Counselling in Scotland

SPRING 2019

Reducing the Pain

Listening for Healing

It's all about Connection

Psychedelic-enhanced Psychotherapy

Educating the Workforce

A Day in the Life

In Praise of Supervision

COSCA
Counselling & Psychotherapy in Scotland

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Editorial

John Dodds

I realise that it has been a while since our last issue, but we finally received enough in the way of articles to produce a new one. I would like to thank all of the contributors for their hard work and for meeting the deadline we set – you all went the extra mile, which is truly appreciated.

With the recent furore over the allegations made against former First Minister, Alex Salmond, it seems timely to have a valuable article by our own Recognition Scheme Officer, Jenna Fraser, about organisational complaints procedures. It can, as she says, be a sensitive, even painful issue at times, though it is critical that every organisation in our sector has a robust complaints procedure. Jenna's article talks about the sensitivities and processes involved and offers some advice about "reducing the pain."

In his second piece for us, Mike Moss writes about the "actualising tendency" that Carl Rogers described, and in this case how that is effected in a therapeutic relationship through the use of music in making connections between client and counsellor and how music benefits clients themselves. The fascinating case study involves a gender-fluid client, who prefers to be called "they" rather that he or she, and for whom music plays a significant part in their life.

Person-centred counsellor and supervisor and trainer for the Rowan Consultancy, Sue Black, provides a personal journey into an important factor in the therapeutic relationship, bringing to mind for me E.M. Forster's advice, "Only connect". She argues that meeting that human need for connection is "all that is required to enable individuals to feel at one and integrated with themselves and the world".

From time-to-time, we run articles in the journal not specifically related to counselling or psychotherapy, but which offer insights into other modalities which may broaden our understanding of the wider field of therapy. This time, we have a fascinating article by Dr. James Hawkins about the potential value of psychedelic drugs in therapy and recent research on the topic. His article discusses drugs in a rather different ways than those propounded by the likes of Timothy Leary and Aldous Huxley, though they both claimed their therapeutic benefits. Huxley used LSD and mescaline, for example, and concluded that they could be as agents for self-discovery and enlightenment. In his article, "Psychedelic-enhanced Psychotherapy", though, Dr. Hawkins asks, "how can we best respond as therapists in new, potentially powerful ways of helping our clients?"

Last Spring we ran an article about contracting workplace counselling, and this issue we expand on this topic with a piece by Julie Reekie and Anne Marie McNeil which, among other things, contains a case study discussing the experiential value of short-term workplace counselling.

Finally, I offer my brief reflections on the value of supervision, discussing my personal experience of the process and the challenges and benefits along the way.

For reasons of space we have held back some articles until next issue, but we are always keen to receive more, so please drop us a line with anything you feel you could offer, whether it is something from a personal perspective or something based on your own knowledge or experience on any aspect of counselling or psychotherapy.

John Dodds, Editor

Reducing the Pain
in complaints

Jenna Fraser

It can be very painful for all concerned when a relationship breaks down to the point where someone wishes to make a complaint. That pain can only be increased by uncertainty and mistrust. As COSCA's Recognition Scheme Development Officer, my main job is to support our Recognised Organisations and those applying for Recognition, but I also look at everyone's complaints procedure. If you are an individual member with your own complaints procedure or a member organisation of COSCA you will have probably dealt with me. If you had anything to do with an organisation that is a member of COSCA, I will have, at some point, worked with that organisation on their complaints procedure. My aim is to reduce that pain as much as possible by helping people make their procedures as simple to understand, easy to follow and fit for purpose as they possibly can be; so that everyone knows where they stand and what to expect from the process.

To those of you who find the time to keep an eye on current affairs, you may be familiar with the inquiry into Mr Alex Salmond, former First Minister of Scotland. For those of you who are not, he contested the Scottish Government's complaints process, saying that it was unfair (Sim, 2019). Days before the full judicial review was due to begin, the government conceded that the complaint investigator (Permanent Secretary Leslie Evans) had had previous contact with the two complainants, thus invalidating the procedure (BBC News, 2019) (for more information see: https://www.bbc.co.uk/news/uk-scotland-scotland-politics-46428570). Now there are four new enquiries that have nothing to do with the allegations made against Mr Salmond, but are looking at the process used to investigate the complaints to find out exactly how this happened (Sim, 2019). Mr Salmond has denied the allegations since they first emerged. In his statement upon resigning from the SNP he stated, "I refute these two complaints of harassment and I absolutely reject any suggestion of criminality" (BBC News, 2018).

How does this relate to counselling and counselling skills? The key point here is *impartiality*.

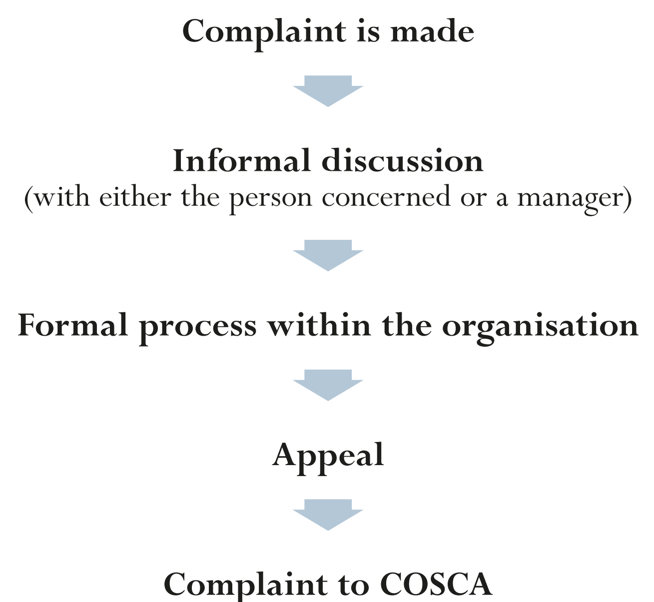
COSCA Standards for Complaints Procedures Standard 13:

a) impartial investigator(s) independent of the complainant and person complained against, or an independent and impartial complaints panel, will be appointed to investigate

b) consideration should be taken as to whether managers or boards are able to impartially investigate a complaint

c) COSCA recommend that more than one person is chosen to investigate

A complaints process for member organisations should follow the following basic format, each progressing to the next stage if a resolution is not found:



For individual members, with no complaints procedure of their own, the complaint is

submitted straight to COSCA and is reviewed by our Ethics Committee who decide if it needs to go to the full Complaints Panel. See the COSCA Complaints Procedure, available on our website, for further details.

It may not be necessary for a complaint to progress to the formal stage at all. In my view, the power of informal discussion should not be underestimated. Ruptures can happen in all aspects of counselling, counselling skills support or training. Often, all the person wants is to know that they are being taken seriously and that their problem will be addressed. Taking the time to listen, perhaps accompanied by a clarification of their understanding or possibly a sincere apology (if appropriate), can resolve the complaint quickly and to the satisfaction of all involved.

If an informal discussion is unsuccessful the complaint could then progress to the formal stage. For an individual this would then go to COSCA. For anyone involved with an organisation, in a straightforward complaint, the manager could be the best person to manage or investigate where there is not a complaints officer or panel in place. They know their organisation, what they are trying to offer and the people within it. COSCA is not insisting on a full independent complaints panel for issues that can probably be resolved quickly and easily; especially in a smaller organisation. However, going back to COSCA Standard 13b:

> *consideration should be taken as to whether managers or boards are able to impartially investigate a complaint.*

If the complaint is of a more serious nature, where the manager is no longer able to be impartial due to possible detriment to the organisation, or the complaint is against the manager, there does need to be another, more impartial option.

Impartiality, and being able to demonstrate impartiality, becomes essential in more serious complaints whether you are an individual, an individual working for an organisation or someone responsible for an organisation. Using our political example above, a person makes a serious complaint against a leading political figure. The complaint against the conduct of that political figure has the potential to affect the whole party. It can affect their funding, their reputation and their ability to deliver their services. How can someone within that party, when so much is a stake, be expected to look at the facts and see where they lead without leaning toward finding against the complainant? On the other hand, the investigator may know the person making the complaint. They may have heard things about the person they are complaining about and already (be it within their awareness or not) be looking for evidence to back them up.

What happens if someone makes a serious complaint against you? You try informal discussion, but the relationship has broken down to the point where a formal investigation is needed. It may seem obvious that you are not independent of the complaint. The complaint is against you. It may not be so obvious who can be impartial. To be impartial the investigator(s) will need to have had no previous contact with either party or any desire for a complaint to be settled either way. If you work for an organisation, the obvious place might seem to be to look to the Board. However, the Board may have had direct input into your appointment; they may have worked closely with you at some point; they may even have attended social events with you. Even if none of those are true, how impartial can a board member really be if the complaint may put the organisation in jeopardy?

Prior contact with the person making the complaint must also be ruled out. To ensure impartiality, it can also be useful here to have more than one person investigate COSCA Standard 13c:

> *COSCA recommend that more than one person is chosen to investigate.*

Not only do they gain the ability to work together towards a solution, they are able to self-regulate to a certain extent. Everyone has blind spots and may not be aware that they may be predisposed to lean in one direction or another. Having more than one person investigate reduces the chances of this happening.

A complaint has been made against you. You have tried settling it informally. The complaint has been sent to the impartial complaints panel. They have come back with a result. The complainant is not happy with the result, or perhaps you can't understand how or why they came to the conclusion that they did. The organisation had been prepared and appointed an independent complaints panel for cases where your manager or Board cannot be (or cannot be seen to be)

impartial. According to the organisation's complaints procedure any appeal would now go to the Board, but they weren't impartial before and so are not impartial now. Anyone who has previously been involved in the complaint cannot then investigate an appeal, as they are no longer impartial. They have already heard all of the evidence and it is unlikely that they would come to a different conclusion by going through it all again. It is also unlikely that they would notice any flaws or unintentional biases in the investigation a second time around. This means that the organisation cannot use the same impartial complaints panel twice. They can, however, use a part of the panel in the initial investigation and reserve the rest for any possible appeal. This is also good practice as they will not be able to rely on all of the panel being available all of the time.

Once the member's complaints procedure has been exhausted the complainant is advised that they may submit a complaint to COSCA, if they are still dissatisfied, under its complaints procedure, within one month.

> *COSCA will verify that the members' procedure has been followed and the outcome was lawful, reasonable and properly explained (see 1.22 in COSCA's complaints procedure)*

COSCA will not reinvestigate the complaint, but will examine the complaints procedure used and how it was implemented. If we find that the procedure has been properly followed, complies with current law, is reasonable according to COSCA's Standards, and has been properly explained to all involved in the complaint, the finding of the COSCA member's appeal stands.

Brian Magee, Chief Executive of COSCA adds: "Complaint investigations should be conducted in an impartial and fair manner. The impartiality of the investigator is essential to both the correctness of the outcome of the complaint investigation as well as its acceptability. Complaint investigations should not, for example, be conducted by someone the person complained against has authority over. So, concerns about conflicts of interest should always be taken seriously. If these are not addressed promptly and directly they can undermine an otherwise fair process. It is also important to avoid not only actual conflicts of interest but also any reasonable perception of bias or conflict of interest. The person or persons investigating the complaint should, therefore, always be free of not only actual conflict of interest or bias, but also reasonable perception of conflict or bias."

With all the above in mind, what does COSCA recommend? The ideal would be to appoint an independent complaints panel whose job is to investigate any complaints. A single person could be appointed, but they could be making complex and difficult decisions by themselves to ensure confidentiality for everyone involved. Whether panel or individual, their sole purpose regarding the organisation should be to investigate complaints. They can be paid or volunteer, but they must be impartial. COSCA appreciates that an independent complaints panel is not possible for everyone. Individuals and small organisations (perhaps even larger organisations) may not have the resources to have an Independent Complaints Panel on standby. Even volunteers still need to be recruited, supported and trained. All of that preparation for something that may never happen. Another option may be to form reciprocal complaints investigator/ panel agreements. A complaint against you or your organisation can be investigated by another with the knowledge that you or your organisation will do the same if the need occurs. Other options may be available to you if you are part of an organisation that forms part of a larger, multidisciplinary organisation or is one of many under one umbrella. The important point is to find a way that suits you or your organisation whilst also ensuring impartiality.

The Scottish Government/Parliament may be investigating impartiality within its own complaints procedure, but with some thought and planning your or your organisation's procedure can guide both you and anyone making a complaint through the complaints process confidently and fairly. There's help and guidance in the complaints section of our website, including guidance for a COSCA Member being complained against, guidance for witnesses and guidance for those making a complaint. I'm also happy to provide help and advice to anyone writing their own complaints procedure. I keep an eye on new legislation, current events and my own experience, so my advice can be the most up to date and best I can possibly give. Any COSCA member writing or wanting advice on complaints is not on their own.

Biography

Jenna Fraser is the Recognition Scheme Development Officer for COSCA and works with Member Organisations on COSCA's Recognition Scheme to acknowledge excellence in its members.

References

BBC News (2018, 29 August) *Alex Salmond Resigns From SNP: Statement in Full (www.bbc.co.uk/news/uk-scotland-45350589)*

BBC News (2019, 15 January) *Timeline: The Alex Salmond Investigation* (www.bbc.co.uk/news/uk-scotland-scotland-politics-46829320)

COSCA (2018) *Standards for Complaints Procedures*

COSCA (2018) *Complaints Procedure*

Sim, P. (2019, 15 January) *The Five Alex Salmond Row Inquiries,* Retrieved from (www.bbc.co.uk/news/uk-scotland-scotland-politics-46863074, BBC News)

Listening for Healing:

the musicality of the actualising tendency in action

Mike Moss

I would like to present a view on the importance of the actualising tendency in the therapeutic relationship and intend to show how it may be active in the client's choice of music they listen to, and how it can add to therapeutic growth and change. The reader may recall from their own experience how music can be important at times of emotional need and how the music we listen to can attract positive and negative memories and can play a part in helping shape the person we are in the process of becoming.

From his research the psychologist Carl Rogers (1902-87) believed there was an ideal self, and that self-actualisation occurred when our perception of an ideal self was congruent with our behaviour. He discovered a person can be helped to change and grow towards becoming their potential and believed.

"The organism has one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism" (Rogers, 1951, p. 487)

Bozarth & Brodley (1991) describe the actualisation tendency as a natural human function which helps us overcome the effects of unfavourable or destructive circumstances. They list 10 characteristics inspired by Rogers's theory and find that the actualisation tendency is individual and universal, holistic, constant, a directional process, tension increasing, autonomous, vulnerable to environment, manifests in a sub-system within the whole person, is a concept of consciousness and is always towards constructive social behaviour. I also wonder if the actualising tendency has a function in the music we let in to our lives. Where we are drawn to sounds that we perceive as making us happy or sad, or where we hear lyrics that may evoke a sense of our own life story.

I will start by telling a story about a client who represents a number of young people I have worked with over the past few years as a counsellor. For the purposes of this article this person's gender is fluid. They are called Normal and prefer the pronoun "they". Normal is 18 years old and has left education and is not working. They tell me they like different kinds of music and feel alive when they listen and feel connected to the words as if the songs are actually about their life. They tell me there once was a line in a song that helped them get a job.

Normal sometimes brings a phone into our therapy sessions and lets me hear songs that have some importance. At first, I used to think the songs were an interruption in some way and found some of the music difficult to hear. The sound was completely different to the kind of music I usually listen to. At times I just wanted to focus on what was happening in Normal's life, however I began to learn the songs were not in addition to the work we were doing, they were absolutely the work we were doing.

Normal has anxiety and low self-esteem. They also have issues around eating and worry how their body looks. They want to make something of their life and feel determined to succeed but say they lack the motivation. At times they can't get out their bed.

They describe having different parts of themselves. One part can be active and wants to do things; the other part is just lazy and just can't be bothered. Some parts are logical and others are emotional. They also have a part that wants to shout and scream and a part that just wants to stay quiet. There is a part who wants to die and a part who is too scared to die. There is a wise part and a reckless part. They have a part that wants to run away and a part that wants to stay at home. They remember they have a part that is still very young and a part that feels too old. They also wonder if it's ok to still have toys at their age and tell me things they have never told

anyone else. They also tell me things they have told their pets and bring in photos of relatives who have died. All these wonderful parts that are welcome, and sometimes I am in awe at their ways of coping.

They are searching for something and find their way to therapy. They meet me regularly and bring their music. I know they are sharing something very special and I listen as best as I can. I let them know what I think of the songs when they ask, as honestly as I can, and I am learning to move from judgement to reaching out to try and understand. I notice I could be a therapist for the rapper in the way I listen to their story and I am interested in how Normal responds. Having the music in our session becomes part of our relationship. We imagine what's going on for the singer or the rapper in the story that resonates with Normal. As I write the word "resonate" I see "reason to dance" and this reminds me of Normal moving to the music sometimes, dancing, with their eyes closed in the chair. Normal seems to know this world well, as if they are inside the songs. They sometimes sing the words softly as they sit gently alongside the words. As I sit gently alongside Normal. This is Normal becoming part of the song with a stream of words, creating a picture of emotions in the rhythm, and the sound, and I am alive, listening.

At times we share Normal's story too, of being abused and neglected. Normal says they know where they want to go, they want to go forward but have to look back at the past. Normal tells me how isolated they feel and tells me about the shame they carry. Sometimes they don't need to explain as it seems the explaining is in the song. And I listen to the music and the words. I hear the words. I hear their words. Sometimes I look for the lyrics on the internet and print them out. Sometimes we talk about dreams and I notice how they bring themselves, open, vulnerable, questioning, reflective, angry, sad, resourceful, grieving, creative and loving. It feels like they are more aware of their capabilities through the music and are learning and growing from the words. They feel validated. It is like Normal has found their voice shaped by another. It feels as if there is something inside Normal that is not yet able to be defined, and yet on the other hand is totally being defined by themselves every day being witnessed. The music is another part of them not all of them. There is something more to them, more than the sum of their parts which they can start to experience and believe in.

And I find that when I am able to listen to their music there is something that connects me too. The story of the client from outside the session is brought in and offered as a gift to therapy. We both seem to find our way with what emerges in us. I am connecting to my own sense of what I experience in the music as well as listening for the client. What is my client sensing here? What is my client singing here? There is great potential if I can listen.

Although the tone and the texture of the music is not familiar, behind my own feelings lie all the possibilities of connecting with what the client may be connecting with. And I know the music may represent a vital part of them. And I remember that Normal described their life as if they suddenly woke up as an adult with lots of expectations on them and are expected to do something to fit in, but there are no instructions. They don't know how to be yet. They play computer games and sometimes wish they could live in a digital world instead and think the human world sucks. Normal is seeking help and wants things to be better or different and wants therapy to help them. They are following a direction inside themselves and they are here. They are here. Something has brought them to therapy, which feels like more than a desire to feel better. They also want to connect, they love music; it can soothe and give them hope.

Carl Rogers on reflecting over his lifetime's work described the actualising tendency as the basis for all his thinking about therapy. He firmly believed that the success of the person centred approach depended on the actualising tendency present in every living organism, and stated that that, "In client centred therapy, the person is free to choose any directions, but actually selects positive and constructive pathways. I can only explain this in terms of a directional tendency inherent in the human organism –a tendency to grow, to develop, to realize its full potential", (Rogers 1986, p.127).

And finally, when I first read about the idea of an "actualising tendency" in my training as a person-centred therapist over 10 years ago it felt like music to my ears. I felt I immediately understood the concept being offered. It struck me as a sort psychological freedom where the potential for growth and change, which I already believed in, was growing in abundance. It was a new theory, a new territory to explore, which offered a path to where I might want to be. And it seemed like

all I already knew about myself could be carefully added to in some way.

I was no longer defined by different parts of me which presented themselves at times. There was a whole of me somewhere, a potential I could actually grow in to. I began to understand the actualising tendency as a flow of inner energy driving towards something more affirming. I was learning that I was in a process of becoming the person I not only had the potential to be, but the person I was now. And as all this was happening in my training to become a therapist I recognised I was not only learning to facilitate the clients process of actualisation, I was discovering the actualising tendency in myself.

And now I have experienced the actualising tendency in me I can connect to the actualising tendency in the client and our potential for growth and change can become active in the therapeutic relationship. Particularly when we notice it or look for it or wait for it or even just believe in it, as there are ways of growth and change in being human we may not totally understand.

I believe as therapists we all have a contribution to make, to help others reach their potential and while we wait for the next client to appear we can think of this. We all have a space that is just waiting, and then a client will appear.

They will be sitting in front of us soon. And how we both are may be the start of a unique experience where we both have the ability to be grown. It seems to me when we trust all that arises in the session we have found our purpose at that moment.

I am glad you have come to us. We will try and understand you. We can give you all the time you need. You are welcome here. We are connected to you. We believe in you. You are not on your own. You have come to the right place. You are welcome.

References

Rogers, C.R (1951) *Client Centred Therapy* (487), London. Constable

Bozarth & Brodley (1991) *The Handbook of Self Actualisation* Vol.6 (5) 45.

Rogers, C.R (1986) *Rogers, Kohut & Erickson* Person Centred Review, 1(2), 125-140.

Biography

Mike Moss is employed full time as a counsellor for Children & Young People by West Lothian Council. He lives in Edinburgh and has a small private practice offering supervision and training. He can be contacted at: mike.moss@outlook.com

It's all about Connection

Sue Black

There are times in my life when I have felt low and depressed. What I have noticed is that these are also the times when I have been most disconnected from people, either by chance or by choice. This has led me to wonder whether there is a correlation between the two. Perhaps it is my lack of connection which has led to my unhappiness. Or perhaps my unhappiness leads to a lack of connection. I notice that when I feel low I withdraw from people, which increases this feeling of alienation and disconnection from the world. When I make an effort to reconnect, or when life events allow me the opportunity to engage with others, I recognise a lifting of my mood.

What is it, then, that we offer as therapists? Is it the tools of our trade, those techniques allied to our approach? Or is it simply a relationship, a connection, a joining of core to core. Is it not merely the relationship which is therapeutic, but rather a linking of inner selves so that a client feels connected to us, the world and the universe? Perhaps the process of therapy is more about enabling the client to re-engage with him/herself and the world rather than a cognitive retraining of thoughts or understanding of the past. Could it be that supporting the client to find connection with the world is the most effective tool we therapists might employ?

We humans are social creatures. We are also all uniquely different. However, the word difference conveys a separating off. Thus, when we feel different we feel isolated from the pack, cut off from society. Person centred therapy, which is the modality in which I am trained, offers an acceptance of difference, an empathic understanding that allows the client to feel accepted and belonging. Perhaps this is why Rogers (1951) proposed that the six conditions for growth were "necessary and sufficient". Through the offering of these the client can feel that connection, from the core of him/herself to the core of the therapist. Perhaps that is sufficient.

However, from my perspective, it is the first condition – that there is at least a minimal level of psychological contact – which is pivotal. Without this the counsellor's offering of congruent acceptance and empathic understanding cannot be communicated to the client and is therefore ineffective. While I recognise that there might be different degrees of contact between client and counsellor which contribute to the quality of the therapy, without any contact I cannot see how therapy can be effective, regardless of how accepting and empathic the counsellor is, since there is no therapeutic relationship. Thus, perhaps it is the contact, the connection, in itself which is healing.

Another of Rogers' ideas was that counselling can help the client to develop self-awareness. In my view this is about the client developing a core connection with him/herself. When we are disconnected from aspects of ourselves we can feel unsettled and unhappy. The Buddhist Chain of Causation teaches about the interconnectedness of everything. In the same way we can feel content and at peace with ourselves and others through reintegrating and reconnecting with all aspects of ourselves.

Connection is at the heart of person centred theory. Mearns and Thorne (2000) observe that "the relationship *is* the therapy". They also comment on their unease around the separate distinctions of the core conditions of unconditional positive regard, empathy and congruence, stating: "It is in their dance, their intricate interweaving, that the core conditions reveal their vitality and their potency as a healing force". Again, the importance of connection, rather than separation, is emphasised.

When we look at the language we use to describe our feelings this idea of connection, or lack of connection, is expressed: "I feel in bits", "I went to pieces", "I need to pull myself together", "I fell apart", etc. The word dissociate comes from the Latin "dis-", meaning "do the opposite of", and

"sociare", meaning "to join". Prevalent, even in our language, is the importance of connection.

Considering the different therapeutic modalities I can still find this link to connection and wholeness. In psychoanalytic theory there is a focus on the connection between past and present, conscious and unconscious, inner and outer worlds. In Cognitive Behavioural Therapy the focus is on the connection between thoughts, feelings and behaviour. In Humanistic theories the connection is between perceptions and feelings. Clearly this is a huge oversimplification of these differing approaches but at the core of each there is an acknowledgement that what affects us is the interconnectedness of differing parts of ourselves. When there is a lack of connection, an incomplete connection, or a mis-connection, then that person shows a tendency to feel unhappy, unsettled or unwell. Regardless of theoretical approach, it is all about the connection.

So often, in our profession, we find ourselves defending our own approach and promoting the differences as if these are important. From my perspective, it is far more useful to look for the similarities and connections between the approaches. This mirrors the similarities and connections between people, which I think it is important to focus on. Of course, it is necessary to acknowledge the differences but surely what connects us is our humanity and our similarity. In this way perhaps therapists can live more harmoniously with one another, in the same way as we hope our clients learn to live in their worlds, through their connections.

It seems that, in these modern times, the connection most individuals seek is that of the internet. It may be that people believe that through social media they are gaining a connection – but with what, I ask? To me it feels as though people are connected to their gadget or to the internet but there is no core to core connection with others. What is being met is the façade that is portrayed of ourselves and others. I have worked with a number of clients who have had difficulties through their use of social media and these individuals seems more isolated from others rather than connected to them. The gadget they use to connect is not only in the middle physically but also metaphorically. Somehow the very thing that is designed to bring people together is driving them apart.

Loneliness is increasingly becoming a problem, leading to other difficulties such as substance misuse, depression and rising suicide rates. To me, this underlines the importance of socialisation and connections with others. How is it that in this overpopulated country we can find ourselves alone and isolated? What has happened to the communities where people used to support one another? During the Second World War, it seemed to me that spirits were buoyed up by these communities. Perhaps the ability to do most things online from the comfort of our armchairs is not such a benefit to us as we thought. Or rather, perhaps we are missing out on another benefit – that of getting together with others and sharing what it is to be human.

I'm not suggesting anything substantially different to Rogers' original thoughts, and those of others who have developed his theory further. I'm merely considering whether the focus is even more basic. Many current theorists are beginning to suggest that it is the relationship between client and therapist that is healing. I would go further to suggest that it is the relationship between two humans, the *shared connection between two human souls* which is the most effective healing factor. Being in the presence of another, being seen, heard, understood, accepted and cared about; these are, for me, the things which nurture and heal suffering. Meeting that need for connection which is a core part of the human experience is, perhaps, all that is required to enable individuals to feel at one and integrated with themselves and the world.

Biography

Sue Black is a person centred counsellor, supervisor and trainer with Rowan Consultancy in Perth. She also trains on the postgraduate diploma with Persona Development and Training and the undergraduate diploma at Perth College UHI, as well as having her own private practice.

References

Mearns, D. & Thorne, B. (2000) *Person Centred Therapy Today*. London: SAGE Publications Ltd.

Rogers, C (1951) *Client Centred Therapy*. London: Constable

(www.merriam-webster.com/dictionary/dissociate; and www.thebuddhistsociety.org/page/fundamental-teachings)

Psychedelic-enhanced Psychotherapy:

time for a Scottish special interest group?

James Hawkins

"The conventional view serves to protect us from the painful job of thinking." J. K. Galbraith

"It's important to keep an open mind, but not so open that your brains fall out." Traditional

Introduction

This short article has two main aims. One is to provide a brief state-of-the-art update on where research has got to in clarifying the potential therapeutic benefits of psychedelics such as psilocybin, lysergic acid diethylamide (LSD) and ayahuasca. The second aim is to propose that the time is now ripe for interested health professionals to learn more about this field and to launch a Scottish psychedelic-enhanced psychotherapy special interest group.

There are hundreds of scientific papers on psychedelics, but rather than try to cover the whole field very shallowly, I have focused on brief overviews of four topic areas: what does the emerging research currently say about the potential therapeutic benefits of psychedelics; what are psychedelics; what are the risks involved in taking them; and how can we best respond as therapists interested in new, potentially powerful ways of helping our clients?

I have written a series of extended blog posts on these subjects on my website, as well as covering other areas like traditional sacramental use of psychedelics, early research efforts, mechanisms of action, best practices in helping clients integrate psychedelic experience, the possible value of therapists' own personal exploration of these areas, and potential benefits in non-distressed general populations. The blog posts are also extensively hyperlinked to background research underpinning the points being made.

If you visit the website www.goodmedicine.org.uk and look for "psychedelics" in the search engine or tag cloud, you'll turn up the blog post series and will also be able to email me if you're interested in the formation of a Scottish psychedelic-enhanced psychotherapy special interest group (PEP Scotland?). This group could have a number of potentially useful functions, including keeping members informed of important advances in this field, inviting up lecturers and workshop leaders from psychedelic research groups in the South, and exploring how these developments can most helpfully be made relevant for our clients.

Emerging Research

In January, at London Imperial College, the Psychedelic Research Group began their double-blind, randomised controlled trial comparing six weeks of a daily selective serotonin reuptake inhibitor (SSRI) antidepressant against two doses of psilocybin and supportive psychotherapy in the treatment of major depression. They have been pipped at the post though by a Brazilian group who showed in a double-blind, randomised placebo-controlled trial published last year, that a single dose of ayahuasca containing the psychedelic dimethyltryptamine (DMT) produced a 64% response and 36% remission rate in sufferers from treatment resistant depression at one-week post-dose. Meanwhile in a bigger international multi-centre initiative, COMPASS – a life sciences company – has started a phase IIb psilocybin dose-ranging study with 216 patients suffering from treatment-resistant depression, intending then to move onto a major phase III study to better help those suffering from this horribly common and difficult to treat disorder. University research centres involved already include Newcastle, Manchester, London Kings College and Dublin, as well as groups in the Netherlands, Canada and the United States.

Fascinatingly, the US Food and Drug Administration (FDA) has given psilocybin therapy for treatment-resistant depression

methylenedioxymethamphetamine – MDMA/‘Ecstasy’ – for post-traumatic stress disorder (PTSD) “Breakthrough Therapy” designation. This classification highlights that the treatment has demonstrated significant potential in early clinical trials, opening the way for the FDA to expedite subsequent development and review processes. And there are many other disorders where psychedelic-assisted psychotherapy is demonstrating exciting potential for improving treatment outcomes. For example, there is an encouraging meta-analysis on alcohol dependency, quite startling studies on smoking cessation, excellent work on helping distress in severe terminal illness, and important developments for the treatment of PTSD. Studies on anxiety, obsessive compulsive disorder (OCD), opioid dependency, dementia-related distress, and anorexia have also begun or are in the pipeline. The major ClinicalTrials.gov database lists 31 research trials using psilocybin (that are recruiting, active or completed), 9 using LSD, and a further 45 using the psychedelic-linked MDMA.

In the latter part of last year, at least three academic journals – the *Journal of Psychopharmacology*, the *International Review of Psychiatry*, and *Neuropharmacology* – all devoted whole issues to psychedelics. The latter’s special issue *Psychedelics: New doors, altered perceptions* led with a paper by Belouin and Henningfield who wrote: “Accumulated research to date suggests psychedelic drug assisted psychotherapy may emerge as a potential breakthrough treatment for several types of mental illnesses including depression, anxiety, post-traumatic stress disorder, and addiction that are refractory to current evidenced based therapies. This research equally shows promise in advancing the understanding of the brain.”

US Johns Hopkins researchers have led the way in this renaissance of interest in how psychedelic-assisted therapy can help in an increasing number of difficult-to-treat disorders. But they have also shown how psilocybin can produce long-lasting positive changes for normal, non-distressed subjects as well as strongly augmenting the benefits of meditation and spiritual practice. They are now enrolling for a research study on the potential benefits of psychedelic experience for religious leaders.

There’s such a surge of international scientific interest in the potential benefits of psychedelic-assisted psychotherapy. And this goes along with an increasing need for education for health professionals in these areas. Trainees at the California Institute of Integral Studies’ certificate course on psychedelic-assisted therapies and research have been graduating since 2016. As the Institute highlights, “With current discussions of phase 3 and expanded access research programs for psilocybin-assisted and MDMA-assisted psychotherapies, there will be a great need for competent therapists trained in this clinical specialty.”

But as I quoted at the beginning of this article, “It’s important to keep an open mind, but not so open that our brains fall out.” It’s usual, when a new field opens up, for small scale studies done by enthusiasts to produce startling results. I’m a medical doctor and psychotherapist who has been working in these areas for several decades and I’ve seen many new “wonder treatments” come and go. The renaissance in psychedelic research is just gathering momentum. A recent “systematic review of systematic reviews” on the use of psychedelics for mood, anxiety and substance-use disorders highlights both the promising early results and the need for further RCT’s with bigger samples and longer duration. When these studies report, some of the fairly extraordinary initial claims will almost certainly be scaled back. However psychedelic-enhanced psychotherapy is a genuinely different approach with broad application across many psychological disorders. These are exciting times – as described so well in Michael Pollan’s excellent book *How to Change your Mind: the new science of psychedelics* – and the field is already demonstrating genuine, worthwhile advances in relieving suffering, promoting wellbeing, and taking forward our understanding of consciousness.

What are psychedelics?

The term “psychedelic” means “mind-manifesting” and it was proposed by the pioneering researcher Humphry Osmond in 1957. It has been used to describe a wide variety of compounds. One of the better definitions is from Grinspoon and Bakalar (1979) who wrote that a psychedelic is “A drug which, without causing physical addiction, craving, major physiological disturbances, delirium, disorientation, or amnesia, more or less reliably produces thought, mood, and perceptual changes otherwise rarely experienced except in dreams, contemplative and religious exaltation, flashes of

vivid involuntary memory, and acute psychosis." Other terms that have been used include "hallucinogens" (over narrow and somewhat inaccurate), "entheogens" (highlighting these substances' traditional and current spiritual use), and "psychoplastogens" (a potentially useful broad descriptor).

Classic psychedelics fall into two general structural classes. One involves variations on tryptamine and includes LSD (the widely known 60's drug), psilocybin (present in "magic mushrooms") and dimethyltryptamine (DMT), which is present in the South American sacramental beverage "ayahuasca". The second structural class involves variations on phenethylamine and includes mescaline found in peyote, San Pedro and Peruvian torch cacti. A variety of synthetic compounds (e.g. dimethoxy, bromophenethylamine) also fall into this phenethylamine group. Ecstasy – methylenedioxymethamphetamine (MDMA) – is an analogue of phenethylamine. It causes psychoactive effects which only partially overlap with classic psychedelics, and they occur primarily via serotonin release rather than 5-HT2AR receptor agonism. Like MDMA, other drugs sometimes labelled as psychedelic – e.g. N-methyl-D-aspartate (NMDA) antagonists, anticholinergics, cannabinoids, salvinorin A, and ibogaine – act via a variety of rather different mechanisms and produce overlapping but different subjective "fingerprints".

What are the risks?

David Nutt is a professor of neuropsychopharmacology and a widely respected voice of sanity in the debate on drugs – see, for example, his helpful book, *Drugs Without the Hot Air*. He has written, "Although a bad LSD trip can be extremely frightening and distressing, psychedelics overall are among the safest drugs we know of. When the Independent Scientific Committee on Drugs (ISCD) expert panel were rating LSD and mushrooms (which contain psilocybin) by our 16 criteria, they both scored either 0 or 1 (on 0-100 scales) in everything apart from specific and related impairment of mental functioning. It's virtually impossible to die from an overdose of them; they cause no physical harm; and if anything they are anti-addictive."

So, the first point I want to make about the risks of classical psychedelics (e.g. DMT, LSD, mescaline and psilocybin) is that in terms of direct physical damage to users, damage to non-users, and costs to society – these drugs are very safe compared with alcohol and tobacco. However, the second point I want to make is to contrast the care taken when using these substances in traditional sacred/healing rituals around the world – or when administering them in health professional settings – with the potentially considerably more risky practice of casual recreational use. Carbonaro and colleagues from Johns Hopkins ran a survey asking about psychedelic users' "worst 'bad trip'". They reported "1,993 individuals completed an online survey about their single most psychologically difficult or challenging experience (worst 'bad trip') after consuming psilocybin mushrooms. Thirty-nine percent rated it among the top five most challenging experiences of his/her lifetime. Eleven percent put self or others at risk of physical harm; factors increasing the likelihood of risk included estimated dose, duration and difficulty of the experience, and absence of physical comfort and social support."

The report added that "Eleven percent (during their worst 'bad trip') put self or others at risk of physical harm." This isn't good. Why would anybody want to risk experiencing these kinds of reactions? Well actually the authors comment that "A substantial majority of participants (84%) rated that they benefited from the challenging portions of their sessions. Almost half (46%) endorsed that they would want to repeat their chosen session and all that had happened in it, including the difficult or challenging portions of the session." Intriguing, and it is clear that these kinds of responses are hardly even a pinprick when compared with the explosion of damage produced by, for example, alcohol which has been shown in recent major research to be the leading risk factor for death in 15-49 year olds worldwide (Global Burden of Diseases – 2016 Alcohol Collaborators, 2018). However, even if damage caused by psilocybin and other classic psychedelics (DMT, LSD and mescaline) is just a pinprick, it can still hurt badly if you or someone you know are one of the few to suffer the pinprick.

The research group at Johns Hopkins, in a 2008 paper, wrote, "The most likely risk is overwhelming distress during drug action ('bad trip'), which could lead to potentially dangerous behaviour such as leaving the study site. Less common are prolonged psychoses triggered by

hallucinogens. Safeguards against these risks include the exclusion of volunteers with personal or family history of psychotic disorders or other severe psychiatric disorders, establishing trust and rapport between session monitors and volunteer before the session, careful volunteer preparation, a safe physical session environment and interpersonal support from at least two study monitors during the session."

Where from here?

How do we, as therapists, want to respond to this growing wave of new research on the potential value of psychedelics for people suffering with psychological difficulties? At minimum it seems of value to stay reasonably well informed about these developments. Extrapolating from US prevalence data, it's likely that very approximately 100,000 people in Scotland take some form of (mostly illegal) psychedelic each year. Many of these experimenters will also have some psychological symptoms. Making sense of and integrating their psychedelic experiences into their lives can be of real importance. We as therapists can make ourselves available, ask about such events and offer help with integration when appropriate.

Also, as increasing numbers of people are realising, it's legal to travel to the Netherlands and take psilocybin "truffles" (compact masses of hardened fungal mycelium that also contain the psilocybin found in the illegal above-ground mushroom "fruiting bodies"). The Dutch Psychedelic Society provide links to experienced "trip-sitters" who can help with acute safety issues. However, for resident Scots, early pre-session orientation and later post-session integration is likely to be better done by therapists here in Scotland who can provide ongoing support. Additionally, the UK Psychedelic Society offers regular three-day guided retreats in the Netherlands. Knowing about this option could be helpful for clients who are increasingly likely to be considering exploring potential benefits from psychedelics. And, with experienced facilitators, this service could be offered too by a group of Scottish therapists.

A rapidly growing body of research increasingly supports the potential value of psychedelic-assisted psychotherapy for a number of difficult-to-treat disorders. This seems an excellent time to start a Scottish psychedelic-enhanced psychotherapy special interest group (PEP Scotland?). Group members could help each other keep up to date with the emerging research, potentially invite speakers and workshop leaders from some of the teams doing psychedelic research in Newcastle, Manchester, London and elsewhere, inform each other about the pluses and minuses of psychedelic truffle taking options in the Netherlands, dialogue with interested meditation teachers, oncologists and psychiatrists, and provide mutual support in any other areas that may prove useful. If you are interested in hearing about or helping form a Scottish health professionals' psychedelic therapy special interest group, please contact me through the website: www.goodmedicine.org.uk.

Biography

Dr. James Hawkins read philosophy and then medicine at Cambridge. After initial work as a doctor, he retrained in psychotherapy and now practises independently in Edinburgh.

References

Griffiths, R. R., et al. (2018). *Psilocybin-occasioned mystical-type experience in combination with meditation and other spiritual practices produces enduring positive changes in psychological functioning and in trait measures of prosocial attitudes and behaviors*. J Psychopharmacol 32(1): 49-69.

Rucker, J. J. H., et al. (2018). *Psychiatry and the psychedelic drugs. Past, present and future*. Neuropharmacology 142: 200-218.

Schenberg, E. E. (2018). *Psychedelic-assisted psychotherapy: A paradigm shift in psychiatric research and development*. Frontiers in Pharmacology 9 (733).

Walsh, Z. and M. S. Thiessen (2018). *Psychedelics and the new behaviourism: considering the integration of third-wave behaviour therapies with psychedelic-assisted therapy*. International Review of Psychiatry 30(4): 343-349.

Educating the Workforce:

linking mental health literacy with improved access to workplace counselling

Julie Reekie / Anne Marie McNeil

Introduction

With a spotlight on mental health and its impact on the workplace, the value of Employee Assistance Programmes (EAP) to provide mental health support to workers, has gained in prominence. Substantial research has contributed to the generally accepted view that short-term counselling, offered through an EAP, effectively reduces symptoms of distress and helps maintain physical health (McLeod, 2008). An estimated 47% of UK workers are supported by an EAP, however the average usage of EAP services by employees is only 5% (UK EAP Association, 2013; UK EAP Association, 2014). Studies have shown that reported mental health conditions in the workplace, such as depression and anxiety, are on the increase and it is estimated that 15% of people at work have symptoms of an existing mental health condition (CIPD, 2018; Thriving at Work, 2017). Businesses, Occupational Health Professionals and Government Policy Makers generally agree that EAPs make a positive contribution to wellbeing in the workplace (UK EAP Association, 2014; Health at Work, 2011). Why then, if so many individuals have access to it, and the number of incidents of mental distress is increasing, are more employees not accessing counselling? There appears to be an EAP usage gap between those who are suffering with a mental health condition and those accessing their counselling benefit.

Mental health charities in Scotland such as the Scottish Association for Mental Health (SAMH), the Mental Health Foundation and See Me Scotland continue to investigate factors that inhibit access to helpful interventions in order to develop campaigns that tackle issues such as stigma and discrimination, poor knowledge about mental health conditions and low awareness around how to care for one's mental health. Findings within the workplace in Scotland are mirroring many of the same issues. A survey by the Mental Health Foundation (2017) found 40% of Scots wouldn't talk openly about a mental health problem, fearing it would affect either their job prospects or job security. Additionally, they found employees feared being victimised as a result of a mental health issue and that employers lacked clear boundaries or protocols on how to support staff who were experiencing mental ill health (Mental Health Foundation, 2018). From the employer's prospective, an investigation by the UK EAP Association (2016) found HR managers believe their remains a stigma that an EAP is only for staff who have a mental health issue, limiting the use of EAPs and tainting attitudes towards accessing support. The report found low levels of EAP promotion and the perception that EAP services are used only for crisis, limited the full value and effectiveness of the service to the organisations.

It is our argument that those working in the workplace counselling sector are in a position to effect a change in perception, in and out of the workplace, by including educational content aimed at increasing self-awareness about personal mental health and by explaining what counselling is and the range of ways it can be used to support an individual's mental health, not just in crisis, but preventatively and proactively. Not everyone will need or benefit from the experience of counselling, but given that everyone has mental health, it is about creating knowledgeable consumers who know how to care for their own mental health and who know the potential use and value of counselling. It is about changing attitudes through education and normalising access to counselling for those who would benefit from it, helping bridge the EAP usage gap.

Bridging the Gap

Research evaluating workplace mental health literacy training, such as *Mental Health First Aid*, has been shown to increase mental health

literacy, reduce stigma and improve attitudes towards help seeking (Kitchener and Jorm, 2004; Moll et al. 2018). *Beyond Silence*, a mental health literacy programme designed for health care workers, includes content such as understanding common mental health disorders, how to recognise when help is needed, connecting with colleagues, self-awareness about what works and building confidence, using a "contact-based" approach to learning including discussions, problem solving, and skill development to improve attitudes towards help seeking (Moll, 2014; Moll et al., 2018).

Relationships in organisations don't just move in one-direction but are bi-directional and a change in attitudes or behaviours in workplace relationships, whether brought about by increased mental health literacy or a positive counselling experience, can have an impact on organisational culture. Both internal and external counselling models can influence organisational cultures because counselling works principally with change processes, offering a facilitative experience of change for the person in the counselling room, which is then exported into relationships in the workplace (Carroll, 1996). In a case study, we will demonstrate the experiential value of short-term workplace counselling and how a positive counselling experience plays a role in changing perceptions.

CrossReach Confidential Conversations

CrossReach has been providing counselling support in communities across Scotland for over 50 years. Its Confidential Conversations is a social enterprise offering bespoke workplace counselling packages that can be tailored to fit the unique needs of each organisation.

Educational Content

Mental Health. What we often find, is that when we open up the conversation about mental health, whether in the workplace or in the counselling room, what is often discussed is actually mental ill health. It is far easier to identify when a person is experiencing poor mental health, because of the discomfort of their own or others distress, but we don't often think about what optimal mental health looks like. Content that includes the components of good mental health, provide a platform for self-awareness raising exercises that can help individuals identify helpful and unhelpful behaviours and promote maintenance of their own best mental health.

Stress. Coping or not coping with life stresses is often a theme in the counselling room. Including educational discussions about the effects of stress on the body, both mentally and physically, offers an opportunity to increase self-awareness of personal responses to stress that are helpful and unhelpful and opens up conversations around potential resources and activities that can help individuals build up a tool box of helpful coping mechanisms.

Workplace Conversations. Equipping people with the skills and confidence to speak about mental health in the workplace is an important first step towards eradicating stigma and supporting people to get the help they need to regain their best mental health. The goal is to create an environment of trust and openness in the workplace for people to feel confident enough to speak about things that may be bothering them without the fear of being stigmatised, discriminated against or inhibiting a person's ability to remain in work.

Counselling. Reframing counselling as a mental health power tool in one's coping tool kit, elevates the potential uses of counselling, not just for acute situations, but something that can be proactively used for an individual to achieve their own best mental health. Our educational workshops use several examples to illustrate the when, what and how of counselling. These kinds of conversations can also take place within the counselling room, not just in workshops, as part of intake or assessments sessions, for new or first time EAP counselling clients.

Workshop Case Study

The following case study has been anonymised and is a composite developed to illustrate our experience delivering workshops to client organisations. The results are true to one particular instance after delivering a workshop.

The client organisation is a charity who supports vulnerable service users who frequently come from unstable backgrounds and environments. When the organisation decided to offer counselling support to all their employees, in recognition of the impact distressed service users were having on their staff, they decided to use the introduction of a counselling benefit as an opportunity to create dialogue within their teams about how people were coping. The initial introduction of the benefit generated a flurry of

use, but after a year usage had dropped. Inclusive with our service, we offer an annual educational workshop and following a conversation with the HR manager about the needs of their organisations, we learned many of the area managers and supervisors were keen to gain skills and confidence speaking with staff who appeared to be struggling with their mental health. We created and delivered a half day workshop for the managers which focused on listening skills, gave practical tips on ways to start a conversation and helped build their confidence through practice and self-awareness about their own styles of relating and thinking about how they would start a conversation. We received very positive feedback from the staff, with 83% of delegates reporting how helpful they found the workshop. The workshop was delivered in August and as a result, over the remaining four months of the year, the number of new employees accessing counselling doubled compared to the previous eight months of the year, indicating managers were having more conversations with their staff about caring for their mental health and potentially reminding and encouraging staff to consider accessing their counselling benefit.

The client accessed workplace counselling through her organisation which offered six face-to-face sessions per year as part of their benefits package. The employer advised staff that sessions can be used for any issue they wanted to explore that may be impacting on their work performance.

Sandra was a 42 year old woman who accessed the service because she had experienced “a very strong emotional” reaction when working with a male colleague who seemed untrustworthy and manipulative and (to her) potentially aggressive. She had no real grounds on which to confront the individual, as he hadn’t done anything “wrong”. Her work colleagues did not seem to experience the same strength of reaction she did, and she began to wonder if there was something wrong with her. She normally enjoyed her work very much, but this experience had cast a shadow for her and affected her overall enthusiasm and motivation for her work. She didn’t normally have a problem working with male colleagues and recognised her reaction to this person was out of the ordinary. She didn’t feel able to approach her manager as, on the face of it, her colleague had done nothing “wrong”.

After sharing her difficulty with another colleague, they suggested she access the company EAP service. She was reluctant at first as she thought it was quite an extreme measure to seek counselling for something like this. Her colleague however had previously used the service as a way of working through some personal difficulties and encouraged Sandra to go, just to talk things through with an independent, impartial other, in a confidential setting.

It became clear to the client in the initial session, that some of the emotional reactions she was experiencing at work were reflective of her early life and in particular of her relationship with her father, who could at times be bullying and aggressive and at other times, very caring and loving, hence inconsistent. She began to make links with other men in her life and work with whom she had felt uncomfortable. The focus broadened into relationships in general and touched on feelings of guilt and loss which had influenced her choice of male partners in life. The client experienced relief and reassurance from the few counselling sessions she had. She understood her own reactions better in this situation, which substantially reduced the anxiety caused by her confusion and uncertainty about what was happening to her.

After four sessions, the client and counsellor felt it appropriate to have a review of the sessions to date, to discuss what had helped the client and would be of most benefit going forward, given that she had two sessions left. The client felt that she had been helped well enough to feel more settled at work. She wanted to just experience life and work for now, with the new knowledge and self-awareness the counselling had given her. This in itself was enough, but she could decide at some future point to have more counselling knowing the option is open to her.

The impact of such positive experiences can have on other workplace relationships is supported by feedback from our workplace counselling service users, 86% of which said they would be very likely and 14% said they would be somewhat likely to recommend the service to other colleagues, one service user expressing they would recommend it to other colleagues needing support of this kind.

Conclusion

Investigating early interventions for supporting mental health in the workplace, researcher

Sandra Moll concludes a multi-layered strategy which includes top-down approaches that considers the organisational context and bottom-up approaches that build compassionate and peer-supported cultures, has the greatest potential to support workers and prevent acute cases of mental ill health (Moll, 2014). We recognise that as a workplace counselling service, there is a limit to how much impact we can have on workplace cultures, but it is our belief that what we can provide are opportunities to influence how people in the workplace think about their mental health and an experiential model that can change perceptions through a beneficial experience of counselling.

Providing meaningful and effective educational programmes is an ongoing process and we are continually learning from the feedback we receive from HR Managers, staff and service user. There are a myriad of factors that inhibit the use of EAPs. It is not our belief that education alone will be enough to close the usage gap, but aligning educational content to address commonly identified factors, helps build consistency, in effect helping amplify destigmatizing and normalising messages about caring for one's mental health.

References

Carroll, M. 1996. *Workplace counselling a systematic approach to employee care.* London: SAGE.

Chartered Institute of Personnel and Development (CIPD). *Health and Well-being at Work.* May 2018. [online] Available from: www.cipd.co.uk/Images/health-and-well-being-at-work_tcm18-40863.pdf

COSCA Counselling and Psychotherapy in Scotland. Counselling and Psychotherapy COSCA's Description. 2004. [online] Available from: www.cosca.org.uk

Health at Work-an independent review of sickness absences. Dame Carol Black and David Frost CBE. November 2011. [online] Available from: www.gov.uk/government/publications/review-of-the-sickness-absence-system-in-great-britain

Kitchener, B. A. & Jorm, A. F. 2004. *Mental health first aid training in a workplace setting: A randomized controlled trial*. BMC Psychiatry, 4(1), 23.

McLeod, J., & British Association for Counselling Psychotherapy. 2008. *Counselling in the workplace: A comprehensive review of the research evidence* (2nd ed.). Lutterworth: British Association for Counselling & Psychotherapy.

Mental Health Foundation. *Shocking new poll reveals mental health stigma in the workplace*. 10 October 2017. [online]. Available from: www.mentalhealth.org.uk/news/shocking-new-poll-reveals-mental-health-stigma-workplace

Mental Health Foundation. *Mental health in the workplace: seminar report*. 28 February 2018. [online]. Available from: www.mentalhealth.org.uk/publications/mental-health-workplace-seminar-report

Moll, S. 2014. The web of silence: A qualitative case study of early intervention and support for healthcare workers with mental ill-health. BMC Public Health, 14: 138.

Moll, S. E., Patten, S., Stuart, H., MacDermid, J. C., & Kirsh, B. 2018. Beyond Silence: A Randomized, Parallel-Group Trial Exploring the Impact of Workplace Mental Health Literacy Training with Healthcare Employees. The Canadian Journal of Psychiatry, 63(12), pp. 826–833.

Moll, S. E., VandenBussche, J., Brooks, K., Kirsh, B., Stuart, H., Patten, S., & MacDermid, J. C. 2018. Workplace Mental Health Training in Health Care: Key Ingredients of Implementation. The Canadian Journal of Psychiatry, 63(12), pp. 834–841.

Thriving at Work: The Stevenson/Farmer review of mental health and employers. October 2017. [online] Available from: www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers

UK Employee Assistance Professionals Association. *Employee Assistance Programmes 2013 Market Watch*. 2013. [online]. Available from: www.eapa.org.uk/wp-content/uploads/2014/02/UK-EAPA-MARKET-WATCH-REPORT-2013.pdf

UK Employee Assistance Professionals Association. *The evolution of employee assistance: investigating the use, impact and reach of EAPs in today's organisations*. 2014. [online] Available from: www.eapa.org.uk/wp-content/uploads/2014/02/UK-EAPA-Reseach-Report-The-evolution-of-employee-assistance-FINAL.pdf

Biographies

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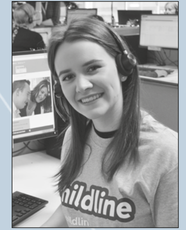
A Day in the Life

of a volunteer Childline counsellor



Laura Jukes

A typical day at Childline begins as soon as I walk through the door and talk with the counsellors on the same shift and introduce myself to new counsellors. These early interactions before the shift starts enable counsellors and staff to establish rapport with each other which is important for cultivating a supportive environment and consequently aids communication and teamwork within the counselling room.

Afterwards, I make my way to the briefing room alongside all volunteer counsellors on the same shift and a supervisor. The briefing session normally lasts around fifteen minutes and is a safe space for supervisors to check-in with counsellors' mindsets and expectations for the shift. This enables supervisors to support each counsellor's specific needs accordingly. The briefing session also provides counsellors with important information and updates such as any changes to the counselling procedure, news reports, National Society for the Prevention of Cruelty to Children/Childline charity events, and feedback from those using the Childline service.

Following the briefing, I make my way to the counselling room and begin my 3½ hour shift. Every shift is as unique as the individuals contacting Childline. While children and teenagers can contact Childline for any reason, we often talk to them about mental and emotional health, bullying, family relationships, self-harm, living in care, neglect, abuse, friendships and romantic relationships, and suicidal ideation.

I'm trained to carry out counselling sessions with young people and children via the phone, e-mail and online one-to-one chats. I am also trained on switchboard which is the first point of contact for any individual calling Childline, and whereby these contacts are directed to the best means of support.

While there are several advantages and disadvantages to both telephone/online counselling and face-to-face counselling, it could be argued that counselling via the phone and online is more accessible compared to those applied face-to-face, and enables teenagers and children to talk to counsellors within an environment of their own choice. I believe Childline's form of counselling minimises the likelihood of others finding out that a child or young person has contacted us and this can be particularly appealing.

Counselling via the phone and online may also make it easier for a child or young person to open up in their own time over several sessions, and to end conversations when they feel ready to which may not be as straightforward to achieve face-to-face. Childline's methods of communication are also available 24 hours, every day of the year which enables children and young people to contact us whenever they need someone to talk to, unlike face-to-face counselling which is typically arranged in advance and therefore may not suffice in providing immediate support. Another positive aspect to counselling sessions held over the phone and online is anonymity because Childline counsellors cannot directly view contacts' faces. Childline is a safe space for *every* child and young person who talks to us and it is entirely the contact's choice as to whether they prefer to speak to us over the phone, via e-mail or online.

I mostly talk to children and young people via online one-to-one chats which may be due to the increase in the utilisation of online social networking sites and the internet. However, the communication method used is largely dependent upon what the child or young person feels most comfortable with.

Since volunteering at Childline, I have noticed a rise in counselling sessions for mental and

emotional health and thus, it is clear that children and young people need a safe place to turn to for support.

Childline's confidentiality is particularly appealing because confidentiality may not always be maintained in other places or services. Also, because Childline is available 24 hours, every day of the year, children and young people are provided with a lifeline that they can contact whenever they need someone to talk to.

As soon as you answer a call or respond to a chat or an e-mail, the focus is completely on that child or young person. It is vital that counsellors actively listen as this can influence the ability to successfully build a rapport and trust.

Numerous calls, online chats and e-mails have remained in my memory since I started volunteering at Childline in March 2017, and I still think about those children and young people who I talked to, wondering how they are and hoping that they are doing okay.

One particularly memorable call was with a first-time contact who disclosed having been sexually abused. I could sense the hurt and pain from her whispers and the fear of sharing her reason for calling. I remember firstly praising her for contacting Childline, an act that takes a lot of courage, and we spent a good while building trust and exploring her feelings.

It is really important at Childline that the child or young person is in control of the conversation and in this respect, I reassured her that she could take her time opening up, to only share things with me if she felt comfortable doing so, and that she could tell me as little or as much as she liked. I remember actively listening to her every word and the tonality of her voice in order to empathise and really tune in to what she was going through.

I comforted her during tearful moments and calmly and sensitively explored various aspects of her life to better understand her situation. I will never forget the moment when she told me about being sexually abused and the complete sense of relief in her voice - she had *finally* told someone. It took a great deal of courage to disclose this.

I worked alongside the supervisor on shift and the young person to identify the best options of support for her and after some discussion and reassurance, the young person agreed to implement some of the suggested options, as well as coping strategies. The strength and bravery of this young person, alongside her gratitude for having someone to talk to who believed her, really moved me and I will never forget our conversation. It is incredible what can be achieved by listening to and caring for someone –this is why services like Childline are so important.

Although Childline is a confidential service, there are very exceptional circumstances whereby we would want to get help, such as the emergency services, to a child or young person who we deemed to be in danger. An example of a high-risk circumstance is when a child or young person is in a life-threatening situation, such as being actively suicidal or having taken an overdose. These decisions are undertaken by specially trained supervisors and are not made lightly. Childline cares about every child and young person and strives to keep them safe and supported.

Other circumstances that would be classified as "risk" include abuse (physical, sexual, emotional/ mental), neglect, physical bullying, living in care, homelessness, domestic abuse and self-harm. There are also several factors which may influence the level of risk presented such as age, learning disability, physical and mental health,

lack of support networks available to the contact, drug and alcohol misuse, and low self-esteem. It is important to note that when a contact posing risk (low, medium or high) is alerted to a supervisor, this does not necessarily mean that Childline cannot maintain confidentiality. As mentioned previously, there are only exceptional circumstances whereby we would want to get a child or young person help and these decisions are undertaken by specially trained supervisors and are not made lightly.

Volunteer counsellors give their spare time to support children and young people. Every counsellor works within the Childline Counselling Model which provides a diverse array of counselling skills, methods and techniques to maximise the potential of effectively supporting those who contact Childline. The Childline Counselling Model incorporates rapport building skills, empathy, the use of reflection and self-awareness, and information on how to competently explore the child or young person's reason for contacting the service. The utilisation of these skills can help contacts better understand their situation, needs, rights, and options, as well as coping strategies tailored to them specifically. The Counselling Model also teaches counsellors how to appropriately respond to risk and safety concerns.

On completion of my shift, I leave the counselling room to be fully de-briefed by a supervisor alongside all volunteer counsellors on the same shift. This is an important part of the day because the debrief supports the well-being of counsellors. For instance, the debrief enables supervisors to check in with each counsellor's feelings after the shift, as well as each counsellor's views on how the shift went. In this respect, the de-brief also supports counsellors' self-development because feedback is shared between counsellors and supervisors. It also provides counsellors with the opportunity to discuss particularly difficult or challenging counselling sessions, and this can be completed one-to-one with a supervisor or as part of a group. Counsellors are also able to contact their supervisor at any time during the week if, for example, they are worried about a particular child or young person. The de-brief supports Childline's confidentiality policy because counsellors cannot discuss counselling sessions with anyone else. I believe that in order to best support children and young people, it is vital that counsellors are also supported.

I find volunteering at Childline highly rewarding and I aim to continue volunteering for as long as I can.

I have always been aware of Childline's valuable service and was recommended by a trainee Clinical Psychologist to become a volunteer. I really care about children and teenagers and believe they deserve the best start in life. Moreover, I believe that it is of paramount importance for children and teenagers to have a safe, confidential, and non-judgemental service to turn to for support and advice. Childline has provided me with a greater insight into the wide range of issues experienced by children and teenagers, as well as various counselling techniques and skills that can be implemented to support individuals.

Childline provides me with the opportunity to talk to so many incredible children and young people who I am often moved by, and I always look forward to attending my shifts. I am truly proud to be a part of Childline and the invaluable support it provides. Making a positive difference in someone's life, even in a small way, is a wonderful feeling, and I strongly encourage anyone who has a passion for helping children and young people to join Childline.

Every child and young person deserves to be supported and I believe that Childline serves

as a useful early intervention tool for providing children and young people with coping strategies, as well as helping children and young people to build resilience, self-esteem and confidence which they may take with them throughout the entirety of their lives.

Childline is here 24 hours a day, every day of the year. No child or young person should ever feel that they have to deal with something on their own.

Biography

Laura Jukes is a volunteer counsellor at Childline, Glasgow. She is currently in her 4th year at the University of West of Scotland in Paisley where she is studying a Bachelor of Science with Honours degree in Psychology. She aims to pursue a career in Clinical Psychology.

Childline:

- Childline is a free and confidential service for anyone under the age of 19 in the UK, and is available 24 hours a day, 365 days a year.
- Children and young people can talk to Childline about anything and our specially-trained counsellors are here to listen and to provide support and advice.
- Childline can be contacted via the phone (0800 1111), e-mail or through a one-to-one online chat – whatever is the most comfortable option for each individual.
- It is paramount that every child and teenager knows that they do not need to go through anything on their own, and that Childline is always here for them.

In Praise of Supervision

John Dodds

During my two years as a volunteer counsellor in Edinburgh, I underwent supervision in group and one-to-one contexts. Initially, I didn't know what to expect, as my previous experience in counselling had been mock supervision during my counselling diploma course. To say that the processes were as different as chalk and cheese would be an understatement.

As a new counsellor I was somewhat anxious about my first group supervision. Here were peers and a professional supervisor, all of whom had much more experience that me. However, I was both reassured and impressed by the openness and honesty of my fellow practitioners. While they would say a little about what they felt were the positive aspects of working with their clients they were quick to raise questions about their practice and self-critical in a way that I truly respected. As someone who is often uncomfortable with criticism, I had to overcome such anxieties, not only in the spirit of personal development but, more importantly, so I could offer the best support I could to my clients.

There were times, frankly, that I felt so challenged and self-critical that I wept during supervision. But, looking back, that was a positive thing. My colleagues were quick to reassure me that they had all been there, and might be there again at any stage. It was all part of developing an understanding of myself and ways to work with my clients.

Often there were no easy answers to the questions I had. In one period I worked with a client with a drug habit who sometimes didn't turn up for counselling but who genuinely wanted to work through her difficulties; a client with a brain injury that inhibited his ability to speak fluently though who was keen to undertake "talk therapy"; and a woman who had been sexually abused as a child (I wrote about these clients in my article about non-verbal communication in an earlier journal). With just these three I felt a range of emotions, from frustration that the drug-user did not always turn up to a session or appeared late, concern about the fluidity of communication with the man with brain damage, and heartache over the woman who had been sexually abused and a powerful sense of injustice over what had happened to her.

In all of this I found my colleagues and main supervisor to be supportive and reassuring but, importantly, assertive in their feedback. I was challenged many times, and in turn offered challenges to others.

Similarly, I cannot speak highly enough of my one-to-one supervisor, Lady Maliza Maitland, who sadly died a few years ago. Her genuineness and warmth were counterpointed by a laser beam inquisitiveness and an unerring ability to get to the heart of my ways of working, which helped me enormously to develop an even stronger therapeutic relationship with my clients.

She reminded me that we learn more from our mistakes than our successes, and that, in the end is the core value of supervision.

Biography

Aside from being editor of the Counselling in Scotland journal, **John Dodds** is a freelance copywriter, blogger and editor. He is also a published author, with three audiobooks and numerous short stories and self-published novels to his credit. He also runs occasional creative writing classes.

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Please contact Laura Mackenzie, COSCA Administrator, for further details on any of the events below:
laura@cosca.org.uk
Telephone: **01786 475 140**

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6 JUNE
COSCA 21st Annual Trainers Event
STIRLING

15 AUGUST
COSCA Recognition Scheme Annual Standards Event
STIRLING

18 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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