

Psychological therapies



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Psychological therapies

Guidelines for psychological therapies

This guideline gives general guidance only and cannot replace clinical judgement in individual cases.

Definition

Psychological therapy refers to a broad range of treatments, which aim to reduce distress, symptoms, risk of harm to self and others, improve quality of life and social or occupational functioning by assisting the patient to develop a psychological understanding and learn new skills to manage their mental health

Guiding principles

Psychological therapy should be routinely considered as a treatment option for all mental health problems.

- ❑ Patients in distress and/or crisis can be managed in primary care, if appropriate resources, support and supervision are available
- ❑ More severe and complex problems and those at risk should be seen within secondary care

- ❑ Patient needs to be prepared and motivated to make changes if any therapy is to be effective
- ❑ Evidence-based guidelines should be followed (overleaf)
- ❑ Patient preference should inform treatment choice but age, sex, social class, ethnic group should not determine access to therapies
- ❑ Many treatments may be more effective if patients are also receiving medication

Use of guideline

Choose level of intervention according to the severity of symptoms, patient's capacity to cope and their social situation

If patient does not respond increase the level of intervention, see below.

Use severity matrix to help decide referral pathway.

Non statutory counselling

Refer to Toolkit for information on local non statutory counselling organisations

Private counselling and psychotherapy

Refer to Toolkit for information and guidance on private psychotherapy

Relapse prevention

In moderate to severe cases, most psychological problems have a cyclic nature. An expectation of continued contact and monitoring should exist and full use made of level 1, particularly self-help groups to maintain improvement.

Level 1: Primary care/mild presentations

For whom?

For patients with mild and/or occasional distress/symptoms in one or more areas, feels in control and has reasonable support.

Guideline

Encourage self-help for first presentations as primary course of action and for maintenance of gains from all interventions

What to offer?

- ❑ Use Toolkit for: Patient handouts, reading recommendations and community services counselling/problem solving and support from PHCT
- ❑ Self-help groups
- ❑ Health visitor active support for post-natal depression

Level 2: Primary care/moderate presentations

For whom?

Clear distress and/or crisis but not at risk. Poor functioning in one or more area. Adequate support.

Guideline

- ❑ Consult CMHT/Link CPN if unsure of risk and/or whether to refer.
- ❑ Use DoH Guidelines (overleaf) for guidance on which problems require a more skillful therapist
- ❑ Therapies of less than 8 sessions unlikely to be effective for moderate to severe cases.

What to offer?

- ❑ Focused psychological therapy/counselling
- ❑ Stress management workshops (CBT)
- ❑ Guided self-help (CBT)
- ❑ Computerised CBT.

Note: CBT – Cognitive Behavioural Therapy

Level 3: Secondary care for Severe/chronic and at risk cases

When patient is severely and/or chronically distressed and feels/appears unable to cope and/or at risk to self or others and failed to respond to primary care level 2 interventions.

Referral Routes:

- ❑ Psychological Therapies Team within CMHT (if available)
- ❑ Community Mental Health Team (CMHT)

Guidelines

More complex problems require more skilled therapists as available in secondary care. Often 16 + sessions required for symptomatic relief and longer therapies may be required to achieve lasting change in social and personality functioning.

Multi-disciplinary involvement often but not necessarily offered.

Evidence-based clinical practice guidelines

This guideline gives general guidance only and cannot replace clinical judgement in individual cases.

(Recommendations from DoH 'Treatment Choice in Psychological Therapies and Counselling: Evidence Based Clinical Practice Guidelines' DoH Publications Feb 2001)

The strength of each recommendation depends on the evidence supporting it, and is graded from A to D (A= very strong Evidence to D= respected clinical opinion/ expert reports)

Specific recommendations for presenting problems

Adjustment to life events

Patients who are having difficulty adjusting to life events, illness, disabilities or losses (including childbirth and bereavement) may benefit from brief therapies, such as counselling. **(B)**

Anxiety disorders

Anxiety disorders with marked symptomatic anxiety (panic disorder, agoraphobia, social phobia, obsessive compulsive disorders, simple phobias and generalised anxiety disorders) are likely to benefit from cognitive behaviour therapy. **(A)**

Depressive disorders

Psychological treatments have been found effective in the treatment of depression in general adult and older adult populations, including in-patient care. Cognitive behaviour

therapy (CBT) and Interpersonal Therapy (IPT) in particular have been found efficacious in the treatment of depression, with best evidence for cognitive behaviour therapy. **(A)**

New supplementary evidence from pragmatic primary care controlled trial (King *et al*, 2000) which found non-directive counselling and cognitive behavioural therapy were equally effective and superior to usual GP treatment for depression.

Eating disorders

Bulimia nervosa can be treated with psychological therapy; best evidence is for interpersonal therapy and cognitive behaviour therapy. **(A)**

Individual psychological therapy for anorexia may be of benefit; there is little strong evidence on therapy type. **(B)**

Personality disorder

A co-existing diagnosis of personality disorder may make treatment of the presenting mental health problem more difficult to treat and possibly less effective; indications of personality disorder including forensic history, severe relationship difficulties, and recurrent complex problems. **(D)**

Structured psychological therapies delivered by skilled practitioners can contribute to the longer term treatment of personality disorders. **(C)**

Post traumatic stress

Where post-traumatic stress disorder (PTSD) is present, psychological therapy is indicated, with best evidence for exposure and cognitive-behavioural methods. **(A)**

Somatic complaints

Cognitive-behaviour therapy should be considered as a psychological treatment for chronic fatigue and chronic pain. **(B)**

Psychological intervention should be considered for other somatic complaints with a psychological component, such as irritable bowel syndrome and gynaecological complaints (pre-menstrual syndrome, pelvic pain). **(C)**

Contraindications

Routine debriefing shortly after a traumatic event is unlikely to help PTSD and is not recommended. **(A)**

Generic counselling is not recommended as the main intervention for severe and complex mental health problems or personality disorders. **(D)**

Patient fact sheet

Psychological therapies

Psychological therapy is talking with someone trained in the art of listening. In order to gain relief, support or to try and change an aspect of one's life. Psychological therapies work by providing an opportunity for you to talk in a way which assists you to understand yourself better with someone in a safe and confidential environment.

Types of therapies

There are many types of psychological therapies some of the more common ones are explained below:

Cognitive Behavioural Therapy (CBT)

This refers to the pragmatic combination of concepts and techniques from cognitive and behaviour therapies, common in clinical practice. Behaviour therapy seeks to solve problems and relieve symptoms by changing behaviour and the environmental factors which control behaviour. Graded exposure to feared situations is one of the commonest behavioural treatment methods and is used in a range of anxiety disorders. Cognitive therapy is a structured treatment derived from cognitive theories. Cognitive techniques (such as challenging negative thoughts) and

behavioural techniques (such as activity scheduling and behavioural experiments) are used with the main aim of relieving symptoms by changing maladaptive thoughts and beliefs.

Cognitive Analytic Therapy (CAT)

This is a brief (8–25 sessions) integrative therapy combining elements of cognitive behavioural and psychodynamic therapies in an active, structured and collaborative approach, based on written and diagrammatic reformulations of the presenting difficulty.

Behaviour therapy

This is used to help people overcome fears such as the fear of heights, going into a shop, snakes, etc. The person is given the opportunity to talk about the problem and supported to take gradual steps to overcome it. This method is called 'graded exposure' and is very effective in overcoming phobias. Here people are encouraged to gradually face the things that they fear, starting with easy situations and building up slowly to harder things. Breathing and relaxation techniques are used to help the person remain in the feared situation until the anxiety diminishes and they learn they can cope with the

situation. Obsessive behaviour, such as washing your hands many times a day, can also be overcome using these methods.

Interpersonal Psychotherapy (IPT)

Interpersonal psychotherapy uses the connection between the onset of symptoms and current interpersonal problems as a treatment focus. It deals with current, rather than past, relationships, and maintains a clear focus on the patient's social context and dysfunction rather than their personality. Treatment is carried out by experienced therapists over 10–16 sessions.

Cognitive therapy

Cognitive therapy is based on the idea that how you think largely determines how you feel. Cognitive therapy teaches the individual to recognise and challenge upsetting thoughts. Learning to challenge negative or fear-inducing thoughts helps people think more realistically and feel better. Clients are given homework assignments. Cognitive therapy is more complex than thinking positively. It's usually given in 50 minute sessions over 10–15 weeks.

Psychoanalytic therapies

A number of different therapies draw on psychoanalytic theories, although they differ in terms of technique. Focal Psychodynamic Therapy identifies a central conflict arising from early experience that is being re-enacted in adult life producing mental health problems. It aims to resolve this through the relationship with the therapist giving new opportunities for emotional assimilation and insight. This form of therapy is often time limited, with anxiety aroused by the ending of therapy being used to illustrate how the re-awakening feelings about earlier losses, separations and disappointments may be experienced differently. Psychoanalytic psychotherapy is a longer term process (usually a year or more) of allowing the

unconscious conflicts opportunity to be re-enacted in the relationship with the therapist and, through interpretation, worked through in a developmental process.

Systemic therapy

Systemic and family therapists understand individual problems by considering the relevance of family relationships and the impact of the wider social and economic context of people's lives, their well-being and their mental health. Therapeutic work is undertaken with individuals, couples, or families and may include consultation to wider networks such as other professionals working with the individual or the family. Therapy aims to identify and explore patterns of beliefs and behaviour in roles and relationships and therapists actively intervene to enable people to decide where change would be desirable and to facilitate the process of establishing new, more fulfilling and useful patterns. Therapy is often relatively short term.

Eclectic therapies

Many therapists formulate the patient's difficulties using more than one approach and choose a mixture of techniques from more than one therapy approach. The resulting therapy is flexible and tailored to the individual.

Integrative therapies

An integrative therapy differs from eclectic approaches, as it is a formal theoretical and methodological integration of, for example, behavioural, cognitive, humanistic or psychodynamic approaches. One such approach is cognitive analytic therapy.

Problem solving

Structured problem solving can help patients sort out and deal with stresses that contribute to worry and depression. It involves encouraging the patient to identify specific

problems, to order them in terms of importance and then to focus on one problem at a time, writing down potential solutions and identifying specific steps that he/she might take to implement the solutions. A main aim is to assist people to incorporate the principles of efficient problem-solving and goal achievement into their everyday lives. The aim is not for the clinician to solve everyone's problems for them but to give people skills so that they can effectively overcome problems and achieve goals for themselves. Self-management is a key goal, with the clinician adopting the role of teacher or guide.

Counselling

The term 'counselling' covers a wide range of skills and techniques. Counsellors may, for example, use cognitive or behavioural techniques. In the main, however, it provides supportive and non-judgemental atmosphere for people to talk over their problems and explore more satisfactory ways of living. Counselling generally deals with specific life situations and is more short term than analytical psychotherapies – usually 6–12 sessions. It is generally used for less severe problems. Counselling is often focused with counsellors or agencies specialising in particular problems, eg relationships, bereavement or rape.

But this is by no means an exhaustive list.

Other therapies include:

Art therapy, drama therapy, humanistic, group analysis, relationship therapy, family therapy, music therapy.

Finding psychological therapy

The NHS provides psychological therapy via referral from your local GP. Often to access this treatment via the NHS people need to be severely impaired by their psychological problem. The choice of treatments available are varied with a high standard of therapy received however due to the number of

people referred to receive treatments waiting lists are often long and can take on average between 6 to 12 months.

Most people will not be eligible for the above service from the NHS, if this is the case there are a number of private therapists and counsellors available, (see Resources for Psychological Therapies for more details), who charge a fee to offer a therapeutic service. Being charged between £15–£50 is quite common. Sometimes you can pay less depending on your income. The British Association for Counselling will send you details of private counsellors and psychotherapists in your area (send a SAE to them at 1 Regent Place, Rugby, Warks CV21 2PJ). National Mind 0345 660 163 (9.15am–4.45pm Mon, Wed and Thurs) have a list of psychotherapy organisations.

Some of the more common local counselling agencies include:

Care Concern Counselling

Stroud Tel: 01453 755383

£30

Cotswold Counselling & Support Centre

Cirencester Tel: 01285 885830

£15 initial session, subsequent session price negotiable

Gloucestershire Counselling Service

Stroud Tel: 01453 766310

£10 registration fee, £20 initial assessment.

Therapy Scale between £12–£30 depending on income

Listening Post

Gloucester Tel: 01452 383820

Free, donations can be made

Relate Gloucestershire

Gloucester Tel: 01452 522071

£28, negotiable under certain circumstances

Swindon Counselling Service

Tel: 01793 514550

£30 initial assessment, subsequent session price negotiable

The Counselling Centre

Cirencester Tel: 01285 657657

Based on income also offers home counselling
to those housebound

*Note: Some of these organisation may be able
to make appointments in your area.*

*Some surgeries offer a counselling service,
ask your local GP if your surgery offers this
service.*

Finding a good therapist

If you know people who have seen counsellors, therapists or psychologists it's worth asking them who they would recommend.

It is usual to have an initial interview so that the group leader, counsellor or therapist can decide if they can help you and you can decide if you want to see them. Don't be afraid to ask questions about their training, experience or anything else you want to know. Here are some example questions you might want to consider:

- ❑ What training, qualification and experience does the therapist have?
- ❑ What approach does the therapist take (e.g. CBT, Behavioural Therapy, etc)?
- ❑ What professional organisations do they belong to?
- ❑ Do they receive supervision for their work?
- ❑ Have they had therapy themselves?
- ❑ How long is each session, how often are they held and for how long does therapy usually last?
- ❑ How much does it cost, when are fees payable, what happens in the event of cancellations and holidays? Is there a sliding scale of fees based on the individual's ability to pay?
- ❑ Is it a totally confidential service? Are there circumstances when confidentiality may be broken?

- ❑ Under what circumstances might they refer clients to somebody else?
- ❑ What are the arrangements in the event of an emergency?
- ❑ You should also ask yourself if you feel comfortable and safe with this person. Do you feel you could trust them with intimate details about yourself?

These are some books you may find useful in determining whether counselling and psychological therapies is for you:

Useful books

Counselling and Psychotherapy: is it for me? *Pamphlet published by* the British Association for Counselling 1 Regent Place, Rugby, Warks CV21 2PJ

Room to Listen, Room to Talk *by Tony Lake & Fran Acheson.* Bedford Square Press, 1988

A Complete Guide to Therapy *by Joe Kovel.* Penguin, 1992

Treatment Choice in Psychological Therapies & Counselling: Evidence-based Clinical Practice Guideline *free from* Department of Health Publications, PO Box 777, London SE1 6HX Email: doh@prolog.uk.com

Choosing Talking Therapies *free from* Department of Health Publications, PO Box 777, London SE1 6HX

Everyday emotional wellbeing

Everyday wellbeing is about how we feel, think and behave. Nobody feels blissfully happy, thinks positive thoughts and behaves sensibly all the time, but if you are in a pretty good state of mind generally, it is much easier to enjoy life and cope with its challenges.

Looking after your state of mind is just as important as taking care of your body, yet most of us manage our physical health far better than our mental health. As soon as we feel a physical ache or pain we generally try to do something about it, but when we find ourselves feeling very low or stressed and anxious we tend to think it is just part and parcel of life and don't do anything to improve the situation.

Of course, there are times when it's natural to feel sad or anxious, for example when you have suffered a loss or if you are adjusting to a sudden unexpected change. But if your mental balance is basically good, you are likely to cope better in a crisis and recover more quickly and fully.

The secrets of everyday emotional wellbeing

Just as achieving physical fitness takes time, practice and commitment, so to does achieving mental fitness. There are 3 basic principles in obtaining emotional wellbeing: the first is to maximise the things that make you feel good, and minimise the things that make you feel bad; second is valuing yourself and third is to recognise that you can change.

Maximise the things that make you feel good, and minimise the things that make you feel bad.

Some feel good factors include:

- ☐ Making time for relaxation
- ☐ Being able to express your feelings

- ☐ Having achievable goals to aim for
- ☐ Making time for the things you enjoy
- ☐ Maintaining a healthy diet
- ☐ Starting a sport or exercise you enjoy
- ☐ Work you find rewarding
- ☐ A comfortable balance between work and leisure
- ☐ Time to yourself, to do the things that interest you
- ☐ Time for friends and family

Some things to minimise:

- ☐ Too much stress, at home or at work
- ☐ Feelings of rage or frustration
- ☐ Expecting too much of yourself and negative thoughts and feelings Valuing yourself

Valuing yourself will help you to recognise the things in your life that you value and deserve and help you to build your life on a secure foundation. You are important and deserve to have a life where you feel happy and secure. So value yourself enough to know when to take action and make changes in your life and when to let go of problems that you cannot change or are not yours.

Recognising that you can change

Recognise that change is part of life and that the future is a journey and that change is a part of all journeys. There are 3 conditions for fruitful change:

1. Understand the present – don't hide from reality but see the present clearly.
2. Do not be burdened by the past – the past cannot be changed. Do not allow it to weigh you down.

3. Accept the uncertainty of the future – much of the future is not under our control. We must accept uncertainty and learn how to face the future with confidence.

10 Basic skills, useful for gaining and maintaining emotional wellbeing

There are 10 basic skills useful for gaining and maintaining a feeling of emotional wellbeing.

1. *Time management*

Good time management means setting goals and planning to tackle the most important tasks first and not wasting time on low priority jobs or spending valuable time on things outside of our control or which you cannot change. Take time each day (10 mins is all you need), to plan your day. A useful model of prioritising tasks is labelling each activity with an A, B, C or D.

A = Absolutely essential

B = Better done today

C = Could wait

D = Delegate

2. *Facing the problem*

Facing difficulties is rarely as alarming in practice as it is in our imaginations. Avoidance is unproductive for 3 main reasons the first being that it can make the problem worse, secondly it can create new problems and thirdly it interferes with your life and can lead to unnecessary stress and tension.

3. *Problem solving*

When problem solving, a good technique to use is the following 4 step system.

1. **Define the problem** – what is the problem, when is it a problem, with whom, why, how is it a problem and what is the result of this problem?

2. **Planning** – consider possible solutions, write a list of pros and cons, make a decision and choose the most appropriate solution for the problem.

3. **Implementation** – put the solution into practice, if you do not try, you will never know if you could be successful or whether you can achieve a reasonable solution.

4. **Evaluation** – evaluate the degree of success. Don't look for 100% perfectionism as it may not be possible. If you achieved something you have partially succeeded.

4. *Treating yourself right*

In our society, people have tended to choose self-punishment over self-satisfaction, with the result that they often fail to provide for themselves the kind of encouraging environment that makes for constructive change and development. Acknowledging and rewarding yourself for having achieved a goal or done a good job works much better than self-criticism and feeling that you could have done better. Replace habits of self-criticism with the habit of rewarding yourself when you deserve it.

5. *Keeping things in perspective*

There is always more than one way of seeing things. This means that although you may not be able to choose the facts you may be able to choose how you react to them, and help yourself feel better and act more effectively by looking at them with an open mind and being realistic.

6. *Building self-confidence and self-esteem*

Self-confidence is concerned with how we feel about our abilities. Self-esteem is slightly different as it reflects the degree to which we value ourselves. You can build up your self-confidence and self-esteem even if it has been low since childhood.

The 7 guiding strategies for building self-confidence are:

1. We gain confidence by doing things and achieving goals.
2. Practice.
3. Behave as if you're more confident than you feel.
4. Be flexible in your behaviour.
5. Learn from your mistakes. The only way to avoid mistakes is to never do anything and become stagnant!
6. Speak encouragingly to yourself.
7. Be kind to yourself.

The 5 strategies for building up your self-esteem are:

1. Attack those prejudices which lead you to undervalue yourself.
2. Stifle the inner critic.
3. Bury the judge within you that applies double standards: an unfairly strict you and a generous standard to others.
4. Do the best you can, but don't berate yourself for not being perfect.
5. Spend time with people who make you feel good.

7. Learning to relax

Practising relaxation will give you more energy, decrease anxiety and irritability and reduce pains due to tense muscles. Relaxation time should be seen as an important part of your daily routine. Some ideas for relaxation include: exercise, relaxation exercises, visualisation, spending time with family, reading, walking, yoga, meditation, gardening, etc. Whatever you find relaxing and get pleasure from.

8. Expressing your feelings

Expressing our feelings openly promotes a sense of wellbeing and freedom from tension.

It helps us to recover from hurtful experiences, and also helps other people to understand what is going on inside us. There are times when displays of emotion are not helpful, but hiding or holding back our feelings can cause tensions that affect our physical and mental health.

9. Diet and exercise

The foods you eat can play an important part in the way you feel, physically and mentally. Too much sugar, coffee or salt can cause tension and irritability, and alcohol is a depressant, even though it may appear to relax you initially. For general wellbeing the only secret is a proper balanced diet. See your GP or a nutritionist for more information.

Regular exercise is good for us in many ways: it increases our confidence and self-esteem; it stimulates 'feel good' chemicals in our bodies; it provides an outlet for tension and frustration; it relieves anxiety; helps us relax; helps us sleep better and helps to prevent physical illness such as heart disease and osteoporosis. Choose a sport or exercise you enjoy. Things like cycling, walking, aerobics and dancing tend to give you more of a feeling of release than more strenuous activities such as weightlifting and push-ups. If you find it hard to get motivated, try something with other people such as tennis, football or salsa dancing. Please note that before undertaking an exercise program you should consult with your GP.

10. Learning to say NO

Learning to say no in an assertive and tactful way is a difficult but an important skill to learn. Remind yourself now and then that:

- ☑ You have the right to say no without feeling guilty
- ☑ Others have the right to say no to you
- ☑ Saying yes when you really mean no may reduce your feelings of self-worth

- ❑ It's better to say no at the time than to let somebody down later
- ❑ Saying yes to extra work or obligations might cause you stress
- ❑ Taking on too much might lower your standard of work or mean that the people important in your life don't get their due attention
- ❑ It might not be such a big deal to the other person to get a no response
- ❑ Be respected, and respecting yourself is more important than being liked.

Taken from: The Mental Fitness Guide: Managing your Mind by Gillian Butler & Tony Hope, Oxford University Press, Oxford, 1995 and On the Edge: Everyday Emotional Wellbeing By BBC Learning Support & The Mental Health Foundation, 2001 (Booklet available free of charge by ringing 0800 077077).

Resources for counselling and psychological therapies

UK Register of Counsellors

Tel: 01788 568739

Supplies names and addresses of British Association of Counsellors (BAC)-accredited counsellors. They are all appropriately trained and qualified, work to codes of ethics and are subject to complaints procedures.

United Kingdom Council for Psychotherapy (UKCP)

Tel: 020 7487 7554

Provides information on registered therapists and training organisations.

Counsellors in Primary Care (CPC)

Tel: 01243 268322

95 Hewarts Lane, Bognor Regis, West Sussex P021 3DJ

Members are counsellors who work in primary care and who meet defined standards of training and practice.

The British Confederation of Psychotherapists

Tel: 020 8 830 5173

Register of psychotherapists, including psychoanalysts, analytical psychologists, psychoanalytical psychotherapists, child psychotherapists.

British Psychological Society

Tel: 01162 549568

St Andrew's House, 48 Princess Road East, Leicester LE 1 7DR

Produces a directory of chartered clinical psychologists. It is also available in most reference libraries.

British Association for Behavioural and Cognitive Psychotherapy

Harrow Psychological Health Services, Northwick Park Hospital, Watford Road, Harrow, Middlesex HA1 3UJ

Produces a directory of accredited cognitive-behavioural practitioners. List is free but please encloses an SAE.

Institute for Counselling and Personal Development Trust

Tel: 02890 330996

Interpoint, 2024 York Street, Belfast BT15 1AQ, Northern Ireland

Offers counselling and psychotherapy (normally free), course for helpers and community training and development courses.

Local Organisations

Care Concern Counselling

Tel: 01453 755383

Trevose 3 Sciennes Road, 28 Cainscross Road, Stroud Glos GL5 4E5

Christine Morris or Simon Piney

Cotswold Counselling & Support Centre

Tel: 01285 885 830 (Mon–Fri 10am–12noon)

The Volunteer Centre, 23 Sheep Street,
Cirencester Glos GL1 1QR

Family Conciliation Service

Tel: 01452 505550/520999

11a Kingsholm Road Gloucester GL1 2AY

Gloucestershire Counselling Service

Tel: 01453 766310

50 Lansdown, Stroud Glos GL5 1BN

Heartease Counselling & Self-Development Centre

Tel: 01285 740280 – Ruth Jopling

Sunset House, Bibury, Nr Cirencester Glos
GL7 5ND

Listening Post

Tel: 01452 383820

YMCA Building, Sebert Street Gloucester
GL1 3B5

(Mon–Fri 9.30am–4.30pm & 7pm–9pm)

Listening Post

Tel: 01242 256 060

YMCA Building, Victoria Walk, Cheltenham
Glos. GL50 1TP

The Counselling Centre

Tel: 01285 657657

The Gatehouse, Dollar Street, Cirencester

Swindon Counselling Service

Tel: 01793514550 (Mon–Fri 9am–12noon)

23 Bath Road, Swindon Wiltshire SN1 4AS

Well Counselling Service

Tel: 01684 563456

Lyttleton Well, Church Street, Malvern,
Worcestershire WR14 2AY

Useful books

Relationships

Men are from Mars, Women are from Venus
by John Gray, Harper Collins, 1993.

The Secrets of Relationship Success by
Vanessa Lloyd Plaft, Vermillion, 2000.

Together but Something is Missing by Ben
Renshaw, Vermillion, 2001.

General emotional wellbeing and self-development

How to say No without feeling Guilty by
Patti Breitman & Connie Hatch, Vermillion,
2000.

Overcoming low self-esteem by Melanie
Fennel, Robinson Publishing.

*Self-esteem: Simple steps to develop
selfworth & heal emotional wounds* by Gael
Linden field, Thorsons, 1995.

The Confidence to be Yourself by Dr Brian
Roet, Paitkus, 1998.

*The Mental Fitness Guide: Manage your
mind* by Gillian Butler & Tony Hope, Oxford
University Press, 1995.

The Power of Positive Thinking by Norman
Vincent Peale, Vermillion, 1990.

*Identifying the right talking therapy for
yourself. Choosing Talking Therapies* by
Department of Health 2002
(Website: www.doh.org)

*(Note: All books in the Overcoming series are
available from Robinson Publishing on
0207 938 3836)*

