsellors and researchers, with the emphasis on conducting research that is practice-based, relevant and meaningful to counsellors' everyday work. PRNs originated as basic recording systems for morbidity rates in primary medical care settings and are now established in mental health and psychological therapy services in the UK and other countries as well (Barkham, Hardy, & Mellor-Clark, 2010; McMillen, Lenze, Hawley, & Osborne, 2009).

Two prominent examples of UK based PRNs are the Supervision Practice Research Network (SuPReNet), and the Schools-based Counselling Practice Research Network (SCoPReNet) – see www.bacp.co.uk for further details. A well known and documented PRN in psychological therapies in the USA is the Pennsylvania Practice Research Network (Borkovec, Echemendia, Ragusea, & Ruiz, 2001), which focuses primarily on conducting research into the effectiveness of therapy.

A common feature of all PRNs is that the research studies are relevant to practice and derived from close collaboration between counsellors and researchers. Typically, an academic centre provides the infrastructure to maintain the network, but also the methodological expertise to carry out the research in partnership with practitioner network members.

The SVSC PRN

The SVSC PRN is a collaborative pilot project funded and supported by the University of Abertay, Dundee and COSCA. At the time of writing, resources and support for the network was available for one calendar year, commencing April 2011, and covering, among other things, the development of a website and production of a quarterly newsletter, staff costs to cover co-ordination duties associated with its activities and time to begin to implement its research agenda.

The SVSC PRN was conceived at the 7th COSCA Counselling Research Dialogue, held in Stirling in November 2010. A key theme of this meeting was the need for researchers, counsellors and other relevant stakeholders to work together to create research networks that would help to build an evidence base for counselling and psychotherapy in Scotland (McLeod, 2010). While the question of effectiveness is undoubtedly important, it is also important that research into a range of topics concerning voluntary sector counselling is undertaken so that a more comprehensive understanding of the nature and scope of this complex area of practice can be documented and discussed.

Inspired by the presentations and debates at the 2010 COSCA Research Dialogue the idea of establishing the SVSC PRN was born. After some 18 months of collaborative planning between the University of Abertay and COSCA, and consultation with representatives of voluntary sector counselling agencies, the SVSC PRN is now underway. The aims and objectives of this project are outlined below.

Aims and objectives

The SVSC PRN aims to enhance understanding and practice of voluntary sector counselling in Scotland. It seeks to pursue a research agenda that is generated and shaped by the concerns of the Scottish voluntary sector counselling community and derived from issues that emerge from routine counselling practice within voluntary organisations.

A primary function of the network, therefore, is to facilitate collaboration between practitioners and researchers in order to generate knowledge from practice-based research that is meaningful to individual practitioners, counselling agencies and other stakeholder groups with an interest in voluntary sector counselling in Scotland. To realise its aims the SVSC PRN has identified a set of objectives for the pilot period of its operation, which are:

1. To identify and prioritise a set of research questions on voluntary sector counselling in Scotland.
2. To design and make available research protocols to facilitate the implementation of the research agenda. For example, by providing step-by-step guides on how to carry out particular kinds of research studies, such as the evaluation of counselling outcomes.
3. To support voluntary counselling agencies, practitioners, professional and other umbrella bodies in carrying out research that enhances understanding of voluntary sector counselling in Scotland, and generates findings with clear practical implications for counselling practice and policy initiatives.
4. To identify and disseminate information about sources of funding for research grants.
5. To foster partnerships and collaboration opportunities between service managers, practitioners, voluntary organisations, professional bodies, researchers, and academics, as well as other stakeholder groups associated with voluntary sector counselling in Scotland.
6. To make a contribution to advancing the development of voluntary sector counselling in Scotland.

Organisation of the network

The network is organised in a way that allows interested practitioners to get involved according to their interests and availability. This might, for example, range from registering to receive information through a newsletter on the one hand to active engagement in carrying out research studies on the other. At present, I am fulfilling the role of Director of the network, which involves taking the lead in establishing the network and co-ordinating its activities. My own interest in voluntary sector counselling stems from my experience of developing and managing a voluntary sector counselling service in Scotland for people with mental health problems, and from conducting research into this service for my masters and doctoral studies (Armstrong, 2003; 2010).

Advisory Group

An advisory group is also in place comprising representatives from COSCA and the University of Abertay. We are currently seeking other individuals to join the Advisory Group to ensure it adequately reflects a range of skills and areas of expertise related to the business of the network. For example, counselling practitioners, trainers and supervisors, researchers, individuals with fund raising and grant-making experience, as well as individuals with knowledge of policy making and public awareness campaigns.

Resources

A website for the network is currently under construction and is expected to be online in early autumn 2012. We will also produce a quarterly newsletter which will be available to download from the website. Both the website and the newsletter are being developed to promote and disseminate information about the network and its activities, and importantly, to facilitate communication among members and create opportunities to get involved in research related to their practice.

Membership

An inclusive approach is being taken to membership of the network. Joining is free of charge and open to anyone with an interest in voluntary sector counselling in Scotland. To get involved or find our more about the network simply contact Dr Joe Armstrong via email at the address above. In the future, it will be possible to register online via our website.

Current and future research directions

Some research is already being planned to learn more about how we might help counsellors themselves engage in research, to investigate clients' experiences and outcomes of voluntary sector counselling, and a review of the literature is underway to map out what research has already been carried out in this area. Initial feedback from a preliminary and informal consultation with a number of voluntary sector counselling practitioners suggests that key topics for research might include studies that: investigate client expectations and reasons for seeking counselling; the effectiveness of counselling; client perceptions of helpful and unhelpful aspects of counselling; issues related to the personal and professional development of volunteer counsellors; patterns of volunteering and engagement with voluntary sector counselling; contemporary practice issues such as the impact of the current economic crisis on this area of practice; and research that attempts to document the historical origins and impact of voluntary sector counselling on Scottish society more generally. This list is not exhaustive, but it does show the breadth of research topics that could be investigated.

Challenges

There are significant challenges inherent in establishing and maintaining a PRN. Chief among these are issues related to engaging and sustaining practitioner involvement. Other challenges include difficulties associated managing relationships and communication among network members, carrying out and publishing collaborative studies, developing and implementing a coherent research strategy, and securing funding for ongoing infrastructure and management support to maintain the network

We have attempted to learn from the experiences of other successful PRNs and organised the SVSC PRN in a way that we hope will enable us to navigate successfully these challenges. Of course, this remains to be seen and I look forward to reporting on our progress in this journal in the future.

Conclusion

Overall, a research-informed understanding of Scottish voluntary sector counselling is patchy and needs to be developed. The establishment of the SVSC PRN, therefore, is an important and exciting venture for voluntary sector counselling in Scotland. It has the potential to foster active partnerships and collaboration opportunities between practitioners and researchers and thus mobilise a truly practice-oriented research agenda for counselling offered by voluntary sector organisations in Scotland. The SVSC PRN has the potential to garner interest and involvement in such research through the provision of a practitioner-friendly infrastructure and support mechanisms. Indeed, it could be argued that the most viable way of enhancing the future development of voluntary sector counselling in Scotland is through a PRN such as the Scottish Voluntary Sector Counselling Practice Research Network.

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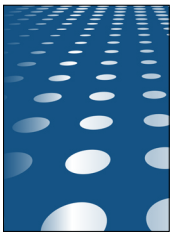

Monkey Lala

Poem by Tim McConville

Monkey Lala in the monkey puzzle tree
Eying the world, looking at you looking at me.
What do think? What do you feel?
What do you know? Pray, tell me.

Spying the truth, eying the lie,
Silence peppers sound with meaning and hope.
An outstretched hand to accompany
Travellers on their shared quest

Monkey Lala in the monkey puzzle tree
Eying the world, looking at you looking at me.
What do want? What do you dream?
Where are you going? Pray, tell me.

Prints in the sand along the shore telling
Of journeys long and far into unknown land.
Symbols of love and struggle; death and life
Stand out from the tray marking the making of
you n me.

Monkey Lala in the monkey puzzle tree
Eying the world, looking at you looking at me.
Will you laugh or will you sigh
Will the heart be open or again must we try.

Your knowing me and my knowing you
Leads to flowing truths cascading.
And there I sit within your Thou
And here you rest within mine, heart invading.

Monkey Lala in the monkey puzzle tree
Eying the world, looking at you looking at me.
Will you weep and will I cry spilling out wounded
promise and broken desire

Watching you in your quiet stillness,
I love it when you rest with me no longer raging
against past curses, and betrayal
I know that peace at last embraces you

Monkey Lala in the monkey puzzle tree
Eying the world, looking at you looking at me.
Will you trust me to trust in you?
As I guide the dance you lead to another's rhythm

In this knowing and unknowing
And this containing and freeing
We both become something new
Transcending hurts, confusion, doubt and fear

Monkey Lala in the monkey puzzle tree
Eying the world, looking at you looking at me.
What do think? What do you feel?
What do you know? Pray, tell me.

Tim McConville

I wrote this poem together for my creative assignment on a COSCA validated supervision course. It is an attempt to describe the paradox of the playfulness of both supervision and therapy and their gravity in what they attempt to do, promoting the emergent Self.

Monkey Lala is a luxurious cocktail that is very popular in the Bay Island, Honduras. It is something I associate with a luxurious but gentle shift in consciousness. I hope that good supervision also creates a gentle shift of consciousness between supervisor and supervisee. The monkey puzzle tree is that which passes between client and counsellor; counsellor and supervisor, both content and process. None of the three really grasp the entire picture, each must trust a certain unknowing. Their choreography traces out something entirely unique and new.

Working with Domestic Abuse Victims

in the Polish community

Agnieszka Poloczek

If at least one generation make an effort to stop the circle of violence and agree to work on effective methods of helping victims, there is a chance for the next generation to make use of the gained knowledge and experience, so that the tangible changes in an individual's life are implemented; and proper patterns are transferred from one generation to the next.

Domestic abuse

This article looks at domestic abuse in the context of my work with immigrant women from Poland.

The question arises on how to deliver the subject of domestic abuse to avoid simply presenting the bare statistical data or methods of work. The reason for providing data is usually to make others aware and show that the problem exists, and to consider the methods and expense of the solution. Strathclyde Police data in Glasgow has shown that during the period January to March 2012 in Glasgow City Centre (A Division) there were 728 domestic abuse cases reported, 1309 in the East and North (B Division), and 1137 in the South (G Division), respectively. Statistical data has indicated that domestic abuse victims will have undergone the same situation 35 times before they decide to report to the police.

The question can be posed why individuals suffering domestic violence defer changing their life situation for a long time. That entails the next issue, namely why the onus for proving the violence is on the victims.

The phenomenon of domestic abuse is, in fact, present in many aspects of our social life, such as: TV, shops, school, work, home. The abuse can be inflicted in an implicit, or more openly, in an explicit way. One does not have to be physically beaten to get hurt. What follows is an example of the most common situation I have encountered to date in my professional experience.

Case Study

A number of married couples from Poland, often accompanied by their children, came to the UK in search of a better life. Some of these married women were outgoing, attractive, intelligent, and had given up their professional career for their families. Similarly, some of the men were clever, hard working, and caring for their families.

After coming to the UK couples often started working. Some of them lived in cities in Scotland bigger than the ones they used to live in Poland. Since they were both really active, they did not see each other so often – both are very busy. Initially, both parties feel that this will be good for their marriages.

After some time in the UK, some of these women began to wear sunglasses, did not put on short skirts or T-shirts. It had nothing to do with their religious beliefs – they were only trying to hide their bruises. They usually wore a head covering and while talking to others, and never made eye contact. They did not talk to anyone about being called names (such as "a slut") by their husbands, merely because they glanced in the direction of another man, or that their husbands forced them to have sex. At home the husbands said that they wanted to "fuck" them. The husbands also said to the women: "You are a catholic, so you know how to behave. Go to church to pray and go to confession – that will help you." These women did not show the bruises on their arms and legs. Every Sunday these couples were with their children in the church for the service – a proper family example for others.

Often, when these women were hit for the first time it was because they had gone out to see a friend, and the husband was drunk. The husband's behaviour was often endorsed by sibling members of his own family who said things like "she had

earned it. A slag should stay at home and not to hang out with friends." Bloodstained, these women try to cover their bruises.

These husbands often punished their wives and justified it to themselves on the basis that their wives got on their nerves. These husbands also beat their wives in ways that their children could not see. Some of them never called their wives names in front of others – on the contrary they were then very kind to them. When these wives protested that they had had enough, their husbands often told them that they would be left with nothing: no home, children, family nor friends. Their husbands said how much he loved their families, and that they would kill themselves if the wives left them.
.
In Poland, the family of these husbands eased their minds by confirming them in the conviction that they were very good husbands and fathers. The women, on the other hand, had thought that things would change in the UK.

After some time, some of these women become worried about their children. The children started to act in unusual ways, call themselves names, fighting, and behaving very violently towards each other and their mothers.

Sometimes, the school invites the parents in to speak about their children's bad behaviour. Many of these couples still have communication problems due to their limited language skills and an interpreter assists such a conversation at school. Interpreters as people without experience with domestic abuse usually cannot find out what is going on, cannot read the signs. Usually both parents demonstrate to the school their concerns and discontent with their children's behaviour. Back at home, the fathers often punish them by giving them a thrashing. Sometimes, fathers beat their children so much that they end up in the emergency department of the local hospital. Having spoken to the child about his or her injuries, the hospital often calls in the police, and the fathers are temporarily detained. Criminal charges of domestic violence and psychological abuse towards children under 16 years of age are often made against these fathers.

The whole situation usually involves interpreters, the police, the court, and the Polish Consulate. However, the argument here is whether these are the suitable professionals to be involved in such cases.

The lack of not taking action sooner has resulted in a deteriorating family situation. The problems were not dealt with in any way in Poland, but instead brought to the UK. In a Polish society, certain assumptions about domestic abuse victims still persist, such as the idea that people simply accept their situation. This may contribute to the indifference towards instances of domestic violence in the community. The responsibility for the abuse is often shifted onto the victims; 1 in 4 respondents believes that an offender can cease the violence if they are not incited. The same number state that the responsibility for the fear of initiating certain issues during the conversation with a husband, lies with a wife.

According to Grzegorz Wrona (see bibliography): "In a relationship with another person, it is crucial not to go only by a superficial judgement of their behaviour."

Professionals working with offenders as well as victims should have suitable knowledge and experience to enable them to establish the reason for someone to act in a volatile manner in a given situation. To come to a domestic abuse service is stressful even if it is the most welcoming and professional place. There are a few causes of stress, such as: being judged, taking about very distressing issues and having to be reliable. They all generate emotional tension. The individuals who have been

mistreated somewhere else, having asked for help, are in a significantly difficult position. In such a situation, the victim may become aggressive or argumentative towards unfamiliar people and their inability to compose themselves worsens the situation. One way the victims can feel safe is that at least they will receive help but from the opposite side – all stress is going to come out (PTSD). Without sufficient foreign language skills many individuals, mostly women, struggle dealing with their problems on their own. Sometimes, turned onto the street with children in the middle of a night, they do not know what to do. They do not know their rights.

How to work to be able to help? What to do?

Victim Support and Woman's Aid can provide emergency help. Sometimes, changing the address and the victim being taken care of by a suitable institution needs to happen. At a conference organised a few years ago by Strathclyde Police in Glasgow, attempts were made to create multidisciplinary teams in order to develop a comprehensive way of helping domestic abuse victims. In comparison, in Poland there is the so-called "Blue Line" (help line), emergency services and single mother accommodation centres.

How to work with victims?

There may be different views on approaches between various professions. In my professional experience in Scotland, I have encountered such situations, where individuals experiencing violence contact in the first instance the Catholic Church, or the police. On most occasions, a process of preparation precedes the act of reporting. It is often assumed that an individual experiencing abuse does not offer resistance, is withdrawn and threatened. All this indicates the opposite, and is interpreted to their disadvantage; that is, expressing their emotions may be taken as a bad-manner and a passive attitude, such as accepting their circumstances.
According to Wrona: "Whilst helping domestic abuse victims, on many occasions we come across individuals who are argumentative, aggressive, present demanding attitudes and react in an impetuous way. Does that mean they are not the violence victims; or even (as the offenders claim) this is the victims who abuse emotionally?"

Cognitive behavioural counselling (CBT) focuses on altering behaviour patterns and positive creation of a self-image. A number of times, the effect is only temporary. The victim of gets emergency help which works on shifting the emotions is such a way that the negative feelings are changed into positive ones. What is missing is a thorough exploration of an emotional condition, and healing the wounds. What does the short-term therapy with violence victims entail? Is it putting a dressing on a serious wound, a wound that requires major surgery? Six CBT appointments? Generally speaking, CBT does not want to be associated with other approaches. Is the CBT to blame for the further "breaking souls of the abuse victims"? The violence victim is to adopt a new behaviour pattern. However, the question can be posed whether this is a suitable therapeutic approach having undergone such traumatic distress, both physical and emotional.

To speak up or to suffer in silence? Usually, a therapy involves at first more support work, to assure the safety of the victim and their relatives and to provide them with the literal requirements (Maslow's hierarchy of needs theory). In my professional experience so far, on numerous occasions I have found MI (motivational interviewing) and role playing (Psychodrama Moreno) methods enabled an exploration of a case in a safe way for the service user. Many domestic abuse services put emphasis on changing the victim's behaviour as paramount.

MI enables a client to talk about their situation in such a way that facilitates rapport and safety. In many instances, the individual blocks intimacy and it is difficult to get through to them. A long term counselling therapy is required for the abuse victim to recover. Working with the victims, particularly those experiencing violence, has to be preceded by establishing an appropriate relationship characterised by trust and positive transference.

Psychodrama Moreno

Referring to a classic anecdote about Jacob Moreno meeting Sigmund Freud: "I start where you leave off." Psychodrama can be applied broadly. Below, I have demonstrated how it can be adopted for a therapy with domestic abuse victims.

"Slaughter of the soul"– It is believed by many practitioners that the therapy with the violence victims is very difficult due to the severity of the inflicted "wounds." The therapist and patient have a much more challenging task set than in a case of individuals who have not undergone such a serious trauma.

It is essential, in a therapy with the abuse and violence victims, that the client tells their true story. Employing a heightened reality to work with the violence victims is not a simple daydreaming. It is structured by features specific for psychodrama. The inner drama manifested on a stage is the area where the patient is undergoing recovery and builds a "bond" to the real life.

It is important in psychodrama that expressing anger, hatred, even symbolic "killing of an offender" relate to all that is harmful. Expressing true feelings should lead to the relief from the offender. Aggression and anger are the first feelings to be exposed. In psychodrama there is no room for hiding one's feelings. Embarrassment may be overcome by adopting various roles. It is crucial that "fantasising, role playing" do not entail the sense of being judged. The domestic violence victim has a right to express their feelings in a safe environment. *How to work with the domestic abuse victims, so that the help is efficient; and transferring proper behaviour patterns is a natural part of our lives?*

The question remains open and all comments are welcome.

Let us begin the discussion.

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Ethics

in the Counselling Room

Kay Kennedy

When asked to write this paper I settled down and began to think about what I know and in fact do most days of the week, i.e. teach ethics and counselling skills to a wide range of health and social care students. I also see clients in my private practice as a psychotherapist where I work with the issues which then inform my teaching.

What came to me was the memory of a conversation/argument I once had with a guy in a training group. It was when the dreaded concept of "Regulation" was just starting to be hotly debated as a "water cooler issue" in counselling circles. He was dead against the whole idea of what he saw as the "thought police". On the other hand, I had witnessed and been on the receiving end of, some atrocious experiences in the name of counselling and psychotherapy back in the days before counselling codes of ethics and complaints procedures. I therefore strongly believed that there needed to be somewhere to take such situations where people doing this kind of work could be held accountable for their actions. At the very least, we all needed to learn from them. At the time it seemed that people closed ranks and there was nowhere for me to turn. This affected me so profoundly that trying to understand how "good" people can justify doing "bad" things in the name of "care" and what to do about it became a central focus in my life's work.

This guy's belief was that as counsellors and psychotherapists, we all just "should be" ethical. Mine was that just believing we should is not enough because it doesn't magically turn the "should be" into an "is". The people doing the things that I perceived to be highly unethical at the time believed themselves to be justified in their actions and defended themselves fiercely when challenged. He and I ended up arguing passionately for a while and then avoiding each other for the rest of the training, both of us determined that the other was "wrong". This memory got me thinking about the nature of ethics, and how in the caring field it is seemingly impossible to be truly objective where there are strongly held beliefs.

Most of my students from the various health and social care professions are taught that they have to be "objective" with their clients and whereas this means not to judge one's clients in a pejorative way, it is not enough to help people deal with all of the complexities of human valuing. And value we do – all the time. We are hard-wired that way as social creatures, so who is "us" and who is "them", what is good and what is bad and how we think and feel about it is part of our very core.

> ***Question:*** *Why did you want to be a counsellor/ psychotherapist/carer, etc?*

The majority, if not all of the answers will have either a specific or implied version of the word "Good", for example to help people have a better quality of life – this being seen as a "good" thing.

Once we introduce the concepts of good/bad, better/worse into the conversation we are making judgements, no matter how much unconditional positive regard is included in the recipe as well – and of course, unconditional positive regard is a good thing and obviously more is better than less!

> *World Health Organisation Definition of Health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*

The Definition has not been amended since 1948.

It would appear that we are working for a cause that is so steeped in values that in fact, we might even go as far as agreeing with David Seedhouse (2007) who says that work for health is "moral work".

I thought that maybe we could ponder on this weighty question today: is it possible to be objectively moral?
First we have to define the terms:

> ***MORAL*** *activity is intended to have the consequence of enabling a person or persons.*
>
> ***IMMORAL*** *activity is intended to have the consequence of disabling a person or persons.*
>
> ***AMORAL*** *activity is not intended to have the consequence and does not have the consequence of either enabling or disabling a person or persons.*
> *– (Seedhouse 2007)*

It is not hard to identify any number of behaviours that could be defined as moral and immoral. Amoral (neutral behaviour) is very much harder to define however because of how automatically we look for motives and values in human behaviour. This demonstrates how much of a challenge it is to be objective in the caring field when we are working for "the good". Even being objective is seen as a good thing and therefore a value judgement.

In his own version of ethics 2,500 years ago the philosopher Aristotle defined them as requiring a recognisable process (meaning, debating with integrity), for which we need principles and methods, towards a goal. He meant, for example, human flourishing, clearly recognisable today by many other names such as quality of life, autonomy, empowerment, self-actualisation, the World Health Organisation definition of health, and so on.

Now, this brings me to my point. These values and principles either imply or explicitly require the ability to "debate with integrity." This of course highlights the importance of having a reasonable level of maturity if we are to be able to use our integrity in debate (rather than resorting to tears or violence!). However, assessing our own level of integrity is not an easy thing to do because there are so many things about our values that we take for granted as "givens." Given we are creatures of value we are very likely to have chosen our training and/or favourite theoretical approaches out of our personal values. These might include an intrinsic belief in a client's ability to find their own answers, or a belief in using scientific knowledge to help clients towards an outcome which can be identified and measured, or even seeing time-limited approaches as the best use of limited resources for the greatest number of people.

Even though we are all working towards the goal of human flourishing, at times it can be hard to listen to someone describing another approach without immediately comparing it less favourably with our own. It can be even harder not to become defensive if our own value system is challenged. "On a personal note, I know that when I hear of counsellors who have what I judge to be inappropriate relationships with clients." "Although I disapprove, over the years I have fallen truly, madly, deeply in love with a couple of clients at different points." In order to stay focused on the fact that my feelings were "classic countertransference" and "pure pathology" I had to really work my socks off (I assure you I kept them on, however – and in fact, not one garment was removed through the course of the therapy!). It felt like "luuurve" and "the real thing" to me though, so for two pins I could have easily "gone there". My poor supervisor aged visibly during these spells – I used him mercilessly but he supported me with courage and integrity and certainly earned his money.

Power in the Helping Professions

> *"No-one can act out of excessively pure motives. The greater the contamination by dark motives, the more the case worker clings to his objectivity."*
> *(Adolph Guggenbuhl-Craig . 1982 (p10)*

As we all know, a high level of self-awareness and self-evaluation is a core component in the practice of counselling and psychotherapy, and supervision is an integral part of the practice in supporting and maintaining this process of debating with integrity. However, when you think about it, counselling usually takes place behind a closed door with no one else present. In supervision we reflect on what has taken place as we have perceived it and even if we bring a recording we will usually choose which bit we share with the supervisor. Supervision usually takes place behind a closed door and both situations are bound and protected by the ethical principle of confidentiality. This gives a fair amount of not only protection but also "preciousness" to what is actually said and done in the session.

Tim Bond (2010) writes: "…Clients are not usually well-informed about the ethical standards of counselling, so they are more likely to judge the ethical basis of their counselling by assessing the personal integrity of their counsellor…the act of trust is at a time of considerable vulnerability for the client and gives the counsellor considerable power over them for good or harm." (p.14/15)

So how exactly can we judge at any one moment that we are actually acting ethically?

Around 2,500 years ago Hippocrates, "the father of medicine", devised the Physicians' Oath, which although it has some principles which are specific to the work of physicians and to the culture and times of Ancient Greece, it also has six ethical principles which can clearly be seen as still being the fundamental principles of all of the codes of ethics in the Western world to this very day. These are: beneficence, non-maleficence, autonomy, justice, confidentiality, and integrity. Your Ancient Greek knew a thing or two about ethical practice!
We can clearly see the six original principles in COSCA's *Statement of Ethics and Code of Practice* (2007). However, even though we may faithfully stay within the framework provided by these principles, sooner or later we discover the reason why Aristotle was so hot on this notion of ethics being about "debate" rather than about following rules.

Some common dilemmas and double-binds

With the principles. The principles themselves often conflict: for example, autonomy versus non-maleficence, or confidentiality versus non-maleficence.

With our clients. For example, we have to assess and decide between respecting autonomy versus creating autonomy (such as in a case where we believe the client does not have the wherewithal to make an informed decision).

Within ourselves. We would never wish to hurt our clients and yet sometimes it is impossible not to because of unrealistic expectations of us or painful insights which arise in the course of the work.

What is a poor counsellor/psychotherapist/carer to do? Now, before we despair, rush home and hang up the tissues, or at the very least, lie down in a darkened room with a cold cloth on our foreheads, let us remember that Aristotle said that ethics was a process that required not only *principles* but also *methods* to assist us in debating with integrity towards the goal of human flourishing. We clearly need more sources to help us with what now seems to be emerging as a bit of a pattern – the conflict of values.

Tim Bond (2010 p.40) has identified six sources which counsellors most commonly turn to in identifying and working to resolve ethical issues or dilemmas in their work: personal ethics; ethics implicit in theoretical models**;** agency policy**;** professional codes, frameworks and guidelines**;** the law**;** moral philosophy.

Let us come back to our weighty question on whether it is possible to achieve an objective morality – indeed if it is possible at all. One of the major starting points in any ethical debate is, "it depends." Therefore, the task appears to be to embrace our values and become as well acquainted as we can with them so as to be able to question ourselves and to let others question us also.

Quality assurance is now a standard component in professional practice and is a way of bringing "should be" and "is" together by different forms of evidence-based outcome measures. How appropriate you believe each assessment to be will depend on how much you value the objectivity of numbers compared with the subjectivity of your own perceptions of the client's wellbeing or the quality of the therapeutic relationship.

Unless we are profoundly narcissistic, being assessed strikes fear into all our hearts. What if, for example, I perceive the therapeutic relationship with a particular client to be effective and the measurement says it isn't? (The measurement system is clearly rubbish!) Maybe the client says it isn't. (The client is clearly deeply deluded – their issue, of course!) Either way may leave me feeling that I can no longer trust my own judgement or value system that may tap into my worst beliefs about myself. I will need to defend myself!

Counselling and psychotherapy are intrinsically relational, therefore to be able to work within a framework of ethical principles towards our common goal, we need to be open to differences of all kinds – cultural, social, age, gender, political, theoretical, and so on. That means necessarily having our values challenged as a regular part of the process. Even so, denial, closed doors and "confidentiality" can be great defences when we feel our values are under attack. At times it takes truckloads of courage to question ourselves and to allow ourselves to be open to questioning from others.

Professional regulation appears to be undergoing massive efforts to ensure that whichever form finally becomes official, it embraces the diversity that makes up the field of counselling and psychotherapy, thereby encouraging debate as a healthy component in the work.

However, as Aristotle identified all those years ago, we need tools to help us debate with integrity towards our common goal of human flourishing. I find it a great comfort to know that even way back then, they knew that, as workers in the field of ethical practice, we need to have knowledge and understanding of the principles and relevant theories available, to stay informed and up to date with the inevitable changes in policy and perspectives - and that we need all the practice we can get.

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The Persons in Relationship Perspective

In Counselling, Psychotherapy and Community Adult Learning

Colin Kirkwood

New book by Colin Kirkwood

I am happy to be able to tell readers of COSCA JOURNAL that I have finally completed a piece of the work which has just been published as a 204-page by Sense Publishers, Rotterdam.

I first embarked on a project to define what I called the persons in relation perspective in 2003, after a major operation for cancer, when I was still working at Moray House School of Education in the University of Edinburgh, and when I was still convenor of COSCA, I believe. A year later I retired from Moray House at the age of sixty, and took on a new part-time post as a psychotherapist working with women and girls suffering from severe eating disorders at Huntercombe Hospital in West Lothian.

Around that time a difficult situation arose in our family, which resulted in my wife and I taking on regular childcare activities with our two youngest grandchildren, so the project had to be put on hold.

Nevertheless, I managed to continue writing from time to time, working particularly on a long piece about my approach to psychotherapy, illustrated by material drawn from work done at Huntercombe involving a 14 year old girl with anorexia.

Last summer (2011) on my return from holiday, I decided it was now or never: if I did not finish the PIRP (persons in relation perspective) project I would have to let it go for good. I plunged in with renewed energy, first gathering together and critically reading over the pieces I had written since taking up the job at Moray House back in 1994. I found that I had written over 30 pieces, several of them for COSCA journal. I made a ruthless selection of 12, focussing exclusively on defining and discussing the persons in relation concept, the pivotal role of dialogue within it, and its applications in various settings: counselling and psychotherapy; adult education and adult learning; and beyond the couch in literature, community and society.

To my astonishment, I realised that, without quite knowing it, I had completed the project, though not in the form I had originally envisaged it.

A few key tasks remained to be done. All the pieces chosen had to be revised, sometimes rewritten, and reframed as chapters – though I stuck to my sense of the original occasions and audiences for which they had been written, and to my personal voice.

On rediscovering the three letters written to me by the 14 (now 21) year old girl with anorexia, who has recovered and is well on her way through a degree at university, I decided to expand the account of my way of doing psychotherapy as it has evolved over the years, and to combine it with verbatim extracts from my notes and the (unexpurgated) text of her letters. A moment of inspiration led me to renew contact with Dr David Tait, Medical Director of Huntercombe Hospital at the time when the work was done, and invite him to add a reflection of his own, which he did. Both the patient (under the pseudonym Anna Other) and Dr Tait gave me feedback on the combined text (and in David's case on the whole book). This chapter is now the centrepiece of the 'applications' aspect of the project. We have called it *A Dialogical Narrative*, because it gives equal weight to the perspectives of patient, doctor and psychotherapist, each of whose contributions acts as a reflective context for the other two: triangulation yabass!

Before adding the table of contents, to give you a better sense of how the book is structured and how it proceeds, let me say a word of thanks to other colleagues and friends who have contributed: to Judith Fewell for her generous introduction; to Tom Steele for his perceptive afterword; and to Emilio Lucio-Villegas for permission to reproduce

the text of his interview with me. I must also thank Jill Savege Scharff and Ian Martin for taking the time to read the whole of the text and for giving me honest and challenging feedback. And finally I thank Dr John Shemilt and Professor John McLeod for their appreciative endorsements of the book.

Yet another "thank you" is due to Stewart Wilson and Brian Magee, respectively Director and Chief Executive of COSCA, to the editors of COSCA journal for publishing my work over the years, and to the organisational and individual members of COSCA from whom I have learned so much.

A launch of this book is being planned by my former colleagues at Counselling and Psychotherapy in the School of Health in Social Science at the University of Edinburgh, to take place on a Friday afternoon in October 2012, date to be decided. I understand that all COSCA members will be invited to attend. In this connection I am very grateful to Liz Bondi, Seamus Prior, Jim Crowther, Rowena Arshad and Jo Hilton.

The book can be ordered direct from the publisher, Peter de Liefde, Sense Publishers, Rotterdam:

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The contents page of the book and the order form appear on the following two pages.

Greetings to all my old friends at COSCA.
colinkirkwood@blueyonder.co.uk

The Persons in Relation Perspective

In Counselling, Psychotherapy and Community Adult Learning

Colin Kirkwood

- People are *constituted* by their relationships, past and present, inner and outer, conscious and unconscious.
- People are *agents* who experience, know and act on the world. At the heart of your agency is your *self*: positive, puzzling, and problematic.

Colin Kirkwood explores these and other ideas of John Macmurray, Ian Suttie, Ronald Fairbairn, John D Sutherland and Paulo Freire, and shows how they apply in counselling and psychotherapy, adult education, community and society.

In today's world, a set of ideas, attitudes and practices has taken hold, which emphasise the individual, self-centredness, pleasure-seeking, consumption, success and the accumulation of wealth and power. They are deeply harmful and need to be tackled.

Colin demonstrates how these ideas affect us, and how they can be taken on and defeated, in *a dialogical narrative of psychotherapy* with a girl suffering from severe anorexia, written by the girl herself, her psychotherapist and one of her doctors.

John Shemilt, Psychoanalyst and Consultant Psychiatrist, writes:

Through his lucid, personalist account of the development of the Scottish tradition in psychoanalytic thinking, Colin Kirkwood provides an important 21st century commentary on the meaning of social context, the personal relationship and the experience of self in the process of counselling and psychotherapy.

John McLeod, Emeritus Professor of Counselling, University of Abertay Dundee, writes:

I highly recommend this book to all counsellors and psychotherapists who are interested in deepening their understanding of their work. Colin Kirkwood writes accessibly, with humour and grace, and draws on philosophical and cultural perspectives to offer a fresh appreciation of the meaning of adopting a relational approach to therapy. His work is grounded in everyday life experience, but at the same time views that experience as a microcosm of wider social and political currents.

This book will be of interest to those involved in counselling, psychotherapy and psychoanalysis; psychiatry, psychology, nursing and general medical practice; social work and pastoral care; schooling, adult, community and higher education; ecology, theology and social geography; literature and philosophy; and politics, international and intercultural relations.

Paperback US$39.00/€35.00 **ISBN 978-94-6091-907-7**
Hardback US$99.00/€90.00 **ISBN 978-94-6091-908-4**

SERIES: INTERNATIONAL ISSUES IN ADULT EDUCATION, VOLUME 9

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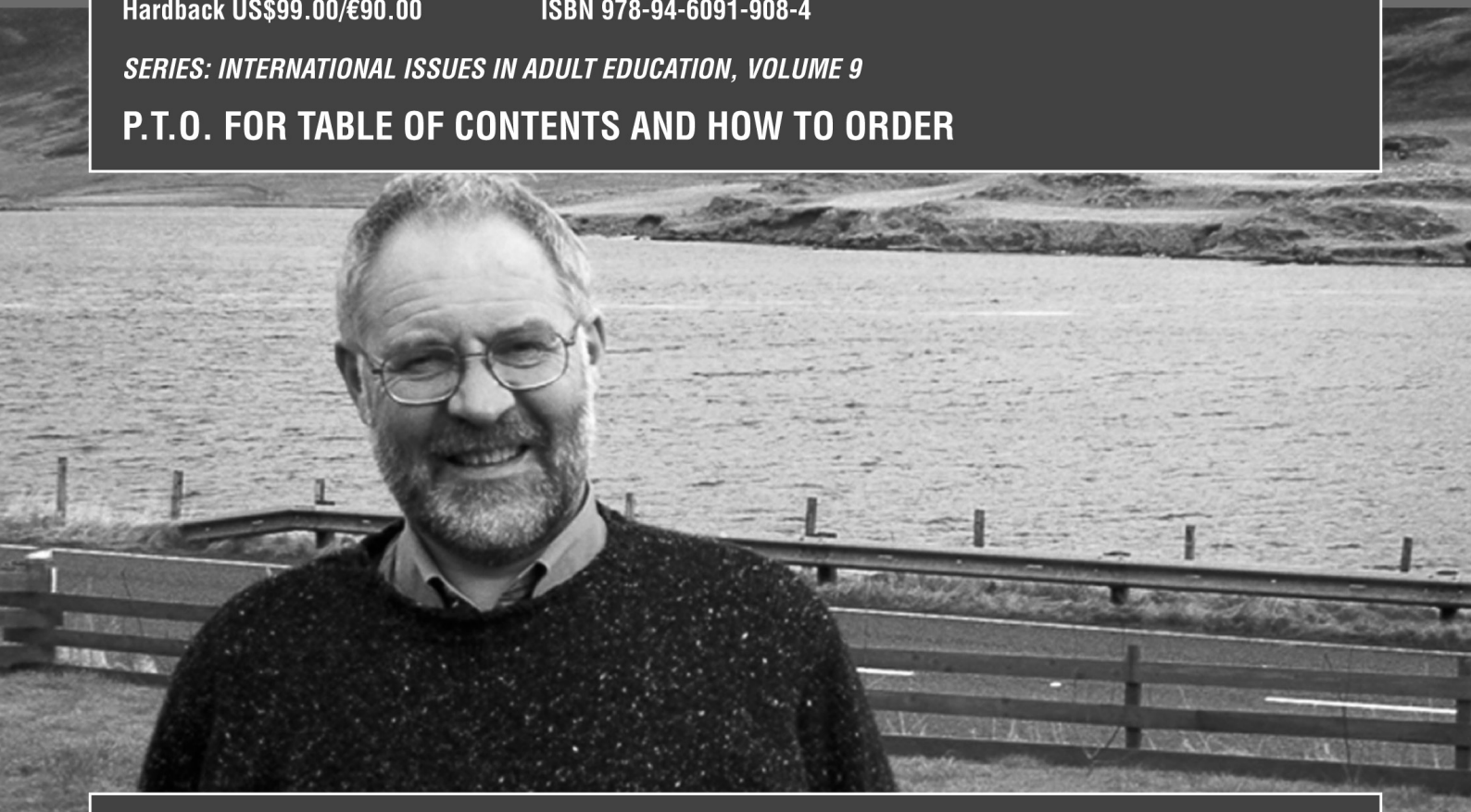

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New Accreditation Scheme

for Voluntary Registers

Brian Magee Chief Executive
COSCA (Counselling and Psychotherapy in Scotland)

The UK Health and Social Care Act 2012 asked the Professional Standards Authority for Health and Social Care (formerly the Council for Healthcare Regulatory Excellence) to set up a scheme for people working within health and social care who are not required by law to be on one of the registers of the health and social work professional regulators in the UK. This includes counsellors and psychotherapists.

Having consulted its members, COSCA (Counselling & Psychotherapy in Scotland) is working towards applying for its register of counsellors and psychotherapists to be accredited by PSA. We would like to thank all those who responded to our question about whether COSCA should apply for its voluntary register to be accredited by PSA.

The PSA published its draft standards for consultation (Accreditation standards for organisations that hold voluntary registers for health and social care occupations) with a closing date of 10th July 2012. COSCA's response was submitted on time and acknowledged. PSA received around 400 responses that it is currently analysing.

PSA is progressing work on its assessment methods. Five organisations have recently been asked by PSA to run pilots to test the viability of its assessment processes:

PSA intends to start the scheme in December 2012. Then organisations will be able to ask PSA to assess whether they meet its standards and PSA will accredit those that do. It will publish the result on its website and let accredited organisations use a symbol on their information for the public. These organisations will then be known as an accredited register. The organisations will continue to hold and manage their own registers.

PSA states that this means that employers, commissioners and members of the public will be able to choose to use people in health and social care who are on a register of an organisation that has been assessed by it and accredited. They can be confident, according to PSA, that the organisations holding these registers will be carefully checking practitioners before letting them register, ensuring that they continue to meet good standards of practice and conduct, and removing those who do not.

PSA states that the Accreditation Scheme is similar to statutory regulation but there are two important differences. First, it is not mandatory to register in order to practise. Second, if someone is struck off a voluntary register that alone does not prevent them from being able to work in that profession. It may, however, lead or contribute to other action. For example, disciplinary action by employers, clients deciding to stop using their services or in the most serious cases being reported to other authorities who have legal powers such as the police or other bodies who can bar people from working in health and social care with people who are vulnerable.

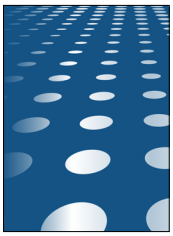
Voluntary registers, according to PSA, offer a useful way for employers, commissioners, service users and the public to tell which unregulated health and social care professionals have been assessed as meeting good standards of practice, follow a Code of Conduct and who have demonstrated by registering that they are personally committed to providing a good service or care. PSA states that these health and social professionals and workers will sign up to a voluntary register and agree to meet these standards because they want to, not because they have to.

The Scheme will be self-funding as PSA will operate it on a not for profit basis. The accreditation fees have not yet been determined.

Brian Magee
Chief Executive
August 2012

On Depression

In Children



Jonathan Wood

The Scottish Government estimate that 1 in 10 of our young people will suffer mental health problems. It is estimated that around 90 percent of inmates in young offenders' institutions had mental health problems as children and only half of them received any treatment at all. And still there are people who think that counselling for children – especially in primary schools, where Place2Be, the organisation I work for, delivers most of its work – is questionable. Surely the parents should be doing something, goes this story. It's their problem, after all.

Children, being more open and less defended than adults, can carry the problems for an entire family without anyone noticing. And those parents whose own complex agendas block out their children's needs will notice even less. Childhood depression manifests in various ways.

A six year old girl, isolated in the playground and withdrawn in class, was referred to Place2Be for therapeutic work. She expressed her situation through play, particularly centred on the doll's house. In it there were warring parents, wheeling and dealing uncles and aunts, regular visits from policemen, and no one at all to attend to her worries. Her parents, though happy that she was being seen for therapeutic work, did not want to avail themselves of the counselling support we could offer them. Their daughter was the one with the problem – and now she was being helped.

She was indeed helped. Being given positive, supportive and creative time, she played through a lot of her worries over a school year. She started to make friends and her school network became gradually more important to her. This has become the bedrock for the ongoing support she will need – because her parents are not prepared to change. In such a situation, therapeutic work inevitably focuses on building social confidence and personal resilience. It would seem extremely short sighted to suggest that children do not need access to these kinds of service.

Jonathan Wood
Chair of COSCA's working group on Children and Young People
National Manager for Scotland for Place2Be

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Forthcoming Events

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:
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Telephone: **01786 475 140.**

2012

26 September
COSCA Annual General Meeting
Stirling

October (TBC)
Recognition Scheme Event

20 November
COSCA 9th Counselling Research Dialogue
Stirling

2013

March (TBC)
5th Annual Ethical Seminar

March (TBC)
Recognition Scheme Workshop

COSCA

Vision:

A listening, caring society that values people's well being.

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.

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