**Student Counsellor Magazine**

**January 2021 Edition**

**Text Only Version**

**A Note from the CEO**

Welcome to the first edition of Student Counsellor – the first profession-wide student counsellor magazine.

I’m excited to be launching this, as it’s something I’ve wanted to do for a long time and speaks to what I was desperate to have access to while I was studying counselling.

There’s a lot in the profession that really doesn’t become clear until you become fully qualified, and all of a sudden it’s like you were supposed to know all of this stuff all along. Like everything you need to do not just to gain Registration through an Accredited Register, but all of the things you have to do to maintain that Registration (ongoing CPD and supervision, forever), and what even is an Accredited Register anyway?

We’re only just starting, and I would like to see this magazine grow into something that shares the stories and contributions from students across the UK. Tell us about your placements; tell us about your training; tell us about what you’ve learnt that sparks passion and awe in you. I want to hear about all of those things, and I want to provide a platform that allows you to share them with each other.

If you’re interested in contributing to future editions, please contact the lovely Elaine on elaine@nationalcounsellingsociety.org or tweet us @ncs\_counselling. You don’t need to be an NCS student member – as long as you’re a counselling student, we’re happy to share!

And let us know if there’s something you think would be actually helpful from this magazine, and we’ll endeavour to include it. We’re keen to make something truly valuable, and your feedback will help us to do that.

Best wishes for your studies,

Meg

**What is the Accredited Register?**

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. They are an independent body, accountable to the UK Parliament.

They oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England.

They review the regulators’ performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

The Authority also sets standards for organisations that hold registers for those who work in unregulated health and care occupations and accredits the registers of those organisations that meet the Authority’s standards.

There are three things organisations must show in order to be eligible to apply to have their Registers Accredited by the Authority:

* They must hold a register for people in health and care occupations that are not regulated by the state.
* They must demonstrate to us that they are focussed on public protection.
* They must be able to afford the accreditation fee.

The Authority deliberately set the bar for accreditation high, at the level of good practice, so that gaining accreditation is a significant achievement and registers are proud to display the Accredited Register Quality Mark.

[**Read more about the Accredited Register Programme.**](http://www.professionalstandards.org.uk/accredited-registers)

[**Read the Accredited Register 2015 Report.**](https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/accredited-registers/reports/accredited-registers-report-2015.pdf?sfvrsn=2)

The National Counselling Society’s register is accredited by the Accredited Register programme and this means that our organisation meets all eleven of the Authority’s standards which include being committed to public protection, risk management, education and training, governance, providing information, managing complaints and managing the register effectively.

The Society in turn sets standards for our registrants, which include committing to codes of conduct, competence and ethical frameworks and meeting entry level education requirements. Our Register sets requirements for registrants’ personal behaviour, technical competence and, where relevant, business practice.

This means that when clients choose a counsellor from an Accredited Register, they have the assurance that the counsellor has met the high standards required to be listed on the register.

**Benefits for NCS Student Members**

* Affordable membership costs & **reduced fees** for students
* Access to a directory of **discounted supervision and/or personal counselling** for student counsellors.
* Monthly **digital magazine** that members can contribute to.
* **Preferential rates** **to attend events** that are part of the NCS CPD training programme.
* Ability to apply for **tax relief** on subscriptions.
* **Preferential rates for insurance**.
* Use of Society **leaflets, pens, brochures and posters**.
* Student members of the Society can apply for a **TOTUM card**.
* Sign up to **Royal Society for Public Health** with no joining fee.
* 20% discount on titles from **PCCS Books**.
* 20% discount on **Routledge**’s products.
* 20% discount on **Jessica Kingsley Publishers**' books.
* 30% discount on selected titles with **SAGE**.
* Exclusive **£5 off a monthly sole trader package**, or 10% off a limited company package for the first 12 months with Crunch.
* Free **online CPD courses** available to members.

**Covid-19 Guidance**

We appreciate that students will be facing many challenges in the current times due to Covid-19. Your training school will be your primary source of information during the coronavirus. We recommend student continue to work closely with their training provider and supervisor to ensure they are getting the support they need.

* Many Trainers are offering temporary postponements and rearranging classes so that your training will still take the same amount of time overall.
* Many Trainers are offering temporary online alternatives to face to face training.
* Many Trainers are offering more theory modules first where possible so that face to face practical work can happen later.
* Trainers will be following Government advice.
* The NCS is preparing to allow slight variations in face to face hours if necessary to ensure your registration is not delayed, and is liaising with the Professional Standards Authority about this.
* Remember this will be a temporary issue and that training normality, if disrupted, will resume and there are lots of contingency plans for this.

**Counselling Communities**

The Psychotherapy and Counselling Union (PCU), founded in 2016, is committed to our mission of standing up for therapists and the future of therapy.

As written in their constitution their aims are:

* Bring together counsellors, psychotherapists and other practitioners from every corner of the field, including trainees on an equal basis
* Campaign for true diversity and equal opportunities in the therapy world, and support individuals who are discriminated against.
* Campaign to reform IAPT and other ‘therapy-lite’ substitutes[**...read more**](https://www.psychotherapyandcounsellingunion.co.uk).

Partners for Counselling and Psychotherapy are a partnership of fourteen organisations from across the counselling and psychotherapy profession with a shared purpose: To hold open a space to protect counselling and psychotherapy from restrictive standardisation and homogenisation, supporting the wide range of good practice in the field.

They have a shared determination to support and protect diversity in the field and have realised the remarkable achievement of developing a broad front of diverse and experienced organisations, with a combined membership of over 19,000. There are campaign groups, think tanks, membership bodies and professional organisations [**...read more**](https://www.partnersforcounsellingandpsychotherapy.co.uk).

UK Counsellors, also known as Counsellors Together UK (CTUK) started in July 2017 as a Facebook group discussing the prevalence of qualified counsellors being expected to work for free. The discussion has continued to grow into working together to campaign and bring an end to unpaid work within our profession. Today, the group comprises over 7,200 members and is growing every day. They’ve now evolved into a campaigning group with several goals:

* To challenge the culture and prevalence of the counselling profession being expected to work without being paid.
* To see an end to the routine use of qualified counsellors volunteering to deliver[**...read more**](https://ukcounsellors.co.uk).

High Quality Online CPD, Lectures, Resources and Training for Counsellors and Students. By educating counsellors and helping them sharpen their skillset, their service to clients will be improved.

In both counselling study and practice, online working has many benefits for students, practitioners and clients: convenience, time efficiency, cost effectiveness and flexibility. It also brings certain challenges: using technology, maintaining motivation and managing remote relationships.

As experts in online learning – with decades of relevant experience between them – Counselling Tutor can help you make best use of these benefits and overcome these challenges, [**...read more**](https://counsellingtutor.com).

**What does a Registered** **Counsellor have to do?**

Once you are qualified and ready to upgrade your membership with your professional body, you may be wondering what it is you have to do to keep your Registered/ Accredited status.

Registrant members of the NCS must comply with the following in order to maintain their Registrant status:

* Registrant members must complete at least 30 hours of varied CPD annually, with roughly a third being face to face (or live online).
* Registrant members must have regular Supervision with a qualified Supervisor. Our recommendation is 1.5 hours per month.
* Registrant members must hold current, valid public liability insurance, which covers them for counselling.
* Registrant members of the NCS are audited at random, roughly once every 3 years, to ensure these standards for continued Registration are being met.

**Looking for a way to organise your CPD and Supervision?**

Download our log templates below!

[CPD log](https://nationalcounsellingsociety.org/assets/uploads/docs/CPD_development_template2.pdf)

[Supervision log](https://nationalcounsellingsociety.org/assets/uploads/docs/cs/Record-of-Supervision-1.3.pdf)

**Open Letters to NICE & NHS and to the Health & Social Care Select Committee**

The NCS regularly publishes open letters to organisations on our website. Below, you can find a letter addressed to colleagues at NHS England and NICE, to talk about counselling and psychotherapy and the current situation in the UK, and a second letter addressed to the Health and Social Care Select Committee to call for counselling to be made more readily available in the community. Letters such as these are addressed to organisations on behalf of our members and for the counselling community. We are fully committed to working for our members in this way. You can read them [here](https://nationalcounsellingsociety.org/about-us/important-news).

**Student Book Recommendations from PCCS Books**

* **Learning & Being in Person-Centred Counselling**

Learning and Being in Person-Centred Counselling has inspired and guided thousands of counselling students since it was first published in 1999. Tony Merry died in 2004, and this third edition has been updated, with a new chapter on recent developments, by Sheila Haugh, a long-time colleague who knew him and his work well.

Learning and Being offers an in-depth exploration of all aspects of person-centred counselling, from its origins to current developments in theory and practice. It is written in clear and accessible language, with exercises and checklists to prompt the reader’s own thinking and learning. It brings theory to life with its suggestions for exploring and developing person-centred values, qualities, attitudes and skills. Chapter covers essential aspects of theory and practice, including working at relational depth, training issues and supervision, and a comprehensive resource list of other relevant texts.

[Buy the book.](https://www.pccs-books.co.uk/products/learning-and-being-in-person-centred-counselling-third-edition/)

* **The Handbook of Person-Centred Therapy and Mental Health**

First published in 2005, and now extensively updated and with a new title, The Handbook of Person-Centred Therapy and Mental Health challenges the use of psychiatric diagnoses and makes a powerful case for the effectiveness of person-centred approaches as the alternative way to work with people who would otherwise be diagnosed with severe mental illnesses. This second edition captures the significant changes in recent years in how mental health and ill health is conceptualised and understood and how mental health care is delivered. It demonstrates how the person-centred approach can help occupy the space that is opening up as mental health professionals look for alternatives to the medical model and argues for collaborative working with these fellow mental health professionals. Contributors from across the fields of research, policy-making and practice discuss the tensions between the person-centred approach and the dominant medical model.

New chapters examine the influence of the national Improving Access to Psychological Therapies (IAPT) programme in England, and how researchers are successfully overcoming the challenge of evaluating the effectiveness of person-centred approaches to severe mental distress.

[Buy the book.](https://www.pccs-books.co.uk/products/the-handbook-of-person-centred-therapy/)

* **The Tribes of the Person-Centred Nation**

This book has a mission – to gather the tribes of the person-centred nation for dialogue; to discover common ground and debate differences; to celebrate the fact that we are, as Margaret Warner declared, ‘one nation, many tribes’.

This popular, widely used set-text has been revised and considerably extended for both students and practitioners.

New to this edition are:

Revised contributions from Nick Baker, Mick Cooper, Campbell Purton and Richard Worsley

A chapter on Emotion Focused Therapy by Prof Robert Elliott

An entire section on ‘new developments’ comprising: Person-Centred Expressive Therapies (Dinah Brown), Pre-Therapy (Pete Sanders), Relational Depth (Rosanne Knox), Counselling for Depression (Andy Hill)

The 2012 edition of Tribes is the first UK student text to include coverage of this comprehensive range of person-centred and experiential therapies and approaches.

**‘No other book shows quite the range and depth of PCE psychotherapies in a single volume — a brilliant book.’ - David Murphy, University of Nottingham.**

[Buy the Book.](https://www.pccs-books.co.uk/products/tribes/)

* **Counselling Class and Politics**

First published in 1996, Anne Kearney’s ground-breaking book on class in counselling and its invisibility within the training curriculum and the counselling relationship is reissued here with new commentaries from practitioners, clients and educationalists writing today.

Anne died before she could start work on a planned revision of her text. But how much has really changed? Her motivation, back in 1996, ‘to persuade readers to the view that politics and political ideas matter in counselling’ is just as powerful today. So too is her driving belief that counselling training, regulation and awareness in general too often fails to acknowledge the political environment that practitioners and their clients inhabit and its influence on the counselling relationship. Anne’s book, accessible, unashamedly unapologetic and searching in the questions it asks of readers, is still a vibrant, challenging text for any student, practitioner or trainer today.

**‘... one gasp of fresh air amid the stifling pollution of this changing world... The book’s challenging but ultimately hopeful message is as important now as when it was first published, perhaps more so. Inhale deeply.’ - Andy Rogers, counselling service co-ordinator in further and higher education.**

[Buy the book.](https://www.pccs-books.co.uk/products/counselling-class-and-politics-undeclared-influences-in-therapy-1)

* **Next Steps in Counselling Practice**

This textbook is the second edition of the follow-on to First Steps in Counselling – the first edition has been a bestseller every year for twelve years.

Now completely revised and updated for the twenty-first century, this reasonably priced book is suitable for those studying counselling and psychotherapy from intermediate level, through HE diploma up to degree courses. It is a companion to accompany the reader as they progress through a wide range of courses. Its approachable, interactive style made it a favourite at colleges, universities and institutes throughout the UK. The new edition runs to over 370 pages, features a new page layout and is packed with side notes, activities, notes from practice and vignettes featuring the lives of fictional characters. New sections on research and the contexts of counselling plus a huge amount of other new material complete this impressive book.

**‘This complete revision of the best selling first edition is destined to become a core text both for students on professional counselling trainings and for those developing their competence in using counselling skills. Highly recommended.’ - Peter Pearce, Metanoia Institute.**

[Buy the book.](https://www.pccs-books.co.uk/products/next-steps-in-counselling-practice-2nd-edn-a-students-companion-for-degrees/)

**With thanks to PCCS Books for their recommendations. You can see their full list of Counselling Training Texts** [**here**](https://www.pccs-books.co.uk/products/category/counselling-training-texts)**.**

**What is Counselling Theory?**

**With thanks to Lindsay Cooper (FNCS Fellow Accredited) for this article.**

**“A theory is an unsubstantiated hypothesis or speculation concerning reality which is not yet definitely known to be so. When the theory is confirmed it becomes fact.”**

(Hall & Lindzey, 1970: 10 in Nelson- Jones, 1995: 5)

The usefulness of a theory lies in its ability to generate predictions, which may then be confirmed by evidence: from experiments or observation.

All theory in the counselling field contains assumptions and attempts to describe and explain how clients become the way they are and about how they might change. There are **no facts**!

Counselling theories possess these important elements:

**1. Assumptions about how people ‘tick’.**

**2. Explanations of how people get into difficulty/have problems that mean they need counselling.**

**3. Explanations of how the counsellor can help clients to change.**

There are three main psychological schools of thought that are relevant to counselling.

**Psychodynamic Counselling** focuses on the idea that there is an unconscious (where past events and conflicts are buried) and this influences how people behave or relate to others in the

present. This material in the unconscious is often censored and can’t easily be recalled. The task of the counsellor is to bring the past into the present.

**An Example:**

1. An early relationship with a care-giver who constantly criticises achievements at school will lead to residual feelings of shame and uselessness and potentially anger in the unconscious.

2. A pattern of repeatedly starting academic courses and failing to complete may emerge in the therapy and the client may present as expecting of and hyper vigilant to any criticism from others in their lives (usually evidenced as always having a defence or an excuse) or sometimes as self- defeating/self-sabotage. They will be especially vigilant for any perceived criticism from the therapist.

3. Therapist behaviour will be directed towards establishing a transference (i.e. provoking the same feelings that occurred in 1). Analysing or interpreting the transference will enable the client to gain insight and therefore enable the client to exert more conscious control over their lives (i.e. their response to criticism). These are often called Insight- Oriented therapies.

**Humanistic Counselling** focuses on the idea that everyone has the capacity to grow, develop and change. This

capacity is essentially good and directed towards the individual getting their needs met. Problems result when needs are denied or frustrated – when individuals can actualise most of their needs then healthy development will result.

**An Example**

1. An early relationship with a care-giver who constantly criticises achievements at school will lead to feelings of shame and uselessness – the person feels worthless and incapable. His or her picture of himself or herself is of someone who can only be approved of (loved) if they succeed academically.

2. A pattern of repeatedly starting academic courses and failing to complete may emerge in the therapy (attempting to obtain approval but failing) and the client may present as expecting of and hyper vigilant to any criticism from others in their lives (usually evidenced as always having a defence or an excuse) or sometimes as self defeating/self sabotage. They may seek therapist approval for enrolling on a degree.

3. Therapist behaviour will be directed towards exploring how the feelings of worthlessness and uselessness manifest in the here and now - identifying that the person will only feel approved of if they succeed (conditional regard) and as an antidote to this offering unconditional positive regard (I approve of you whether you get your degree or not). This allows the client access to their actualising tendency and in essence make a decision about whether they want a degree for themselves or not.

**Cognitive-Behavioural Coun-selling** focuses on the idea that the way we think about things influences or even controls our behaviours and often our physical sensations too. For some people their natural tendency is that their thoughts tend towards absolutes – must, oughts and shoulds, known as irrational thinking.

Musturbating (thinking in this way) often leads to awfulising or a catastrophe – which is then strenuously avoided.

**An Example**

1. An early relationship with a care-giver who constantly criticises achievements at school will lead to feelings of shame and uselessness – “I am useless as a person because I didn’t get 7 GCSE’s”

2. A pattern of repeatedly starting academic courses and failing to complete may emerge in the therapy (I must succeed in order to be a worthwhile person: an irrational belief) and the client presents as self- defeating/self-sabotage. They don’t hand in essays on time: “I failed.

3. Therapist behaviour will be directed towards teaching the client how their thinking (expecting failure) is linked to their behaviour (not handing in an essay and therefore failing). Any irrational thoughts are confronted (i.e. brought out into the open). Clients are encouraged to look at their capacity to awfulise, catastrophise and at their musts and shoulds. A goal directed plan is usually negotiated with the client involving them doing something in between sessions (homework).

**How do we develop our Personal Theories?**

When we are counselling/living we tend to form hypotheses (that’s the scientific term for an educated guess) about why and how the people we meet are behaving the way that they are / have got into a difficult place that has brought them to counselling. If we are not careful we can try and ‘squeeze’ them into one of our favoured explanations, which usually arise from our fundamental beliefs about the way humans ‘tick’. For example, "people behave in anti-social ways to get their needs met if left to their own devices; so therefore they need to be trained via socialisation", vs "people behave in ways that attempt to get their needs met that are essentially good if the environment is conducive". This is psychodynamic thinking vs humanistic thinking.

Unfortunately as humans we generally tend to look for evidence that supports our assumptions. As counsellors I would argue we need to be more scientific - that is, generate hypotheses and also feel free to do so (I would argue you will be doing it anyway even if you don’t want to admit it!) but remembering to hold it in mind as an educated guess at best. We need to do what scientists do! Test them! Hypotheses are not facts. All good science proceeds by the formulation and testing of hypotheses (usually in ‘real’ science by experiment or observation). The evidence gathered from such experiments confirms and supports the original hypothesis or not – if it doesn’t the hypothesis is reformulated and retested and so on. Scientists never talk about proof (as if there is only one absolute explanation) - only about evidence that supports a particular hypothesis or not. Proof is best left to the courts and lawyers and certainly has no place in the counselling room.

As scientists we attempt to build and organise knowledge (in the case of counselling) about another person – we use out interventions (i.e. what we say or do in response to the client) to test our hypothesis. These are ‘our’ experiments and observations. As I was sitting down to write this after a client session this evening I remembered a short interchange from the session:

**Client: we think the same about …**

**Me: we (said with a questioning tone)**

A single word repetition was me testing out my hypothesis! (I thought I knew what the client was referring to but didn’t want to presume). This one word felt to me like was the most highly significant intervention I had made in 15 weeks! (That’s my hypothesis next week will tell if I am right or if I need to reformulate!).

Hopefully by now some of you are beginning to wonder where this is going or even want to disagree with what I have written (!) but look back at the title. My first degree was in a scientific subject (Biology); I have been ‘ brought up’ to think scientifically. We cannot divorce our theory making from our backgrounds BUT we need to be alert to the fact that almost everyone else will have different theories arising from their backgrounds – even where there are similarities they are not the SAME! Not all biologists think the same as me!

Consider an individual who drinks to excess (to such excess that they have lost their job and home for instance). One particular way of viewing this individual is as an ‘alcoholic’. Theories about how people become alcoholics abound in the literature but let’s concentrate on perhaps the best known. Alcoholics Anonymous or AA is “an international fellowship of men and women who have had a drinking problem” (AA, 2014). The AA theory is that people who have drinking problems are some how biologically incapable of drinking in moderation – it’s a disease for which the only cure is abstinence. Here the way in which this organisation hypothesizes about the way ‘clients’ get into difficulty is directly related to and has a logical connection with the therapeutic goal. The role of counselling theory is to provide a logical connection between the hypothesis and the therapist’s interventions.

However if you don’t consume alcohol or are a social drinker you may struggle to grasp the enormity of the powerlessness that the client who already has a personal theory of themselves as an ‘alcoholic’ feels. Conversely if you are an alcoholic in recovery you may wonder why an individual who struggles to get to work every morning because of a hangover can’t see that alcohol is the main cause of their difficulty.

Our individual and personal theories about how people have become the way they are influence our view of what the ideal solution might be – often we forget that the individual (who is the patient in classic psychoanalysis; the client in person-centered practice or just simply the person in narrative practice) often has their OWN hypothesis about why they drink too much. Even the name client/patient/person says something about how we theorise about ‘them’.

Accepting the client’s theorizing about himself or herself is at the heart of humanistic practice:

‘..it is the client who knows what hurts, what direction to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process.’ , (Rogers cited in Kirschenbaum 1979: 89).

As the course progresses you will develop a theory about who you are and how you have become that way. You will test out your hypotheses about that and experiment with your interventions as a counsellor. This will be one grand self-experiment that you conduct with your peers and tutors. Enjoy! Theories are all very well and you will each develop your own – they act like maps – they guide you to the place you want to go but when you get there the actual three-dimensional reality is so very different – keep an open mind – be open to getting it wrong!

**Many thanks to Lindsay Cooper (FNCS Fellow Accredited) for this article.**

**Open Consultation - Reforming the Mental Health Act**

In 2017 the government asked for an independent review of the Mental Health Act 1983 (MHA), to look at how it’s used and to suggest ways to improve it.

The review’s final report said that the MHA does not always work as well as it should for patients, their families and their carers.

The government are now proposing a wide range of changes to rebalance the MHA, to put patients at the centre of decisions about their own care and ensure everyone is treated equally.

The changes are based on 4 principles that have been developed with people with lived experience of the MHA.

They are:

* choice and autonomy – ensuring service users’ views and choices are respected
* least restriction – ensuring the MHA’s powers are used in the least restrictive way
* therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the MHA
* the person as an individual – ensuring patients are viewed and treated as individuals

They want your views on changes to the Mental Health Act to help put patients at the centre of decisions about their own care.

**This consultation closes at 11:59pm on 21 April 2021.**

**[View the documents](https://www.gov.uk/government/consultations/reforming-the-mental-health-act" \t "_blank)****[and respond online](https://www.gov.uk/government/consultations/reforming-the-mental-health-act" \t "_blank)**

**Pharmacies launch codeword scheme to offer ‘lifeline’ to domestic abuse victims**

**The government has teamed up with independent pharmacies and Boots to launch a domestic abuse Ask for ANI codeword scheme.**

From the 14th January, victims of domestic abuse will be able to access much needed support from thousands of pharmacies across the UK, backed by the government.

The Ask for ANI scheme allows those at risk or suffering from abuse to discreetly signal that they need help and access support. By asking for ANI, a trained pharmacy worker will offer a private space where they can understand if the victim needs to speak to the police or would like help to access support services such as a national or local domestic abuse helplines.

As an essential retailer based on high streets across the country, and with specifically trained staff, pharmacies can provide a safe space for victims to sound an alarm if they are isolated at home with their abuser and unable to get help in another way.

The Prime Minister committed to launch this scheme at the Hidden Harms summit last year in recognition of the impact of Covid restrictions on the ability of victims to reach out for help and support. The scheme was initially proposed by survivors as something that would have helped them.

Prime Minister Boris Johnson said:

**"As we once again have to ask people across the country to stay at home to tackle this virus, it’s vital that we take action to protect those for who home is not a safe space."**

**"That is why we have launched this scheme, supported by pharmacies up and down the country, to give some of the most vulnerable people in society a critical lifeline – making sure they have access to the support they need and keep them safe from harm."**

The codeword scheme will be promoted using discreet social media adverts and paid search. Pharmacies will be given promotional material to display in store to signal to victims that they are participating.  Health professionals, social workers and Job Centres will also be asked to promote the scheme, alongside police, local authorities and specialist support services for victims.

The scheme will be initially available through the 2,300 Boots stores across the UK as well as 255 independent pharmacies. There will be an on-going [sign-up process open to all pharmacies](https://www.homeofficesurveys.homeoffice.gov.uk/s/0HK4AO/).

Safeguarding Minister Victoria Atkins said:

**"I know that lockdown restrictions are especially difficult for those experiencing domestic abuse. Home should be a safe place, but for those confined with an abuser it is clearly not.**

**The codeword scheme will offer a lifeline to all victims, ensuring they get urgent help in a safe and discreet way.**

**Throughout this pandemic this Government has invested millions in ensuring that vital services including helplines, counselling and refuge accommodation remains accessible during this challenging period."**

Boots UK Chief Pharmacist, Marc Donovan said:

**"With over 170 years at the heart of community care, Boots pharmacies have long been a place where people can turn to for help and advice on their local high street. Since the start of the pandemic, our 2,300 stores in communities across the UK have taken on increased importance as a place of safety for those who need one.**

**In addition to the designated Safe Spaces in our pharmacies, we hope with the new codeword scheme we can continue to help people access the support they need quickly, safely and discreetly.**

**This is something our pharmacy teams feel very passionately about, and we are proud of their continued dedication supporting those in need at a time of such extraordinary challenge."**

Chief Executive of the National Pharmacy Association Mark Lyonette said:

**"Community pharmacies are about people, not just pills. There is a clear and urgent need to support victims of abuse and we want to play our part.**

**The Ask for ANI alert mechanism is a discreet and sensitive way to help support some of the most vulnerable people in our society."**

Suzanne Jacob, OBE, Chief Executive of SafeLives said:

**"Victims of domestic abuse are experts in their own situation and it’s survivors of abuse who first asked for this scheme. We need to give victims as many options as possible, including during the very tight restrictions of lockdown.**

**The Ask for ANI scheme will provide a further vital lifeline for domestic abuse victims trapped by their perpetrators because of Covid. A trip to a participating shop or pharmacy might be a critical opportunity for someone to get the help they desperately need.**

**We commend the government for listening to survivors and launching this scheme, and hope that more retailers take up the scheme so that victims across the country have a route to safety."**

The codeword scheme will complement the charity Hestia’s UK SAYS NO MORE Safe Spaces initiative by enabling pharmacy staff to offer immediate and emergency assistance. Building on the successful Home Office #YouAreNotAlone campaign, this scheme is another way government is raising awareness of the vital support available through domestic abuse charities and other partners including the police.

The launch of the scheme comes as Home Secretary Priti Patel announces new laws to reform pre-charge bail which will allow for better protection to victims and witnesses in cases of violent and sexual offences, including domestic abuse.

The Home Office today consultation on pre-charge bail, which enables police to release a suspect from custody subject to conditions, while they gather evidence or await a charging decision. The new measures will include removing the presumption against use of pre-charge bail, enabling police to impose strict conditions on more suspects in high-harm cases – including most cases of domestic abuse and sexual violence – and where there are real risks to victims, witnesses, and the public.

Home Secretary Priti Patel said:

**"As Home Secretary, it is my priority to deliver justice for victims and restore confidence in our criminal justice system.**

**The introduction of the national codeword scheme, Ask for ANI, will ensure victims of domestic abuse can always get help when they need it, while our pre-charge** **bail reforms will ensure that suspects, including those charged with domestic abuse, are more closely monitored and the public is protected.**

**Taken together, these changes will help us create a safer more secure UK after the pandemic."**

In another move to support victims of domestic abuse, Business Minister Paul Scully has today issued a rallying call to employers across the country to take some simple steps to ensure their organisation is spotting signs of domestic abuse and helping their staff find the right support. In an open letter to all UK employers, the Business Minister has outlined a few key, practical steps they can take to build awareness of domestic abuse, ensure they are noticing warning signs, and helping workers access the support they need.

**With thanks to** [**www.gov.uk**](https://www.gov.uk/government/news/pharmacies-launch-codeword-scheme-to-offer-lifeline-to-domestic-abuse-victims).

**Silence your inner critic: a guide to self-compassion in the toughest times**

**Is your internal monologue friendly, calm and encouraging – or critical and bullying? Here is how to change it for the better.**

Tobyn Bell still remembers the precise moment when his self-compassion practice paid off.

He had just arrived home from work and was turning over in his mind the mistakes he had made that day, what he could or should have done – the kind of self-critical thoughts he had struggled with for years. Then, unexpectedly, another voice piped up in response, calm and steadying, addressing Bell by a fond nickname from his childhood.

While training to be a mental health nurse, Bell had learned tactics to counter and give context to his inner critic. In that otherwise mundane moment, when his internal monologue leapt to meet cruelty with kindness, they were revealed to have been effective.

**“Because I’d really practised this self-compassionate voice, it just showed up and answered,” Bell says. “It felt really moving. I’d never thought that could be possible.”**

Many of us may see self-compassion as akin to mindfulness or gratitude: a worthy goal that is hard to turn into a habitual practice. But, as Bell’s example shows, it is possible to change our inner monologue, with benefits for not only our individual health and happiness, but perhaps that of society.

By fostering compassion for ourselves, experts say, we are more readily able to feel it for other people, meaning our kinder, calmer, more empathic approach can radiate outwards. With more months of lockdown looming, with all the uncertainty and unhappiness that is likely to bring, changing your inner monologue is one small – and, crucially, free – step towards looking after your mental health.

**Know the goal**

Self-compassion is not self-care, in the superficial chocolates-and-bubble-bath sense – nor is it simply being kind. Paul Gilbert, a clinical psychologist and the founder of the [Compassionate Mind Foundation](https://www.compassionatemind.co.uk), says compassion is best understood as turning towards suffering, whether it is in yourself or others, and taking action to alleviate it.

Instead of finding fleeting ways to feel better, self-compassion is a readiness to engage with pain at its source. The aim is to be able to treat yourself as a doctor would, Gilbert suggests: not only taking your suffering seriously, but helping to relieve it. “It’s this ability, when we are suffering, to stand back and say: ‘What is this about, why do I feel this? And what would be the most helpful thing for me now?’”

**Accept your ‘tricky’ brain**

Negative self-talk is not evidence of something “wrong” with us that needs to be fixed; it is a feature of being human. Our propensity to cause ourselves anguish is an evolved function of what Gilbert terms our “tricky” brain. Our complex cognitive system – able to imagine, anticipate and conceive of an objective “self” – is equally inclined to dwell on negative thoughts such as “If only I’d …” and “I should have …” This triggers the same fight-or-flight, physiological response as an external threat.

“Self-compassion is always a trade-off with self-criticism,” says Gilbert. For some people, the balance is so skewed that their inner critic governs who – and how – they are in the world. Not only is this a miserable existence, but it often underpins problematic relationships with drugs, alcohol, food or work, in the attempt to find some relief, as well as mental health problems including depression.

**Tune in to your thoughts**

Many of us have become adept at avoiding uncomfortable or unpleasant emotions – whether it is because we are distracted by our busy lives, or simply unable to cope with what we might find. The first step towards self-compassion is gaining awareness of our inner world: what triggers feelings of anger, disgust or shame; how we instinctively react to them; the content (and tone) of our internal monologue; and any blocks or resistances we encounter.

Deborah Lee, a consultant clinical psychologist and the head of trauma services at Berkshire Healthcare, describes it as creating a new “knowledge landscape” against which the pain can be recast. “In order for you to even see that you’ve got a self-critic, you’ve got to become a wise observer.”

This process may be confronting – especially, says Lee, for people with trauma, who may have absorbed their abuser’s words into their internal monologue. “Developing self-compassion is developing insight so that you can see yourself, rather than be yourself, as such. It’s an ability to feel safe as opposed to traumatised – to develop the flexibility in your mind to develop a compassionate lens.”

**Support your mind with your body**

In his practice, Gilbert shows patients how to ground themselves during their “guided discovery” with breath, muscle relaxation or mindfulness exercises. (The Calm and Headspace apps have guided meditations for compassion; there are also pdf and audio resources on the

[Compassionate Mind Foundation’s website](http://compassionatemind.co.uk).)

Gilbert recommends soothing rhythm breathing, which is shown to alleviate stress and anxiety through its effect on the autonomic nervous system. With your shoulders, back and chest open, slow and deepen the breath to about five breaths a minute. The key is to maintain the smoothness of breath: five (or four, or six – just be consistent) seconds in, the same again out.

**Step outside yourself**

Bell, now a psychotherapist working within the NHS in Manchester, says it is helpful to understand self-criticism as a dialogue between two aspects of the self. “There’s one part of you that’s really attacking, angry and hostile, and there’s another part of you that’s receiving it and feeling upset and hurt.”

By seeing it as a relationship, you can step out of it and “relate to the conflict in a different way,” he says. In therapy, clients might differentiate between these aspects of the self by sitting in different chairs to give voice to them, or by [personifying them](https://www.theguardian.com/lifeandstyle/2019/dec/08/how-can-you-conquer-ordinary-everyday-sadness-think-of-it-as-a-person) with form or features.

Bell suggests imagining your inner dialogue as that of two strangers on the street, and describing their relationship: "Often people will say: 'Well, it’s abusive,’” he says. “As soon as you can see it as external from you, you can see it more clearly.” It may even shed light on your inner critic’s origins by bringing to mind your dynamic with a parent, teacher or peer.

**Treat yourself as you would a friend**

Nina Savelle-Rocklin, a Los Angeles-based psychoanalyst and the author of [The Binge Cure: 7 Steps to Outsmart Emotional Eating](https://drninainc.com/the-binge-cure/), says many of us [learned to deny or smother our pain](https://www.theguardian.com/lifeandstyle/2019/nov/05/the-attachment-secret-are-you-a-secure-avoidant-or-anxious-partner) in childhood, leaving us with no idea of how to soothe ourselves in later life.

She devised the “Vary” acronym to inform her clients’ responses: “Validate, acknowledge, reassure yourself.” The first step is especially important, Savelle-Rocklin says. “We tell ourselves when we are in emotional pain or distress: ‘It’s not that bad,’ ‘It’s going to be OK,’ ‘Look on the bright side’ … but we need to recognise within ourselves when we’re hurting.”

Savelle-Rocklin says: “If you wouldn’t say it to a friend, don’t say it to yourself.” Not using the attacking second-person voice – or judgmental words such as “normal”, “ridiculous” and “should” – in dialogue with yourself can also help.

**Watch your tone**

It is not just what your inner monologue says – how it says it matters, too. Savelle-Rocklin recalls a client attempting to comfort herself in a defeated tone: “‘It’s going to be OK, it’s not that bad’ – she sounded as if she was reciting statistics.”

Speaking to yourself with warmth and kindness can “feel like a verbal hug” by triggering the physiological memory of feeling safe, says Savelle-Rocklin. Maintaining an [open, upright posture](https://soundcloud.com/compassionatemind/postures-faces-and-voice-tones/s-9OPud) and friendly facial expression can similarly influence your mind, even if it doesn’t reflect how you feel, says Gilbert.

**Turn up another voice**

It is unrealistic to expect to silence your inner critic – but you can, as Bell did, train up another voice to counter it. Building a new monologue is “more positive and hopeful than thinking: ‘I’ve got to battle the critic’”, he says. He suggests starting by imagining a friend or family member who cares about you answering on your behalf.

Negative self-talk can also be reframed as a well-meaning coach or protector, or simply an indicator of mental state. Bell has come to see his critical voice as a “red flag” that he is feeling vulnerable and in need of some care. “The function of it has changed … You can then use it to your benefit.”

**Foster the flows of compassion**

Compassion has as much to do with our relationships to other people as with ourselves, says Gilbert. Fostering connection and ways we can care for others reorganises our tricky brains to draw meaning from these relationships, instead of the self. When we feel supported by others, and safe, we feel better able to extend that to others.

The aim is to create a “compassionate mindset” where we not only feel compassion for ourselves and others, but are open to receiving it too, says Gilbert. “Self-compassion is really recognising what it is to be human: what our basic needs are, which is a sense of connectedness, and what moves us away from that.”

**Acknowledge the forces against you**

The difficulty in fostering self-compassion is that much of modern life is geared towards competition – from our economic system, modelled around the assumption of scarcity, to our entertainment, where reality television contestants fight to avoid elimination.

All of this triggers our threat system, bringing out the worst in our primitive brains. A tenet of “compassion-focused therapy”, which Gilbert developed, is recognising that self-criticism is an entirely reasonable response to “swimming in a river that we shouldn’t be swimming in”, he says.

“What tends to lie under self-criticism is this fear of not being good enough, being dismissed or devalued, seen as undesirable – but we live in a society that is constantly, from the day we are born, judging, evaluating, rating and ranking us … Nobody teaches us how to deal with suffering,” he says.

**Embrace the practice**

Lee says learning to be compassionate takes daily discipline, just like physical fitness. “If you want to feel the benefits … you have to put the work in.” But, she adds, the hardest part is granting yourself the permission to do it and accepting that you deserve to be at peace with yourself.

Making that commitment marks the start of a “lifelong journey”, says Lee. She tells her patients that the longest relationship they will ever have is with themselves – “so would you like to take your self-critic with you, or your compassionate friend?”

[**With thanks to theguardian.com.**](https://www.theguardian.com/lifeandstyle/2021/jan/06/silence-your-inner-critic-a-guide-to-self-compassion-in-the-toughest-times)

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**We'd like to hear about your placements! You can write about things such as:**

- who your placement is with

- what you've enjoyed

- what challenges you've faced

- what you've learned and how it's developed your practice

**Please email any submissions to** [**elaine@nationalcounsellingsociety.org**](mailto:elaine@nationalcounsellingsociety.org) **for a chance to be featured** **in the next magazine!**