Counselling in Scotland

SUMMER 2011

Counselling in other worlds

Therapeutic relationships behind bars

Out of Africa: working in Kenya's school system

Adler's ashes: the father of humanism honoured

COSCA
Counselling & Psychotherapy in Scotland

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Editorial

John Dodds

SEVERAL articles in this, our summer 2011 journal, focus on counselling in other worlds. No, nothing to do with Star Trek, although the famous split infinitive at the start of the TV series, "to boldly go where no man has ever gone before", might just as easily apply here.

When I interviewed John Davidson about counselling in prisons, for instance, I had to imagine what sort of ethical and procedural issues might be pertinant, and to decide what to focus on. My work as a counsellor in a community health practice accommodated all the guidelines and boundaries set out by COSCA. But, in the context of what, for me, would be the alien environment of a prison, with all its attendant rules and regulations, I wondered about the unique challenges that inmates and their counsellors would face. John provides some insightful, not to mention challenging, answers.

For some of us, the internet is a place for communication, research, entertainment, or a means with which to conduct, or enhance business. But as the web, and the different channels of communication grows increasingly sophisticated, the virtual world has become a shared environment in which to conduct therapeutic relationships. You may recall I interviewed Kate Anthony in an earlier journal. This time, we have an edited version of a presentation she gave on the subject at this year's COSCA Ethical Seminar. I'd urge you also to seek out, if you've not already read it, the interview in the Spring 2010 issue.

Another world described in this issue is that of Africa. Counsellor Maggie Murray Harris worked for a while as a volunteer in three schools in Kenya. Her personal journey, and her reflections upon it, offer some fascinating reading.

In our own world one thing we tend to take for granted is ease of communication. But when it comes to deaf clients who communicate using British Sign Language (BSL) visually based dialogue is paramount. BSL counsellor Trudi Collier's article describes the issues, challenges and rewards of working in this arena.

Although the journal's main focus is on counselling as it relates to COSCA's driving principles, as well as the work of its members and students, I feel it's interesting to give some space to alternative modalities. Sometimes we find we have much in common with approaches that may at first appear to be wildly different from our own. Pol Mollan is the founder of Yoga, Meditation and Healing in Glasgow. His account of their spiritual healing service is, I feel, as person-centred as you can get. And his conclusion about society's pre-eminent focus on science and medicine as a cure all, is certainly a point worth reflecting upon. By synchronicity, funding for a major research program into alternative therapies has been stopped, the scientific and medical community claiming that the research is "a waste of time". As I was preparing my editorial, The Economist was running an online survey on the subject, asking for the public to vote "yes" – the research is a waste of time – or "no", it isn't. At the time of us going to press, the latter respondents were by far the majority. I particularly encourage feedback on Pol's article.

To round off this issue, Margaret Wadsley has written a fascinating account about the discovery only four years ago of the remains of the founder of the humanist movement, Alfred Adler, and the range of ceremonies and events this year honouring his life and influence on individuals and movements working to better human relations.

Everyday Technology

in counselling and supervision

by Dr. Kate Anthony

Edited Transcript of Presentation Delivered at COSCA's Ethical Seminar 10 March 2011

We are talking today about the use of technology in counselling and supervision. I think we are now at the point where online therapy, although not mainstream, is accepted and it certainly has been accepted from an ethical point of view. However, it is always a work in progress, not least because of the many different technologies that pop up every day. So, on that note, what I am going to do is to take you through some of the technologies that are used right now.

I am sure you are familiar with a variety of different kinds of websites. Static websites, although they do usually have a contact line and contact email address, do not involve any sort of interaction online. They do sometimes have a telephone help line but that is as far as the internet communication goes. It is really just an information website.

One step up from that is what is known as a Dear Abby website, such as Queendom.com. Here people will come onto the internet, go onto the website and will post their problem or question for experts and psychologists, therapists, counsellors, coaches, to answer them.

These sites are very useful because as they are in the public domain, people can find similar problems and see what the experts have done to resolve other peoples' problems. So it is very, very public, and there is nothing confidential about it at all. However, these websites get a huge number of postings every single day from people asking for help from experts and it is usually a free service.

One step up from the above is online therapy by email. We recommend Hushmail.com as the best email service provider to provide online therapy. It is all encrypted and includes video footage, chat rooms and email service. Hushmail you can actually use for free. You just have to check into your account every three weeks and it just gives that extra layer of security.

Then we go into therapy using chat rooms, also known as instant messaging where two people are online synchronously. This is where two people (or more for those doing group therapy) are in the chat room, talking to each other simultaneously. It is a very exciting and dynamic way of working and talking to your client in a real life conversation as it were. It is just not done through speaking, but through using text.

A step up from that is using the telephone. Counselling has been done by telephone for 50 to 60 years, using landline technology. These days we also have Voice over Internet Protocols (VoIP) and this is where you have a head set and you talk to another person through your computer, so using World Wide Web technology in order to talk to the other person.

Mobile phones are getting more and more sophisticated, with video, texting, email and chat now being available. Using SMS text chat does happen more than we realise and tends to be used for making and breaking appointments, but I do know of practitioners who have mobile phones for therapeutic communication. It is also very useful for help lines, crisis lines, and organisations such as CALM (Campaign Against Living Miserably). Indeed, the Samaritans use text messaging to help people who are suicidal and it is very effective because having to reply to a text message will delay the person – if they are suicidal, it tends to put a buffer in place so that it delays them acting on the suicidal thoughts. It does have its issues because it is not encrypted. Encryption is a word you will hear me talk a lot about during this presentation. It is very important to use encryption, and there is absolutely no excuse for not doing so.

Video conferencing is becoming increasingly popular. It has surged in the last couple of years, and it is much better since Broadband came in. It is becoming more and more reliable and sophisticated. Skype is a useful piece of software, also free, which allows you to use encrypted video to talk to your clients.

There is also stand-alone software. You are probably familiar with CCBT, (Computerized Cognitive Behavioural Therapy) and *Beating the Blues*, a software programme developed by therapists and psychologists to supply the client with a CBT programme. What *Beating the Blues* offers for therapists are things such as pinpointing problems and scheduling activities. It has been taken up by the NHS, and is very successful for mild anxiety and depression.

Blogging is essentially journaling online. The ethics of being aware of blogging and the rules for blogging are actually very important because clients can cut and paste your words if you are an online therapist. There are many, many blogs out there. Sometimes the therapist knows about the blog, sometimes they do not. It brings up lots of considerations about who is the owner of the record when all the communication between you and your client is verbatim and recorded forever more. Even if you wipe your hard drive, it will still be accessible somewhere.

Virtual Reality Exposure is an interesting technology. An example of this is where the client wears a headset, and is immersed in a virtual reality. He or she is also standing on a platform that will emulate, for example, a rising lift in the case of treating a fear of heights. The therapist or psychologist will test out levels of anxiety. It is also used for social phobias. For example, the client is placed into a virtual library, or video store or something similar, and the therapist will then manipulate the other avatars (which are the computer generated representation of the person) to come nearer to the client or further away from the client, and gradually immerse them into getting used to them being around. It can also be used for fear of open spaces, public speaking, and post-traumatic stress disorder. Virtual reality exposure is quite expensive, but it has very sophisticated services and has a lot of good research on it.

There is also gaming. One example is *Personal Investigator.* This was introduced and developed to encourage adolescents going into therapy to work with the therapist. Essentially, the client creates a journal, pinpoints problems, works their way through the game going into different doors and different rooms and collecting keys from certain people. Once they have watched videos, for example, of other children who have been bullied and their experience of bullying, and worked through the program they can collect the keys, write in their journal, and self-treat. They can do it on their own, they can do it in the room with the therapist or remotely with the therapist and use that to basically level up through the game while they are moving up through their own mental health, which I think is a wonderful way of self-treating and destigmatising therapy for adolescents and young people.

Second Life is a virtual environment, probably the biggest and most well known. What the Online Therapy Institute has is a virtual office, and a virtual conference centre. My name in second life is KateElize Larnia and essentially I have my own persona and my own avatar (you can see my photo at the top of this article). We advocate that therapists who are working in *Second Life* do actually make their avatar as close to what they actually look like as possible. We have a lot of conferences online in Second Life and people will turn up with their avatars using wheelchairs, or as aardvarks, sometimes they will turn up highly sexualised. It is fascinating to see just how people do picture

themselves when they build their own avatar. When it comes to client work, I have a colleague who uses Second Life to meet his clients. He has a client who will actually change his avatar depending on how he is feeling. So, sometimes he will be a male and if he is feeling particularly perky, very dynamic, and very strong, he will have a warrior type of avatar. Sometimes, if he is feeling really down, he will have a very, very plain avatar and so they work with how he is feeling through how he represents himself. Sometimes he changes avatar halfway through a session as well.

Second life does have its ethical issues, not least because it is not encrypted. What we recommend is to a) to have what is known as a sky box – a room which is away up high in *Second Life* which is not normally seen by anyone who happens to be walking by, and b) to use Skype because the encryption is not available in *Second Life*. So layering technology is used to make it as confidential as possible.

Finally, there is social media. This has absolutely exploded, probably in just the last year or so, with the advent of *Facebook* becoming global and the existence of *Twitter*, which is a micro blog. There are also other types, for instance *LinkedIn*. There are lots and lots of problems with social media, because clients will think nothing of friending you on *Facebook* or following you on *Twitter*, or wanting to link with you on *LinkedIn*. The potential for the break in confidentiality is actually quite scary, particularly with *LinkedIn* because it runs by the process of six degrees of separation whereby you know someone, who knows someone, who knows someone. Gradually, purely because of that principle, sooner or later a client will get linked to someone you know and they, via their own linking with you, will be identifiable as a client.

Making sure that as a therapist you behave professionally online at all times might mean that you take steps to prevent your clients from seeing *Facebook* photos of you at a party. Your clients will Google you, and so therapists need to maintain a responsible professional presence online and make sure that their clients are protected as well.

Practitioners need to have sufficient understanding of the technology. It is not enough just to know where the on button is – you have to be proficient in it. You need to immerse yourself in it, understand it, and make sure you have the basics and sufficient understanding of the technology. Certainly, at the very least in order to be able to help clients if they have less knowledge of how the technology is working. Although, to be honest if a client is working online they are usually well versed.

You have to work within your scope of practice. If you are not qualified or not comfortable with seeing a client off line, for example, if you do not feel comfortable working with drug and alcohol issues, you certainly should not be working with them online either. Being aware of your scope of practice in geographic areas as well is important. There are a handful of States in the United States where you are not allowed to counsel someone outwith State lines. Both parties have to be within the State lines and the most obvious example is California. Both computers and people have to keep within the State lines, which is something that people tend not to know about. However, if I am in Scotland, I work to UK law, if I am in New Jersey, I adhere to that law as well.

Make sure that you have done the best you possibly can to make sure the client reads your online therapy terms and conditions, privacy policies, that they understand what is going to happen, that you do an assessment which is free the first time to see if they can fit these terms of service, and the ramifications where possible. It is not just enough to have a tick box for clients to say that they have read the terms and conditions, these have to be reiterated on a download or in an email, and clients

have to download and read them before embarking on the process. The intake screening process is much harder online and that needs to be taken into account at the point of the client's first contact with you.

Training and continuous professional development are very important. We offer training opportunities at the Online Therapy Institute. We have short modules of five hours each and have just launched our 40-hour intense course, which includes video conferencing, and telephone work as well as the basic text based communications with your clients (www.onlinetherapyinstitute.com).

Finally, we have an Online Therapy Institute verification service. Once you get verified by the Online Therapy Institute, you have that on your site. We examine websites, and the way people work and make sure they are working ethically and within best practice guidelines according to the Ethical Framework for the use of Technology in Mental Health. That date stamp actually counts down day by day. So when it expires, people cannot just keep it, it shows it has expired.

Using technologies can be a very exciting and rewarding way of working. It is not the answer to everything, and sometimes face-to-face work is absolutely necessary.

Useful links:
www.onlinetherapyinstitute.com
www.onlinetherapysocialnetwork.com
www.onlinetherapymagazine.com

Kate Anthony, DPsych, FBACP, is a leading expert on the use of technology in therapy. She is co-editor and co-author of three textbooks on the subject, as well as numerous articles, chapters and journals. She is a Fellow of BACP and Past-President and Fellow of ISMHO (International Society for Mental Health Online) and is co-founder of the Online Therapy Institute. Kate was very recently awarded a DPsych via Public Works for her doctorate, *Developing Counselling and Psychotherapy in the Age of Technology and the Internet* with Middlesex University/Metanoia Institute.

Counselling in Prisons

interview with John Davidson

John Davidson Operations Manager (CCT)
by John Dodds Editor

John Davidson is the Operations Manager for Couple Counselling Tayside (CCT).

What drew you initially to work as a counsellor in prisons?

I was asked if I would consider this by my then office manager in Couple Counselling Tayside in 2004. The counsellor visiting prisons was due to retire. I was asked as I had visited a couple of prisons whilst employed within Further Education.

Where did you work and for how long?

I worked for three years in the local open prison, Castle Huntly. The prison would contact our office when a client wanted counselling. However, it was also through the support of the then forensic psychologist and Social Workers that access was encouraged.

What requirements did you need to meet to work within the prison service?

I was an accredited couple counsellor and was accepted on that basis.

Were there other counsellors working in the prison in which you worked?

No, not for relationship issues. I was contacted by an administration worker when a client requested to see a counsellor. I had set times of attendance and normally worked 9.00am to 12.00pm if required. I would organise the visits to suit with the prison routines and then by arrangement with clients after each session.

How was your work supervised?

I had excellent support on a one to one basis with a very experienced supervisor who also had a history of working with the custodial system.

How were clients assigned to you? Was it at their request, or was it some form of referral?

Clients could make a request through the social worker allocated to them or by approaching their nominated prison officer. There were leaflets within the prison giving information to staff and clients on what we offered. Incidentally, prison officers also used our service outside the prison.

What boundaries are placed on the counselling relationship, given that confidentiality is assured in mainstream counselling (apart from the usual exceptions such as causing harm to self or others)?

As with all clients confidentiality has to have clearly defined boundaries, for the benefit of the client, as well as for the counsellor. I would also negotiate with the client what was to be reported back to the case social worker, as this was part of the prison policy. However, it has to be said that the case social workers were excellent and if, with client agreement, I reported back with the words "Client attended and client engaging in the counselling sessions" the Social Worker would be happy to leave things at that as they knew no one would want to talk to a counsellor at all if what was said could be reported back to other people, this was relational issues and the social workers were very supportive in ensuring family life was maintained.

How were safety issues dealt with?

In earlier meetings before the purpose built section of the prison was completed you would be told to use a room or office with filing cabinets and defunct computers within the actual Castle with no one in the immediate vicinity. Very adhoc. Things became more structured and professional when the new building was opened, with alarms in each room.

How many clients did you see in a week, and was counselling open ended or limited to a certain amount of sessions?

Sometimes I would see three clients in a morning other times just one. I would normally negotiate with the clients as to how many sessions but never set a limit if they needed further work. One client in prison asked for continuing counselling support outside and I saw him for over a year; our service as a registered charity paid for this. Not only did he avoid further crime he also stopped using drugs, and got a job. He was a very determined and focussed individual who had to address many challenging issues, and used counselling to better understand himself and his reactions to life events.

Can you say something about the challenges and rewards of working with inmates?

Firstly, that the clients were keen to resolve their issues and to make sense of what was worrying them. They brought to the sessions many relationship issues that sometimes were made worse by being in prison, and had little help in resolving these issues without counselling. Also, trust in prison is a major issue. The clients were informed that whilst I was bound by prison rules, just like them, I was not part of the prison authority, which allowed many clients to feel they were talking to someone who did not represent authority. They made decisions and I was just a facilitator. I never asked what crime they were in for but many clients did discuss this and how they had reached that point in their lives.

What would you say the key differences are between working with prison inmates and people on the outside?

All clients are human beings with the same feelings and concerns regardless if they are in prison or out. Working in a prison you become very aware of the client's need for privacy, and of self-protection whilst existing within a large regime. The need for clients to feel they have choices is a powerful thing to explore within a prison environment.

Were there recurrent themes and issues with different clients?

Diverse issues were brought to sessions by clients. However, many were issues of relationships with partners and parenting issues, as well as the need to address the pressure of not being present for ailing or dying parents, partners or friends. It can be a huge release to talk with someone about such personal issues. Returning to home life was another big issue for many clients.

Were your personal and professional values ever in conflict with the prison service's code of practise in relation to counselling inmates?

Never with the codes of practice but sometimes with the way individual officers interpreted these codes. I was in a situation where an officer said I was in his jurisdiction and he could do as he wanted, having just walked into a counselling session I was conducting with a client, ignoring a sign on the door that clearly stated, "Counselling session in practice." He did not repeat this action again. Generally the officers were intelligent, hard working individuals who were concerned about the welfare of their inmates.

What did you feel you learned, either about yourself, or your work as a counsellor, from developing a counselling relationship with prisoners?

I learnt that counselling within prison can play a huge part in the process of change when a client has the opportunity to evaluate and make personal decisions. Also a client within the prison

system can use their time in processing personal information that sometimes has an intensity missing from clients "on the outside". Many clients within prison are very adept at reading people, as this is a requirement in gaining personal knowledge about fellow individuals and partly as a heightened survival skill. The feedback from such clients can be very enlightening to a counsellor.

Can you say anything about the value of counselling in prisons overall? How is it funded, and do you think it is under resourced, and do you have thoughts about how the service could be improved?

Counselling within prison has definite benefits, both for the individual as well as for their families and society as a whole.

Access to counselling is a logistical nightmare for overstretched staff, especially in secure prisons, moving individuals through locked areas and so on, and therefore counselling is not high in the priority list with tight budgets.

It is up to the ministers in government to resolve funding issues. I am a counsellor in the charity sector and have firsthand experience of trying to convince Ministers, MPs and SMPs of the benefits of counselling.

To give just one illustration of these benefits, I was working with a client who after reaching the agreed final session revealed to me something that he had kept to himself for a couple of sessions.

He had decided not to commit a serious crime on the outside when he was released as the impact on his family would be too great and that he had also realised that we all have the ability to carry a prison inside our head, he said that he now had the key to get out the prison in his head. He wanted to remain free for himself and his family. I would suggest that just one case a year offering such an end result should justify the financing and access of counselling for prisoners.

www.couplecounsellingtayside.co.uk/

John Davidson is a qualified couple counsellor, and works also as a volunteer couples counsellor for CCT, as well as a qualified Young Persons Counsellor. Trained in the psychodynamic model for counselling work, John also uses cognitive behavioural theory within his psychosexual therapy work, in which he is currently completing his studies as a postgraduate diploma student with Relate. In recent years he was also a tutor for couple counselling training. Horticultural therapy is also a part of John's life and he supports The Scottish Horticultural Therapy Charity, Trellis, in all its endeavours.

John is a Member of COSCA, MBACP, also a member of COSART and an accredited member of the Counselling Society.

Spiritual Counselling

we are born perfect, we just forget that.

by Pol Mollan
FOUNDER OF YOGA, MEDITATION AND HEALING

We all stand upon the shoulders of our ancestors; our technological and scientific age would not exist without the lineage of our collective learning. The rational realms of science and medicine have done what humans do best: plagiarise, adapt and pass on. Or simply put, change. Science's mechanistic interpretation of humanity chose for certain reasons to remove the concept of the soul from the body and mind structure, possibly seeing it as a throwback to an antiquated view of "simpler peoples" connected to spiritual superstition via the stranglehold of religious organisations. The rationale of science had no room for the concept of a "soul" within its individual interpretation of humanity. This Descartian approach served science well, but to the detriment of our concept of "spirit" or "soul".

For modern medicine, despite the gains and endless endeavours made by science and even with the might of our greatest minds, corporations and charities, diseases like cancer continue to affect many and each new generation seems to face a new dis-ease. Science and medicinal treatments can extend life, but at what cost to the deeper quality of our lives if the soul is ignored. To create the deepest levels of healing we must not only address the healing of our bodies, but our minds and spirits as well.

All counselling is spiritual. The mainstream of counselling may not presently agree with this statement, but from an holistic perspective the soul cannot be left out of our health and wellbeing equation, for as humans we truly are mind, body and spirit. A wide array of individuals and organisations which offer various styles of counselling do so from a very giving place, whether that is psychiatrists, psychologists, hypnotherapists or those who offer relationship, bereavement, family or child counselling. Here too lies a place for complementary forms of counselling like spiritual counselling.

Spiritual counselling is just one of the oldest forms of help and assistance available to all who seek it. This complementary and alternative form of counselling has its roots within shamanic and indigenous techniques and is based around the concept that our soul requires care, nurturing, and above all, to be listened to. When times arise whereby we continually ignore the wellbeing and urging of our soul we move from our true path, as we suppress the gift we have to offer and chose to bring to this world. When we as humans hold our gift back, not only do we see physical and emotional illness spiral, but we also see this illness spew out upon our planet with the degradation of our oceans, land, forests and wildlife. When we make our planet sick, we make ourselves sick. At such times illness of an emotional or physical form can arise within us, and no matter what form of modern medicine or therapy we avail off, no complete peace and healing seems to be attained.

Dis-ease is what arises. Or it could be said that the soul manifests dis-ease within us as a method of expressing to the self that we need to look beyond the dis-ease, to the "seed" of the problem. So dis-ease within the body and mind structure should be seen as the soul's somewhat drastic method to challenge us to bring about true healing, at the deepest levels.

Spiritual counselling is based upon the belief that all healing lies within each of us and just as we create our own dis-ease, we also have the power to create our own ease, health and wellbeing within every facet of our lives. The message the soul is attempting to convey is underlying the dis-ease. The inner pain that erupts is part of our healing. The Sufi saying, "When the heart weeps for what it has lost, the soul laughs for what it has found", is a poignant aphorism to shed light on what spiritual counselling seeks to bring. With spiritual healing we are using a higher power, our higher self to work with us to achieve this deep state of inner healing.

Spiritual counselling is a preventive and proactive form of healing. As such, individuals who feel certain forms of emotional or physical stress in their lives can quickly gain access to a method which will give them simple skills and tools to deal with the increasingly common side effects of modern life, and in doing so, prevent a buildup of these stressors. These simple tools can directly alleviate the chance of the conditions worsening, and release the pressure on the already overburdened health service. Many great minds throughout time and throughout all reaches of the globe have spoken of the wellbeing of the soul being directly connected to the wellbeing of the body and mind structure. The ancient words of the great Western and Eastern minds convey this. Yet ultimately no change is possible unless we truly will it, as Gandhi said: "You must be the change you wish to see in the world".

Like all forms of counselling each potential client should be assessed in order to determine if the technique would be an appropriate option for their wellbeing. Therefore, interviewing clients prior to arranging a session will quickly determine if they should proceed, or if they would be better served to seek a mainstream form of counselling.

It should also be established during the initial interview if the client has a history of seeking negative attention via the arena of "therapy" so that you do not become the next in line of "listeners" whom the client seeks to continue the habitual pattern with. What's best for the client is paramount, even if they do not see it that way.

Spiritual counselling can be facilitated in many ways. One of these ways is to "journey". Journeying is Shamanic in its nature. The client is placed into an alternative state of consciousness whilst, at the same time, the conscious mind is directed to become the observer, gently instructing it to flow with the journey without interfering. This thereby gives the client access to a continuous stream of subconscious matter, which they can then journey through until finally, with guidance, they travel to the "seed" of their dis-ease. As with all forms of counselling the client is comfortable in the knowledge that they will be "opening" within a safe, non-judgemental environment. Assured of this, they are in full control of their personal journey, knowing that the guide is listening without judgement as they, the client, share intimate details of their life. This in itself has a very positive effect on the desired outcome.

Within spiritual counselling the goal is to find, heal and remove or re-pattern the seed of a client's dis-ease, and in doing so bring true healing. This counselling is viewed at the very level of the soul, the place where the true self, stripped of ego, with all its masks removed, cannot exist. For to remove only the fruit of the seed, or even the root, will only bring temporary relief as the dis-ease will return as another manifestation of dis-ease, like a resilient weed. So a deep emotional and spiritual surgery is required. The outcome of this simple process: a spiritual emergence.

To attain this state, arrays of well known tools are at hand. Using an amalgamation of calming music, breath work, hypnotic techniques, together with guided visualisation and gentle verbal instruction, the client can enter a deep state of relaxation, and into an altered state of consciousness (ASC). It is imperative throughout the process that the Guide (spiritual counsellor) remains vigilant to using strictly non-directive language therefore no suggestions, prompts or inferences are made. The client is left to flow freely through the realms of the sub-conscious mind to visit memories and the rich expanse within. During this time archetypes and metaphors can arise which the client will verbalise to the Guide. The Guide remains vigilant for signs of the client's rational mind interfering with the process and may be required to facilitate movement

past the blocks by focussing the client's awareness on the physical manifestations arising within their body, or even to simply instruct the client to refocus their awareness upon their breath, both of which will quickly carry them back into their journey.

At the next stage clients will experience physical releases, varying from rapid eye movement, gentle muscular twitches, tremors and spasms, to powerful jolts and body movements. Throughout these important releases the Guide remains calmly spoken and clients are encouraged to verbalise these releases without censor or suppression. They are asked to journey deeper within the releases, describing in detail where they emanate within or upon the body, detailing their perceived colour, or if they feel warm, cold or tepid. This process assists the client to move deeper towards an emotional release, which metaphorically is held deep within the physical symptoms manifesting. This is an important juncture within the whole process of healing, as the client is moving from the physical sensations towards the emotional sensations connected to them. At this transitional period blocks can arise which may prevent the client from moving forward in their journey. The client is assured they are not being judged, and they are safe to journey forward through the perceived obstacles. A somatic approach may need to be introduced to help them through this transition if the blocks remain.

As the client moves forward the emotional releases can again range from the subtle to the extreme, including the release of loud animalistic sounds, verbalisations of anger, grief and spontaneous swings from crying to laughter. In either case it is important to give as much time as is necessary for the client to completely release all emotions related to the physical manifestations. Thereafter the emotions lead the client to memories linked to the physical and emotional manifestations. Therefore, sensations that manifest upon the body are seen as important stepping stones towards the deeper emotions and memories that lie within them. Once the subconscious mind feels it is safe to release the memory, clients are then instructed to verbalise the memory to the Guide, who will be taking notes and instructing the client to return again and again to the memory. With each return detailing more about the memory they are visiting. During this revisiting of the memory, the initial memory is vague and the emotional release is intense. However each time more of the memory is uncovered, the emotional release decreases. The client verbalises the memory until it is evaporated. This will occur when the memory no longer causes disturbance of the mind and can be easily and calmly recounted to the Guide. At this point it can be observed that the memory or emotion no longer holds power over the client, and positive re-patterning can begin. At times a spiritual emergence can arise, for within the fibres at the centre of suffering and dis-ease, lies hidden paths, to our inner true self, leading to our deepest healing.

It should be noted that touch is an important tool to aid healing, and release blocks. Fortunately, within the Shamanic art of healing, we are not restricted by certain protocol and rules the medical world has, such as the law of "transference". I have had clients such as doctors and GPs who expressed that at times they knew their clients would be better served by a hug than a prescription.

New models for health care and well being are always evolving. The reincorporation of older successful forms of healing, and remaining open to every form of healing that is proven to aid each individual on their own path to good health and well being is a necessary part of humanity's evolution. Complementary methods should receive fair and impartial promotion within any health service, and should be available and open to all so that both modern Western forms of healing can

join in partnership with Eastern and indigenous forms of ancient healing.

If modern modalities of healing are to remain and grow, science must learn to embrace ideas that have been ignored for too long. So too as individuals, if we are to remain and grow as a species, we will have to draw back from placing too much dependence upon science and medicine delivering that all illusive "magic bullet" for our own healing, and reopen to the knowledge that we as individuals hold the key to the deepest levels of our physical, emotional and spiritual self healing.

For further information contact:

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Website: www.yogamediatationandhealing.co.uk

Further reading:
www.shreyasyoga.com/s_research_projects/research_and_projects.php
www.sweet-track-counselling.co.uk/articles/booklist.pdf

Association of Christian Counsellors
ACCREDITATION ANNOUNCEMENT

A decision has been taken by the board of the Association of Christian Counsellors (ACC) to give credit for work submitted by people who have gained COSCA or BACP accreditation. This is to save needless repetition of work that has already been produced, scrutinised and approved. Therefore a person can now become accredited with ACC by presenting their relevant accreditation certificate and by meeting two extra but very important criteria, which we believe, will help maintain the distinctiveness of being part of ACC.

Such applicants will be required to:

- Send in a copy of their COSCA or BACP accreditation certificate
- If their training is not ACC recognised, they will have to submit a 2000–3000 word essay entitled "How my Christian faith informs my counselling practice"
- Submit a character reference from their church leader

At present this arrangement only covers those accredited with COSCA and BACP because their accreditation systems are very similar to that of ACC. If you, or people you know, would be interested in exploring this possibility then please contact the Accreditation Office on 0845 1249572. The Board are making this offer at a reduced cost of only £40 until Easter 2012 and then after that date at £45. We trust that this decision will enable more people to join ACC and therefore enjoy the benefit from the Christian support, fellowship and networking, the Accord magazine, access to continuous professional development, plus the other benefits of belonging to ACC.

Ethical Questions and Answers

on counselling

Brian Magee
COSCA Chief Executive

The COSCA Ethics Committee has discussed two ethical questions that are currently being discussed among a number of counsellors and psychotherapists. Members of COSCA are invited to respond to the answers given by the Ethics Committee.

1. Should counsellors try to convert gay men and women to heterosexuality?

Counselling does not rescue, change or advise clients about a course of action. Counselling is also not about converting clients.

If clients wish to explore a change in their sexuality, counsellors can ethically explore this with them, including their fears and concerns, but not convert them to any particular kind of sexuality. If the client chooses to change sexuality and that is the outcome they are seeking, then the counsellor can continue to work with the client on this issue. However, the decision to change sexuality has to be the client's choice and not something that the counsellor actively seeks to happen.

Conversion is from a religious context and it is not appropriate in counselling, as it is the client's objectives, outcomes and/or goals that have primacy in the counselling relationship. Counsellors should not, therefore, contract with clients on the basis of converting them to any particular kind of sexuality.

2. In the event of the closure of my counselling organisation, as a counsellor what will I need to do from an ethical point of view?

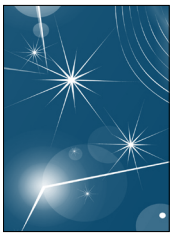
Notwithstanding any organisational responsibility to protect the client's best interests by the referral to another appropriate service or counsellor, the attending counsellor has joint and vicarious responsibility with the organisation to protect the client's best interests. The organisation, working collaboratively with its counsellors, should devise procedures for managed endings with its clients to ensure no harm is done to them as a result of the closure of the counselling organisation.

The counsellor should ensure, as far as is possible, that those best interests are being protected by the organisation and where that is not the case should personally endeavour, within their contract of paid employment or agreement as a volunteer counsellor, to raise this matter with the organisation.

The organisation should organise the transfer of the client to another service or counsellor according to the client's wishes. It is not the responsibility of counsellors per se to arrange the actual referrals. It is ultimately the counselling organisation's responsibility to help its clients to find alternative therapy that will meet their needs. In this process, counsellors should work with their clients about their referral needs and inform the organisation about them. In addition, the organisation has the responsibility of determining the point at which no further referrals should be taken to the service and of notifying those who normally refer clients to the counselling service about this.

Brian Magee, COSCA Chief Executive

Please send your responses to the above questions to: brian@cosca.org.uk or to the COSCA office.



Counselling
in Kenya

by Maggie Murray Harris

I was in a rut. I needed a change. Life is too short There's a big world out there.

That was the frame of mind in which I began to research volunteering opportunities, but came to realise that one had to have not insignificant finance for such a venture, particularly when self employed.

However, for me it was ultimately easy once I cut out all the research.

My journey began after I met with a mutual friend, Sarah, who is Kenyan. Sarah established the Ribban Children's Trust in 2006. This charity solely supports two primary schools located in a remote farming community in the Rift Valley in Kenya. Ribot and Bandiat Primary Schools (hence the name Ribban) educate over 500 children. Historically, the Kenyan government paid the teachers, provided that the parents built the schools. As the parents are poor, they constructed temporary mud huts.

Parents stopped maintaining the schools when free education was introduced by the Government in 2001. By 2006 the buildings were uninhabitable. Ribban has already raised enough funds to complete eight new classrooms for each school, plus nursery classes. They are in the process of building staff rooms and an administration block at each school.

Ribban had never had a volunteer before, but I got hooked on the idea of volunteering. The more I discussed with Sarah the potential for my placement the more it seemed to be an appropriate match. I am a qualified teacher, social worker, counsellor and trainer. She was looking for someone to undertake all these roles and more. My remit was to write a report on the progress of the projects. This was to include interacting with teachers, headmasters, parents, students and the local community. Over the next few months I was involved in a great deal of fun fund raising. I asked family, friends, neighbours, strangers and most

significantly the local libraries for children's books. I was overwhelmed with the response, which resulted in five large and weighty boxes of reading material. Expensive to export but well worth the effort.

I spent a few days in Nairobi then made my five hour journey to Oleguruone. I was to live in the Mio Amalo Secondary teacher accommodation.

My first impressions were mixed. No running water, latrines and an inconsistent electricity supply. My room was basic – so basic that I had a bedstead and not much else. However, the local reverend moved into action and my abode became habitable overnight. I was to distribute myself amongst the two primaries and the secondary as a counsellor teacher. I was to teach English and Social Studies at all three schools. This gave me a chance to get to know the pupils.

I was also to run counselling skills courses for both pupils and fellow teachers. This was more of a challenge as timetabling an additional activity proved difficult. But we did manage some impromptu and informal discussions, particularly around working with discipline issues and non conforming pupils. Relative to many classroom situations in Scotland I would describe these as model students. Teachers are able to leave the pupils to complete a piece of work and generally they will do so without any supervision. Text books are in short supply, often with four or five pupils sharing. Pens and pencils are at a premium and prior to my contribution most had never seen a felt pen or coloured pencil. As there was no electricity in all but the secondary school there were no computers. However all adults seemed to possess a mobile phone, to be responded to no matter the situation.

I observed that teachers seemed to give little respect to pupils and were harsh in their demeanour towards them. Corporal punishment, although discouraged, was evident in the form of beatings with sticks, which teachers claimed was the only way to keep discipline and gain respect.

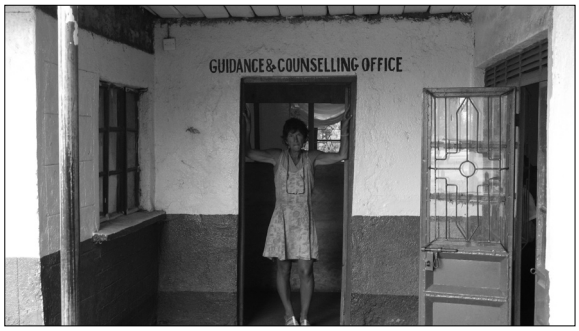
I was timetabled to teach Life Skills. This consisted of listening to an interactive radio programme and facilitating a follow up discussion. Topics included self esteem, assertiveness, listening to each other, bullying and so on. Participation from the 12 year olds was high and their contributions mature and lively.

I also met parents on several occasions to discuss their contribution to the project. This included establishing rotas for cleaning, gardening and the like. There was also the issue of sustainability once the buildings were completed. More interestingly for me these meetings led to animated and heated debates on many issues. Would they be rewarded for this work? Why was the funding going to end? What happens when their children leave school?

It was a great insight into attitudes and cultural differences. For me the most frustrating one being the 'African time' phenomena. Participants would literally arrive up to three hours after the proposed start time. We always began at least an hour late.

There was a significant educative element to the role of guidance and counsellor. I inherited a small and crowded office. Really, more of a retired desk and broken chair cupboard.

The legacy of the previous occupier was influential. He was a Principal Teacher of Physics.
A man passionate about his subject who did at times give some career guidance. This included encouraging students to 'stick in' and not let their parents down. My appointment was announced at school assembly. I was given an opportunity to describe my role and then retire to my room and await the rush. During the first few days there was indeed a steady stream of students. However the main



focus was on me. Students were more than a little curious about where I lived, how many cows I kept and the size of my shamba (smallholding). They all have some land and grow mainly maize, potatoes and green vegetables and are relatively self sufficient. They could not believe that most of us shop for our food and tend small gardens at best.

Initially, students rarely referred singly and usually arrived in pairs. They were interested in me but were also a bit wary. In addition to the trust I had to gain I was the first white woman some of them had ever seen. It did help living in the compound as I had opportunities to meet students informally. However I had to establish and maintain some boundaries. Students would come to my house and although I wanted to be welcoming this was not always appropriate. I also required respite from the work. On many occasions I was invited to visit and to stay at colleagues' homes. While this was an honour at times it could be overwhelming in its intensity. In addition to my attempts to focus on the student as the client I was aware that there was another misconception. They perceived me as a source for information about sponsorship and bursaries. In fact this was true for teachers and headmasters also. I was approached on several occasions by colleagues who wanted to ascertain the chances of my arranging funding for them to continue their qualifications abroad, particularly in Scotland. Most did not know the location of Scotland. This was confirmed when asked how I was experiencing Obama as President.

I was also seen as a contact for commodities. Wish lists including a tractor for one headmaster and a car for the other. For the local Delicious Cafe owner a Rolex watch and, for a teacher, a digital camera.

Interestingly it was mainly boys at first who used the service. This contrast was also reflected in the classroom. The school was segregated and I taught the same lesson to a class of boys and one of girls of the same age. The contrast was stark as the boys were much more communicative with a better grasp of English than the girls. Educating boys in Kenya continues to be more important than girls, with greater emphasis and opportunities for the boys to excel.

With the hat of the counsellor I was aware that some of the issues were around the enormous pressure to achieve. Unlike primary schooling, secondary level is not free. Although often Government subsidised, most families have to prioritise their budgets hugely in an effort to afford school fees. Some are unable to consistently meet school fees (family size is on average about four children in relation to about nine a generation ago). This was particularly prevalent if supporting a large number of potential students in the family. Circumstances could change. The death of a parent, for example, often from AIDS.

Some students I worked with were concerned that their grades were not good enough to progress to university, their ultimate goal. They felt they were failing their parent(s). Many were desperate to learn how to do better and were studying long hours into the night and at weekends. One student I worked with even slept in the classroom.

I also observed a real tension for those involved in athletics. Kenya and specifically this area has produced an inordinate number of world class runners. Amalo School has an impressive list of athletes as former students. This includes Richard

Mateelong, a 2008 Olympic bronze medallist, whom I had the pleasure to meet. Some students who excelled at sport were having to prioritise studying over the time spent in the field. They experienced this as a significant loss and some of our time together focused identifying how this impacted on their confidence, and on raising their self esteem.

As expected some students were experiencing the angst of teenage relationships. These were actively discouraged on campus but although educated separately there were sufficient opportunities for fraternising. School girl pregnancies are not uncommon. Last year at least five girls were pregnant. The school had a comprehensive sex education programme and I attended a high profile conference on AIDS and prevention. As this was a boarding school a number of males were concerned about the pressure to get married from the girls in their village. They were high school educated and a 'good catch'.

I was made aware of students' desire to achieve academically. At times their ambitions seemed to be unrealistic. This was particularly noticeable when I gave them an essay on 'Who Am I?', which was to include their aspirations for the future. Without exception their career intentions were ambitious. Pilots, doctors, engineers, lawyers and a large number of surgeons. The influence of Ben Carson was evident, given the high percentage of titles by this gifted black American surgeon in the otherwise poorly stocked library. As a consequence, students were already experiencing failure as they began to appreciate they were not going to achieve the university requirements. I wondered if valuing more diverse career opportunities from the onset would be supportive and encouraging to the students.

Religion played a significant role in the school curriculum. Students attended a Sunday morning service run by them to read themselves. Most denominations were represented and made separate contributions to the morning worship. In relation to counselling I was often presented with the belief that it was God's will and that God would find a way.

On campus there was a constant water shortage and the wells were dry due to lack of rain. The communities were extremely concerned about the potential drought as they relied on the rainy season to grow their crops for sustenance and to sell. They were running out of food supplies and worried that their children would starve. This hand to mouth existence gave me much to think about. I do wonder if the immediacy of these concerns for survival minimise the incidence of depressive illnesses, suicide, eating disorders and other issues.

I believe, though, that there are mental health issues. However, what I saw was the level of concern pupils had for one another. Although they could be very reflective, this was not the same as being self-absorbed. Now back home as a practising counsellor I continue to ponder on this, as well as many more things I observed and experienced on my volunteering trip in Kenya.

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Maggie Harris is a self employed counsellor, trainer and supervisor. She is Director of Interface Training Limited and is currently recruiting for the COSCA validated Diploma in Counselling.

Alfred Adler 1870 – 1937

A Man of Our Time

the quiet force behind the humanistic movement

by Margaret Wadsley

"One of the heroes of the 20th Century…"

On the 19 April 2011 the life of Alfred Adler was celebrated in Edinburgh. The ceremony that took place in the Council Chambers followed a dedicated search for his remains. John Clifford, Honorary Consul of Austria, discovered the casket's location four years ago, 70 years after Adler's cremation.

John's search began following a request by the Austrian Society of Individual Psychology (ASIP) to engage in this quest. At the ceremony in the City Chambers, John said that Adler was "A very important figure in history. He's on a par with Sigmund Freud."

The host, Lord Provost Grubb, remarked: "Adler was truly a giant of his field and we are honoured to be welcoming the Mayor of Vienna's representative and distinguished guests for this ceremony."

Adler died on the corner of Union Street and Diamond Street in Aberdeen on the 28 May 1937. One of the headlines in the Aberdeen Press and Journal of the 29 May read: "Professor Alfred Adler Dies Suddenly: he will be buried in the city he admired – (an) authority on psycho-pathology whose views were world famous."

Adler was known to have given 52 lectures between April 26 and his death. In the latter part of his life he had spoken in almost every famous university in Europe and the USA, besides giving innumerable public lectures. At the invitation of Aberdeen University his funeral took place in King's College Chapel. For many years it was believed that he had been interred in the Springbank Cemetery, when in fact he was taken to Edinburgh and cremated at Warriston Crematorium where his casket had remained on a shelf until this spring.

The wooden casket baring Adler's name acknowledged him as the "Founder of Individual Psychology". It took four years for provision to be made to have the casket returned to Vienna in accordance with the wishes of his granddaughter Margot, only daughter of Kurt Adler, and family.

This year John Clifford described Adler as a pioneering figure in the quest to unlock "the genius in human nature, alongside Freud and Jung" and noted that Adler "made it [human nature] understandable to ordinary people". John also pointed out how Adler valued social democracy and socialism. His values led him to work with people who were the least advantaged in society; Freud's work having been with the "bourgeoisie". Furthermore he recognised that Adler brought awareness to the "most obvious things (yet) least well known".

I believe it was his value system and socialist views and optimism that combined with his sheer dedication and passion to capture the hearts and minds of his contemporaries in Scotland. Their respect for him was clear in the newspaper reports as well as the respect and compassion shown to him and his family on his sudden death.

Two members of the ASIP were central to a discussion that followed the accolades during the handing over ceremony to Margot Matschiner-Zollner, president of the Society, who represented the Mayor of Vienna and received the casket. She also gave a biographical account of Adler's life. This was followed by Professor Willfried Datler who spoke of Adler's approach and key concepts. A discussion involving those present, followed.

Alfred Adler, began his professional life as a medical doctor. In 1902 he joined Freud's discussion group whose members sought to understand human nature and became president of the Vienna Psychoanalytic Society in 1910. In 1911,

Adler decided to break away on his own because he found that his view of people had become distinct from those of Freud. It is fitting that in this centenary year of breaking away that his ashes have returned to his native Vienna.

It is puzzling that Adler has been so little known in Scotland and the UK. It was because of "various differences in opinion Adler's name was not to be mentioned in any written material published by Freudians" (Udall, p3, 1992). Indeed in his biography it was shown that Rudolf Dreikurs (Terner 1978), Adler's associate, friend and also brought up in the Jewish faith, suffered hardship under the atmosphere of animosity towards Adlerians when he moved to the USA after Adler's death. Dreikurs strove to establish the successful model of child and family guidance clinics prominent in Vienna in the 1920s and early 1930s. Sadly anti-Semitism and political reform that ultimately affected the entire world closed the Austrian clinics only a few years later. With the rise of anti-Semitism Adler had moved to Long Island USA, becoming a professor there.

Adler had observed the struggle between parents and their children during his clinical work and linked this to the significant changes in society following the fall of the Habsburg Empire in Europe and the rise of democracy. He realised that parents needed education to make the transition from autocracy to democracy and so to mirror the changes in society, enabling children and young people to play their part. He included the teaching of social responsibility and appropriate limits as essential to a healthy society. At this time he was involved in the training of teachers, social workers, doctors and psychiatrists in his approach. He worked with live volunteer families in public to demonstrate his method and approach. This method is still used today in Individual Psychology and is a very compelling experience, an excellent vehicle for learning.

Individual Psychology was the name Adler chose for his school of psychology because he viewed people holistically. The indivisibility of the personality that he expressed in the name has been lost in translation. Contemporary Adlerian therapy is founded on his belief in the power of common sense and deep optimism in human nature that are evident in emotional health and wellbeing.

Adler is best known for what has been named: "the inferiority complex", however "complex" is perhaps a misleading notion because it is a label rather than process orientated, leading to a negative solution to the stresses of life. Adler was unique in believing that all behaviour has a purpose, and that neurotic behaviour stems from a compensation for inferiority feelings. Although believed by some that he viewed motivation as a "will to power" his view has been misunderstood when in fact he was describing a possible response to inferiority feelings expressed through seeking superiority over others. An alternative solution to inferiority feelings is to avoid demands and withdraw into a position of helplessness.

Not only did Adler challenge drive theory, but he also embraced social embeddedness (field theory), challenged mechanistic views based on causality by acknowledging a person's ability to be self-determining. In addition he affirmed the unique creativity of human beings as they adjust to both their environment and genetic inheritance as the guiding principles of each person's belief system expressed through "style of life", commonly called "lifestyle" in the present day (personality) establishing phenomenology. Life is as each individual perceives what is happening to him or her. Thus he established the concept of 'self' but what distinguishes his definition is that he also believed that a person can reframe their lifestyle through therapy and understanding the unknown once known.

One of the most helpful introductions to the fundamentals of his view on family life, inferiority and equality between the sexes is in the translation of his book: *What Life Could Mean To You* first published in 1931 and brought out by One World Publications in 1992 in a translation by Colin Brett. The North American Society of Individual Psychology website contains a 'plugin' of Adler speaking of his fundamental concepts in 1929.

Adler also "pioneered ideas and techniques that have become the basis for most contemporary work including Cognitive Behavior Therapy, Reality Therapy, Solution-Focused Therapy, Rational Emotive Behavior Therapy, Existential Therapy, Holistic Psychology, and Family Therapy to name a few. Theorists as diverse as Karen Horney, Erich Fromm, Viktor Frankl, Abraham Maslow, Albert Ellis, and Aaron T. Beck credit Adler's work as an important basis for their own contributions." (North American Society of Adlerian Psychology) Carl Rogers met Dr Adler in the winter of 1927/28 and was quoted as saying: "It took me a long time to realise how much I learned from him."

As Chair of the Adlerian Society and Institute for Individual Psychology (ASIIP) in the UK, I attended the ceremony on the 19 April alongside the Chair of the Adlerian Society of Wales. The Welsh Society operates as one of our main training centres as well as carrying out ground breaking work in schools and the wider community.

My first Adlerian training was in 1982 in Cambridge when I began a series of workshops on Adlerian family counselling. My training involved volunteer families where I experienced the very approach Adler had developed.

I joined ASIIP in 1984. The organisation has its origins in The Adler Society formed in 1927, but went through a number of changes over the years until 1952 when it became the basis of today's Society. In 2009 we decided to go regional because the Society had been London-centric for many years. ASIIP is supporting the development of a Scottish regional Adlerian group and is in the early stages of linking with the Scottish Institute for Human Relations following a welcome connection with John Shemilt and others in April.

I have facilitated workshops in Nairn and Glasgow as an introduction to Adler's theory of personality. I will be giving the Rita Udall memorial lecture at the Conway Hall in London on 11 October 2011. In April 2012 ASIIP has Betty Lou Bettner coming to our 2012 Conference in Bath. She is an Adlerian of world renown for her research and contributions through writing, training and clinical practice with couples, families, children and young people.

On the week beginning 11 July 2011 the international community of Adlerians will be gathering in Vienna for Adler's Austrian funeral at the Central Cemetery in Vienna. He is to be interred alongside the good and great of the City after 74 years "in exile". I will be there at the invitation of ASIP.

The 25th International *Congress of Individual Psychology* begins on the 14 July, hosted by ASIP on behalf of the International Association of *Individual Psychology* of which ASIIP is a member organisation. I will be attending a pre-congress day where I will join a group of ten psychotherapists for a day of case discussion based around the presentation of four cases. The purpose of the day is to interchange perspectives from different IAIP societies and discover (i) how we engage collaboratively within the confines of ethical dialogue, (ii) what similarities and differences emerge in our approach and (iii) how we make sense of client material. The final session of the day will be dedicated to considering those similarities and differences that are revealed in practice.

New links are forming between Adlerians and the Scottish Institute for Human Relations (SIHR) which seeks to promote healthy relationships in families and organisations as well as contributing to Scotland's health and wellbeing agenda. SIHR was founded as an education trust and is a national resource based in both Edinburgh and Glasgow. A break from Freudian perspectives rests within its history too. It is my hope and wish that the strong connection with SIHR that began on the 19 April will be a new beginning for Adler in Scotland now that we have shared our perspectives. Out of that connection I visualise fruitful and beneficial associations for the benefit of future Scots as well as more widely throughout the UK.

Adler's work has brought positive change internationally over more than a century. He was a pragmatist with great strength and depth reflected in the still waters of his personality. The discovery of his remains combined with events since April 2011 have taken him back to his 'native heath' and back into Scotland's awareness.

Margaret Wadsley is Chair of the Adlerian Society and Institute for Individual Psychology, a UKCP registered Integrative Therapist in private practice who works with adults, children, and young people integrating Adlerian concepts into her approach. Her work with families is based on her training in Adlerian Family Counselling and Education. She is a Practitioner member of COSCA, GTCS registered teacher, consultant, accredited trainer and registered provider with Learning and Teaching Scotland.

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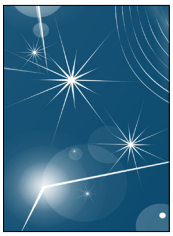
The ASIIP website: www.asiip.org.uk

NASAP website: www.alfredadler.org

IAIP website: www.iaipwebsite.org



The Deaf Therapist

working with deaf British sign language clients

by Trudi Collier

COSCA asked if I could write a short article for the journal about working with deaf clients. Given space limitations, and the fact that BSL users' needs are fairly different, I felt it would be too complicated to included the other types of hearing loss: deafened, hard of hearing, or deaf blind.

I will focus on the BSL clients who are often born deaf, grow up either in specialist school for the deaf, possibly boarding school or gone into mainstream schools. Their preferred language is sign language, since some of them may have a poor grasp of English in reading and writing. Some have reasonable English but tend to avoid it and would rather get information visually, such as through sign language. They also prefer to be within the deaf community, arranging to meet other deaf BSL users in deaf clubs, or pubs, at special events such as school reunions, galas, sport events and so on.

British Sign Language (BSL) is the first or preferred language of an estimated 70,000 deaf people in the UK. In March 2003, BSL was recognised by the Government as a language in its own right. BSL is a visual-gestural language, with its own grammar and principles, which are completely different from the grammatical structure of English (www.signature.org.uk).

In working with BSL clients (which I will call deaf clients), from my own experience they have less chance of getting access to counselling than the general population, for example, through The Samaritans, Cruse, and so on. They can't use the phone, to make a call if they need someone to talk to. Also if they use specific organisations such as couple counselling, these organisations often don't have funding for communication support. GPs tend to refer deaf clients to local counsellors who have no deaf aware or sign language interpreter to assist the communication. Sometime it doesn't happen, if there is no communication support available, simply because of poor communication between the GP and the BSL user.
No wonder there are lots of BSL users who keep their problems to themselves. I often get referrals for counselling assessment. I find lots of issues may emerge from one person, who probably kept a lid on various issues such as childhood and family problems until they had the opportunity to meet someone like me so that they could 'offload'.

Often clients have a limited number of sessions. This is of little help, as they tend to benefit from counselling if there are more than eight sessions, which gives them more time to explore their problems and to understand what is happening for them.

I find that many deaf clients have difficulty expressing their own emotions, as they don't know appropriate or correct words to express them, therefore I tend to give out various emotion words for them to choose from so they can learn to better understand their emotions. A numerical scale of feelings can be most helpful with deaf clients. For example I might ask, "Choose a number between one and ten, one being crap and ten being great, which one do you feel at the moment?"

Therapy sessions not only provide support and space for deaf clients to explore their problems, but they also offer educational aspects as well. Deaf clients do not acquire information in the same way as the general population, such as through radio, television, and word of mouth, therefore some of them tend to miss out a lot and I sometime have to explain the meaning of topics they don't know or understand. For example, I had a deaf client who was diagnosed with diabetes and I had to explain what it is and the implications for her life because she would not be able to get the information through the usual channels. Some deaf clients are not well educated, therefore it is worth considering whether if materials provided in assessment,

contract, evaluation, are accessible and easy to read or not. While some may be able to cope on their own, others may need the information translated in a way they can understand.

But I don't want to write only to talk about the barriers clients face within counselling sessions, nor about various counselling organisations. It's important to be aware that I, as a therapist, have some issues as well, such as the dual relationships that could occur, as I am a supervisor, facilitator and tutor too. I could, for example, meet some of my ex-clients in training I provide. Working as a therapist, I have to consider my role within the deaf community I share with my clients. In Scotland, the deaf community is much smaller than elsewhere; therefore it's always possible that my clients may know someone I know. I call this a 'community chain' where there is a good chance of a client mentioning someone (a name) that I know. Confidentiality is vital for many deaf clients as they know their community is small and obviously they want to be in a safe setting (unless, as everyone knows, if they are in risk or harming themselves or others, that's a different story).

Like everyone, I have my own social needs. It is natural to seek friendships with others who share the same language, culture and values as themselves within the deaf community. Even when I take care not to accept friends, or old classmates into my caseload, tension may still occur. For example, there was a time when I decided at the last minute to go out with my husband (who is deaf too) to visit a deaf club where they held UK Darts competition. I don't normally attend a lot of 'deaf' events because of my professional work, but on that evening I saw four former clients and a current client mingling with people I know. It was so unexpected, even my husband didn't know! I'm aware it is the same for mainstream therapists in rural areas and small minorities.

What works for me was that I always talk to the client during assessment about how he or she would feel if we were to meet within the deaf community and talk about how we deal with the situation if it occurs. I reintroduce the topic at the final session so that we are both clear about the boundaries. For example, I might mention that I will not approach them if we see each other at an event, but they are welcome to come to me if they want to say 'hi' or whatever but everything we discussed in the sessions stays confidential. However, I have some experience where this kind of discussion doesn't work. One example was when I was asked to be a guest with a friend to her friend's wedding evening reception. An ex-client, whom I had not seen for years since our last session, was present. He didn't come to me at first, which was fine with me, and I enjoyed the evening chatting with people I knew. But at the end of the night as my friend and I headed for the exit door, the ex-client approached me, pretty drunk, and blurted out that he was glad he met me, as his life had improved, especially his relationship with his wife and kids and wanted to thank me for everything. He gave me a big hug then off he went! My friend asked me if I knew him, I had to say that I knew him through someone else, changed the subject and suggested we'd better go home.

There is also a debate about using interpreters in the counselling sessions. I know a lot of interpreters who are professional and do their job well. While I have nothing against interpreters, I sense that deaf client benefit more from a therapist who can use BSL fluently and who is deaf aware, rather than using the third person in the room. As I've said, Scotland's deaf community is small, therefore BSL interpreters in this country are fewer in number and there's a chance that the client knows the interpreter and may feel uncomfortable talking to the therapist, especially as they may also be the interpreter when seeing the GP, for example, or, psychiatrist, and so on.

Eye contact between the therapist and client is crucial for developing a good therapeutic relationship. This can prove difficult for the client when they have to watch the interpreter and not the therapist. Sometime deaf clients feel more at rapport with the interpreter than the therapist because of the eye contact they make with one another. Many of my clients told me they went to see a therapist in the past with an interpreter, which they found difficult for several reasons, such as communication breakdown, the therapist's lack of deaf awareness, poor rapport, feeling the third person in room awkward, and so on.

We do not live in an ideal world, therefore we have to find ways to enable deaf clients to have some kind of access that they need. Deaf clients would feel at ease with therapists who are able to understand them and their world. Therapists don't have to be BSL fluent, but a sense of understanding and willingness to work with the deaf client is important. Mearns & Cooper (2005) stated that therapy is not just about the client, it is the relationship between client and therapist, therefore it is important to have a good relationship that works, and hence the better the outcome seems to be.

All information for the deaf client comes from the visual world, so it is important that you use all visual ways, objects, demonstrations, DVDs, flip charts, whiteboards, and such. If you are keen to work with deaf clients who use BSL, you would need to go and learn the sign language and go on a deaf awareness course. Deaf clients go to counselling to talk about their issues, and should not have to deal with a therapist who has no deaf awareness and who may want clarification about client's deafness, their language and their deaf world.

I have probably made much of the fact that it is not easy being a deaf therapist in the deaf community and that anyone who wants to work with deaf clients needs to be deaf aware and to give out clear communication and provide clear and accessible resource with their clients. But I enjoy working as a therapist. It is an interesting challenge to work with a variety of often unique deaf clients. Often I see how my clients benefit, in ways that hopefully lead them to a better lives, especially living in a world where there are so many because of people's attitudes towards their deafness and their language.

Trudi Collier is MBACP Accredited Counsellor. She is a BSL user as well, and been qualified as a therapist for over 10 years. She became accredited with the BACP about seven years ago. For the past three years she has worked as a BSL fluent counsellor with Lothian Deaf Counselling Service in Edinburgh, which is funded by NHS Lothian and Scottish Government. Trudi also teaches the Certificate and Diploma in Integrative Counselling in England with 19 deaf students, who are now in their final year, and also provides supervision. She recently qualified as a coaching practitioner.

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www.nhslothian.scot.nhs.uk/ourservices/mhdeafservice/default.asp
www.signature.org.uk
www.scod.org.uk
www.deafaction.org
www.deafconnections.co.uk

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Working at Relational Depth in Counselling, Mearns & Cooper (2005)

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Please contact Marilyn Cunningham, COSCA Administrator, for further details on any of the events below:
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2011

28 September
COSCA Annual General Meeting
Stirling

30 September
Deadline for receipt of COSCA Trainer and Counsellor Accreditation applications

22 November
COSCA 8th Counselling Research Dialogue
Stirling

December TBC
COSCA Trainer and Counsellor Accreditation Workshops

2012

6 March
COSCA 4th Ethical Seminar
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Vision and Purpose

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

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