

# Counselling in Scotland

WINTER / SPRING 2014

BEREAVEMENT COUNSELLING IN PRISON

SOMETHING COMPLETELY DIFFERENT

A STUDY OF PASTORAL COUNSELLING

ARKORDIA

TELEPHONE COUNSELLING/THERAPY

DIGITAL HUNTERS AND STALKERS

GETTING IT RIGHT FOR EVERY CHILD



**COSCA**

Counselling & Psychotherapy  
in Scotland

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John Dodds

# Editorial

I am sad to announce the death in November 2013 of one of COSCA'S most dedicated members, Dr. David. B. Lingiah. An obituary follows the editorial.

This issue contains a diverse range of articles, covering topics such as bereavement counselling in prisons, to pastoral counselling, telephone counselling, a personal reflection on being on the COSCA training course, to an overview of abusive behaviour through digital technology such as the internet and mobile phones.

I will not, on this occasion, go into brief summaries of the contents, but rather I wanted to reflect more broadly on what I've been reading here. For example, a quote from a prisoner who was being counselled actually made me cry (I won't say which one it was, but I feel sure the article will move you

all in some way). Some things took me by surprise: the fact that Facebook has been found to sometimes extend and make more painful the grieving process after a couple's separation; the incidence of mental disorders is higher among immigrants than the indigenous population; and, more amusingly, why working in a bank has parallels with person-centred counselling! I trust you will find the contents every bit as interesting as I did.

If I haven't done so previously, I wish to say a big public thank you to all our contributors, past, present and future, for taking the time to write such insightful, thoughtful, provocative, reflective and informative articles. I look forward to reading more of your contributions in the future and, at the risk of repeating myself — keep 'em coming.

John Dodds, Editor

## Obituary

### Dr David B Lingiah

David Lingiah died peacefully at home on 15 November 2013. As one of COSCA's most dedicated members, David was a regular contributor to *Counselling in Scotland*. He was always eager to share with us his acquired wisdom, using to great effect the power of narrative to inform and share his experience about matters relevant to counselling and psychotherapy.

David was born in Mauritius, but emigrated to Scotland in 1967. He left a career in politics and journalism in his homeland for a new life in Lenzie where he became a nurse — working at the

former Woodilee Hospital. After further training at Stobhill Hospital he became a charge nurse, and then studied at Jordanhill College to become a nursing tutor.

Since retiring to look after his family in the late 1980s David has written several books, as well as completing a degree in health studies at Caledonian University.

He volunteered at Kirkintilloch's Addiction Recovery Centre and Victim Support. He also had an interest in Cruse Bereavement Care Scotland's work in his area.

David was also involved with a number of international universities, where he helped students with their studies.

His recently self-published book (2012) is entitled *What Moves You, Are You Inspirational?*. This features quotations from a number of sources — from Shakespeare and the Bible, to renowned scientists and poets. Each quote is accompanied by an explanatory chapter written by David or one of his friends from across the globe on who or what moved them and how it has shaped their lives.

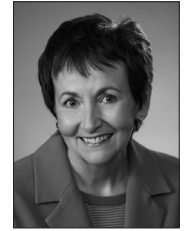
David's fundamental aim was to inspire others to live a good life and to feel rejuvenated and happier. In our view, he certainly achieved his aim and we are grateful to him for doing so.

**Brian Magee**  
Chief Executive  
COSCA

(Counselling & Psychotherapy in Scotland)

# Bereavement Counselling

## in Edinburgh Prison



Janette Masterton

*I am imprisoned  
In a world of lock and key  
My grief is banged up too  
It screams in silence to be free*

**Rab**, CRUSE CLIENT

### Introduction

I have been delivering counselling on a voluntary basis to inmates of Edinburgh Prison for nearly seventeen years now, so you could say I've done a lot of time. I came to Edinburgh Prison initially as a trainee counsellor, to offer generic counselling to prisoners whilst undertaking a diploma in counselling at Edinburgh's Telford College. From the beginning of this work experience, I was struck by the fact that many of the prisoner referrals were bereavement related. After a year's placement, I was asked to stay. I've been inside ever since.

By year three, I had begun a master's degree in counselling at Edinburgh University and I was also working as a volunteer counsellor with Cruse Bereavement Care Scotland (CBCS). It was then that I set up a formal bereavement counselling service in Edinburgh Prison under the auspices of CBCS. In Cruse's fifteenth year behind bars, I now lead a team of four volunteer counsellors. We work with clients in the prison and also on the outside in our Edinburgh office should our liberated clients wish transitional bereavement support.

### Bereavement risk

Parkes and Prigerson (2010) identify the following as risk factors for poor bereavement outcome:

- traumatic losses
- vulnerable people
- lack of social and family support

Where do prisoners stand in relation to these risk indicators? Prisoners often suffer from traumatic bereavements which are sudden and unexpected and for which they are unprepared. These losses are often multiple, violent and horrific (Finlay & Jones, 2000; Vaswani, in press). They can involve murder, manslaughter, suicide and drug overdoses. In some cases, the loss relates to a person the prisoner has been convicted of killing.

Prisoners are vulnerable people. As a direct result of incarceration, they suffer dramatic loss (Stevenson & McCutchen, 2006) with many having lost almost everything that formerly gave their lives meaning. They have often suffered severe loss prior to imprisonment. The vast majority of prisoners have come from hugely disadvantaged backgrounds and have lived chronically chaotic lives on the outside (Hammersley & Ayling, 2006); lives that have been scarred by social, familial, economic, educational and emotional disadvantage from an early age. The Scottish prisoner population is dominated by men in their early thirties. It is characterised by social deprivation and exclusion with high levels of mental ill health, substance use and childhood abuse (Houchin, 2005). This is all about loss; losses past and present which impact upon the prisoner's experience of loss in response to the death of someone significant. Bereavement is not experienced as a separate, stand-alone entity but rather in the full painful context of the individual's unique lived life.

Prisoners lack social and family support. They are separated from kith and kin and the helpful death rituals that take place around a death in the family. Although they are always surrounded by others in prison, the inherent lack of trust within the prison environment can make it difficult for them to find someone with whom to talk and confide in (Ferszt, 2002). Whilst prison officers may be willing to lend a listening ear,

role conflict can prevent inmates from divulging intimate thoughts and feelings to a custodial figure. The fear of being exploited on account of vulnerability can deter them from sharing their experiences with fellow prisoners. Further, being seen to confide in either hall staff or inmates runs the risk of being labelled as a grass. To talk things through with a prison chaplain can be helpful for some prisoners. For others, this may not be an option if this resource is viewed as being incompatible with their belief and value systems.

### Cruse in prison

The bereavement counselling service in Edinburgh Prison provides a safe space where clients can explore their loss in a context of support away from the prison regime, with a trusted counsellor. We have our own room in the prison's Links Centre which is a facility that offers a wide range of support services to referred prisoners. The room's walls are adorned with client contributions of artwork, poetry and prose relating to the experience of grief behind bars. This, in itself, gives permission to the prisoners to be with their grief. The clients' poems, prose and artwork say yes to grief in prison - they say you're not alone.

Referrals come to Cruse from clients, prison staff and visiting agency workers. We work with all bereaved prisoners who wish our support, with remanded and convicted male and female clients, with short term prisoners and those serving up to a life sentence. Our service is valued by our prisoner clients, many of whom write with thanks for the counselling they received.

The Scottish Prison Service (SPS) has always been very helpful and supportive of our work. They were particularly supportive of my research and receptive to the findings and recommendations. They have now invited Cruse to replicate in other Scottish prisons the counselling service I set up. They are also in the process of issuing a best practice guideline, *Dealing with Bereavement in Prison*, based largely on the recommendations of my research.

### My research

As I have journeyed the paths of grief alongside my prisoner clients, I have been witness to an aspect of human experience that is typically suffered in silence and laden with risk of a complicated bereavement. In writing my dissertation, I felt a strong need to enable the marginalised voices of bereaved prisoners to be heard and shared

amongst others, especially the SPS, in order to improve bereavement care for prisoners. My research, then, aimed to formally record and explore the lived experience of bereavement in prison. It did this through telling the stories of imprisoned clients whose grief was shared with me within our counselling work together. As such this was a qualitative practitioner-research study rooted in counselling practice.

The stories I heard of the prisoners' grief were deeply distressing and despairing. They demonstrate clearly how the powerful socio-cultural prescriptions of the prison environment can limit the grief of prisoners from being openly acknowledged, publicly mourned or socially supported and evidence the profound experience of grief being "disenfranchised" (Doka, 1989). Disenfranchised grief intensifies the experience particularly in relation to anger, guilt and powerlessness which are already present through being incarcerated. Isolated behind bars, for the prisoners there is simply no context of community and support within which their grief can be experienced. Sadness cannot be expressed due to the fear of being perceived as weak; anger cannot be, due to the fear of disciplinary action; distress cannot be, due to the fear of being seen as mentally ill or at risk of suicide. Labelled as a suicide risk, the prisoners fear being segregated in an anti-ligature cell on a system of observation and care which they regard as punitive rather than supportive. Unable to be the truth of their experience, prisoners cannot confront the reality of their loss and to process and integrate their grief. It remains a confined encounter, a secret sorrow. To escape their imprisoned grief, they turn against themselves. Drugs, self-harm and attempted suicide become their release.

### A client's story

My 37-year-old client, Gus, was born into a large family which struggled to survive in one of Scotland's most socially deprived city housing schemes. When he was ten, his violent and abusive alcoholic father, who used to yo-yo in and out of prison, left home. A few weeks later, his dad was stabbed to death. Following this, Gus became involved in a life of crime. Gangfighting and thieving led to trouble with the police, approved school led to Borstal and, by the time Gus was eighteen, he was sentenced to ten years' imprisonment for attempted murder. After serving nearly eight years, Gus was liberated from prison, under licence, and set about changing his life. He got a job and married Michelle. Five years later,

their first and only child, Jamie, was born. "I'd never been happier ... I was so chuffed with myself and my wee family"<sup>1</sup> (session 4). He dreamed of buying a house so his wife could have her bay window with frilly curtains. He dreamed of saving enough money for Jamie's college education.

On Jamie's fourth birthday, he and Michelle were killed outright in a road traffic accident. Gus was overwhelmed by grief and started drinking heavily. Within three months of the deaths of his loved ones, he was recalled to prison, for three years and ten months, after fighting in the pub and causing grievous bodily harm to a former opposing gangfighter who had called Michelle a slapper.

On re-admission to prison, Gus was filled with incandescent rage about everything and everyone including himself. Violent behaviour resulted in a nine-day stay in disciplinary segregation, a prison within prison, where he felt so dehumanised and alienated from himself that he smeared his naked body and the walls of his cell with his own faeces. Such was his distress that he contemplated killing himself there. "If ever there was a time for hari-kari, it was then ... no kidding, man" (session 9).

For Gus, counselling was a space wherein he could "let all the fucking red-hot beelin rage just spew right out" (session 5). "Getting rid of my anger helps me calm down and go about my grieving in a much more kind of peaceful way", he explained in session 8. Counselling was also a place where Gus allowed himself to have "a bubble or a bloody good greet" when there was "nothing else for it" (session 10). During session 6, Gus declared:

"One of the best bits about the counselling is ... you're always treated like a human being ... and you get respect ... and that gives me strength when I feel like shite about myself ... and it gets me believing I can make it again on the outside as a decent clean-living bloke".

But "the pure best bit about the counselling", for Gus, was "how talking all about babes and Jamie boy ... with somebody you one thousand and ten per cent trust ... makes them feel closer". This meant he no longer felt "feart to the bones about forgetting them". "The precious memories of my wee family", he announced, "will always be safe in my heart". (Session 8). The following poem by Gus, which hangs on the wall of the

Cruse counselling room in Edinburgh Prison, expresses this sentiment:

### Heart Memories

*The love we shared was special  
And the things we did together  
They're safely stored inside my heart  
And they'll be there forever  
and ever*

A couple of years after Gus was released I received a card from him at Christmas. He told me he was back working, keeping away from the booze and that he had a new relationship. He reminded me that he held Michelle and Jamie in a special memory corner. We had often spoken of this place during our work together. I was very grateful to hear from him.

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### Acknowledgement

Thanks to Judith Fewell, my former tutor and now Board Member, Cruse Bereavement Care Scotland, for her help in preparing this article.

### Special note

My prisoner clients, including Gus, whose stories I told in detail in my dissertation, gave permission for their narratives to be made available for publication so that their experience could help others.

### Biography

Janette Masterton is a BACP accredited counsellor and a member of the Counselling in Prisons Network. She holds an MSc in counselling from Edinburgh University.

<sup>1</sup> All verbatim data presented has been transcribed from audio-taped counselling sessions.



Angela Robb

# And Now for Something Completely Different

Two years ago I made one of the biggest and scariest decisions of my life – I chose to leave a successful and well paid career in banking with absolutely no idea of what I was going to do next. All I knew was years of media bank bashing, job uncertainty, unsociable working hours and too many hours spent on aeroplanes away from my family meant that I wanted to do something completely different. Or did I...? Having recently completed an assignment on law and ethics in counselling I am beginning to think that the apparently opposite worlds of banking and counselling are not so different. I would like to invite you on my journey of self-discovery and acceptance and share my reflections with you along the way.

Let's start at the beginning. I joined banking when it was still considered as "a job for life" and a respected profession. I was trained to listen to my customers and establish their needs, to provide a professional service and to protect my clients' confidential information. I completed a probationary period, had regular one-to-one supervision, studied for professional qualifications, complied with extensive policies, procedures, legislation and ethical practice. Notice any parallels with counselling?

Now fast forward 20 years to the credit crunch and near collapse of the UK banking system. The bank restructuring that followed in an attempt to return them to profit provided an opportunity for me to rebuild myself. Voluntary redundancy brought me the freedom I desired to spend more time with my young children and to try something new. Having dipped a toe in the world of counselling through the Open University, I decided to sign up for a *COSCA Counselling Skills Certificate* course. There I had my first experience of someone's incredulity at an ex-banker training to be a counsellor. "You want to be a debt counsellor?" was one person's

assumption. I felt crushed. Why could she not see the possibility of me doing something unrelated to finance? I do not blame her. Part of *me* was struggling to believe that it was possible to make the one hundred and eighty degree change I felt I was attempting.

I wonder why some people find it so strange that I used to work in a bank and I am now training to be a counsellor? Why is it so funny to do 'something completely different,' to quote *Monty Python's Flying Circus*? This phrase was used as a transition within the '70s comedy show where they would juxtapose the sensible with the ridiculous. This could be a metaphor for some reactions I have experienced about leaving my sensible banking career for the "wacky" world of counselling. "What do *you* know about being a counsellor?" they might as well have said.

I can understand their reaction – on the face of it there is no logical progression from financial services to mental health. However, my life script viewed from the theatre of my inner world makes perfect sense. But for those who may struggle to make the mental leap from banking to counselling, I would like to share a little of my experience to illustrate my sense of the similarity between these two professions.

As a customer service officer, I empathised with distraught customers who had lost their jobs and had their homes repossessed; I sensitively handled account closures for grieving relatives of deceased customers. As an account manager I built relationships with my customers and I felt their despair when I could not rescue them from financial distress. As a supervisor I supported my teams through major change and job uncertainty by listening to their fears whilst I was experiencing my own. As an internal communications manager I had to contain sensitive information impacting the lives of my

colleagues. Does any of this sound familiar? In essence I was learning to deal with people's emotions and communicate effectively in a variety of contexts – fundamental skills required of a counsellor.

In the large organisation where I worked there were endless opportunities to observe and learn from people's behaviour both in group and one-to-one relationships and to develop my interpersonal skills. Performance reviews or "one-to-ones" have similar qualities to a therapeutic hour - a protected time. During these reviews I would listen to my team members talk about issues that concerned them and helped them to explore their options. As I progress through my counselling training I am beginning to draw more and more on the previous work experience I had, until recently, thought to be irrelevant.

To consider this comparison more broadly, money and mental wellbeing are both abstract concepts, intangible assets that become all-important when they are absent or in short supply. Credit facilities and therapy are both services that are needed in times of crisis. Ironically it is often at these precise moments of desperation that financial and emotional support can be out of reach. Lenders will not take credit risks where the probability of default on repayments is considered too great or when there is no guarantee that they will recoup their capital. The "dividends" payable from the business of counselling in the form of improved mental health are difficult to measure. Counselling seems to be one of the first "free" services to be withdrawn in harsh economic times, therefore making it less accessible when it is most needed. Customers who have collateral can access credit, and clients who can afford to pay for counselling may choose private practice. The availability of both counselling and credit is intrinsically linked and determined by the same thing – money.

Bankers and counsellors are both positions of great trust. I did not take this trust for granted and worked hard to achieve and maintain the status of a chartered banker. I consider myself to be an ethical and professional individual. It was devastating for me to find myself part of a profession subject to vitriolic media coverage. I felt society's disapproval through my association with the financial sector. The media portrayal of bankers was so contrary to my self-concept that I felt I had to leave the profession and do

something where I could regain a sense of pride, do something that helped others, something that made a difference to society. The Chartered Banker Institute states: "For an individual to become eligible for chartered banker status they are required to demonstrate their knowledge of: professional ethics and regulation, contemporary issues in banking, credit and lending, and risk management" (The Chartered Banker Institute, 2013). To me the "gold standard for professionals" in financial services resonates with the COSCA and BACP ethical frameworks. Reflecting on this has helped me to regain a sense of self-worth; I was and I still am an ethical practitioner – in banking and now in counselling.

If I may borrow the over used metaphor of a journey to describe the last couple of years, it has been something of a circular route. I headed off trying to get as far away as possible from where I had been, only to arrive back at where I started, more or less: providing a service for people who need help. This is a very live realisation for me – it has taken almost two years to recognise that the industry I wanted to distance myself from shares many similarities with the world that I am trying to break into. I now find myself wondering why I have taken the hard option. Why am I putting myself through the emotional angst that all counsellors in training can appreciate... just to discover that the worlds of banking and counselling seen through my eyes are not so different? What drives me is my passionate belief that investing in "human capital" by counselling children and young people generates invaluable rewards.

Since starting my counselling placement in a school I have faced a new scenario where I am "just" a volunteer counsellor – an enigma who comes in once a week and does something mysterious in the therapy room. This has created an interesting internal experience for me. Rather than feeling a need to convince people that a banker could be a counsellor, I find people are surprised that I, a counsellor, could have been a banker. They struggle to see the connection too but from the opposite vantage point. What a dichotomy! It seems in every context others see difference where I sense sameness.

A synonym for the word banker is "supporter" and for counsellor there is "analyst". These terms seem interchangeable to me; a counsellor provides support to their clients and bankers



analyse financial information. Banks in their simplest sense provide a link between people who have surplus funds and those who need to borrow. People approach banks for help when their funds are low. Similarly, people generally seek counselling when their emotional reserves are depleted. I see counsellors as providing a “bank” for feelings, safeguarding the emotional deposits of their clients, offering a psychological return on their investment and where there is a deficit – providing a form of emotional bridging loan. The process of counselling is similar to borrowing in that the reward is commensurate to the risk. The greater the emotional investment (risk) by the client, the higher potential gains are in terms of personal growth. However, risks must be mitigated and in banking this often comes in the form of a personal guarantee from friends or family. This is similar to my experience of counselling where my friends and family provide me with a form of security or self-care when I find myself emotionally overspent from the therapeutic process.

I acknowledge that my perception of the similarities between banking and counselling is driven by my unique personal experience. I am aware that I consciously sought out roles within financial services that were people-oriented; helping, supporting roles. In fact, a team effectiveness exercise that provided individual personality profiles categorised me as just that – a “helping supporter” and “an ideal counsellor”. So where others are confounded by me taking an apparently new path, I have a sense of continuing along the same route.

I can identify with Monty Python - who failed to break America with the film *And Now for Something Completely Different* I have felt as if I needed to prove myself in a new territory and have not always felt accepted. Like the film - which enjoys a cult following to this day - I have a few core friends and family who understand me – and that is all I need. Now that I am in practice other people’s opinions are less important to me than those of my clients’. It is liberating to be accepted by my young clients as just *me* and hugely rewarding to receive their trust. They do not care where I’ve come from, only where I’m at - and that is in the therapy room every week on the same day at the same time. Children are refreshingly non-judgemental and accepting. How much we can learn from them!

As I emerge from an “identity crisis” (Erikson, 1950) I can now see banking and counselling as sharing a similar ethos. This means that I am ready to reintegrate a part of me that I had split-off and become fully myself. I value the experience I gained in banking and appreciate its relevance to counselling. I no longer feel I need to justify my choice to others and more importantly... to myself. I share the optimism of the chartered accountant in Monty Python’s *Vocational Guidance Counsellor* sketch from the film. He believed that he could become a lion tamer and was advised to work towards it through banking. Now that *would* be something completely different! That gives me an idea...

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**Angela Robb** is a former Chartered Banker, currently a part-time Student, Volunteer Counsellor and a full time mum of two. She is currently in her third year of the Diploma in Higher Education Counselling Children and Young People course with Simpson House Training in Edinburgh and aims to qualify in 2014. She is currently a volunteer counsellor with Place2Be. Angela hopes to integrate her people, project and business management experience in the field of therapeutic work with children, young people and families.

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# A Study of Pastoral Counselling:

## Sample of Edinburgh Turkish-Muslim Immigrants

Dr. Mustafa KOC

### Dr Mustafa KOC, Psychologist of Religion, University of Edinburgh

#### Abstract

Pastoral counselling has an important place in the applied psychology of religious literature. It aims not only to decrease the levels of stress, anxiety, depression, and loneliness of Turkish-Muslim immigrants living in Edinburgh, but also to increase their levels of self-actualisation, self-awareness, and well being in order to strengthen their psycho-social adaptation to the new country. For the purpose of this empirical study, the longitudinal research design included both qualitative and quantitative methodologies. Furthermore, different therapeutic approaches — logotherapy<sup>1</sup>, religious coping-focused therapy, music therapy, cinema therapy<sup>2</sup>, bibliotherapy<sup>3</sup>, and value-centred therapy — were looked at. The study also examined different forms of pastoral counselling styles such as healing, guiding, and nurturing. In conclusion, the results of the research using pre-test and post-test analysis show that the selected therapies have positively contributed to the immigrant clients' psycho-social adaptation and integration.

#### Introduction

A number of research studies suggest that the percentage of mental disorders among immigrants is higher than that of indigenous individuals. The disorders include attempted suicide, anxiety, depression, and

1 Logotherapy, developed by Viktor Frankl of the Vienna school, is used to help clients find meaning in their lives.

2 Cinema therapy uses films as a therapeutic tool — for plot, imagery, music; and for inspiration, emotional release and so on.

3 Bibliotherapy employs reading material, from self help books to fiction, poetry and plays, to help clients sort through their issues.

post-traumatic stress (Laban et al., 2004; Momartin et al., 2004; Ponizovsky, Ritsner and Modai, 1999; Wilmoth & Chen, 2003). There has been much research into mental disorders and their implications in regard to immigration and/or diasporic life. In this context, as a result of losing many traditions and values, psychosocial adaptations have led to stressful experiences, which include feelings of alienation and lack of support (Sohtorik & McWilliams, 2011).

The exact number of Turkish immigrants living in Scotland is not known. Still, it is estimated that approximately two thousand Turkish Muslim immigrants are currently living in Scotland, most of them in the capital city, Edinburgh. This empirical research, carried out into Turkish-Muslim immigrants living in Edinburgh, is one of the first studies of the applied psychology of religious literature on Turkish immigrants. Essentially, the study aims to understand the positive effects of Islamic beliefs, values, and practices on the Edinburgh Turkish-Muslim immigrants' levels of anxiety, depression, hopelessness and reasons for living, as well as self-actualisation, self-awareness, and wellbeing.

As a project for Islamic counselling, this ongoing scientific research was carried out between January 2011, and April 2012, under the direction of the University of Edinburgh, School of Divinity in visiting fellowship status.

#### Methods

- (i) Research hypotheses: (a) according to the pre-test and post-test analyses applied to this empirical application, logotherapy, religious coping-focused therapy, value

- centred therapy, music therapy, cinema therapy, and bibliotherapy positively contribute to the increase in levels of self-realisation and religiosity, as well as to the decrease in levels of anxiety, depression, hopelessness and loneliness which affect psycho-social adaptation processes of Muslim-Turkish Diaspora in Edinburgh; and b) the therapeutic approaches used in this empirical application, positively contribute to 'healing' more, compared to 'guiding' and 'nurturing'.
- (ii) Participants: the interviews on which this research was based, were carried out with six voluntary Turkish-Muslim immigrants living in Edinburgh, as subjects/clients between 2010 and 2013. Each interview session with the individual client took approximately one hour. The records of each session were reported to the client by the researcher at the end of the respective structured interviews.
- (iii) Measures: using a longitudinal study afforded constructed face-to-face interviews to be carried out over fourteen periodical sessions per client. Both the questionnaire forms and the interviews were used as measurement scales. Utilising qualitative and quantitative methods, analyses was carried using: (a) Religious Orientation Scale; (b) Personal Orientation Inventory; (c) Brief Symptom Inventory; (d) Beck Anxiety Inventory; (e) Beck Depression Inventory; (f) Beck Hopelessness Scale; (g) Reasons for Living Inventory; and (h) UCLA Loneliness Scale.
- (iv) Empirical Procedure: The following sessions were applied through the empirical application process as follows: 1<sup>st</sup> session - meeting, history-taking, and informing the clients about the sessions; 2<sup>nd</sup> and 3<sup>rd</sup> sessions - logotherapy; 4<sup>th</sup> and 5<sup>th</sup> sessions - religious coping-focused therapy; 6<sup>th</sup> and 7<sup>th</sup> sessions - music therapy; 8<sup>th</sup> and 9<sup>th</sup> sessions - cinema therapy; 10<sup>th</sup> and 11<sup>th</sup> sessions - bibliotherapy; 12<sup>th</sup> and 13<sup>th</sup> sessions - value-centred therapy; 14<sup>th</sup> session - final assessment.

Empirical application used for this research was: (a) reliable and valid measurement scales often used in psychotherapy studies was chosen; Personal Orientation Inventory,

(b) a detailed socio-demographic information form excluding questionnaire form which includes measurement scales was prepared, (c) a selection of forms standardised by the researcher were used to assist properly managed and reported therapy processes of this research. The scales, used to identify the mental health parameters of the clients were converted to the suitable format for the questionnaire. These scales were then applied to the six clients representing Muslim-Turkish Diaspora in Edinburgh. In order to ensure that the scientific quality of the research was maintained, continuous assessment was made by the pastoral counsellor/researcher throughout the entire process. Questionnaire forms took approximately one hour to complete, and the average duration of each therapy session was one hour. It was made clear to all participants that information gathered for the study would be strictly confidential between clients and researcher/pastoral counsellor; each client signed a "Certificate of Confidentiality Agreement with Clients".

## Conclusion

In the empirical application of this research, the face-to-face interviews were structured as fourteen sessions with six clients; four clients completed the interviews, and two clients did not completely finish. The types of therapeutic approaches as mentioned, were designed: (i) logotherapy as the preliminary approach (pre-interview), (ii) religious coping-focused therapy and value-centred therapy as basic approaches, as well as (iii) music therapy, cinema therapy and bibliotherapy as supporting approaches during the empirical application process. Each approach was performed in two sessions. At the end of each approach, a questionnaire form was given to the clients in order to observe the psychological healing between the therapies. Verification of the hypotheses was confirmed. It is evident that most cross-cultural research into the diasporic life has been based on cross-cultural psychology and pastoral counselling and care. These approaches attempt to understand the experiences and problems of such people based on spiritual matters only (Lartey, 2003). In this context, there is more need for pastoral counselling studies, which connect cross-cultural psychology and pastoral counselling with the applied psychology of religion.

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# Arkordia:

## a Cooperative Model of Counselling Provision

Benet Haughton

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Arkordia has been formed to provide a counselling and psychotherapy service in the Edinburgh and Lothians areas, which is affordable and accessible to individuals, couples or families.

The name Arkordia has its roots in the Greek word “kardia” meaning heart, also from the word “ark” which implies shelter and refuge. The combination of these two words embraced the philosophy of the founding members of Arkordia, and their intentions, that the psychotherapy, counselling and creative therapies offered by us would be from the heart, providing a safe place for people to grow and become themselves. Interestingly it also sounds like accord, which means in one of its definitions that I read in the shorter *Oxford English Dictionary*: ‘to bring heart to hear... to cause to agree... to be in harmony with’.

Arkordia grew out of the closure of No21 counselling service in Edinburgh in 2006. A small group of people, volunteer counsellors and one of the original paid staff at No 21 began to meet together in the early part of 2007 to begin the process of designing and formulating our service. Out of those early discussions we attracted a substantial grant from “Awards for All” to employ a consultant to provide evidence for the need for such an agency and establish a five-year development plan. On this basis, we registered as a charity and formulated our memoranda and articles of association as a charitable company. Our evolving philosophy and values were embedded in these formal documents and established a modus-operandi for a cooperative, non-hierarchical management in which all those involved in organising and delivering the service would have equal standing.

There was a long and sometimes painful gestation period. A long debate about payment

of therapists continues to this day, but at present we are now a group focussing on the dual task of providing a counselling service through unpaid volunteer counsellors, and working cooperatively to provide a service for people on low income. We revelled in making something from the roots up, although our calling to be therapists in the service of a good cause was necessarily held up as we developed the project. We are not necessarily all skilled in the tasks of fund raising, taking minutes (though we now have a paid administrator for certain tasks, which is a God send), filling in forms for Disclosure Scotland and collecting statistics to support fundraising efforts. The practical task of meeting, organising and deciding was at times frustrating, though absolutely necessary.

We sometimes got confused between the need to respect one another and the overriding necessity of meeting the task we had set ourselves. Planning several meetings ahead, instead of simply organising the next one ahead, could be a frustrating business. The impotence we felt over the slowness of recruiting therapists was palpable at times as we attempted to incorporate some of the fundamental core values of the therapeutic process; acceptance, valuing, empathic understanding, choice, shared power and openness in our dealings with each other. But it is through this kind of process that we have built trust connection and challenge in our interaction with each other. We meet regularly for business meeting and in a peer group supervisory mode for evaluation and review.

It seems that, for the present, we are likely to remain quite small, but the transition from an organisation setting itself up to one that is up and running has been made.

It is a fundamental tenet of our group that we bring the same respect and ways of working

with one another that we bring to our work with clients. Which is why it is worthwhile reflecting what is meant by a cooperative. For example, the shared task we have at present is to reduce our client waiting list. Within a conventional hierarchical organisation the decision may be taken to reduce contact time with clients to, say, six sessions —so far our work with an individual client can be open ended — or to recruit more therapists. This decision would be taken by a manager or director and the staff would set about complying with it. Within a cooperative way of working such decisions are taken by the whole group. This implies, and asks for, a willingness to wait on others, a discussion and a teasing out of the concerns and always an attempt to listen to the others' voices. Decisions are made on the basis of a consensus. You can hear in this way of expressing it, how close this approach is to what we are required to do in our client work. Our authority is exerted as an extension of the combined understanding of being a part of the group and of our own personal understanding of the goals of the organisation. But, to quote Randy Schutt's paper.<sup>1</sup>

“Consensus is a process for deciding what is best for a group. The final decision is often not the first preference of any individual in the group, and many may not even like the final result. But it is a decision to which they all consent because they know it is the best one for the group.”

So there is a willingness to let go one's personal preference in favour of movement towards the essential goal. You might say, “but do not hierarchical organisation do this also?”. Not quite. The difference is, at root, a matter of philosophy. Decisions taken by a cooperative rests on the belief in equality being made visible. While we are, as the expression goes, “equal before God,” within a cooperative group more effort is demanded than is found in a hierarchical organisational structure, to ensure this is manifested as a lived process. The resort to dictat is impossible within a cooperative, which does not mean that the power of individual personalities cannot sway decision-making in certain directions, though that is always held in check as long as the essential idea of cooperation is continuously experienced as a shared as well as an individual responsibility. In this way we incorporate those fundamental and core values of the therapeutic process mentioned earlier.

You may wonder if this way of working is inefficient in time and energy. Where there is a lot of contention and with that mistrust also then, as with any organisation, the arguments can become circular and unproductive and even vituperative.

Randy Schutt again;

“Many groups feel that they must allow every person in the group to fully discuss every possible perspective on every issue. When there is little trust in a group of people, this may be justified. But consensus does not require this. In a cooperative, trusting group it is possible to allow individuals or committees to make most decisions with little or no discussion in the larger group. When the group is pressed for time, quick — though less ideal — decisions, can also be tolerated.”

At the conclusion of our lengthy period of investigation and discussion we were anxious to proceed as soon as possible. Our development plan was based on raising funds to pay counsellors and to secure premises, but it was also evident that raising the level of funding required, in the current and persisting economic climate, would make that difficult, particularly if we were to preserve an affordable and accessible service. As we had a surplus of funding from the Awards for All grant, we were able to renegotiate its use to support a pilot year and, with a further grant from Edinburgh Volunteer Organisation Trust (EVOT) we covered ongoing expenses for administration and publicity. All of this was also on the basis of operating as volunteer practitioners. The conclusions we drew from our pilot year experiences was a need for our service; that our approach, in terms of management and practice was viable; and that, based on voluntary effort it was rewarding and successful. As a consequence of this we have come to value more fully the idea of volunteering as a core part of our groups understanding of itself. David Pilgrim<sup>2</sup> maintains that psychotherapy

“. . .(It) works at its best in a voluntary and individual contract. (p121)

We have extended this volunteering principle further, inviting clients to make a negotiated level of donation; what Natiello<sup>3</sup> calls a “Self Selected Fee” and identifies this as a: “philosophical stance that paves the way for

more equality between my client and me. Asking clients to choose a fee that is appropriate for them, based on their ability to pay, established their responsibility to the relationship and their right to make decisions about their own lives at the outset of therapy,” (p39)

We set a scale of £5 to £40, anticipating that there would be a range of offerings which would average out sufficiently to cover basic costs of administration and rental of premises. In 2010, our pilot year, Arkordia worked with 23 clients and established a waiting list of a further 23 potential clients. At this point the contact work and the administrative procedures were carried out by what we call the Operational Management Group all on a voluntary basis. Two of us gave many, many hours of time to this process but around six of us gave upwards of 40 to 45 hours in the year, including seeing clients.

We have established our practice and procedures more fully now. Arrangements are that potential clients ring a dedicated number indicating their wish to use the service. They leave their name and contact details on an answer phone. Our administrator returns their call within 24 hours when she takes further details and preferences. These details are held securely in an online record system<sup>4</sup> accessed later by practitioners so they can arrange sessions. Individual client work notes and records are kept in a dedicated and locked filing cabinet in the venue from which we work. There have been concerns about potential users being put off by the telephone access system but by and large this is clearly not the case. Of course the generation of a long waiting list remains worrying and has led to two recruitment drives for more practitioners. One remarkable observation in that first year was that the ongoing administrative expenses were covered entirely by client donations. We are in an ongoing debate about offering training places to students.

As we progress into our fourth year we are recruiting more colleagues, which may include students who are well on in their training. We are developing a unique organisation that offers its members a rich working experience that augurs well for the experience of our clients also. We have a valuable and unusual profile which we are sure has a wider appeal than we have been able to establish so far.

The poetic image of Noah’s ark comes to mind, a picture of a still slightly cumbersome craft full of animals, birds, insects, fish and, of course, Noah’s huge family.<sup>5</sup> It has arrived on the top of Mount Ararat. The dove has returned. The waters have receded. We can tether our craft to the tree not, in our case, on Mount Ararat but the more prosaic but completely real and generous establishment of the Southside Counselling Centre.

To find out more visit our website:  
[www.arkordia.org](http://www.arkordia.org)

1. Schutt Consensus Is Not Unanimity: *Making Decisions Cooperatively* 2007.
2. Pilgrim. David: *Psychotherapy and Society*.
3. Natielo. Peggy: *A person Centred Approach: A passionate presence*.
4. Known as "Huddle" and provided free to charitable bodies.
5. Genesis 8.v 6-14.

# Telephone Counselling/Therapy

Annelie Carmichael interviews Mark Hancock



Mark Hancock

For this article, Annelie Carmichael interviews Mark Hancock, Head of Counselling and Psychotherapy at Rowan Consultancy, about telephone counselling or therapy. Rowan introduced telephone counselling/therapy in 2012 and has found it to be of great benefit to certain groups of clients. Here Mark outlines how it works, the benefits it delivers and the challenges it presents.

## What is telephone counselling/therapy? How does it work?

Telephone counselling/therapy is a structured therapeutic relationship, where the client and therapist speak on the telephone, rather than meeting in person. When clients arrange their telephone sessions, they are provided with a designated telephone number, which they call at the prearranged time, when their therapist will be available to speak to them. Sessions, like face-to-face ones, are with the same therapist, and usually take place at the same time, and on the same day, each week. It is important that the client makes the call, as this retains the dynamic of the client electing to attend or not, and to be responsible for any of the associated costs of attending their session, as they would do were they to be attending their session in person. (I acknowledge that clients often pay for mobile and landlines in bundles or packages, so the cost is often not as immediate to them; nevertheless, the dynamic of the client taking responsibility for this is retained.)

## Why did you decide to introduce telephone counselling/therapy at Rowan?

We are always considering ways to make our services more accessible and appealing to clients. We have long been aware that for some clients there are barriers to attending in person, and the telephone is one obvious solution to this

immediate problem. We are also aware of changes in the cultures of communication and interaction, and changes in how people seek to engage in therapeutic relationships. The telephone service is Rowan's first step into technology-mediated therapy, an approach which also includes email, Skype, instant messaging, and so on. However, our services are by no means exclusively demand-driven, and we are curious and careful to consider how technology mediates our experience and relationships, so that we can appraise each particular communication technology for therapeutic work.

## What are the benefits to the client?

The main benefit is that telephone counselling/therapy enables certain clients, who would otherwise face barriers to accessing therapy in person, to do so. Some clients are geographically remote, and would have to travel a considerable distance, at a significant cost, to attend in person. Other clients have mobility issues, which hinder them in attending in person. For other clients, the time required out of their schedule to attend in person, can be too great — this is often the case for parents with young children, business people or carers, for example. The result is that these clients simply don't access services, even though they would like to.

## How does the telephone counselling/therapy offered at Rowan, a private agency, differ from that offered by Samaritans and other helpline organisations?

One of the key differences is that our service is a structured, designated telephone counselling/therapy service, where the client speaks to the same therapist, usually at the same time each week; it is not an *ad hoc* help, support, 24/7 or crisis-line service (which have their own



merits); it is also not a free service. Additionally, it has no geographical boundaries (which other services may): it is accessible, in principle, to clients all over the world. There is an important caveat to this in practice, though: it is not always possible to provide telephone counselling/therapy to clients in certain countries, due to legal and insurance considerations. In a large number of states in America, for example, it is illegal for someone to provide counselling or therapy when they are not registered to do so in that state. This is something that should be carefully assessed, and verified, when a request is made from outside the UK; similarly, if therapist and client have agreed to speak whilst either party is in a different country, then this is a factor to consider.

In addition, all Rowan telephone therapists are professionally qualified and fully accredited counsellors or psychotherapists who have also undertaken additional, specialist training in telephone counselling/therapy. We commissioned Dr. Stephen Goss, who specialises in technology-mediated therapy, to run a two-part training course at Rowan in 2012 in telephone counselling/therapy. We are very grateful to him for his input on this training, and for providing consultation to us as we were developing our thinking and policies around this service.

### **Are there any challenges or disadvantages with therapy on the phone? How do you work around these?**

That's a good question. There are many challenges; I'll highlight a few.

One major challenge to overcome during telephone counselling/therapy is that you are working without the contribution and benefit of visual cues/communication, and this may be a clear reason why telephone work is not appropriate for certain clients, where this information is key.

A second challenge is that clients and therapists speak on the telephone for around 50 minutes per session, and holding a handset for this amount of time can pose various challenges for both parties. It can be uncomfortable and physically tiring; and holding a handset to the ear also impedes movement, which can have an impact on expression and feeling. Telephone counsellors or therapists benefit from using headsets, which counter such issues. Clients,

unfortunately, often do not have access to such aids, and they may experience physical discomfort and fatigue during the call. Having one hand occupied with the handset limits clients' usual expressive styles, which affects how they express themselves, and the experience of doing so. So that some of these effects can be mitigated, careful consideration should be given to such issues, particularly in the initial stages of the work.

Clients who are engaging in telephone work are encouraged to call from somewhere that is comfortable, private and where they will not be disturbed. However, telephone therapists are not able to take responsibility for the physical space, as they would do for in-person work. This physical provision (and the care taken in this) by the therapist is a contributory factor in the client's experience of being held and contained within the therapeutic work. In telephone work, this difference is a significant challenge, and the therapist might want to help the client, at least, to consider appropriate settings for the client to make the call to them, particularly at the start of the work.

Telephone work also poses some important issues around risk, confidentiality and safety.

Because clients make the call to the therapist, the number they dial may be identifiable on handsets or on telephone bills. This should be considered with the client, with respect to confidentiality and risk (should the discovery of their accessing therapeutic services put them at risk of harm from others, such as in situations where domestic violence/abuse is a factor for the client). For clients where domestic violence/abuse is an issue, therapist and client are recommended to agree protocols (including code words/phrases to alert the therapist, and processes for the re-establishment of contact on terminating the call), to manage risk, should the perpetrator be present at any point during the telephone counselling/therapy session.

In principle, clients can access the service from anywhere in the world (subject to legal and insurance considerations). Where clients are calling from outside the UK, the therapist should consider the appropriateness and skill requirements of cross-cultural work, if this is an issue. Additionally, the telephone therapist would need to consider what information they might need to know from the client, specific to the client's context, such as GP (equivalent) or

emergency services (if available), should this be required at any point in the therapy.

Telephone clients may experience a disinhibition, due to physical and visual absence of the therapist. This has the potential to accelerate the disclosure of difficult material, at a pace that may end up feeling too distressing to the client. The therapist would be wise to contemplate how pacing might be different in telephone work, and to consider adjustment to their practice to allow for this.

### **Are there any types or groups of clients for whom telephone counselling/therapy would work particularly well?**

Where there are geographical, practical and physical mobility issues for clients to attend in person, as I mentioned previously, telephone sessions provide a viable alternative.

Clients who suffer from agoraphobia, chronic anxiety or depression, where leaving the house can be problematical, can find that telephone sessions provide a way to engage in therapeutic work. Some clients, for whom the in-person therapeutic experience is too intense, troubling or shame-inducing, can benefit from telephone work, too, either as a preamble to in-person work or as a stand alone therapy.

### **Are there any types or groups of clients for whom telephone counselling/therapy would not be advisable or where caution should be exercised?**

There are no hard and fast rules as to who would not be appropriate for telephone counselling/therapy; but there are certain clients for whom careful consideration should be given and caution exercised.

Where there are issues that render a client's contact and cognitive functions significantly impaired, one would have to carefully assess whether telephone counselling/therapy would be a useful form of therapy (as one would do for in-person therapy); or whether the over-emphasis on speech/sound communication, in the absence of other communication cues, would prove too significant a barrier. In this vein, one would have to give careful consideration to:

- clients who have language issues, such as pronounced speech impediments or inadequate language proficiency;

- clients who have an auditory impairment, which is unaided;
- some clients who have an acquired brain injury or a learning difficulty; or
- some clients who misuse substances.

With clients with dissociative issues or disorders, post-traumatic stress symptoms or post traumatic stress disorder, the telephone therapist does not have access to key visual information with which to guide appropriate therapeutic work and management.

Telephone counselling/therapy may not be appropriate for clients who experience very fragile ego states or senses of self, as the experience of the disembodied therapist could compound these issues. In this context, careful consideration would need to be given to:

- clients who have suffered profound early trauma and abuse;
- clients who experience psychotic phenomena; or
- clients who have eating or somatic disorders.

The ending of telephone sessions do not benefit from some of the transitioning buffers that are available to in-person work. For example, the presence of non-verbal communication on ending and exiting sessions, and the potential for clients to pace their own movement away from the therapeutic space/building, are not available to telephone clients – the ending of the call can be experienced as rather abrupt. This may be problematical for clients for whom loss, abandonment or dependency are significant issues, and careful consideration would need to be given to this.

### **How important is it that an agency such as Rowan offers telephone counselling/therapy as part of a wider, more comprehensive counselling and psychotherapy service, as opposed to offering it in isolation?**

One size does not fit all – Rowan, therefore, values offering a range of therapeutic approaches, so that clients can access a mode of therapy that is going to be helpful and appropriate for them, and can be offered a choice of treatment methods.

**Could telephone counselling/therapy be used alternately alongside in-person counselling/therapy as part of a group of sessions (say, three on the phone and three in person)? Or should a client just experience one method for consistency?**

Again, there are no rules; and it depends. Of course, a combination is always possible, particularly if it is in the service of the work. For example, if telephone sessions enable the client to continue the therapeutic work, instead of experiencing discontinuity in the therapeutic work due to extended gaps, then perhaps that is a good case for combining in-person and telephone sessions. It would be up to the therapist and client to carefully consider these issues, and whether combining the mode of therapy with another is in the service of the work or not.

**Had you always believed in the merits of telephone counselling/therapy?**

As a psychoanalytic therapist, I think that for too long a time, I considered telephone counselling/therapy as an adjunct to in-person work, and I was sceptical about whether it could offer little more than continuity of contact for certain clients. However, after having worked with somebody (who suffered from acute anxiety and who found the in-person experience too difficult, to the extent that they had to discontinue a previous therapy) by telephone, over a period of time, I changed my mind.

**Conclusion**

The flexibility of telephone counselling/therapy provides access to therapy for clients for whom there are significant barriers to attending in person. Telephone counselling/therapy might be something a client chooses to use exclusively for all sessions, or something they integrate and alternate with in-person sessions, and, perhaps, in the near future (at Rowan), with communication by other media such as email or Skype.

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# Digital Hunters and Stalkers:

## an overview of online Predatory Behaviour

Jennifer Perry

### 1. Stalkers

Our digital lives makes stalking easier and it is leading to an increasing number of cases. Most victims don't immediately think "I have a stalker". It starts off much more subtly. The victim may just think this person is acting a bit odd, then they find them annoying, being a nuisance; they don't take hints or respond to a direct request for them to leave the victim alone.

Later, when the victim realises that this person is not going to stop bothering them, and that they have become obsessed, they become frightened.

Stalking is a serious crime. It's the name we give to someone forcing you to have a relationship with them against your will. It leaves victims feeling helpless, paranoid, mistrustful, anxious, frustrated, angry, frightened and even suicidal. It affects their work, relationships and health. The most serious stalking cases can lead to serious assault, rape or murder. It leaves all victims devastated.

Most stalkers have personality disorders and are delusional. Have you tried to reason with an obsessive, delusional person? It is impossible. That is why resolving stalking is so difficult. People get stalked for years, not just one or two years but 5, 10 years.

Stalkers will not only stalk the primary victim, but also those around the victim, in order to gather intelligence about the victim and disrupt those relationships. They will also use those relationships to intimidate or humiliate the victim. It usually works because friends and family don't understand or can't cope with the situation leaving the victim isolated and more traumatised.

### There are five types of stalkers:

*Intimacy seekers* want to create an intimate, loving relationship. They are delusional and believe the victim is a soul mate and that they were 'meant' to be together. They may have never met; for example the victim could be someone famous.

*Incompetent suitors* are men with poor social or courting skills. They are fixated on someone. They sometimes have a sense of entitlement and believe they should be in a sexual relationship with the person they desire. The victims are usually not available, because they're either dating or married.

*Rejected stalkers* pursue their victims in order to reverse, correct, or avenge a rejection (for example, divorce, separation, termination).

*Resentful stalkers* pursue a vendetta because of a sense of grievance against their victims – motivated mainly by the desire to frighten and distress.

*Predatory stalkers* spy on the victim in order to prepare and plan an attack – often sexual – on the victim. They are often sadistic and can include serial rapists and paedophiles.

Stalking is increasing due to technology. The biggest percentage of perpetrators of stalking are ex-partners. They account for approximately 60 per cent of cases. Breaking up is hard to do, but it has become even more difficult in light of the internet, social networks and mobile phone world.

A study published in September 2012, *Cyberpsychology, Behavior, and Social Networking* found that "stalking an ex on Facebook – or frequently checking his or her profile and friends list – is linked with "greater current distress

over the breakup, more negative feelings, more sexual desire, more longing for the ex-partner, and lower personal growth.” Indeed, experts say Facebook can prolong post-breakup pain, while delaying emotional recovery.

There will be those broken-hearted people who go from checking up on their ex to becoming obsessed, especially if they didn't want the relationship to end. They start off trying to win the person back and when that doesn't work they become angry and revengeful.

We are also seeing an increase in stranger or acquaintance type stalking or abuse. Our digital presences mean that people you meet casually, or who read your Twitter, or is a friend of friend, can link to your online information.

Social networks offer a history about you – an insight into who you really are, your friends, likes, dislikes, sense of humour, and don't forget all those pictures. You can get a feel for the person without having ever met them. That is all some individuals need to decide they want a relationship with you.

Stalking is easy with modern technology. In the pre-internet/mobile days, it was just harder to stalk someone. Mostly stalking meant sending letters, standing outside for hours at a time, or showing up at the person's work, pub or grocery store. The stalker had to live close. It took dedication and time. The stalker didn't get a lot of information, yes they knew where you were going but not how you were feeling, who you were talking to on the phone, what you were saying.

The internet has changed all of that.

Our digital lives give stalkers the opportunity to gather large amounts of information and insight into us. If they can access an email account, they can read our correspondence, find contacts, send out emails that can embarrass or alienate people.

Spyware is a popular tool – for £35 they can install spyware on a computer and see everything you do online, access passwords and turn on your webcam to watch and listen to you. The amount of surveillance technology available online is astonishing. It is cheap, easy to find, easy to use.

The stalker can access it from their computer – no longer do they need to stand outside in the rain. Nope, to a stalker a bottle of wine and the internet is their night's entertainment.

## 2. Predators

Fortunately, most of us don't think like a predator. Understanding how predators act and think is one of the most difficult things a victim has to do. But identifying predators is a useful skill, not only for victims but anyone online.

There are many types of online predators. Financial ones, scammers, sexual predators who target adults and children and I would say trolls are also a type of sadistic predator.

A predator is a hunter. Hunting online is very much like hunting animals it is a sport to these people. It isn't a random act. Hunters don't grab their gun and go shooting at whatever they see. It takes ability, planning, and experience to be a good hunter.

Predators online have similar skills. They have a type of prey in mind when they go hunting online, someone vulnerable and easy to exploit. They choose their online environment carefully. They know that certain websites will offer more prey than others. Social media sites, like online dating, are excellent places to find lonely individuals who are looking to meet people. They also offer a lot of information, so abusers can get to know their prey. It is a perfect hunting ground for both sexual and financial predators.

Confidence scammers go online, build a relationship and then ask for money. One scam is to get the victim to engage in cybersex, capture those images and then blackmail the victim. If the victim is young, they threaten to tell their parents or friends. If the victim is in a relationship, they will threaten to send the photos to their partner. The abuser may threaten to discredit or embarrass the victim by sending the photos to the victim's employers or clients. Sometimes the threat is simply to post these humiliating pictures online, tagging them so if someone searches the victim's name they will find the photos.

Sexual predators are looking for victims they can manipulate into providing explicit pictures or meet up for sex. Many of these types of predators are abusive both emotionally and physically. Some are serial rapists who target women or men, engage with them, arrange a date and then rape them. The victims are often too embarrassed to report it. They feel that because they met the person online

people will see this as risky behaviour and be less sympathetic.

Just like an experienced hunter, predators know their prey. Paedophiles know where to find their target age range, how to sound and act like a young person online and how to groom. All predators track their prey, they can identify children and adults that are at risk or vulnerable. They zero in on those that are lonely, sexually confused, lack confidence, are experiencing some form of pain, neglect or loss in their life. These are the people that are easier to befriend – and manipulate.

Predators do use a form of camouflage besides knowing how to act or blend into their online environment. They also cover themselves by using fake identities, profiles and photos. They access sites through proxy servers – they want to be anonymous, untraceable.

These abusers are usually very experienced. It takes patience and time to develop a successful scam that will pay out thousands of pounds, or to sexually groom someone. They will spend inordinate amounts of time and energy developing their online relationship with their victims. I say victims because this type of predator will target multiple victims. They will drop some of the victims because they see more potential in another. They will often pass on that victim to other predators.

It is easy to spot an experienced predator. For example if a stalking victim is being methodically targeted by an abuser using fake profiles, the abuser starts contacting friends and family, have their accounts hacked, tracked, they are being humiliated online etc. - I can guarantee there will be other victims. You don't get good at stalking, trolling, scamming or being a sexual predator without experience.

Psychologists will tell you that past behaviour is a predictor of future behaviour. It is also true to say current behaviour is an indication of past behaviour. That is why, when a predator like Jimmy Saville is exposed, there are so many victims.

Please be in no doubt that online predators are smart, experienced, effective, master manipulators and very focused. They gain enormous satisfaction finding new prey and achieving their goals. That is why they are so dangerous.

### **Warning signs of an online predator include:**

- Agreeing with everything you say, “as if you were soul mates” or someone who just “really gets you”.
- Anxious to move from an online site e.g. dating, to private method of communication; email, instant messaging, Skype, texting, or telephone calls.
- Asking for personal information, where you work, where you went to school etc.
- Want to know about your emotional state, getting you to pour your heart out to them.
- Start talking about how much they like you only after a few chats. They seem to be too interested, too soon.
- Trying to disrupt relationships suggesting that your friends and family don't understand, appreciate, or love you - but the abuser can.
- They know things about you that you didn't tell them – they've done their research.
- They seem to know when and where you are online. They say “I know you were online because I saw your posts” or they are always showing up in the same chatroom.
- Demanding/controlling wanting to know who your friends are, why you haven't been online.
- Keep changing their story, or it just doesn't all add up.
- They get things about you confused (that is because they are grooming multiple victims at the same time).

### **Advice and support**

#### **Digital Stalking**

[www.digital-stalking.com](http://www.digital-stalking.com)

Provides easy to use fact sheets on internet, social media, mobiles and surveillance technology.

#### **The National Stalking Helpline**

[www.stalkinghelpline.org](http://www.stalkinghelpline.org)

#### **The Network for Surviving Stalking**

[www.nssadvice.org](http://www.nssadvice.org)

Offers useful free information for stalking victims.

#### **The Suzy Lamplugh Trust**

[www.suzylamplugh.org](http://www.suzylamplugh.org)

Offers advice on personal safety.

#### **Rights of Women**

[www.rightsofwomen.org.uk](http://www.rightsofwomen.org.uk)

Free confidential legal advice for women in London.

**Bullying UK**

www.bullying.co.uk

Great advice social network problems and bullying.

**Childline**

www.childline.org.uk

Childline isn't just for young kids — they help teens too!

**Cyber mentors**

cybermentors.org.uk

CyberMentors is all about young people helping and supporting each other online.

**O2 parents advice site**

www.o2.co.uk/parents

Providing advice on keeping children safe online.

**Verse by Eileen Skivington****COSCA Training Skills, Final Day**

*I've just done this bloody big essay  
Which took up a fair bit of time.*

*Then three days before, come instructions for more,  
A review to be written. . . in rhyme!*

*Correct. . . me. . . if. . . I'm. . . wrong.  
(a phrase I learned here, ye know,)*

*Are they taking the bluff? sis no serious stuff?  
Or are they just after a show?*

**My Cosca Experience**

*Got an e-mail to say "Would you like to. . .?"  
Naw, that's no for me.*

*Got another from pestering Sophie  
Saying, "by the way this is all free."*

*A bargain eh?*

*Naw! Whit? Every Friday in Glasgow?  
Winter, Spring, Summer and Fall?*

*I'd have to get up in the dark like.  
Naw! I don't do early at all!*

*But something inside me kept nagging.  
And my daughter said, "What's all the fuss?  
It's only ONE morning in seven."  
So I got up and came on the bus.*

*Day one, we sat round in a circle.  
An intro, an ice breaker game.  
By the time it got round to me  
I'd completely forgotten my name!*

*They'll think you're a silly auld wifie,  
A fossil that's kept in a jar.  
Your presence in here's an enigma.  
Speak out and say who you are.*

*Don't want t'be an old fogie teacher.  
In this setting that wouldn't be fair.  
Our contracting says we're all equal  
And I still have some marbles up there.*

*Module one progressed along nicely  
The sessions went smoothly enough,  
Attending, responding, eye contact  
And all that kind of stuff.*

*The triads were scary at first  
But we managed quite well in our three.  
That is till they brought out the video  
And we saw ourselves on T.V.*

*Oh, I shouldn't have worn THAT jumper.  
I should have just stuck to black.  
My face is a fright and my hair's a mess  
But I'm good at reflecting back!*

*In Mod two we're developing skills.  
Were we any more self aware?  
Aye! Each time I look in the mirror  
Or stand on the scales, whit a scare!*

*John marked my assignment this time  
And I didn't think it quite fair.  
He said my ethics were weak.  
Does he think I work Blythswood Square?*

*Module three was the land of the THEORIES  
Psychodynamics and Freud  
C.B.T, Ellis and Rodgers  
And others I'd like to avoid.*

*They pounded these theories upon us  
Rat. . . a. . . tat. . . full speed in.  
I wasn't amused, I got quite confused.  
By Jings, It did ma heed in!*

*Transcriptions and Triads recorded.  
I hereby officially moan.  
Put those old tapes in recycling  
And give us all a smart phone.*

*Module four was the round up.  
We'd to challenge and cut to the chase.  
But remember to stay with the speaker  
Or else you'll get egg on your face! (like I did!)*

*And then came the final assignment  
Which caused me a wee bit of stress.  
You'd to make it a personal journey  
In two thousand words, no less!*

*My daughter's voice echoed once more.  
O.K. I'll DO it, I won't make a fuss.  
In fact, I've got an idea. . .  
I'll centre it all round my bus!*

*Of our Tutors. . . Therese is lovely.  
John likes to hear his own voice.  
His jokes are. . . medium funny  
And his language is often quite choice!*

**To Our Group**

*This course has brought us together,  
We've been privy to secrets and fears.  
We've been close all these months in this room  
And we've shared some laughs and some tears.*

*I've enjoyed being part of our group.  
All the girls and Fraser, a gent  
I wish you the best in your lives.  
And that is sincerely meant.*

*I feel very proud to have done it.  
Not once for the bus I've been late.  
I've kept the initial commitment.  
Gonnae gee's the cer- ti- fi- cate?*

# Getting it Right for Every Child

## Scotland's Vision for All Children and Young People

Marilyn Nicholl



### **Marilyn Nicholl discusses the national context for *Getting it right* (GIRFEC) and its implementation in Edinburgh.**

Attending to the principles and values of *Getting it right for every child* is not only for those working as counsellors or therapists in schools, in voluntary sector organisations or in the NHS; it has relevance for all those who work to support families in our broader society and in particular for those who work with the most vulnerable individuals.

Therapy often implies a one-to-one context, in a boundaried, contained space, but of course we do not work in isolation and this paper invites us to consider our work alongside the Scottish Government's national vision of "building a society where our children are safe, nurtured, achieving, healthy, active, responsible and respected, and included." (1)

*Getting it right for every child* is Scotland's response to the *UN Convention on the Rights of the Child*. Implementation is already underway in at least nine Community Planning Partnership areas and the Scottish Government is encouraging every CPP to commit to implementation, so that it becomes the foundation for all work which affects children and young people, including work in adult services where parents and carers are involved.

*Getting it right* means culture change, systems change and practice change. It means supporting services to work better in partnership, towards improved outcomes. Systems change is directed towards reducing bureaucracy, working with shared paperwork and shared aims. Alongside this, there is an important focus on culture change – a focus on *how* we manage and engage in our work together as we implement changes in practice. It asks us to look at how we are attached

to (and are loyal to) the concepts and formulas which underpin our ways of being when we are at work - and to be open to changing them.

### **The move from 'doing to...' to 'doing with...'**

GIRFEC is about an approach which seeks to promote *all* aspects of growth and well-being. That includes mental health, which is increasingly understood as a fundamental building block of healthy development, and sound education for the young. A key element of the approach is its aim to include children, young people and their families as partners in a process, partners who have a right to have their view considered as part of the decision-making around supportive interventions.

Emotional intelligence is recognised as being key not only to the well-being of children and young people but also to the staff who work with them. GIRFEC aims for solution-focussed and emotionally intelligent practices more strongly into everyday communications.

### **So how can we engage with *Getting it right*?**

Whether we work as sole workers or within an agency, we can use the principles and guidelines of GIRFEC to sustain our work wherever it relates to children/young people or to adults who are parents/carers. By working more collaboratively within our communities, the aim is for resources to be focussed with efficacy where they are most needed.

*Getting it right for every child* means developing a shared understanding of what helps, so that we can:

- build solutions with and around children and families



- enable children, young people and their families to get the help they need when they need it
- ensure practitioners and agencies work together and support each other to best effect

### One local authority's perspective: *Getting it right in Edinburgh*

Community Planning Partnerships are in different states of readiness to introduce GIRFEC as the basis for their service provision. Highland was the Scottish Government's first pathfinder and helped shape, develop and test the GIRFEC model and its implementation. Edinburgh University's evaluation of the positive progress they have achieved in supporting children and young people has helped to inform CPPs. (2).

Edinburgh has also taken a strong lead in developing strategic level partnership working as a fundamental element of the move to more integrative services.

There are a number of areas within the city with a history of strong multi-agency working and the Edinburgh Children's Partnership aims to consolidate such areas of best practice and facilitate their extension across the city. There is some way to go to establish the most effective multi-agency practice – and the context is one of national, financial restraints. Edinburgh is, however, determined to rise to these challenges and to support staff with differing professional and cultural traditions in working together to provide supports from within a shared set of principles and using a common language.

The aim is for a city wide, solution-focussed approach with the following stakeholders:

Children, young people and their families; The City of Edinburgh Council; Scottish Council for Independent Schools; Scottish Children's Reporter Administration; Third Sector organisations; Lothian and Borders Police; NHS Lothian; Scottish Government

### Operational policies: How do we all work together?

As in other authorities, the implementation of *Getting it right* in Edinburgh will be founded on 10 core components which can be applied in any setting and in any circumstance, with a focus

on outcomes (*see additional information*). These form the base and can provide a benchmark against which one will be able to determine the development of best practice in one's own agency.

The Edinburgh approach builds from the foundations available in the family, in the community and universal services. Examples of shared paperwork which agencies are encouraged to use are available to download electronically. Important basic concepts in the Edinburgh model include:

A **Named Person**, who will act as the initial point of contact in universal services to coordinate services if there are concerns for a pregnant mother, child or young person. That person will be:

- From pregnancy – 11 days: Midwife
- From 11 days – primary school entry: Health Visitor
- Primary school and Secondary school: Head teacher

A **Lead Professional**, who will be identified if the complexity of needs is greater, and who will take up overall co-ordination when several agencies are working together to assist a child or young person.

As GIRFEC rolls out across Edinburgh, a range of multi-agency training opportunities is available to support the implementation.

### *Getting it right across Scotland: Will we need to change?*

Wherever you are located and whatever your CPP's particular 'take' on GIRFEC, the aim will be to build on existing best practice. It may well be that your agency's current codes of practice already reflect GIRFEC values. To determine what you may need to further develop, in terms of your agency's rules and procedures of professional conduct, there are national and local GIRFEC guidelines (*see additional information*). Relevant adjustments may be made to your current procedures, depending on the services and client groups your agency represents.

The *Getting it right* practice model promotes the recording of information in a consistent way that allows it to be collated when needed to provide a shared understanding of the needs of the child or young person. Confidentiality is always an important consideration for agencies in terms of their client work. Within this framework of confidentiality, agencies will wish to look at how informed consent by service users may

assist supports, by allowing a careful sharing of information with other agencies. In terms of the question of consent, the child/young person's safety needs remain paramount and it is important to note that current Child Protection Procedures remain unchanged.

**Shared values and principles** underpin the approach and agencies may want to ensure that their policy documents actively demonstrate and reflect these. This helps to build a common platform for working with children and young people from which all practitioners and professionals can draw, as all are working towards the same outcomes.

In terms of the theoretical bases which inform much of our own listening based and client-centred practice, these already echo the values and principles which inform GIRFEC implementation. *Getting it right* is about multi-agency working and about systems and practice change, but essentially it is also about building relationships which facilitate *Opting In* when help may be needed.

### Notes

(1) [www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec](http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec)

(2) [www.scotland.gov.uk/Publications/2009/11/20094407/0](http://www.scotland.gov.uk/Publications/2009/11/20094407/0)

### Additional Information

**Marilyn Nicholl, Voluntary Sector Lead Officer**, *Getting it right for every child* in Edinburgh (GIRFEC) Implementation Team, E-mail: [abernethyhouse@ednet.co.uk](mailto:abernethyhouse@ednet.co.uk) Tel: 0131 667 2526 [www.counselling-edinburgh.co.uk](http://www.counselling-edinburgh.co.uk)

**UN Convention of the Rights of the Child**  
[www.unicef.org/crc/](http://www.unicef.org/crc/)

**Getting it Right for every child in Edinburgh**: [www.edinburgh.gov.uk/GIRFEC](http://www.edinburgh.gov.uk/GIRFEC)

For the latest news on the Scottish Government's national implementation plan, including new implementation guidance: [www.scotland.gov.uk/gettingitright](http://www.scotland.gov.uk/gettingitright)

**SG pages on information sharing**  
[www.scotland.gov.uk/Topics/People/Young-People/gettingitright/information-sharing](http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/information-sharing)

**Marilyn Nicholl** is a Counsellor, Supervisor and Counselling trainer and is a member of COSCA's Policy Group for Children and Young People. She currently works as a consultant to Edinburgh Council for Voluntary Organisations and is the Voluntary Sector Lead Officer for GIRFEC implementation in Edinburgh.

# COSCA Register of Counsellors and Psychotherapists and New Members

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## COSCA'S REGISTER OF COUNSELLORS AND PSYCHOTHERAPISTS

**ACCREDITED (BACP)  
COUNSELLOR/PSYCHOTHERAPIST MEMBERS**  
REDPATH, STUART PAUL  
TORBET, CIARA

**ACCREDITED (OTHER UK PROFESSIONAL BODY)  
COUNSELLOR/PSYCHOTHERAPIST MEMBER**  
HIGHET, MORAG

### COUNSELLOR MEMBERS

BIRRELL, ANNE-MARIE  
BROWNING, MARGERY MCLENNAN  
COCHRANE, WENDY  
DAVIS, HARLEY LOUISE  
DUNCAN, ANNE  
DYER, SUZANNE PAULA  
HERVEY, ELAINE MARIE  
JOHNSTON, LINDA ROSE  
MCGUINNESS, RUTH  
PHILLIPS, CHRISTOPHER  
ROSS, CAROL  
WEST, MORAG JANE

**COUNSELLOR MEMBER (ORGANISATIONS)**  
JONES, MOIRA

### PRACTITIONER MEMBERS

BALCOMBE, JANET  
MALONE, ANDREW  
MCLAUGHLAN, ELLEN

## COSCA NEW MEMBERS

**FULL ORGANISATIONAL MEMBER**  
HUMAN DEVELOPMENT SCOTLAND

**ORGANISATIONAL COMPANION MEMBER**  
SHALOM COUNSELLING SERVICE

### COUNSELLING SKILLS MEMBERS

CLARK, ROBYN  
MCBRIER, CAROLINE  
SCOTT, ALLIE  
VASILAKI, FOTEINI

### STUDENT MEMBERS

BRAY, ROBERT  
BURNS, AGNES  
CLUSKER, TRACY-ANN  
DIBLE, SUE  
LIVINGSTONE, ALICE  
MACDONALD, SOPHIE  
MACKENZIE, CARMANAH  
MITCHELL, PAULINE  
MORRISON, MARIA  
MUIR, LYNNE-MARIE  
MURPHY, LORRAINE  
SADDAWI, AMAL  
SCOTT, HELEN  
SUTTON, LORNA  
TAYLOR, CARY

## Forthcoming Events

Details of all events are on the COSCA website: [www.cosca.org.uk](http://www.cosca.org.uk)

Please contact Marilyn Cunningham, COSCA Administrator, for further details on any of the events below:

[marilyn@cosca.org.uk](mailto:marilyn@cosca.org.uk)

Telephone: **01786 475 140**.

### 2014

#### February/March

COSCA Recognition Scheme Surgeries  
**Stirling**

#### 25 February

COSCA 6th Annual Ethical Seminar  
**Dunblane**

#### 28 May

COSCA 16th Annual Trainers Event  
**Stirling**

#### 5 June

COSCA Counsellor Accreditation Workshop  
**Stirling**  
COSCA Trainer Accreditation Workshop  
**Stirling**

#### 24 September

COSCA Annual General Meeting  
**Stirling**

## COSCA

Counselling & Psychotherapy  
in Scotland

### VISION

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

### PURPOSE

As Scotland's professional body for counselling and psychotherapy, 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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