GOOD THERAPY

— NEWSLETTER —

APRIL 2022

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College of Sexual and Relationship Therapists

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GET IN TOUCH

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HAVE ANY OF YOUR DETAILS CHANGED?
If so, please send an email to
info@cosrt.org.uk detailing the changes.

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Chief Executive
COSRT Update

Hello and warm wishes from me and everyone involved in COSRT. Our year has seen positive moves out of health-related restrictions that have curtailed normal life. But it has also seen at times shocking challenges emerge and grow. My hope is that we can individually and collectively build on the positives and be resilient when that is the need.

I want to begin this short piece by thanking Members for collaboration in our annual re-licensing process. This is vital to ensure our public Register is up-to-date and public protection is maximised.

The process has been helped immeasurably by your assistance, and later in the year we will conduct our annual audit. That involves more detailed information being provided by a selection of Members to quality assure the Register. More details will be made available in coming weeks.

During the relicensing process we became aware of many Members returning to practice after time out. And others who are now taking the opportunity to progress professionally, including moving to more senior Membership categories.

We have a spread within this issue of Good Therapy giving a very high-level overview of our membership structure, aimed at illustrating the opportunities available. The information is necessarily brief, so please do check out website for more information.

Another issue of note is the revised Code of Ethics, Conduct Procedure and Sanctions Protocol earlier this year. These are all available within the dedicated section of our website.

The Code of Ethics provides a key framework that Members commit to operating within, so do take the time to familiarise yourself with it. The suite of policies represents significant work with legal and sector experts, and gives Members the best framework possible.

I'm also delighted to be able to highlight our first 2022 conference. On 10th June we will be exploring Gender, Sexual and Relationship Diversity.

A host of renowned speakers will discuss topics of relevance to modern therapy practice, and as ever, we hope it will be a thought-provoking day. Following Member feedback the conference is online to maximise accessibility. Full details of the

conference will be shared soon, but tickets are on sale now.

Another great piece of news is the permanent appointment of Sonja Pinnell to the post of Training and Knowledge Manager.

Sonja has been acting into the post in recent months and succeeded in a recent recruitment exercise.

I've been excited by the focus and professionalism Sonja has brought to the role, and know you are already benefiting from her success in improving our training programme.

My final words are simply to thank you all for your support and engagement as ever.

The last two years have seen incredible uncertainty for everyone. Yet your dedication and work means that we emerge continuing to grow, continuing to support professionals, and continuing to protect the public.

I am excited about 2022 and look forward to sharing it with you all.

COSRT'S CONDUCT POLICIES AND PROCEDURES

COSRT's revised Conduct Procedure, Code of Ethics and Sanctions Protocol were launched earlier in 2022.

These combine to form a central framework of our activity as a Professional Body.

- The Code of Ethics and Practice contains the standards of ethics, practice and conduct which COSRT expects of its Members.
- The Conduct Procedure provides a transparent route by which complaints against all COSRT Members are made, managed, and considered.
- The Sanctions Protocol details the way in which COSRT may sanction Members subject to the COSRT Conduct Procedure

It is imperative that everyone is familiar with the Code of Ethics.

COSRT requires that Members do not practice as a Psychosexual and Relationship Therapists or versions thereof unless they hold COSRT Registered Membership (or when they are in suitable training).

But the Code of Ethics applies to all Members within all categories – from Affiliate to Senior Accredited – whether in practice or not.

THE CURRENT CODE OF ETHICS IS BASED ON FOUR KEY PILLARS:

- Prioritising People
- Skills and Knowledge
- Safety and Quality
- Integrity

Within these sit 53 clauses which set out the key elements to ethical practice and good

professional standards. As ever, Members are personally accountable for practice and conduct subject to the Code of Ethics and Practice and must always be prepared to justify decisions and actions.

This suite of high-quality policies serves a vital protection function. Protecting you as Members and specialist therapists. And protecting others including Service Users.

Discounts on IT, access to tech advice & other benefits for members.

We are pleased to announce that Dell UK has partnered with COSRT to provide a range of discounts on selected IT and other benefits to members.

These include:

- Up to **20% discount** off laptops, desktops, servers, and accessories
- Access to our highly trained Small Business Technology Advisors to help members with free advice to grow their business
- Dedicated account manager for COSRT members

Head over to the members area on the **COSRT website** to find out more

No Fault Divorce law in force from 6th April 2022

By Hazel Wright, Mediator and Trustee of COSRT

Here Hazel Wright outlines the key points of the new law. She will also be hosting a twilight seminar, 'Therapists Guide to the new 'no fault' divorce law' on 20th April. Book via COSRTlearn.

In England and Wales, divorce has been possible if one spouse blamed the other's conduct (adultery or unreasonable behaviour).

More recently, it was accepted that a period of separation (either 2 years if both spouses agreed or one deserted the other, or 5 years without consent) could also be evidence of the irretrievable breakdown of the marriage.

In this briefing, references to married couples include civil partners and so on.

We now accept that marriage breakdown seldom happens due to one person's conduct.

The other choices of having to live separately but not divorced also means that you cannot conclude a final, binding financial settlement for at least 2 years, as the necessary court order is only made on decree absolute.

You will still need a separate court order on the financial arrangements. Your marriage created financial links and responsibilities you must deal with now.

There are very few court orders about the arrangements for children unless it is in clearly in the best interests of the children for a judge to get involved.

For divorces started on or before 5th April, the "old process" applies, and they do not convert to the new one.

THE NEW LAW:

1. You cannot blame the other partner for the breakdown of the marriage. There is no fault as far as the law is concerned. Divorce is through the family court system. Most people use the online forms. The fee £585.
2. It follows that there is no defence to an application for divorce.
3. Either one or both jointly can apply for the divorce.
4. There is 20 month break from the start before there can be a Conditional Order (the old Decree nisi). The law does not tell us what to use that time for. Some will use it to consider whether they want to proceed to divorce. Sometimes it is agreed to try reconciliation, perhaps with the professional help. If you decide to stop, tell the court.
5. During this period, negotiations, financial advice, mediation and couple counselling (particularly if the arrangements for children are not straightforward) will all be useful. For example, you may need permission from a mortgage lender or a landlord to carry out your plans. You should take advice on any pension rights. You might investigate a change of school or return to work. These all take time.
6. Even if the split is not forever, good work can be done on areas of tension in the marriage so that the future arrangements work better for all involved.
7. After the Conditional Order there is another break of 6 weeks before the Final Order (the old Decree Absolute).

the grove

info@thegrovepractice.com
020 7637 7763
thegrovepractice.com

Tutor-led courses on Zoom - Spring & Autumn intakes

Diploma in Integrative Supervision of Individuals and Groups

Develop therapeutic supervisory skills and gain primary preparation for supervisor accreditation

Certificate in Couple / Relationship Therapy

Skills and models for working therapeutically with couples and other forms of relationship

Certificate / Diploma in Advanced Emotional Regulation skills

Systematic toolkit to support clients to manage their emotional worlds, and reduce overwhelm

Certificate in Psychosexual Therapy

Gain confidence with sexual issues for individuals or couples

Certificate in Intersectional Competence

Understanding intersectional identity towards equity in clinical practice

Certificate / Diploma in Trauma Therapy

Practical trauma treatment toolkit, assessment skills, Trauma-Focused CBT (CPT), plus EFT (Level 1 & 2)

NEW self-study online CPD - videos and materials

Consulting Essentials1:
for therapists who want to work with organisations
Skills and coaching for mental health at work, 6 CPD hours

Essentials of Supervision
Competence for supervising individuals, peer & group
6 CPD hours

Consulting Essentials 2:
gaining entry, your offer & contracting
Key skills for organisational work,
1 CPD hour

Essentials of Trauma therapy
PTSD & Complex PTSD, dissociation and other trauma symptoms
8 CPD hours

"The course facilitators provided a safe, open space for learning, reflection and discussion and also shared their wisdom and expertise, leading to a training experience which was engaging and thought-provoking."
Emma 2020 student

The Food Fix

Eating Disorders and how to work with them.

By Julia Buckroyd

There is general agreement in the therapy world that people with eating disorders present a real challenge to therapists to the point that many won't work with this client group. I have been working exclusively in this field now for almost 40 years.

The Advanced Certificate in Eating Disorders, starting in 2023 is my way of sharing with you some of what I now know, especially in relation to how to work with clients who suffer from eating disorders, or disordered eating.

There is a rough division of eating disorders into anorexia, bulimia and binge eating disorders, but there are many other manifestations of a problematic relationship with food, for example orthorexia, chewing and spitting, night eating, atypical presentations of the major diagnoses etc.

Sexual relationships are often threatened (or suspended) because of the accompanying anxiety and distress that those with eating disorders often feel about their bodies.

This proliferation of presentations demonstrates how common it is for us to have difficulties in managing what seems so simple: being hungry, eating and being satisfied.

With those difficulties there are many others that often accompany them such as OCD, self-harm, poor body image or even body dysmorphia, over-exercising and poor self esteem.

These behaviours and attitudes can create havoc in families and relationships. The ordinary sustaining rituals of eating together are likely to be disrupted.

Sexual relationships are often threatened because of the anxiety and distress that those with eating disorders often feel about their bodies. So, for example, clients can often be unwilling to be seen without clothes and will insist in having sex in the dark.

In addition they can prohibit their partner from touching specific parts of their body. In the worst cases, the family or relationship will break apart.

I start from the premise that behaviour has meaning. What we do has function and purpose. People struggle with their eating for a reason. They are using it as part of their life management strategy.

They are trying to help themselves, survive, get through the day. When we first meet someone with an eating disorder, she (and it mostly is a she) is letting us know that she has had to use food, to manipulate it, in order to manage whatever it is that life has thrown her way.

What she is doing, her food fix, is necessary and meant to be helpful. For that reason, my attention is not solely on the eating behaviour. I need to know what it's for, what problem it is intended to solve. (Any medical risk of course needs to be addressed.)

I begin to create a hypothesis by asking the client to tell me about her eating behaviour, her current circumstances and something about her history.

My goal is to create an alliance with the client to investigate why she needs her food fix. What problem is she trying to solve, what hurt is she trying to soothe, what fear is she hiding from?

Eating disorders are intended to cope with/protect from/manage something that otherwise feels overwhelming and unmanageable.

Our job is to find out what that something is and then to deal with it in a way that solves the problem rather than creating an additional problem.

Let's take an example or two:

- adolescent of 15. Been losing weight for at least 6 months. BMI 17 – not dangerous but diagnosable as anorexia. Has something happened? Yes, Dad died. So this is a way of/ instead of mourning. The task is likely dealing with that loss.
- adolescent of 15. Been losing weight for at least 6 months. BMI 17 – not dangerous but diagnosable as anorexia. Not managing at school. Overwhelmed, not making friends, on the edge of school refusal. So this is a way of escaping from something that seems impossible. Task probably to help her mature and become more resilient
- adolescent of 15. Been losing weight for at least 6 months. BMI 17 – not dangerous but diagnosable as anorexia, probably bingeing and purging Has been a troubled youngster for some time, self harming. Background of trauma. Task will be to deal with the trauma.

What I'm trying to show is that anorexia (or any other eating disorder) can develop for any number of reasons yet superficially may look the same. Our job is to figure out, with the client, what it's for.

We can then ask the question why the client has chosen to manage her life this way. Eating disorders are a voiceless complaint. What in this person's life has meant that she expresses herself via a fix (which could also be drugs or alcohol) rather than in words.

Often clients of this kind are not in touch with their feelings; they don't know what they feel except perhaps numb or confused. If you don't know what you feel it's very hard to share what's going on with you.

It's true that there are probably 10 anorexic women for every one anorexic man, but research seems to be suggesting that about 40% of bulimics are male

This of course is not helpful to relationships. So we as therapists have to be the ones who have words for feelings and help clients to say what is going on with them.

Sometimes it helps to use drawing or stones/shells/buttons. Sand tray can be helpful, so can paying attention to body language or physical complaints.

But let's not ignore men. It's true that there are probably 10 anorexic women for every one anorexic man, but research seems to be suggesting that about 40% of bulimics are male.

Among binge eaters it seems likely that percentages are roughly equal, male and female. Traditionally eating disorders have been seen as a female complaint which has made it hard for men to seek help.

It's probable that their thinking patterns are different, for instance wanting to build lean muscle, rather than simply wanting to be thin. It also seems likely that their problems with food are often accompanied by OCD.

Much of what I have said above also applies to men, but we need to be alive to the possibility of different presentations and different internal narratives.

If this sounds interesting to you and relevant to your work, then I encourage you to think of undertaking the Advanced Certificate in Eating Disorders.

It is directed at developing your capacity to work effectively with people with any form of disordered eating within a conceptual framework that focuses on attachment theory.

You may want to look at my book 'Understanding your Eating' which will give you more of an idea how I think about these things and let you decide whether it is an approach that you would like to develop for your own practice.

JULIA BUCKROYD
julia@juliabuckroyd.co.uk

SRT Sexual and Relationship Therapy

Journal Update

By Dr Markie Twist

Dear College of Sexual and Relationship Therapy (COSRT) members,

Hello from our journal, Sexual and Relationship Therapy (SRT)! The first issue of the year, Volume 37 Issue 1, is now published.

This issue is a standard issue, as will be Issue 2 of Volume 37. We plan to close out the publication year with a special issue focused on “Sexuality, Religion, and Spirituality” in the spring of 2022.

We also want to take this moment to share an exciting update form our publisher—Taylor and Francis.

According to Taylor and Francis, between years 2020 and 2021, we experienced a 133% increase in downloads of our articles.

This increase speaks volumes of our growing readership and relatedly the valuing of our scholarship as a professional journal.

That is all we have from the journal at this time. As always, thank you for your support and appreciation of our journal!

Farewell Tricia Evans

by Andrew Galliford-Yates, Chair, on behalf of the COSRT Team

We have to say farewell to a much valued and respected friend, colleague and member Tricia Evens FCOSRT.

Tricia Evans is retiring from the events team and we will miss her. She has occupied the role of front of house for our conferences and many CPD events for more years than what we care to remember.

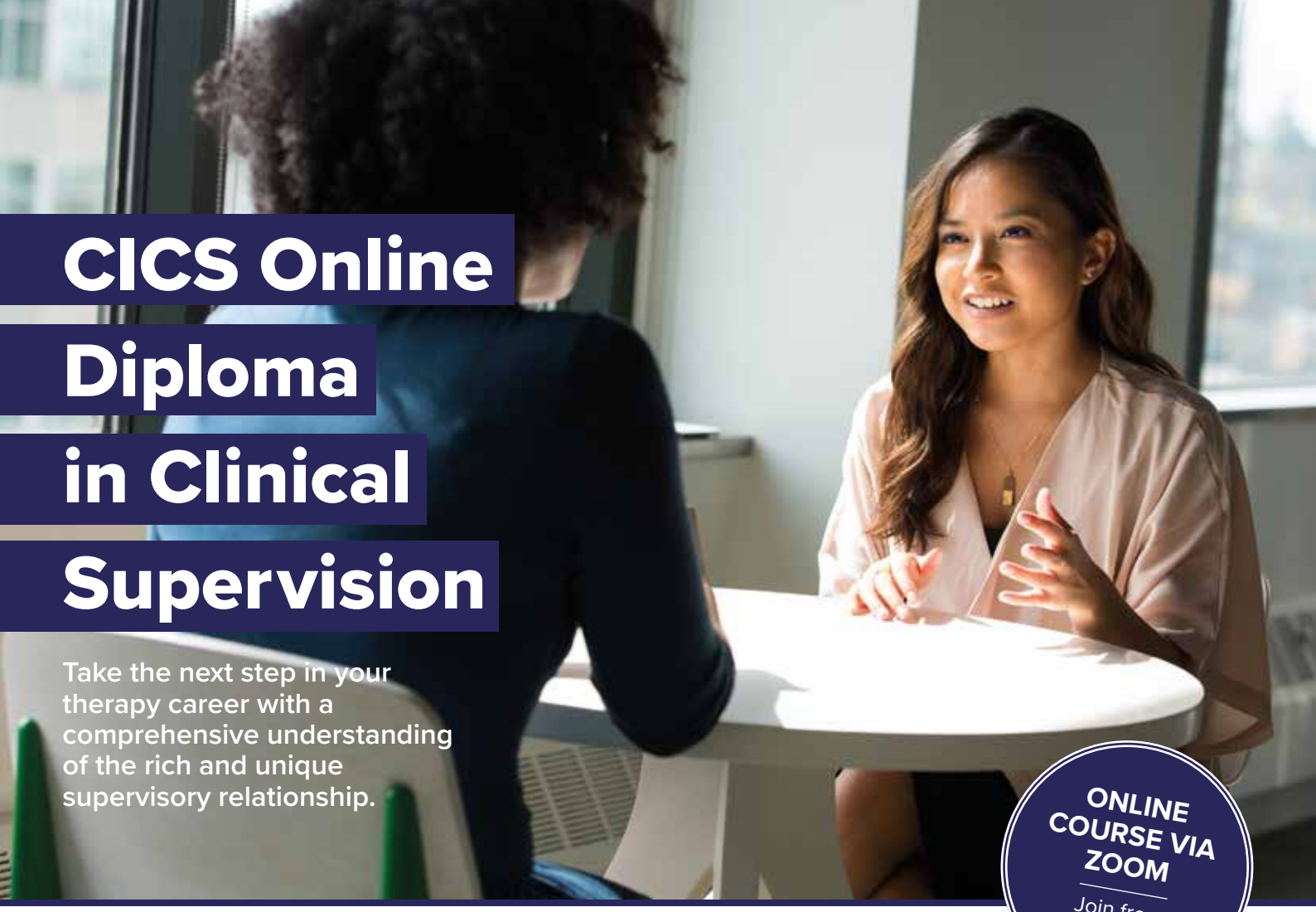
She has, with ease and elegance, been the comforting and reliable face for delegates and speakers alike.

Never flustered, always courteous and impeccably prepared, Tricia has worked her magic; meeting and greeting members, settling speakers and looking after delegates.

Tricia, never phased by the inevitably and rapidly emerging challenges such as badly behaved IT or refreshments arriving for ten, not a hundred, sails through with swan-like elegance.

Always smiling, always the consummate professional, always prepared, Tricia you will be missed.

You have looked after us for so long and you leave big shoes to fill. Good luck for the future and thank you so much. Enjoy having more well-earned time.



CICS Online Diploma in Clinical Supervision

Take the next step in your therapy career with a comprehensive understanding of the rich and unique supervisory relationship.

ONLINE COURSE VIA ZOOM

Join from anywhere!

The CICS Diploma in Clinical Supervision has been designed to thoroughly prepare you for your next step in career seniority, providing solid and pragmatic knowledge on risk and safeguarding management along with a deeply nuanced consideration of the rich and unique supervisory relationship.

The course content has been developed in line with the BACP Supervision Competence Framework, the UKCP Practice Guidelines for Supervisors and the COSRT Registered and Accredited Supervisor requirements.

The course is structured in the CICS blended learning model, with detailed module pre-reads and skills demonstration videos accessible via our e-learning platform, combined with live tutor contact and skills practice time, over a seven month duration.

Course dates

- 2nd September 2022: 6pm-8pm
- 16th and 17th September 2022: 10am to 5pm
- 21st and 22nd October 2022: 10am to 5pm
- 25th and 26th November 2022: 10am to 5pm
- 13th and 14th January 2023: 10am to 5pm
- 24th and 25th February 2023: 10am to 5pm
- 24th and 25th March 2023: 10am to 5pm

Course tutors

Rima Hawkins

COSRT Accredited Psychosexual and Relationship Therapist, COSRT Accredited Supervisor, Pink Therapy Advanced Accredited GSRD Therapist

Silva Neves

UKCP Registered Psychotherapist, COSRT Accredited Psychosexual & Relationship Therapist, COSRT Accredited Supervisor, Author, Pink Therapy Clinical Associate

More information and application at
theinstituteofsexology.org/dcst

theinstituteofsexology.org

Search for us on Social Media

CICS Contemporary Institute of Clinical Sexology

Getting where we want to go

By Caroline Courtney

Our training as therapists encourages us to self-reflect and to cultivate our self-awareness, and to continually practice and develop these skills.

This process is never linear. Opportunities for learning can happen at the most unexpected times, so it helps to remain open to these in their many guises.

As a psychosexual therapist, we are regularly asked by clients to help them improve, restore or optimize their sexual functioning.

As we all know, clients frequently come to therapy with specific goals. If they are open to it, our work also encompasses encouraging clients to broaden their definition of sex and intimacy, and to create more opportunities for connection.

Encouraging clients to hold their goals and expectations for their therapy a little more lightly can be helpful. I was reminded of this recently in a very different situation.

I was at family meal. Seven members of my family had gathered around a family dining table, to celebrate a birthday, (and to try not to mention Boris!)

The hostess “Agnes” was in her kitchen serving portions of gateau and cream. The size of each portion was being decided in the kitchen. Bowls were allocated to named recipients, as per the usual system in her home.

I was waitress, ferrying plates between kitchen and dining room as instructed.

I took huge portions of dessert to “Mike” and “Lucy”, as instructed, obediently announcing the names of the designated recipients. But ‘Mike”, being relatively new to this convention, and a thoughtful and polite chap, passed his plate to the elder of the house, “Tom”, at the end of the table.

Many eyes followed this errant bowl of dessert. Tom. 88, with his high blood pressure, his love of sweet food and his tendency to scrape the varnish off dessert bowls with his spoon in his efforts to retrieve every last particle of deliciousness, is usually served last, and always gets a smaller portion.

Each plate emerging from the kitchen was intended to reach a named person. But Mike’s unwitting act of defiance had caused a stir.

His benevolent interception threw me. I became tense as a small squirt of adrenaline hit my blood stream. Would I tell the hostess that desserts were not reaching their intended destinations? I decided to feign shock as anarchy broke out in the dining room, with

desserts being swapped around, breaking well established house rules.

Meanwhile Tom had made the most of things and had polished off his bowl of deliciousness tout de suite!

It is very human to be attached to specific, desired outcomes. This can create forward momentum and positive change. It can feel exciting and bring new energy to a situation.

But having fixed expectations can also create apprehension, fear of failure, tunnel vision and sometimes distress. We can be so set on achieving our goals that we don't consider alternatives.

For example, I am sure many of us have worked with men with erection problems who don't get on with vacuum pumps. They can find them clunky and cumbersome.

They dislike the lack of spontaneity. We might explore how the client feels about broadening his ideas of what counts as sex. What else could he try, on his own or with his partner?

Our attachment to certain outcomes plays out in many areas of our lives. Agnes wanted to serve her guests portions of dessert that she believed they would prefer, and to look after Tom by rationing his portion. On reflection, I was also attached to an outcome; I feared "upsetting the apple cart".

Once we loosen our attachment to a specific outcome, it doesn't mean that we're any less keen on achieving our goal. It means we are more open to alternatives. It also means that we're less caught up in the fear of not achieving it.

In our work this can involve seeing the client with their partner, opening a dialogue about the problem, exploring their attitudes, rather than just focusing on achieving change in one person's functioning.

The presented problem that the client is seeking to resolve or improve can be seen as being between people, not as an "impairment" or lack in one person.

This "dialogue approach" can be a great way to improve or enhance a client's sex life and their relationship with their own body, though the outcome might well not be what they had held as a goal at their first session.

Members in the Media

Silva Neves took part in the first episode of a new podcast by George Lee 'Age on Trial'

Caroline Lovett featured in an article in the Daily Mail.
Where can you turn for help when illness wrecks sexual intimacy with your partner?

TLC therapy&lifestyle CLINIC

Job Vacancy

Psychosexual Therapist
£41,000-£45,000 p.a. (Experience dependent)
Part time and full time vacancies available

TLC is an innovative clinic of professional clinicians offering evidence-based support to our clients. Our team consists of Counsellors, Psychosexual therapists, Cognitive Behavioural Therapists and Eating disorders specialists working alongside registered health professionals and weight management specialists to provide a holistic space for addressing difficulties.

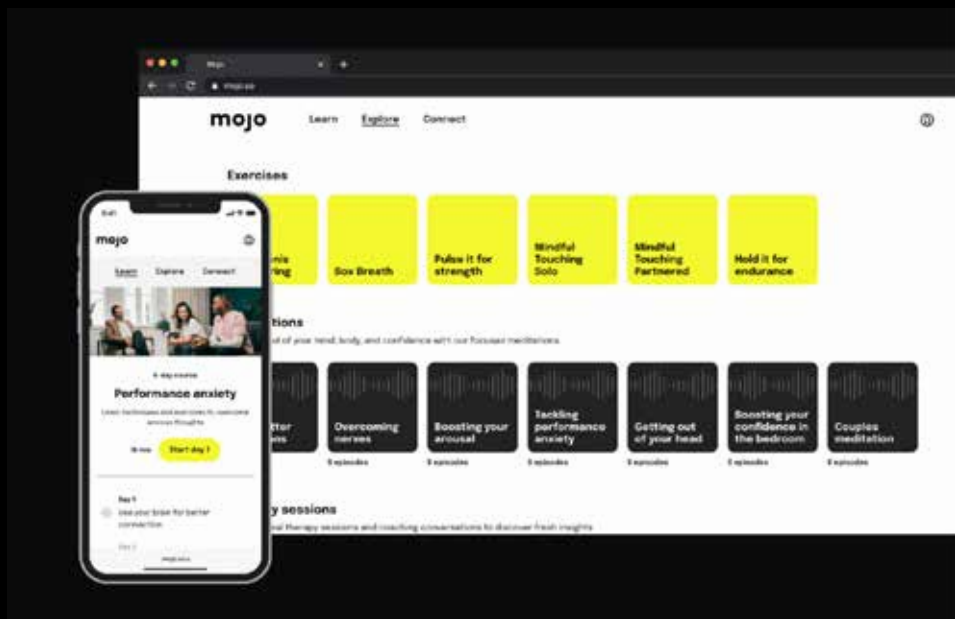
We are looking for an enthusiastic and passionate psychosexual therapist to join our tight-knit team. Our priority is to offer a safe, supportive and compassionate environment for our team to promote positive wellbeing within the workforce.

Benefits include:
Remote and clinic based working
Pension scheme
28 days annual leave plus bank holidays
Training and career development
Supervision: group, peer and one-to-one
Bonus incentives

For further information contact Sian Spencer-Bray on 01246 954005 or Sian@TheTLC.uk

CV's to be sent to: Hello@TheTLC.uk

www.therapylifestyleclinic.co.uk



mojo

Mojo-COSRT survey: Supporting men with psychological ED

Mojo is a wellbeing app for men with psychological sexual issues. We are on a mission to sexually enlighten mankind, ensuring a future where everyone feels proud of the bodies they are in, the sex lives they lead, and the relationships they have.

Since launching in October 2020 we have been working tirelessly and are proud that Mojo has now helped 60,000 men in 64 countries across the world. This makes us the largest study into men's sexual wellbeing and the data we are gathering is fascinating.

Mojo is a huge advocate for therapy, which is the gold standard treatment for psychosexual issues. Naturally, COSRT reserves a special place in our hearts. Without the help and support of its members, Mojo would not exist.

To work more closely with the psychotherapeutic community, we have compiled a survey about supporting men with psychological erectile dysfunction (ED), the future of sex therapy, and the role of digital therapeutics. We welcome all COSRT therapists to take part in this 15-minute survey.

We will compile our findings with key data points and learnings gathered over the past 18 months to share with the COSRT community. We appreciate your time and will donate £10 to support Ukraine for every completed questionnaire.

Please know that we operate an open-door policy for all COSRT members, who are all welcome to a free Mojo membership if they email support@mojo.so asking for one.

CLICK HERE TO TAKE PART IN THE SURVEY

COSRT CONFERENCE:

Gender, Sexual and Relationship Diversity in Modern Therapy

10TH JUNE 2022

READ MORE

COSRT'S MEMBERSHIP CATEGORIES

cosrt
College of Sexual and Relationship Therapists

A reminder of the COSRT Membership categories covering the career pathway.

Included are indications of some of the key requirements for entry to each category.

Click the link below for full information on categories, benefits and requirements

MORE INFO

UN-REGISTERED CATEGORIES

STUDENT

For students on specialist PRT courses or similar

Move to Professional Associate after completion

RETIRED

Career break or full retirement from practice

PROFESSIONAL ASSOCIATE

Professionals not eligible for Registration but linked to PRT

Graduated students hold this until Registration complete

THESE DO NOT PLACE MEMBERS IN THE REGISTER

THESE PLACE MEMBERS IN THE REGISTER

REGISTERED CATEGORIES

REGISTERED

Eligible Qualification

Insurance

Supervision

ACCREDITED

Registered for 1 year

3 year's practice

450 hours supervised practice

SENIOR ACCREDITED (CLINICAL)

Accredited for 5 years

6 year's practice

300 hours supervised practice after Accreditation

REGISTERED SUPERVISOR

'Bolt on' designation of supervision status

Available to anyone eligible within Registered Categories

ACCREDITED SUPERVISOR

'Bolt on' designation of senior supervision status

Available to Accredited or Senior Accredited members.

Event Listings
Online

Self-Access Classes on COSRTlearn

Working with Common Erectile and Ejaculation Problems
Trainers: Trudy Hannington & Andrew Yates

Keeping the Connection:
Maintaining an Intimate Couple Relationship at End of Life
Trainer: Ruth Hazelton

The Impact of ADHD on Relationships and Sex
Trainers: Dr Edward Hallowell and Devika Chowdhury

Testosterone Deficiency in Men
Trainers: Dr Doug Savage & Trudy Hannington

The Science of Being Dad
Trainer: Dr Anna Machin

Walking Therapy
Trainer: Jonathan Hoban

Living with the Sexual Consequences of Cancer:
Trainer: Dr Isabel White

Focus on Female Infertility
Trainer: Louise Magee

COSRT Conference:
The Parenting Relationship

Disordered Eating in Families & Relationships
Trainer: Julia Buckroyd

The Impact of Involuntary Childlessness on Sexual Intimacy
Trainer: Jody Day

Solutions for Female Orgasm Problems:
Helping Clients become Cliterate
Trainer: Dr Laurie Mintz

Working with common Sexual Difficulties in Women
Trainer: Trudy Hannington

Non Demand Sex Therapy
Trainer: Cate Campbell

Providing Therapy Online
Trainer: Jo Coker

Chemsex
Trainer: Silva Neves

Desire & Desire Discrepancy
Trainer: Dr Kristen Mark

The Digi of Things
Trainer: Dr Markie Twist

After the Affair:
Rebuilding Relationships after Infidelity
Trainer: Juliet Grayson

Addressing the Distinct Needs of those with Physical Limitations within Therapy.
Trainer: Michelle Donald

Understanding, Navigating & Overcoming Barriers for Therapists when talking to disabled people.
Trainer: Alex Cowa

COSRT Autumn conference 2021: Supporting Intimacy for All

Understanding Compulsive Sexual Behaviours.
Trainer: Silva Neves

Being GSRD-Aware.
Trainer: Silva Neves

Managing Monogamism: Polyamory Aware Therapy Practices.
Trainer: Dr Markie Twist PhD

What to do when your clinical notes are requested.
Trainer: Benhamin James

History Taking for Therapists.
Trainer: Anne Chilton

The Science of Love
by Dr Anna Machin

Understanding Intersectionality, Privilege and Otherness
by Dr Dwight Turner

FOR MORE INFO & TO BOOK SELF-ACCESS CLASSES

COSRT Online Live Seminars

APRIL 2022

20 Therapists guide to the new 'no fault' divorce law
Trainer: Hazel Wright

MAY 2022

20 Trans and non-binary Training for Therapists
Trainer: Professor Dr Christina Richards

JUNE 2022

24 Surrogacy as a pathway to parenthood
Trainer: Tracey Sainsbury

27 Clinical supervision – supporting excellence in practice
Trainer: Joanna Coker

JULY 2022

6 Marketing yourself as a Psychosexual Relationship Therapist: Part Two
Trainer: Andrew Marshall

13 Judaism and Sexuality
Trainer: Judi Keshet-Orr

SEPTEMBER 2022

16 Understanding the course of the menopause journey
Trainer: Trudy Hannington, Sue Stillwell

FOR MORE INFO & TO BOOK AN ONLINE LIVE SEMINAR

Event Listings

Thematic Training Courses

Accredited with COSRT Levels

AFFINITY PSYCHOTHERAPY ACADEMY

Advanced Diploma in Contemporary Relationship Therapy

Find out more

NAOS
FROM INNER TO OUTER CHANGE

Advanced Diploma in Couples Therapy

Find out more

CICS Contemporary Institute of Clinical Sexology

Certificate in Contemporary Intimate Partner Therapy

Find out more

NAOS
FROM INNER TO OUTER CHANGE

Diploma in Trauma Therapy

Find out more

CICS Contemporary Institute of Clinical Sexology

Online Diploma in Compulsive Sexual Behaviour

Find out more

NAOS
FROM INNER TO OUTER CHANGE
London Diploma in Psychosexual and Relationship Therapy

Post Graduate Certificate in Clinical Sexology

Find out more

CICS Contemporary Institute of Clinical Sexology

Professional Certificate in Psychosexual Therapy

Find out more

Laurel Centre
Founded by Paula Hall

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