

Counselling in Scotland

SUMMER 2018

**COSCA'S 6TH ANNUAL STANDARDS EVENT
COUNSELLING CONTRACTS: OPTIMISING THE
CLIENT AND COUNSELLOR EXPERIENCE**

**CONTRACTING: EMPLOYEE COUNSELLING
SERVICES**

**VERBAL AND NON-VERBAL COMMUNICATION
IN THE COUNSELLING ROOM**

BOOK REVIEW

THE GIFT THAT WE ARE THIRSTING FOR

**INTERNATIONAL ASSOCIATION FOR
COUNSELLING**

**WORKING WITH SIGN LANGUAGE
INTERPRETORS AND DEAF CLIENTS**



COSCA

Counselling & Psychotherapy
in Scotland

Contents

- 03 Editorial
[JOHN DODDS](#)
- 04 COSCA's 6th Annual Standards Event
Counselling Contracts: Optimising the Client
and Counsellor Experience
[JENNA FRASER](#)
- 07 Contracting: Employee Counselling Services
[ASHLEIGH CORMACK](#)
- 11 Verbal and Non-Verbal Communication in
the Counselling Room
[JOHN DODDS](#)
- 14 Book Review
[JOHN DODDS](#)
- 15 The Gift that We Are Thirsting For
[MIKE MOSS](#)
- 18 International Association for Counselling
- 20 Working with Sign Language Interpreters and
Deaf Clients
[YVONNE WADDELL](#)
- 27 New Registrants on the COSCA Register
of Counsellors and Psychotherapists and
New Members

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Editorial



John Dodds

IN spite of being a bit late in publishing this issue, I hope you will feel the wait has been worthwhile, as we have a range of interesting articles on topics as diverse as an overview of last year's Recognition Scheme Standards event, to pieces on contracting counselling services with employers and an introduction to the work of the International Association of Counsellors, with an invitation to join the organisation in its mission to promote and activate counselling services worldwide.

COSCA's new Recognition Scheme Officer, Jenna Fraser, led our 6th Annual Standards event, whose theme was "Counselling Contracts: Optimising the Client and Counsellor Experience". She reflects on the speeches and discussion which emerged, including a presentation by Ashleigh Cormack, head of the Rowan Consultancy, which provides employee counselling services. Ashleigh agreed to provide a full article on this topic for the journal, which follows Jenna's piece here.

Now and again, I write something for the journal myself, and this time it is two pieces, an article and a book review. My article is about verbal and non-verbal communication in the therapeutic relationship, illustrated with anonymised case studies of two former clients. I recognised that verbal and non-verbal communication are linked, and that sometimes as counsellors we may experience no verbal communication from our clients whatsoever, especially in early sessions, which is where our "active listening" skills are truly put to the test. I do not offer any advice or pointers in my piece, but I hope my reflection on what transpired in these sessions will be of interest and may even chime with some of you.

My second article is a review of Gail Honeyman's superb novel, "Eleanor Oliphant is Completely Fine," which came into my purview for the

journal as its protagonist attends counselling as part of what proves a critical stage in her journey through life. It is a novel I would have chosen to read regardless, but having done so with a review in mind, I found myself completely captivated and would happily recommend it to all of you.

A personal, reflective piece is provided by Mike Moss, called "The Gift We Are All Thirsting For" which is his exploration of the therapeutic relationship, drawn from Mike's background as a youth worker and family worker and looking at his new role as a person-centred counsellor, with consideration of spiritual motifs and early experiences with clients.

Following on from an article last time we have a fascinating piece by Yvonne Waddell, a freelance British Sign Language/English language interpreter and translator, looking at counselling with "culturally Deaf" clients - I hadn't heard the phrase "culturally Deaf" before, but her article explains it fully.

Finally, there is an introduction to the International Association for Counselling, looking at its work and discussing the benefits of getting involved with the organisation and becoming a member.

Don't forget that we are always interested in offers of articles, whether they are academic or informal, from professionals or counsellors in training, and if you are aware of any topics that might interest you or would like to suggest themes we might pursue for the future, please do get in touch with me.

John Dodds, Editor

COSCA's 6th Annual Standards Event

Counselling Contracts: Optimising the Client and Counsellor Experience



Jenna Fraser

I joined the COSCA team as Recognition Scheme Development Officer in May 2017 and it has been extremely busy and rewarding so far. Last year COSCA held its 6th Annual Standards Event at Volunteer Scotland in Stirling, but for me it was my first. It was a real pleasure for me to welcome delegates from so many of our recognised organisations, members, those who help COSCA to deliver the diverse services that we provide, and our three excellent speakers. The aim of the event was to discuss: "How we can effectively communicate the responsibilities, limits and boundaries of our counselling service provision towards clients and other stakeholders."

The speakers gave interesting and thought-provoking presentations and sparked discussions, all looking at contracting from the viewpoint of their own experience and interests. But why is contracting so important? Part of the answer may be seen in COSCA's Codes and Ethics of Practice (2017).

They state (in summary):

- 3.1 A member must tell the client what they can expect.
- 3.2 It must be clear.
- 3.3 They must have the opportunity to review.
- 3.4 The opportunity to discuss reluctance.
- 3.5 And to discuss reluctance with all parties involved.
- 3.6 The client must give their permission to confer.
- 3.7 And there must be adequate provision for termination.

Putting these ethics into practice can be more involved. Exactly when and how do we contract, and how does each of these decisions lead to understanding or confusion? How do we know if a client has really understood? How do we

provide an environment where the client feels they can review, express doubts, and even refuse the request of a counsellor? How much is it in the control of an organisation to really provide adequate provision for termination with limited access to funding and other services?

On top of these ethical issues are legal challenges. Counselling organisations must abide by legislation such as the Data Protection Act 1998, the Children and Young People (Scotland) Act 2014, the Adult Support and Protection (Scotland) Act 2007 and take into account any updates or developments. The Data Protection Act 1998 was replaced this year by the new General Data Protection Regulation (GDPR), bringing with it significantly more legal responsibility for any breach and increased need to demonstrate compliance. COSCA issued a short guidance note on GDPR in the April 2018 e-bulletin to members. How do we make clients aware of these responsibilities conferred on organisations, but also take into consideration the individual client's circumstances and views? This is especially true with regards to client confidentiality. Clients' confidentiality is not absolute and they must be made aware of that, as there are possible limitations due to employment contracts, legislation and established practice. Clients need to be informed of these limitations before they arise.

How do counselling organisations get all this information across to clients in a way that is clear, concise and does not bombard the client with information that they cannot possibly be expected to remember?

This is why it is so important to keep contracting and its effects in the forefront of our minds and to keep discussing and evaluating how we go about it to best communicate these responsibilities, limits and boundaries to our clients and stakeholders.

Our three speakers went a long way to answering some of these questions and also to raise others of which we should also be aware. We learned a lot from them, each using their own experience to help us think about contracting and how we can try to improve the way we contract with our clients. All three mentioned that they had spent a great deal of time on a 20-minute presentation and that shows just how complex contracting can be.

Anne Goldie spoke from her experience, most recently, as Manager at the Tom Allan Centre. The Tom Allan Centre provides generic counselling and also houses the specialist Cross Reach Bluebell Perinatal Depression Counselling Service as part of Cross Reach's counselling and training services.

Anne discussed the differences in contracting when the clients are the responsibility of the organisation and not of individual counsellors. How is this reflected in the contract the counsellor then makes with the client in the counselling room? How is this difference made clear to both counsellors and clients? She pointed out that we can't predict every eventuality, and often an unforeseen event will be the thing to catalyse a review of our contracts, and the way we contract with our clients and service users. She also reminded us that it is easy to presume that we know what is happening when contracting with the client, but there can be ambiguities. We can't control how a client or service user takes on information. She pointed out that there is no "one size fits all" contract and that different contracts can be required for different services; a specialist counselling organisation may have different requirements from a more generalised organisation offering multiple services. She reminded us that the contract must be explicitly made clear to the counsellors, not just implicitly assumed that they understand. If the counsellor is unclear about the contract, then they cannot be expected to clearly explain and help the client or service user to understand. She talked about the recent changes in the way volunteer counsellors work; that as little as ten years ago a volunteer counsellor would usually only work for one organisation and now can be working for many, and how important it is that the counsellor is clear about the distinctions in contracting between each organisation. Finally, she pointed out how important it is to talk to each other and COSCA to keep our contracting fit for purpose and to keep it in the forefront of our minds.

Ashleigh Cormack spoke from her experience, most recently as Head of Counselling and Psychotherapy at Rowan Consultancy. Rowan consultancy provides Employee Counselling Services to a variety of organisations across Scotland (*Ashleigh has an article this issue about Contracting Employee Counselling Services, following on from her presentation at the event – Ed.*).

Ashleigh discussed how we contract with clients and employers aiming to ensure that all parties understand the nature of counselling, terms and conditions, confidentiality and any limitations. She shared experiences of the potential conflicts that can arise between the different stakeholders of the client, the employer and the counselling provider and what they have learned as an organisation in terms of managing these. Ashleigh gave a real insight into the world of employee counselling services and the possible pitfalls associated with dealing with employers; including budgets, value for money and responding back to the employer on employee progress while safeguarding their clients' confidentiality. The two case studies, that were discussed as a group at the end of her presentation, sparked much discussion. A possible solution Ashleigh offered to informing an employer about progress, while ensuring client confidentiality is kept, was the sharing of CORE scores without content or identifying information. This enables Rowan Consultancy to demonstrate progress without any personal information that the client has given in confidence. Equally interesting was the discussion on managing client expectations from a counsellor in a workplace setting. What can a counsellor be expected to do for a client with regards to representing the client to an employer or providing reports as to their ability to work? This illustrated beautifully the importance of contracting at the very beginning what the counsellor can and cannot be expected to provide for a client.

Anne Chilton from her experience, most recently as Head of Professional Practice for Counselling at Relationships Scotland, also gave us a lot to think about. Relationships Scotland is Scotland's largest provider of relationship counselling, family mediation and child contact centre services.

Anne discussed contracting and couples, especially around secrets and the position of the counsellor, if information unknown by one partner is disclosed by the other to the counsellor. We discovered that relationship counselling can be, well, tricky (and that's a technical term) and that there can be many

pitfalls. She talked about how we handle the information that is revealed in the counselling room and how that needs to be managed by explicit contracting. She emphasised all possibilities at the beginning of the client work need to be considered, as much as possible, even though they may never occur. For instance, what would happen if one half of the couple shows up alone (either planned or unplanned) and how will what was said, in the absence of their partner, be managed when their partner returns? How does a counsellor go about hearing a secret, that cannot be unheard, so that they are not left holding a potential bomb that could go off at any time? Where is the counsellor's loyalty? Is it to one partner or the other, or to the relationship itself? There was also an interesting discussion at the end of Anne's talk about the differences between private revelations and the revelations of secrets. Private revelations were defined as those being influential to the individual, but having no real impact on the relationship. Whereas secrets were defined as being potentially damaging to the relationship.

The event was rounded off by a group discussion talking about the question, "What experiences have you had where contracting in a different way may have changed the client/ counsellor relationship?" This group discussion also gave us some insights. We talked about the different ways to introduce a contract, such as in any initial assessment, the first session, paper contract, or email, and that even after four different ways of delivering the contract the client still may not take it all in. Many thought that sending a contract out in email form before the counselling has even begun, in addition to hard copy and verbal contract with the counsellor, was a good way to prepare the client before they arrived at the counselling room. COSCA was asked how many complaints we had received that were due to issues with contracting. After looking into this we found that we had received so few complaints, that we were only able to offer anecdotal evidence. On this anecdotal level, contracting doesn't appear to have any impact on the complaints that we receive. This would suggest that, although contracting is very complex, the work we are putting in to getting it right is making a real difference.

What then, can we say we have learned from this year's Annual Standards Event? We can say that contracts need to be individually tailored to the organisation and what they can offer. That there is nothing wrong with regularly revisiting our contracts and that this should be encouraged with

changing circumstances, services and legislation. We also need to make sure that counsellors understand the contracts for each organisation that they offer their service. We have learned that it is complicated to juggle the needs of the client or service user and their confidentiality whilst also being able to prove the value of the service being offered, but that it is possible. It is also vital to manage the expectations of our clients and service users so that everyone knows what is expected of them. We have learned that relationships are complex and there can be many pitfalls, but many of these can be negated by careful and explicit contracting. Finally, we have learned that no matter our intentions, a client may not take in everything we need them to know, but by making every effort and not being afraid to revisit contracting, both in our organisations and practice, we have a valuable tool that enhances both the client and counsellor experience.

COSCA aims to identify and raise awareness of good quality service provision and to protect the public. Our Recognition Scheme is a key part of that and we are proud to have the strong commitment of our Recognised Organisations towards that goal. COSCA's Annual Standards Event is an excellent opportunity for us, our Recognised organisations, members and those who help us to deliver our services, to get together and share our expertise; to keep us thinking about the services we provide; and to appreciate and value the hard work and drive of all of our members to provide quality counselling and counselling skills services to our clients and service users.

Suggested Reading

COSCA (2017) *COSCA Statement of Ethics and Codes of Practice*, 3; Contracts: www.cosca.org.uk

BACP (2016) *Making the Contract within the counselling professions*, BACP Good Practice in Action: www.bacp.co.uk

Information Commissioner's Office (2017) *Data Protection Reform*: www.ico.org.uk/for-organisations/data-protection-reform

Mitchels and Bond (2010) *Essential Law for Counsellors and Psychotherapists*, SAGE

Biography

Jenna Fraser is the new Recognition Scheme Development Officer for COSCA.



Ashleigh Cormack

Contracting: Employee Counselling Services

Introduction

The provision of an employee counselling service can be beneficial both to the employee and their organisation. The employee can access confidential counselling that is quickly available, and which aims to alleviate distress within a brief therapy timeframe. Such services can take the pressure off managers by providing staff with timely support to help with a variety of situations and can contribute to the organisation's reputation as a caring employer. However, the provision of an employee counselling service is not without difficulties. Potential conflicts of interest between stakeholders – agency, counsellor, client and employer – can occur, and to manage these an appropriate contract is created to which all parties agree.

The purpose of this article is twofold. Firstly, I hope to raise awareness of the importance of workplace counselling services and the challenges that can arise in the provision of these services. Secondly, my aim is to contribute to the ongoing practitioner debate on how we can optimise the client experience through contractual arrangements that outline the rights and responsibilities of all parties.

The rising importance of workplace counselling

Recent figures reported by the UK Health and Safety Executive (2017) have demonstrated that work related stress, depression and anxiety were the reasons for 40% of work-related ill health cases and accounted for 49% of days lost due to sickness absence. Greater awareness amongst employers of the negative effects of work-related stress in terms of employee wellbeing and reduced productivity has led to an increasing interest in wellbeing initiatives that tackle emotional and mental health in

the workplace. Moreover, according to Dyer (2002), in recent decades there has been a rapid increase in compensation claims made by employees suffering from stress in the workplace. The cost of work-related stress to the individual and the employer has contributed to a rise in the provision of counselling to employees with figures in the UK and USA showing that counselling is offered by over 75% of medium to large size businesses (Carroll and Walton, 1999).

Evidence for the effectiveness of employee counselling

A systematic review conducted by (McLeod, 2010) exploring the efficacy of counselling in the workplace strongly suggests that provision of an employee counselling service is generally effective in ameliorating employee symptoms of stress, anxiety and depression, and can be an effective intervention for employees struggling with issues such as drug and alcohol addiction and occupation post-traumatic stress disorder. Moreover, in addition to improving employee psychological health and wellbeing this review indicates a positive contribution to organisational indicators such as reduced sickness absence (20 - 60%), more positive work attitudes and enhanced performance at work.

About Rowan Consultancy

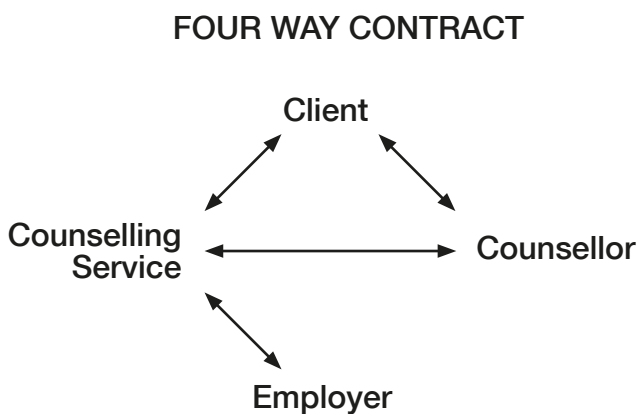
The experiences of contracting I'll share are due to being both the practice manager and a counsellor at Rowan Consultancy. Since 1997 Rowan has offered professional support and opportunities for development and growth to organisations across Scotland.

Rowan provides workplace counselling for a wide range of private sector companies and organisations such as universities, schools and housing associations. Rowan is a generic service

and counsellors are qualified and experienced in working with clients struggling with a variety of difficulties including stress, anxiety, depression, trauma and abuse, anger, bereavement and relationship issues.

Rowan Contracting

There is a four-way contract between the counselling service, employer, individual counsellor and the client. The rights of all parties need to be recognised and the counsellor/ counselling service often needs to manage conflicting interests.



Why is contracting important?

The working relationship between all the stakeholders begins with the contract. The contract clarifies expectations, establishes boundaries and outlines rights and responsibilities. It is essential that the agreement be clearly understood by all parties involved. Rowan is a COSCA-recognised organisation. Contracts with all parties are underpinned by the values and principles outlined in the COSCA (2014) *Statement of Ethics and Code of Practice*. Contracts aim to ensure that the counselling process and referral procedures will be performed in a way that ensure client and counsellor safety and that good practice guidelines are followed. According to COSCA, essential elements of a contract are that it outlines terms, conditions and methods of practice, the extent of confidentiality, duration and nature of the work, including any possible limitations, preferably in a written format. The contract will also outline the fees, including how different circumstances will affect charges (such as missed or cancelled sessions).

Contracting with the client

At the first appointment the counsellor discusses with the client Rowan's terms and conditions including: policies regarding privacy and confidentiality, record keeping, payment for sessions and our 24-hour cancellation policy. Recent changes in General Data Protection Procedures (GDPR) require that we gain the client's explicit consent to hold personal and sensitive data (case notes, assessment information). Rowan sends the client contractual information, via e-mail, prior to the first appointment along with our GDPR compliant privacy notice explaining our data protection procedures. The client then signs consent for us to process their data at the initial appointment.

During the initial consultation the counsellor will discuss with the client that there will be no reporting back to their employer without their written informed consent. These conversations aim to equalise the power in the counselling relationship and reassure clients that the counsellor is acting on their behalf with a degree of independence from their employer.

Contracting with the employer

One of the most challenging areas of contracting with the employer involves clarifying expectations regarding privacy and confidentiality. Employers are often concerned with budgets and want to make sure that they are getting value for their investment. Initially employers may request regular reports on the client's progress. Such a request can conflict with the client's right to privacy and confidentiality.

An initial conversation with the employer provides an opportunity to raise awareness. Employers are usually unaware that counselling is more likely to be effective when the client is offered a private and confidential therapeutic space where they can share sensitive material with their counsellor, which will not be reported back to the employer. In most cases the employer is reassured and happy to proceed when they understand that privacy and confidentiality for the client is more likely to lead to a good return on their investment. A written contract explaining that the content of employee sessions is confidential and will not be communicated to them (without the client's informed consent) is then signed before service provision can proceed. Other essential elements of the contract are that

it clarifies referral procedures and the number of sessions offered. Most of the organisations Rowan works with opt for a self-referral contract, which allows employees to access the service without the requirement to disclose to the employer that they are struggling, reducing barriers to access. However, some organisations opt for management referral. In all cases the contract allows Rowan to provide up to six sessions. Counselling extensions are only requested in exceptional circumstances.

Client informed consent

Rowan uses a standard form that a client signs prior to sharing information with another party such as the employer or GP. Two common reasons are: justifying counselling extensions beyond the usual six and the client has requested a letter or a report to be written by the counsellor on their behalf. The client will review any letters or reports and will give permission prior to their being sent.

Case study

The following fictional case has been developed to illustrate the difficulties that agencies regularly face in holding the boundaries of the contract with employers.

John, a residential care worker, has been signed off work due to stress and anxiety. For several months John has been late for work, angry and irritable with colleagues and his manager has noticed his inability to make decisions. His manager has recommended that he take time off work during which he seek help from the workplace counselling facility, which the company will pay for.

A challenge to the contract consisted of a phone call to the agency from John's boss asking whether John is currently in counselling and, if so, has been attending regularly and whether he is making satisfactory progress. To further complicate the issue, John's manager reports that attendance at counselling is a condition of John resuming work, but he admitted that he had not communicated this adequately to John. The manager requests that the counsellor provide them with a written report, which will help them to assess suitability for John returning to work. As the agency manager without a clear contract in place my initial apprehension and discomfort in responding to a request such as this

would be difficult to manage. The agency has an obligation to the employer to provide a service that improves staff wellbeing. In addition, I want to be as helpful as possible to the employer who is footing the bill. Moreover, the agency has a contract with the client, which specifies that any material shared by the client with the counsellor will be kept in the strictest confidence excepting when the client is in clear and present danger. This contract with the client conflicts with the demands of employer for information regarding attendance and progress. I'm faced with a dilemma and need to consider the pros and cons of asking for John's permission to provide a progress report.

In this case I decide to remind the employer that counselling is more likely to succeed when the client is free from external pressures and that all parties are committed to working in a way that will result in a satisfactory counselling outcome. I raise awareness with the employer that we would require John's written consent to provide a report and that while I could ask the counsellor to discuss this with John, that this might negatively impact on John's ability to make use of counselling. With John's boss I discuss ways that he can communicate the employer's conditions and expectations to John and how they could keep abreast of John's progress through personal interactions with him. I communicate empathic understanding of the employer's concerns while holding the boundaries imposed by the contract.

Conclusion

Research (McLeod, 2010) strongly indicates that workplace counselling can be an important means of employee support and that clients appreciate being able to access counselling with more than 80% of client's reporting either being "satisfied" or "highly satisfied" with services provided. My belief in the efficacy of workplace counselling has been strengthened not only by my own experiences, but also due to the confidential feedback Rowan received from clients who have reported benefits from using our service.

Clear contracting from the outset is vitally important as this clarifies boundaries and expectations for all parties involved and it is essential for agencies aiming to provide a therapeutic environment that is most likely to lead to satisfactory counselling outcomes.

Contracting is an evolving process and the contract can be reviewed when requests for information are made or when the agency request counselling extensions from the employer or write reports on behalf of the client. At Rowan we are aware that contracting is far from straightforward and this is an area we continue to review so that we maintain high levels of professional practice.

Biography

Ashleigh Cormack MBACP (accred.) is Head of Counselling at Rowan Consultancy. For further information on Rowan services see: www.rowan-consultancy.co.uk.

Ashleigh is an integrative counsellor who also has a small private practice working with both adults and young people (11 years and over). Web: <http://ashleighcormack.vpweb.co.uk/>

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John Dodds

Verbal and Non-Verbal Communication in the Counselling Room

When undertaking my Counselling Diploma course some years ago, I remember being struck by a story about Dr. Carl Rogers. Apparently, there were sessions in which he sat in complete silence with clients. And that made me in turn wonder how much of a challenge that might be, both for counsellor and client. It takes the idea of active listening to a new level.

As someone who is not short of a word in my personal life, I felt I learned so much from some of my clients who were silent or almost silent for long stretches of time, particularly in the early sessions. That initial silence can come from any number of places, depending on the individual. Not knowing what to say, not knowing if the counsellor is to be trusted, not feeling clear about what they are bringing to counselling, feeling anxious, fear of being judged, fear of being asked difficult questions. Not to mention the “what if?” question: what if this actually helps me? Which links to a sense of unease about breaking away from what’s familiar, and the implied question arising, “so now what?”

Being aware of body language is inherent in everyone. I am sure we have all picked up when the words someone says do not always mirror how they express themselves, or when you are with a person you may not get on with very well, you may keep a distance, not look at them directly or sit back from them.

Professor of psychology Albert Mehrabian studied the importance of non-verbal communication in the 1970s and his work suggested that non-verbal communication is stronger than was first assumed—voice tone, intonation and volume, take up 38% of communication and as much as 55% of communication consists of body language. There has also been debate about these figures, as an article in *Psychology Today*¹ discusses.

In his book *Nonverbal Communication*, Mehrabian says: “When there are inconsistencies between attitudes communicated verbally and posturally, the postural component should dominate in determining the total attitude that is inferred.”

As we know as counsellors, congruence with the client is important, and by observing incongruent communication (words, tone of voice, et al., not matching the body language) part of our work is to try to gain congruence.

To illustrate these points, I will discuss two of my clients, whom I shall call Elaine and Mary (please note that what is described are not specific to the individuals but draw on elements from a range of clients as well as theoretical ideas).

Before being assigned Elaine to me, my practice manager explained that she had a head injury which had affected, among other things, her verbal communication. Yes, she could speak and was intermittently articulate, but this would be her first experience of counselling.

When she arrived for the first session, Elaine shook my hand. I invited her to choose where she preferred to sit, either near the door or on the chair in front of a wall with a window to the left. She chose the latter. She said nothing initially. But I noticed she had a carrier bag with her. She set the bag on the floor beside her chair and waited.

I asked her if she had been to counselling before. She shook head, but then added, “not talk therapy.” I waited for her to expand, but she said nothing more. I nodded and asked her what had brought her to me and what she wanted to talk about today. In halting words, she conveyed frustration with her communication difficulties, and felt people were cold or antagonistic (my words, not her’s) towards her and sometimes felt depressed. I should say that expressing what she wanted to explore took quite some time and

¹ <https://www.psychologytoday.com/us/blog/beyond-words/201109/is-nonverbal-communication-numbers-game>

involved a great deal of silence. By being relaxed, presenting myself in ways that demonstrated I was actively listening, giving her space and time to communicate did, I believe, even in that first session, enable her to feel more comfortable about “talk therapy”.

At some point, Elaine reached into her carrier bag and produced a pair of crochet needles and a partially-worked piece of crochet. It was about nine inches wide at this point and perhaps three inches deep, with stripes of different colours. She sorted through several balls of different coloured wool, picked a new one and began to crochet another stripe to the square. Her crochet technique appeared to be skilful and relaxed; she worked quickly and barely looked at the needles, keeping her eyes fixed on me.

More silence ensued. I had learned something about what she wanted to explore and reassured her she could talk whenever she felt ready. I can't recall what she said precisely then, but it was about her wish to understand what counselling was and how it might help her.

I explained more about the process, reassured her that I would not be giving advice but rather supporting her to explore and find ways herself of understanding and managing the issues she brought. She nodded, and her eyes seemed bright and engaged – my words seemed to connect with her, perhaps underscoring some things which she may have already known, or indeed reassured her that this could potentially be a valuable therapeutic relationship.

As the sessions continued, we unpacked more about Elaine's feelings and she was able to express them more fully and, it appeared, more confidently, though she would on occasion struggle to find the right word (in her view) to express a meaning. And every week she continued to crochet. Each time it was a crocheted square comprising different coloured bands. Sometimes she would finish a square in a session and begin a new one, or she would partially finish by the end of the session and return the needles and part-worked piece to her carrier bag.

Some weeks in, I said, “I can see you enjoy to crochet, Elaine. Can you tell me anything about the squares you make while you're here?”

She looked up, stopped crocheting and rested the needles and work on her knee.

“It's my...barrier.”

Elaine indicated by a gesture, pointing to me and back to her, which I understood that the communication needed to pass through the square, though I was not clear why.

“Your barrier?” I asked.

“Yes. It means that...what I say...can pass through to you. But I can...filter...what you say to me.”

This was a revelation to me and I felt honoured that she chose to share with me what the barrier meant. I nodded my understanding and we looked at what this idea of filtering might mean. One thing was clear – if I said anything, or asked a question, that she was resistant to in any way, her woollen osmotic barrier (osmotic barrier was the phrase that came to me, both in the sense of the gradual assimilation of knowledge and information and in the biological sense of a semipermeable membrane) would defend her from it.

Her communication was a mixture of verbal and non-verbal methods. I gathered that she had come to believe that others felt her limited communication somehow reflected on her intelligence or indicated mental illness, neither of which was the case. But it was the attitude of others, and how that made her feel, alongside her own emotions around how the head injury had affected her, that were the key aspects of what she wanted to somehow resolve or manage better.

As it turned out, though, she did not need the barrier. At no point did she appear to be uncomfortable with a question I asked, and through the course of the nine sessions she shared, both verbally and non-verbally, that she felt she had gained a lot from “talk therapy”. As much as anything it had given her the confidence to believe she was well able to communicate verbally. She said she might try counselling again in the future.

With Mary, the other client I am discussing, I had a strong sense she was ill-at-ease, both when she first came to me and through some later sessions. In the first session, I offered her the chair nearest the door, but also the option to sit elsewhere, if she preferred. She chose the chair by the door.

She felt uncomfortable, she explained in one session, about being overweight. And there was some discussion about how she felt about working with a male counsellor. Even though I'd understood she had been offered the option of working with a man or a woman, she expressed to me that she did not mind, as she simply wanted some help – her body language told me that in some ways she did mind; she sat as far away from me as possible and placed a large handbag on her knee). Throughout the first session and later ones, the handbag always sat on her knee, and she clutched or wrung the handles throughout the sessions. In addition, she did not make much eye contact with me, frequently looking down or to one side, towards the window.

Her speech was hesitant and the way she held herself, feet firmly together, handbag on her knee, hands on the handle of her bag for the entire hour, indicated that she had great difficulty in sharing what was troubling her. At first, the discussion was around her social embarrassment, how she sometimes felt bullied at work, how the apparent attitude of others affected her deeply and so on.

Throughout the sessions, we explored these questions and she expressed how she was beginning to feel better able to understand them and felt that, given time, she could manage them better.

So, when, several sessions in and I realised she was beginning to feel more relaxed around me, I asked if she wanted somewhere to put the handbag (there was a table next to her she could use, for example). She shook her head.

Finally, she explained that the handbag was part of her defence mechanism. I had been aware of that but did not know what she was protecting herself against.

Late on in the sessions, I learned that she had been physically and psychologically abused by her former long-term boyfriend.

We had the chance to work with what she had brought, but it was clear that she would need further therapy, and we discussed the options that were available – more counselling, psychotherapy, support groups and so on. She had not, she informed me, been in touch with Women's Aid, though that option was also

discussed. By the final session it was evident to both of us that the major breakthrough had been her ability to talk freely about what had happened to her, and to express more about how it affected her life, the rage and injustice she felt about the damage it had caused, and more. I felt humbled and helpless at the same time. Humbled by her courage to talk about such profound things, and helpless because this was something I couldn't fix – not that I believe we as counsellors are about "fixing" things for our clients, but at the very least we strive to support them to move forward in an empowered way for themselves, but at the same time we need to acknowledge such basic human impulses in light of the horrors, injustices, betrayals and abuse so many of our clients have experienced. Because of the way the practice operated, and the waiting lists, nor could I offer further counselling with me at this point, but she did not seem to mind this, as she needed time to process where she had arrived in the nine sessions before she wanted to move on to obtaining more support.

In conclusion, these clients and others I worked with powerfully illustrated a critical aspect of active listening, which is to be fully aware at all times of non-verbal communication and the revealing and sometimes intensely powerful unvoiced messages separately or in combination with verbal communication, can deliver.

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Book Review:

Eleanor Oliphant is Completely Fine

Gail Honeyman

I can't say I have read many novels in which counselling features – psychiatry, yes, there are plenty of those. So naturally when I learned this was a story thread in Gail Honeyman's first novel, *Eleanor Oliphant is Completely Fine* (Harper Collins),

I thought it could be worth reading and reviewing for the journal.

On the surface, Eleanor's life is conventional, normal, safe, though uneventful and lacking any dynamism. She wears the same clothes to work every day, eats the same meal deal every lunchtime and religiously consumes two bottles of vodka every weekend. Her work in an accounts department is highly regarded, but she clearly is not part of the organisation's "in crowd", though in any case she cannot abide gossip, chit-chat (as she herself might put it) and other social niceties and banalities that make for the social glue in the workforce. Eleanor's life is, from her perspective at least, "fine". Except "fine" is not good enough – not by a long stretch.

As the novel progresses we become aware that Eleanor has scars on her face – from a fire when she was a child – and that she is highly intelligent and has a mannered, precise, almost old-fashioned way of speaking. She is also inwardly, and sometimes outwardly, rather judgemental of others. Even her colleague, Raymond, with whom she eventually becomes friends after they join forces to support an old man who has collapsed in the street and call an ambulance for him, falls short of her standards, in the way he dresses, in his physique, in the way he talks and more.

And then there is "Mummy", with whom Eleanor speaks on the phone weekly. Mummy is manipulative, angry, patronising and completely dismissive of her daughter. Eleanor somehow tolerates the abusive behaviour – until, that is, she goes to counselling and we finally discover the truth about the mother-daughter relationship. Eleanor's counsellor, Maria Templeton helps her recognise

what is really amiss in her life, and she comes to a fuller acceptance of herself and an understanding about how she could make her life better all round.

To say this is a great novel would not be an exaggeration. Not only is it beautifully written, with stylish, precise prose which also captures the protagonist's character, down to her mannered way of speaking and thought processes beautifully. At one moment I was laughing out loud, the next deeply shocked as I learned more about Eleanor's life and upbringing, and then actually shedding a tear. There was one sentence, in which she says to a hairdresser, "You made me shiny" which makes my eyes fill up even now.

An aside: there is a sly little Jane Austin tribute within these pages, referencing the famous line about the "truth universally acknowledged" which is extremely funny.

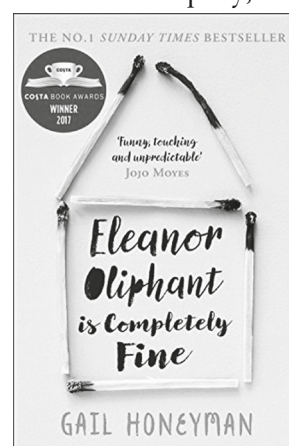
As for the counselling sessions, they are described perfectly, and we experience alongside Eleanor, the journey of what proves to be a completely positive therapeutic relationship. Most counsellors will recognise the resistance, suspicions, uncertainty and other concerns a client may have in the early sessions, all of which Eleanor expresses in no uncertain terms. But eventually, she begins to understand herself more deeply and to learn that life can be better for her. On a side note, counsellor Templeton takes notes, not something I believe that counsellors normally do, though common practice in psychotherapy – but, it may well be that some counsellors do indeed work this way.

Eleanor is a complex character and not always easy to like in the beginning. But some way in to the book, I had fallen in love with her. We all need Eleanors in our lives.

I can easily understand why Reese Witherspoon's new film company, "Hello Sunshine" is planning

to make a film of the book, and why it won the Lucy Cavendish Prize and was one of the Observer's debuts of the year 2017.

In conclusion, I feel that *Eleanor Oliphant is Completely Fine* is a brave, uncompromising and in every respect wonderful novel.





The Gift that We Are Thirsting For:

An exploration of the therapeutic relationship

Mike Moss

15

I sometimes remember all the clients I have worked with over the last 35 years in my role as a youth worker and a family worker and now as a counsellor. I want to thank every single person for the gift of my experience and my learning with them. All those people I have tried to help in some way have become my teachers and I have learned more deeply about my work and about myself and the counsellor I am in the process of becoming. Even if I am not conscious of every relationship now, or that every single relationship worked out that well in my view, I still want to thank all those clients I have met professionally. I particularly remember some of the young people whose behaviour was a real challenge for me when I was a youth worker and found myself unable to meet them as fully as intended. I will never know if I was able to connect in a way that had meaning for them. However, I believe that having at least tried to help with good intentions and having sought to be in a relationship that felt right for both of us will hopefully have created something worthwhile.

It feels important for me to imagine all these different experiences of trying to help as a flow of potentialities, perfect and imperfect, judged and not judged, accepted and resisted, hoped for and feared and achieved and lost, like ripples of energy just flowing out into the world of my past and present and future. I know this can be a challenge, but I can take some of this awareness to the next person I find myself in a therapeutic relationship with.

At this stage of my life I want to explore how I might integrate my learning with an indigenous Australian experience called “dadirri,” offered to the world by the Aboriginal elder Miriam-Rose Ungunmerr-Bauman. She describes dadirri as the process of being open to “...inner, deep listening and quiet, still awareness” which taps into the “deep spring that is within us” She also suggests that dadirri is a way of healing and is the gift that

we have all been thirsting for. I became excited when I first came across the notion of dadirri earlier this year as I found that it appeared to have a similarity to my experience of Carl Rogers’ core conditions of *empathy*, *congruence* and *unconditional positive regard*, which are considered the key qualities of the therapist to help clients towards psychological change and growth. Dadirri also reminded me of what I have recently attempted to describe as a “directional presence”. Where my experience has been that as I become more open to what is growth-promoting in the therapeutic relationship and its potential, the actualisation process of both client and therapist seems to be connected to an evolutionary flow which is beyond the personal and may offer a direction towards healing.

In this article I want to consider how the core conditions may be informed by and connected to the healing potentialities of dadirri and how this may also contribute to our understanding of a person’s thirst for meaning and for acceptance and belonging. I have been inspired by the notion that our bodies may be a wondrous temporary home for an inner spring which may flow right through us, through our thoughts and feelings, and kinship with all life, and can assist us to experience the potentiality of who we are becoming in every moment. Dadirri also appears to connect us to our having our own wise council that we may access from a deep remembering of peace within our self, and I would like to suggest also offer something valuable to the therapeutic relationship.

Miriam-Rose Ungunmerr-Bauman¹ offers the practice of dadirri as being in awareness of everything around us. She describes listening and being heard and being united with a peacefulness of knowing that there is no need to hurry, and that everything is already being attended to. She is from the tribe called Ngangikurungkurr whose name can be translated as “Deep water

sounds” and has been described as a remarkable spirit-filled Aboriginal woman from Daly River in the Northern Territories of Australia.¹ She has revealed the ancient process of *dadirri* at this time as she believes the world needs us to remember our source. She suggests that by deeply listening to nature and listening to the stories of our elders and ancestors, and by being listened to by others, we can find the bigger story of ourselves and be made whole again. And that this is our gift.

I would like to share a story about a client I worked with some years ago. We considered how to keep his identity confidential and he has said he would like to be known as Kiroto. When I met Kiroto in a counselling session, the first words he said to me were “who the f-- are you?” That first session was full of surprises. The session continued with Kiroto looking through the desk drawers, throwing a ball against the wall, showing me how he could punch close without actually touching me, walking around the room and then singing a song that moved me to tears. Kiroto had experienced difficulties when he was growing up and seemed to be struggling. After each session I would write some case notes and the following week offer to read them back to him. These notes became part of our story. Sometimes I was able to ask questions and explore things in my case notes that I may have missed in the sessions. At other times the previous session was never mentioned as he became able to just bring himself and we experienced what emerged in these moments. Kiroto never knew his father and his mother had died some years before after collapsing in a street after a drug overdose. Social Work services had been intensively involved with his family. Tragically, there were stories of neglect, drug abuse and violence. One of his mother’s partners was so strict with Kiroto that he used to punish him by putting him in his room on his own when he was little. He can’t remember an exact age, but he was regularly put into his room and had no toys to play with. He remembered being scared and whilst telling me this he seemed upset. He was embarrassed or ashamed as he held his head low while telling me his story and described feeling left alone with nothing to play with but his shoes.

My first response was a feeling of great sadness and some anger as I pictured Kiroto abandoned, scared and having to cope with being on his own with nothing to play with but his shoes. I

remember breathing and just being silent with my initial reaction, allowing a more deeply-felt response to shape and form inside me. I was then able to access something different, perhaps something from my own story as a child. I began to wonder what it was like for Kiroto playing with his shoes, so I gently asked him. Almost immediately his story seemed to change. He looked up slowly and smiled, remembering the game he used to play.

“They were space ships,” he said with a sparkle in his eye.

And then he beautifully motioned these imaginary space ships flying above his head.

I learned from Kiroto that day about his resilience. I also learned about my own resilience and that the source of our greatness, our potential, is always there, stored up waiting. And perhaps by trusting that healing will find its way to emerge in the therapeutic relationship, the essence of who we are in the process of becoming will appear. Kiroto and I came to an agreed ending of counselling after some time, and in his evaluation, he said that he had found me to be like a “good friend.”

I wonder if, having experienced our therapeutic relationship as friendship, was perhaps an indication of more acceptant feelings towards himself and others. Friendship also seemed like a good description of my feelings towards him too.

When I am in a therapeutic space with a client, regardless of age or stage or whatever may be going on for them, life is always flowing through them and flowing through me. I can experience that we are both connected at some level by this flow, and I can ask myself how I may be able to connect to this flow. Perhaps something new will emerge from even just holding this question in mind, as I prepare to meet every client. Rogers in his paper, “The Necessary and Sufficient Conditions for Therapeutic Personality Change” (1957) considers that the therapist may not be able to connect to integration and wholeness in every aspect of their life, however he states that when the therapist is able to be “freely and deeply themselves” in the therapeutic hour, they become a “congruent, genuine, integrated person.” And that this may help the clients towards a “greater integration, less internal conflict” and “more energy utilizable for effective living.”²

I find it important to acknowledge that the space the core conditions create in therapy is a unique one, which holds the potentiality of the known and the unknown for both client and therapist, and to do anything else feels like a lost opportunity. Perhaps we can also learn about the therapeutic relationship through dadirri, where there is no urgency, unless the urgency is created by ourselves. And if we can trust the direction of empathy, congruence and unconditional positive regard, this may help guide the client towards growth, and the direction of healing will become known. And as Rogers implies in *On Becoming a Person* (1961) by trusting the totality of our experience, including our unclear thoughts and hunches, this can lead us to a wiser part of ourselves.³ I regard this as true for both therapist and client. So, it is conceivable that having a belief that all is being attended to in some way if we are in right relationship with the self, the other and the earth, like dadirri suggests, this can be our starting point. Clients may have never studied the theory of the core conditions of empathy, congruence and unconditional positive regard, however if any client has experienced these conditions, they may have connected to something that felt good in them. Something which helped them towards becoming more of the person they had the potential to be. And again, according to Rogers, there is a drive towards self-actualisation that exists in every individual, which “awaits only the proper conditions to be released.”⁴

In summary, dadirri is described as a way of being which is a gift to self and a gift to others in reciprocity for healing and claims that the earth can speak to us through all our senses and our thoughts and feelings and relationships. It can also speak to us if we listen deeply, through our decisions, our actions, our hopes and fears and our willingness to be open to something more, to become accepting of our individual existence as being part of a greater whole. And that we can tap into this wisdom from a deep spring inside ourselves that may be connected to the universe in ways we cannot yet fully understand. Cradling us and connecting us, offering us a feeling of being received unconditionally and offering the ground for our being, and who knows may help us all contribute to a better world. And finally, I believe that if we can find a way to connect to dadirri in the process of being in the therapeutic relationship, this may indeed be the gift we are all thirsting for.

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International Association for Counselling



While COSCA and the journal is focussed principally on counselling in Scotland, we recognise that we are part of a global community and knowing about other organisations and practice, as well as the challenges to counselling provision in other countries, is worthwhile. And, as this article suggests, it is also possible to take a more active part in this community. A major organisation to learn about in this regard is The International Association for Counselling (IAC).

IAC is an International Non-Governmental Association (NGO) with United Nations consultative status. Since 1966, it has worked to advance the development of counselling through practice, education, research, and advocacy initiatives. IAC advances the development of counselling in order to improve people's lives and well-being. Its vision is for a world where counselling is available to all.

As we as counsellors know, counselling changes lives for the better and reduces suffering. IAC's humanitarian movement advocates for more access to counselling worldwide and works to influence governments and intergovernmental organisations to have counselling better recognised as a profession.

In some countries, there is no counselling at all. So, IAC helps to establish counselling structures (for example, national associations or education programmes) in those countries. The organisation is working to advance the counselling profession worldwide and we invite you as counsellors to join it in our mission.

Technology is moving the global circle of counsellors ever closer. IAC embraces the modernisation of the profession and proudly serve to advance culturally-relevant counselling practice, research, and policy worldwide.

The main work of IAC is: world mapping of counselling activity; global advocacy for the counselling profession; membership for individuals and organisations; publishing the International Counselling Journal (since 1978); international conferences; IAC round table meetings; and partnership and collaboration.

World mapping of counselling activity

Until recently, there has been no comprehensive and systematic global study of the counselling profession. IAC's world mapping work is designed to generate detailed knowledge about the counselling profession in each of the world's 196 countries. Mapping is the compilation of data and information about counselling and counsellors around the world. It includes information on scale and standards of activity. This activity will provide significantly enhanced public information, connectivity, advocacy (both national and international), and information sharing, for individual counsellors and the wider profession. It will also raise public and professional awareness of counselling services, aid planning, and enable counselling leaders to strongly advocate for counselling at discussions of mental health and education policy both at world and national levels.

Global advocacy for the counselling profession

The IAC "Global Advocacy for the Counselling Profession" project aims to bring a much-needed international voice for the counselling profession to both intergovernmental and national discussions. IAC advocacy strengthens the position of counselling by influencing counselling-related policy worldwide. The organisation aims to enhance the reputation and credibility of the profession by influencing decision-making in political, institutional

and social systems. Important, high-level policy decisions on mental health, education, social issues, and work, are made at the intergovernmental level (for example, the World Health Organisation, UNESCO and the International Labour Organization) and it is essential to ensure the appropriate inclusion of counselling. Policy decisions have a direct influence on the approaches that national governments take in these areas and impact you, your clients, and the counselling profession. In most of the world, there is significant dissatisfaction with the status quo and the lack of recognition of the importance of counselling. It is essential that everyone comes together to influence the standing, credibility, and recognition of the profession, and lead to long-term improvements for clients worldwide.

Memberships

Membership is open to individuals, associations, education institutes and counselling services. There are multiple member benefits, including:

IAC Journal: Thousands of counselling articles - all back issues (since 1978)

IAC member logo and “Certificate of Membership”

Worldwide contacts & professional network

Professional and educational newsletters, webinars and updates

Representation: Advocacy to UN/WHO and governments

Discounts on conference tickets, events and advertising

IAC quarterly journal

The *International Journal for the Advancement of Counselling* has been in publication since 1978. It promotes the exchange of information about counselling activities throughout the world. The journal contains over 1,300 conceptual, practical and research contributions that provide an international perspective on: theories and models of counselling and guidance; counsellor education and supervision; state of the art reports on counselling in specific settings; special populations; special applications; and counselling services in developing countries.

IAC international conferences

IAC conferences bring scholars, researchers, educators, students, professionals and other groups interested in counselling together to listen and share their knowledge, research findings and educational practices. Our conference programmes contain diverse and high-quality lineups of keynote speakers, presenters, discussion groups, posters and social activity. IAC conferences aim to have a lasting impact on the development of counselling in the host country and association, becoming a catalyst for national progress and global reach.

IAC invites you to join them at any of their forthcoming conferences:

2018 Rome, Italy, 22-23 September 2018

2019 Moncton, New Brunswick, Canada (in conjunction with CCPA), 14-17 May 2019

2020 Kuching, Malaysia

IAC Round Table meetings

IAC Round Tables are discussion and action groups that present excellent opportunities for individual counsellors and associations from around the world to meet, discuss and plan activity with their international colleagues. IAC has Round Tables in the following areas: research; ethics; associations (for association leaders); practitioners; indigenous peoples; students; peace and social justice; and projects.

IAC partnership and collaboration

For over 50 years, IAC has partnered and worked with national, regional, and inter-governmental organisations and institutes. IAC greatly values these relationships. For enquiries relating to partnership, hosting an IAC conference, sponsorship, organisational membership, or project collaboration, please contact the IAC Chief Executive Officer: Mr. Naoise Kelly. Email: ceo@iac-irtac.org.

IAC – connects counsellors worldwide, and all the details can be found on its website:

www.iac-irtac.org

Working with Sign Language Interpreters and Deaf Clients



Yvonne Waddell

Imagine you have a new client attending a session today. You get a call from the receptionist to say the interpreter is here. Interpreter? The client's name is Jane Smith. Why would she need an interpreter? As you go out to the waiting room you see two people communicating in sign language. Ah. Your new client is a Deaf person.

In Scotland, very few clinicians working in mental health are either Deaf themselves, or fluent in sign language. This means that for the vast majority of appointments for Deaf patients the communication between them and their counsellor will be facilitated by a sign language interpreter.

Understanding Deaf people and BSL awareness

In order for us to consider the assumptions we may hold around Deaf clients, let's explore some facts around Deaf people and British Sign Language (BSL). When many people think of working with interpreters or translators they think of clients who speak a language other than English. You perhaps thought that because Deaf people were born here and attended school in Scotland that they are not a different cultural group, they just can't hear. And in many ways yes, that's true. However, Deaf people who are born profoundly Deaf and use BSL as their first language may identify as part of a linguistic minority, and ascribe to the social model of disability, rejecting the label of "disabled person".

When the term "Deaf" is used with a capital "D" it indicates Deaf people who consider themselves to be "culturally Deaf". That is members of the Deaf community who identify as part of a Deaf community sharing a common language, shared history and social life (Padden & Humphries, 2009). Members of

the Deaf community use British Sign Language (BSL) as their first or preferred language, and will typically have been born deaf, or become deaf at a very young age, and gone to a deaf school. This group would *not* include people who have lost their hearing later in life. People who have an acquired hearing loss will have grown up with hearing, and used spoken English, until they lose their hearing. They do not typically learn sign language; they tend to rely on hearing aids and lip-reading skills. This article focuses solely on Deaf people who would consider themselves culturally Deaf. The traditional medical view of deafness emphasises the measurement of hearing loss as a deficit, and diagnoses deafness through audiological testing (Padden 1996). In stark contrast, people who identify with the cultural model of Deafness promote and celebrate the culture of Deafness (Senghas & Monaghan 2002). The notion of Deafness as a cultural phenomenon is often an unfamiliar concept for non-deaf people who assume that Deafness can only be viewed as a disability (Munro et al 2005). In the past people from the Deaf community would have been called "Deaf and Dumb" or "Deaf Mute". These are now considered inappropriate terms and are offensive to Deaf BSL users. When you understand that BSL is a different language, and not simply English on the hands, you begin to realise there are additional complexities to consider when working with this cultural minority that you may not have considered previously.

While sign language has been around for hundreds, if not thousands, of years, it was only from research conducted in the 1970's at Edinburgh University that discovered the signs that Deaf people use actually constitute a language. BSL has its own grammar and vocabulary and it is separate from English (Sutton-Spence & Woll 1998).

A note on sign languages - they have different dialects and are not universal. The sign language of each country is as unique as the spoken language. Irish Sign Language, British Sign Language and American Sign Language are very different, even though we share English as a minority language. This is because American Sign Language, French Sign Language and Irish Sign Language are part of a different language family to British Sign Language. Sign languages also have different accents and dialects across the country, so some Aberdeen signs are different from Edinburgh signs for example. In fact, in Glasgow we even have Catholic and Protestant dialects due to the separate residential Deaf schools that were previously in the city.

BSL for Deaf people is typically their first language, with English being a second language for them. This then affects their literacy levels in English and it cannot be assumed that they will be as fluent in English as someone who has English as their mother tongue. Whilst we now in Scotland have the BSL (Scotland) Act 2015 that requires the Government and public bodies to publish action plans in BSL stating what they will do to promote the use and understanding of BSL, there wasn't always such support for BSL. Historically in Deaf residential schools, sign language was banned in favour of forcing deaf children to speak. This led to very poor educational outcomes for Deaf children, and even today there is still a huge attainment gap between deaf school leavers and their non-deaf peers.

It's not just school life that is different for Deaf children, often family relations are different to that of other minority language users too. 95% of deaf babies are born into hearing families (Moore 2001). This means that only 5% of people who are born profoundly deaf have parents who are also Deaf, and who are already fluent in sign language. For the majority of Deaf people, they will not have acquired sign language from their parents in the family home. This is in contrast to other minority languages, where usually the minority language spoken at home is acquired naturally by children. Deaf children must be exposed to sign language early in their life to be able to become fluent.

Whilst I'm speaking in general terms, you should bear in mind that the deaf experience

is varied, and the Deaf community cannot be thought of as one homogenous group. Identity is a complex thing, and there are a number of factors that will influence the degree to which someone with a hearing loss embraces a Deaf identity. It will include things like what age they were exposed to sign language, whether they are the only member of their family who is Deaf, what kind of school they went to, how much support they got at school, and even how much residual hearing they have and how they use it.

In mental healthcare terms, Deaf people do not have a specific psychopathology, and mental health problems in deaf populations are mostly common mental disorders, although higher incidence rates have been found in deaf people compared with hearing people (Fellinger, Holzinger & Pollard 2012). Deaf patients will often be treated by clinicians who have limited previous experience with that client group, believing their training within their discipline sufficient to enable them to work with Deaf patients (Leigh & Gutman 2010) when Deaf people would prefer to see sign proficient health professionals (Fellinger, Holzinger & Pollard 2012). Deaf people appreciate therapists who take the time to learn basic greeting signs and to be able to finger-spell their name during introductions (Munro, et al 2005 p.7). For hearing providers not used to working with this population, there are significant differences from the usual patient demographic. For instance the Deaf clinical population presents with a wide range of reading abilities (Glickman and Gulati 2003) and Deaf people often have a lower level of English literacy than hearing people, and consequently a lower health literacy than hearing people (Harmer 1999, Napier et al 2011). Deaf people can be said to have a Fund of Information Deficit (Pollard 1994), due to the lower literacy levels they experience and the lack of access to the incidental information that we hear around us on a daily basis from overheard conversations, radio, and general information.

When we consider deaf people as culturally Deaf and a member of a linguistic minority (as they use one of the minority languages in Scotland, BSL) the interpreters who translate their interactions are not acting as carers, but instead as language professionals facilitating communication between them and a user of the majority language, English.

Whose interpreter is it anyway?

You may find that your Deaf client has a preference on which interpreter to book for the session. This may or may not be an interpreter they are already familiar with. The client may prefer to have an interpreter that they are already acquainted with, someone they feel comfortable with, and who perhaps shares the same dialect of BSL. This is understandable; after all they have to disclose very private information to another person who they will bump into again. We have a shortage of professional interpreters in Scotland, with around 100 interpreters working for a Deaf community of approx. 5,000 people so it is entirely likely that the Deaf person will see the interpreter again in some context. On the other hand, the last two Deaf clients that I have worked with in counselling sessions have contacted me to interpret for them precisely because I didn't know them. They knew me from the community, and had seen me work publicly, but I hadn't ever worked directly with them. It's important to have the discussion with your client, and understand that they may not be happy with whoever has been sent through the NHS or the agency allocating an interpreter. This may have to happen via email or text, since the Deaf person may not want to say in front of the interpreter who is present, that they don't want them to come back for the next session. As I'll go on to explain, the interpreter is far from being an invisible conduit, and as a participant in the interaction they can have a real impact, both positively and to the detriment of the interaction depending on how the session is approached. The reason they do not want that particular interpreter may vary; the interpreter could be a friend of a relative, may work with their spouse or they may have worked with the Deaf client previously, unsuccessfully. Be wary of using friends or family members who can sign. Whilst the Deaf client may be happy with them, I would always advocate using a professionally trained and qualified interpreter who you can work with. The interpreter is there to facilitate communication between both of you; they are not just there for the Deaf person and so you want to be sure they will respect the confidential nature of the interaction, and they don't have their own agenda to push in the session.

The triadic interaction

When you require the services of an interpreter to facilitate communication between you and

your Deaf client, the third person in the room changes the whole nature of the interaction.

Clinicians who are not experienced in working with interpreters may hold the naïve view that they are merely mirror like conduits, who simply translate word for word what they say, (Pollard & Leigh 2003). This is not the case in any interpreted interaction, and even less so in counselling sessions. Their presence will have an impact, and only by being aware of that can you lessen the negative impact. The situation becomes complex because the counselling session with an interpreter is now an intercultural interaction, happening across two cultures (hearing and Deaf) two languages, (English and BSL) and two modalities (spoken language and signed language).

Translation is particularly challenging in mental health settings where language is often a diagnostic tool. How someone says something is as important as what they have said. People often falsely assume that a word-for-word translation will accurately convey the meaning and content of the message, something that is contested within translation studies (Munday 2009). There are not always directly equivalent terms available in the other language, and so accurate word-for-word translation is not always possible.

Having a discussion before the session with your interpreter allows them to discuss any new concepts with you that there may not be a sign for, and allow you to agree on translation decisions. Since there often isn't exact translations, there will be a time lag in the interpretation. Some things take longer to say in BSL and vice versa. Metaphors often need to be explained for meaning, rather than a literal translation that may not accurately convey what is meant. You are not able to hear the 'tone of voice' of your Deaf client, and so the interpreter will be incorporating their tone from their facial expressions, the speed of their signing, and the signs used into an equivalent expression in English.

Eye contact and body language

Deaf clients will look away from you to look at the interpreter, they have to look at the interpreter to see what you are saying. When they are responding in sign language, they may direct their signing towards the interpreter

rather than you, as they want to make sure the interpreter is understanding them properly and is relaying the information accurately into English. Whilst it is true that you may get additional information from the body language and eye gaze from the client as they are signing, be careful that you don't misinterpret body language. Head nodding is likely to be "yes I'm following what is being said" rather than an affirmative answer. As you're talking the interpreter will be translating a few seconds behind you, and so there will be a delay in the response. One of the challenges of working simultaneously with an interpreter is that there will be a disconnect between the verbal communication that you are hearing from the spoken interpretation and the non-verbal communication that you are seeing your Deaf client display.

Can therapy work with an interpreter?

You may be wondering with all these additional challenges, whether effective therapy is possible through an interpreter. Indeed, some clinicians with a background from the talking therapies such as clinical psychology and psychotherapy are cynical that effective practice can even be achieved without direct communication. Tribe and Tunariu (2009:78) note: "Some theorists have argued that it is not possible to undertake real work using an interpreter, although there is no robust research that has actually systematically investigated this claim; it appears to be a belief, an intuitive concern rather than a verifiable, experimental fact."

With awareness, and by adopting a collaborative approach, real work can be undertaken with a Deaf client when using an interpreter. However, when the implications of having to work via an interpreter is entirely unfamiliar to the mental health professional, it is therefore understandable that some clinicians may feel anxious about working with one (Raval 1996) and may even feel threatened and overwhelmed (Tribe & Tunariu 2009, Farooq & Fear 2003). In the therapy situation, the interpreter may be seen as an intrusion into the therapy process with another common reaction being that therapists feel self-conscious when working with an interpreter, although this initial discomfort is reported to fade over time (Miller et al 2005).

Chovaz (2013) notes that training for clinicians in mental health seldom includes

dedicated learning related to working with Deaf clients. Many may feel ill prepared, and this may contribute to their uncertainty and reluctance in working with Deaf clients. This reluctance has been related to the fact that the Deaf person uses sign language, although it is not said to be a permanent reaction, improving over time as the clinician learns more about Deaf culture (Williams & Abeles 2004).

Literature on working in mental health warns clinicians of experiencing "Shock Withdrawal Paralysis" (Schlesinger & Meadow-Orleans 1972) where clinicians do not use their full range of skills because they are unprepared for the session with a Deaf client. This is not surprising given just how much the nature of the communicative event changes, but it does mean you have to work flexibly to ensure your Deaf client receives an equitable level of service to your other clients. It is completely understandable how disconcerting it can feel when all your language and communication strategies are now dislocated to the interpreter, and you have a Deaf client who has to look away from you to see what you're saying. Counsellors who are unprepared for this shift may experience "Interpreter Overshadowing" (Waddell 2018) – where you're so distracted by the presence of the interpreter and the process of interpreting that you aren't fully focused on your Deaf client.

How to work effectively and collaboratively with the interpreter and avoid 'Interpreter Overshadowing'

The first thing is to ensure you are working with an interpreter who is professionally trained and is a member of a register of interpreters. By using an interpreter who is a member of a register, you can be sure they are appropriately qualified, adhere to a code of ethics, hold professional indemnity insurance to practice, have a clean Disclosure Scotland/ are a member of PVG Scheme and are subject to a complaints procedure. In Scotland, interpreters should be either a member of SASLI (Scottish Association of Sign Language Interpreters) or NRCPD (National Registers of Communication Professionals working with Deaf and deafblind people). Ideally, you should have an interpreter who also has experience of interpreting in mental health settings, such as counselling.

Trust between the Interpreter and the Counsellor first

Research has shown that the mental health professional must have some kind of bond with the interpreter first, and have a level of trust established between them before a therapeutic alliance can be established between the therapist and the patient (Miller et al 2005, Waddell & Scott 2014). Like counselling, interpreters have different approaches and models of working, I would suggest that you find an interpreter that both you and your Deaf client feel able to work with effectively.

Continuity of interpreter

Whilst this may seem fairly obvious, you'd be surprised at how often NHS book a different interpreter for each session. It's important to have the same interpreter for every session with the Deaf client for building rapport and enabling them to feel safe. It's also practical, in that with a regular interpreter neither you nor the client has to cover old ground, and they will be familiar with the aims of the session.

The pre-session briefing

You should make some time to speak to the interpreter before the session starts, to brief them on the aims for the session in order to help them prepare. Whilst this is best practice, not all counsellors do this, and so the interpreter may not ask you for time in advance of the session for a briefing if they are not used to being afforded this time. For example, it is vital for the interpreter to know what your goals are for the session. If a client begins a long narrative – one of our values as interpreters is accuracy, and so we may interrupt the client to clarify details; “spell your sister’s name again?” This clarification may then disrupt a narrative that you would have preferred the client to continue unimpeded and so the details are less important. Knowing this in advance would be helpful for us to know whether the flow of information and expression is more important than details. When the interpreter is more prepared for a session, they can be less intrusive in the actual session because they are confident about how it will proceed.

Talk to your Deaf client

Speak in first person rather than third. You should direct your comments to the client, and

the interpreter will translate in first person. You don't have to say, “can you ask her, did she think..?” and so on. You're not being rude by not addressing the interpreter, we are used to interpreting in first person. It can be disconcerting when your Deaf client has to look away from you and look to the interpreter to see what you are saying, so it can help to have the interpreter sitting next to you and opposite the Deaf client in the session.

Post-session briefing

You should allow some time with your interpreter without the Deaf client present to debrief, particularly if anything traumatic was discussed. By giving the interpreter a chance to debrief with you, you can also check any queries you have about the interpreting process during the session.

When a collaborative working relationship exists between the clinician and the interpreter, the clinician can be more focused on their client, confident that the interpreter understands their goals, and is trusted to work effectively. Working collaboratively requires the counsellor to be open to challenging their usual practice, but it is an opportunity to foster their own development, and often necessary when working with Deaf clients.

Other adjustments needed in addition to the interpreter

The Illusion of inclusion

Booking a sign language interpreter is one adjustment needed when working with Deaf clients. Don't be fooled into thinking that is all that is needed, and now the session will simply become a “normal” session. This is what Glickman (2003) called the illusion of inclusion. The session with a Deaf client who uses BSL is fundamentally different from English speaking clients and requires awareness on behalf of the counsellor and a different approach to be adopted. You have to be willing to be flexible in your practice and understand that it will proceed differently, and you have to make adjustments. The interpreter is one adjustment. Remember that literacy levels of English vary greatly within the Deaf population, and fund of information deficits will also have an impact on the work you are doing.

Strategies

Think visually

One therapist I worked with tended to use very visual language. Her example of describing traumatic memories as being like a duvet you have tried to stuff into a cupboard was something that the Deaf client immediately understood. She explained, “We can’t get rid of the duvet, but through therapy, we can fold it up properly and put it into the cupboard and shut the doors on it, so it doesn’t keep popping open when we don’t expect it.” Examples that are more abstract can be harder to accurately translate.

Mindfulness

Much mindfulness practice involves closing the eyes and listening, something that is not appropriate for profoundly Deaf clients. A more visual form of mindfulness could be colouring in adult colouring books rather than listening to music. The website www.deafmindfulness.com has lots more examples.

Less English

Avoid English if your client isn’t confident in using the language. If it is something you want them to write down and re-read, could it be drawn? Or could they video themselves on their own phone? Even if they sign it in the session and you write down what the interpreter says, the words will be the interpreters’ choice of words, and so a video recording of themselves signing may be more effective.

Give more time

The interpreting process takes longer, even with the interpreter working simultaneously, and so a shorter session can be a barrier to developing a therapeutic alliance. (Brunson and Lawrence 2002). Where possible try to build in extra time for the interpreting process.

Use assessment tools with caution

The assessment tools that you may use such as CORE forms, have been tested, standardised and validated for a hearing, English speaking population. Be cautious when interpreting the results of these from Deaf sign language users as they will typically produce invalid

results, even when they are translated by an interpreter as they have not been designed specifically for this client group. There are some of these assessment tools that are available in BSL, but these are typically used by a sign fluent counsellor.

Working with culturally Deaf clients is considered a specialist area, and a body of literature exists on this type of work. If it is an area you are interested in, or you already work with Deaf clients, you will find it beneficial to read more around the topic. This article is by no means comprehensive, but aimed to give you an insight into working with this client group, and to begin to understand how you can achieve effective work with sign language interpreters in counselling settings.

Biography

Yvonne Waddell is a qualified freelance BSL/English Interpreter and member of the Scottish Association of Sign Language Interpreters. She is also a Lecturer in BSL/English Interpreting at Queen Margaret University, Edinburgh, where she teaches on a post-registration MSc for professional interpreters. Her doctoral research focuses on interpreted mental health interactions between psychiatric nurses and Deaf patients.

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