

LIVING WITH SCI

FACTSHEETS

sia spinal
injuries
association
FOR LIFE AFTER SPINAL CORD INJURY



EMOTIONAL SUPPORT

Emotional Support

Feelings

Generally, there is no set pattern or 'rule' about how a person with paraplegia or tetraplegia will respond emotionally following a spinal cord injury. Some are able to pick up the pieces immediately and get on with life, while others find this more difficult. Some view their injury as yet another of life's challenges to be overcome, others feel overwhelmed by the impact of their injury.

If you feel you're in the latter category (and a lot of people do feel like that), it's important to remember that, just as there is no magic cure for spinal cord injury, there is no instantaneous way of healing emotional pain. It may help to:

- Know that your feelings are a natural and understandable response to what has happened to you
- Realise that you are not alone and that these feelings are also experienced by others with spinal cord injury and other serious illnesses. Express your feelings, share them with others where appropriate and, if necessary, consider talking to a professional counsellor or therapist for support (further information on this is covered later in this Factsheet).

Emotional Impact of Spinal Cord Injury

Few events in life can have prepared you for such a sudden and devastating change. At first you may find it hard to take in all that has happened and difficult to understand what you are being told. You may also be confused and surprised by the power, and even the overwhelming nature, of the feelings being experienced. Whatever your feelings, try to set yourself simple and achievable goals; break your goals down into achievable steps. This will help rebuild confidence and self-esteem. Everyone is an individual so there are no set responses to injury. However, among the common responses are:

Disbelief and low self esteem

At the onset of SCI, people often go through periods of shock, numbness and disbelief feeling 'This isn't happening to me'. This is often made worse by the difficulty of knowing the full extent of the injury, particularly if the injury is incomplete. At this stage you may have a tendency to 'deny' or minimise the severity of what has happened to you, or to have unrealistic expectations of recovery or a 'cure'.

Gradually, as the realities of your condition become clearer, you may experience a sense of loss and find yourself becoming tearful and depressed. Feelings of helplessness and apathy may mean that you will want to withdraw from activities and a sense of depression can emerge as a normal reaction to your injury.

“When I first arrived at the spinal unit, 150 miles from home, one week after the accident, my husband was able to stay with me for the first three days. After he left I felt very low and deserted.

I have never forgotten the kindness of a staff nurse who came just to talk and soften the blow. One thing, in particular, she said has stayed with me: ‘Remember not to mind anything that is done to your body while you’re here, or what your body does to you.’ I had always been so independent and it had never occurred to me that I could lose control over my bodily functions.”

Anne Spooner, C6/7 Incomplete

Anger & Guilt

It is hardly surprising if you feel anger. This anger may be turned against yourself; perhaps because you feel guilty that you should have done more to prevent your injury or that you might now be a burden to your family. Your anger may be turned against the doctors and nurses for telling you bad news, or against fate or your God, feeling that it is so unfair and unjust that this should have happened to you.

Whatever the nature of your anger, it is neither right nor wrong, it simply ‘is’. It is something you feel and entirely valid.

“I felt terrific resentment and a powerful determination to ‘get my own back’ on life and anyone who was negative towards me. I was furious with everybody who would not co-operate, but everything became normal and settled down as the years went by.” Ken Roberts, T9/10

“I was suicidal for months in the early stages, but my wife called my bluff - asked me to put an end to the misery/threats/nastiness. I found I didn’t really want to die - I just wanted the pain and suffering to stop.”

Jon Bamforth, T5/6

Fear

Most people become anxious or afraid - anxious about the injury itself or the effects it may have on their lives and the lives of their families and those around them. Anxiety can be a major emotional problem for people with spinal cord injury due to uncertainty and lack of control.

Grief and Vulnerability

It is natural to grieve for what you have lost and loss makes us more aware of our vulnerability.

“Six weeks after my injury, I had a really black day, when I cried and cried. I can’t remember what had triggered it off, perhaps just the dawn of realisation. I was left alone. I felt so conspicuous, laid in my bed, with no privacy. It was awful. You do get your soul laid bare in that situation. Outwardly, I managed really well. Inwardly, I was a wreck. I did everything I had to do; get on my feet, built up my strength; learned to take over my bodily functions. I was a ‘Grade A’ student – with a time bomb ticking away inside me.” Alison Lyon, T10

It can be difficult to deal with other people’s reactions. Some people don’t know how to react to someone in a wheelchair, sometimes people are well-intentioned and helpful, while others can be patronising. It’s important to remember that those who are patronising are coming from a standpoint of ignorance. They don’t mean any harm, even though it’s irritating.

“Many people have to meet me several times before they meet me, not the wheelchair.” Jon Bamforth, T5/6

The Family

SCI inevitably affects family relationships. Partners, family and friends may well be experiencing their own emotional stress and anxiety, having to adjust to new roles and responsibilities. After all, you may be at home a large amount of the time and in need of a care package with support from personal assistants, for which they may feel ill-prepared.

“My family were brilliant. Still are. Considering we were all bruised and new to this trauma, we all did so well. Dad was great with the practicalities, overseeing the living and driving arrangements; mum had a day off work during the week, when we shopped or visited friends whose houses I could get into, but none of us were very good at talking about the way the trauma affected us, so it was rarely mentioned. If it did slip into the conversation, it was like someone had picked at a scab and made it bleed.” Alison Lyon, T10

Relationships can be particularly stressful early on when there may be a lot of uncertainty about what you want, how you are feeling and how much you want or do not want to talk about your injury. When you are not well or feeling a bit low, it can be very difficult to talk. Frustration can build up, both with yourself and others if there is no safe outlet for your frustration.

“When my husband was first injured, I thought he was coping quite well. He seemed cheerful enough and downplayed what had happened to him. Now he criticises everything and everyone and is impossible to please. Sometimes his outbursts are quite violent.” Anon

“My sons [age 6 and 5 at the time] were very upset to begin with - they kept hoping I would walk again, but after a few months of being at home, we settled into a routine of what I could and couldn't do and they were very helpful. They showed more depth of understanding than their father and took everything in their stride, accepting that Mum's bladder and bowels did not work like before without any problem and without broadcasting the fact to the world as young children can do. They were a great comfort.” Mrs D, Esse

“My eldest has seemed to pretty much take the wheelchair in his stride, but I know he still prays at night - bless his heart - not always for a miracle, sometimes just to ask God to make my pain go away. My second son has had a much harder time, regularly asking me to 'just try and walk' - he sees the legs there and can't really take in why they don't work. When the accident occurred my husband made a puppet for them, and then cut the string which made the legs work - we think it may have helped them to understand a bit better. He has also been teased a bit at school and he intensely dislikes the time it takes to do anything or go anywhere and then have to enter at a different time or entrance to everyone else - c'est la vie.”

Jean Ginder, T11

Some books can help friends and relatives of spinal cord injured people, to better understand the injury:

Dr Anthony Papathomas and Joe Robinson. *The Very Alternative Guide To Spinal Cord Injury*. Easy On The Eye Books; 1st edition, 2015.

Other Relationships

You may find your friends and colleagues feeling unsure about how to respond to you. There may be some friends, and people you meet, who will irritate you by being over-protective or come across with false jollity. Others may become a bit distant, rather than risk saying the wrong thing. It is important to remember that these initial reactions may have much more to do with their own emotions, than to do with you.

It's also important to remember that, on the whole, people treat us how we allow them to treat us. By showing them what it is you want at a particular time, i.e. to talk, or to be left alone, they should respond accordingly. Similarly by being positive, this has a knock on effect as it counters negativity:

“In the early period after injury I felt upset, naturally, but I also felt life had given me a challenge. I knew from [when the accident occurred] that I was paralysed, but I had to ask the doctors, etc., what the situation was, as far as how permanent it all was. When told the position, I decided not to think about what I couldn’t do any more, but to concentrate on what I could.” Lezlee Coupe, C5/6

Professionals

The professionals you will encounter: doctors; nurses; physiotherapists; social workers; district nurses and others, are human beings too, with the usual range of virtues and failings. Some can be a great source of help and support but others may seem insensitive due to the fact that they are dealing with people with similar problems to your own every day. For them, your experience is not unique.

“We did not receive any counselling other than little chats with a very unsympathetic consultant. He took great pains to tell my husband that our life would be totally changed and it would be very difficult to look after me. In fact I found his attitude very negative. He even went so far as to say I would not be able to look after myself, let alone my sons! I was so incensed I hardly spoke to him again. I was determined to prove the b**d wrong and moved heaven and earth to do things my way. We found chatting to ward sisters and nurses, OTs and physios more helpful.”*** Mrs D, Esse

Strangers

Some people find the presence of a disabled person embarrassing, challenging, disturbing or upsetting. They can make a series of assumptions about what the disabled person is like and what they can or cannot, should or should not do. Because they are too frightened to ask, and too unsettled to wait and see, they often behave in ways that range from evasiveness (refusal to make eye contact) through to being patronising (assuming that you are incapable of doing this or that).

You can do a lot to challenge this behaviour which is based on ignorance. Do your best to be relaxed with people, and your attitude will most likely rub off on them. Humour too can sometimes work its magic in these situations. Practise being assertive and not aggressive.

Sharing and Support

However independent you are, there are times when it can help to talk to someone outside the family about your experiences if you have a specific problem. This may be about everyday difficulties and challenges that you are facing in adapting to your SCI or it could be about relationship difficulties, loss of self esteem, financial worries or other issues.

You do not have to be alone as there are people within SIA who may be able to offer you support and give you some time and space to talk. The following SIA services are there to help:

Peer Support

- We all need good role models when going through life changes. A person with a spinal cord injury can offer a unique type of support and recommend practical advice. Contact SIA on [01908 604 191](tel:01908604191) for more information about our Peer Support Service.

Counselling Line

- The service is free of charge and you can talk in complete confidence to a psychologist or professional counsellor. You may find one call is all you need, but you can also arrange to talk on a more regular basis if it helps.

Contact can be made by calling the Freephone Advice Line to arrange for the Counsellor to ring you.

Freephone Advice Line

- Telephone [0800 980 0501](tel:08009800501) from Monday to Friday between 9.30am to 1pm and from 2pm to 4.30pm.

Online Community

- The SIA Message Board is a great place to share experiences with other people who may be in a similar situation. It can give you the opportunity to share experiences, ask questions and feel supported. The online Message Board is available via the SIA website 24/7.

Getting Outside Help

Many people gain support from their friends and/or family. This can be helpful, but they often have their own vested interest in how things 'should' turn out, or you may feel awkward telling them some of the things that you feel, in case they are critical. All too often people turn the conversation around to their own troubles, and give you advice before you have even finished telling them how you feel!

On the other hand, a session with a trained therapist will give you a chance to work things out for yourself. A therapist (and in this Factsheet we use the term 'therapist' to cover counsellors, psychotherapists and psychologists) will listen in an unbiased and uncritical way, and reflect back to you the way that you are feeling and thinking. So you get a chance for a new perspective. That may be enough in itself for you to see things more clearly. It may also be helpful to explore parts of your past during a therapy session, so as to better understand why you feel the way you do.

A good therapist will never tell you what to do - he or she will work with you on the basis that you have the answers to your own problems, although you may need some help to find them. Therapy is not just having a good moan (although it may be helpful to do that as well), nor is it simply going over and over the problems. In successful therapy, you will work together with your therapist to get a sense of understanding, of power, and of purpose, which will help you to move towards a more relaxed, positive and happy way of living. The ultimate aim is for you to make your own choices and put them into action. This way you gain control over your own life.

Is therapy available at my Spinal Injury Centre?

It may well be, and you should certainly make enquiries if you would like to consult a specialist where you are, or have been, treated. Many Spinal Injuries Centres have Clinical Psychologists and Counselling Psychologists working on their specialist teams, or employ Peer Counsellors.

How do you know when you should seek help?

Everyone experiences difficulties at some point in their life. However, there are occasions when the assistance of a qualified therapist can be exceptionally helpful, and the onset of disability can be one such time. Even years after experiencing spinal cord injury, some people can suddenly find themselves feeling in need of help and support. Below are some of the most common signs of distress:

- Persistent feelings of dissatisfaction
- Unexplainable fatigue or difficulty in sleeping
- Difficulties in talking with partner, family, friends etc.
- Feeling of loneliness, moodiness, depression, stress or anxiety
- Problems with alcohol or drugs
- Difficulties in dealing with anger, hostility or life's frustrations.

If you do experience any of these signs, then you may wish to consider consulting a qualified therapist to discuss the issues that are troubling you and explore the background to the feelings you have.

What's the difference between a therapist and a counsellor?

In general, these terms are used interchangeably as are the terms 'therapy' and 'counselling'. Overall, however, counsellors will deal with immediate presenting and apparent issues, while therapists (e.g. psychotherapists) will carry out more in-depth work with you, often lasting months or even years.

Counsellors and psychologists have different qualifications and levels of experience. At the very least, a counsellor should have undertaken two years training and have a Diploma. Psychologists should have two degrees, the second being in clinical or counselling psychology. Many do not have experience in SCI but have skills in listening and treatment for depression, anxiety or stress. Whatever their qualifications, it is important that the person you consult is registered with their appropriate professional body (see below).

Clinical and Counselling Psychologists have two degrees – academic and applied (clinical training in a range of settings). For antidepressant or other medication, you need to see your GP and possibly a psychiatrist.

What do therapists do?

Therapists as a whole are typically interested in strengths, patterns, roles, rules, goals and relationships. Depending upon their particular qualifications and training, therapists may use interviews, psychological tests, rating scales, hypnosis, reading assignments, discussions, relaxation exercises, reward systems, and other techniques as appropriate. What they all have in common is the listening skills and knowledge of topics that have proved to be helpful in research studies, i.e. using either the one to one situation or group sessions to talk about and explore the issues that may be troubling you.

Counselling, Psychotherapy, Psychoanalysis, Psychology, what's the difference?

Counselling tends to be shorter-term than other forms of therapy, and the therapist may concentrate on helping you to clarify your feelings by reflecting things back to you for a better perspective. They also tend to deal more with the here and now.

In psychotherapy there may be more exploration of your childhood, upbringing and relationships. Psychotherapy usually takes longer while psychoanalysis is much more in-depth again, sometimes involving three or more sessions per week, and working in-depth with the unconscious mind. This is rarely available on the NHS.

Psychology is the study of human behaviour, thinking and feeling. Most therapists (whether they are called counsellors or psychotherapists) tend to use a mixture of counselling and psychotherapeutic techniques.

Who are qualified therapists?

It is essential if you are considering therapy that you consult a suitably approved and registered therapist. At the present time there are no regulations covering counselling (currently anyone can set up shop and call themselves a counsellor) and so you need to ensure the counsellor you are thinking of consulting has an appropriate qualification. Most qualified counsellors will be registered with their professional body. A counsellor should have at least a Diploma and have undergone a recognised training course of at least two years, which should have included skills practice and been required to undergo personal therapy themselves. Shorter courses or correspondence courses do not offer the necessary level of training.

As mentioned, any therapist you choose should belong to one or other of the relevant professional bodies which monitor and govern their work. For example, if you are considering consulting a particular Counsellor or Psychotherapist, you should check with the British Association of Counselling (BACP), the United Kingdom Council for Psychotherapy (UKCP) or the National Association for Psychotherapists (NAP) to ensure that they are a member. Contact details for these organisations are given at the end of this Factsheet.

Registration with their relevant professional body requires an individual has the appropriate training and qualifications as well as the necessary experience and be required to subscribe to a professional Code of Ethics.

You can find a counselling/psychotherapist in your area through the BACP's 'Counselling & Psychotherapy Resources Directory', alternatively click on to their website at www.bacp.co.uk to search online.

If you wish to see a psychologist, you can check whether the person is suitably qualified (i.e. Chartered) by looking in the Register of Chartered Psychologists published by the British Psychological Society. If you don't have a particular person in mind but are looking for a qualified psychologist in your area, then you can look in the Directory of Chartered Psychologists, also published by the BPS. The searches are available online at www.bps.org.uk. Psychologists are also registered to the Health & Care Professionals Council – www.hcpc-uk.co.uk.

Do not hesitate to enquire about a therapist's training and experience.

How often are sessions scheduled?

One session per week is very common. However, in some situations (and for some therapies such as classical Freudian analysis) sessions are scheduled more frequently. Help with adjusting to SCI may need sessions spaced at longer intervals, over a longer period. After that, most therapy sessions last about 50 minutes. The sessions might include completion of measures of progress, questionnaires, or planning of goals and review dates.

How long do sessions last?

Generally, an introductory session tends to be somewhat longer, particularly if this is an assessment session by a therapist who has been asked to see you by your GP.

How can I be sure that what I talk about will remain private?

A suitably qualified therapist will subscribe to the relevant professional body's Code of Ethics. This Code requires absolute confidentiality for clients, except in a few very rare circumstances. Ask your therapist to explain this at your first meeting.

Do I need a referral from my GP?

You will only need a referral from your GP if you wish to be seen by a therapist under the National Health Service. Access to this type of treatment under the NHS is severely restricted and, even if you are referred, you may find the therapist is only able to allot you a short period of time. Some GPs surgeries have a therapist attached to the practice, but again their time is very restricted.

What if I don't feel comfortable with my therapist?

Good therapists are very aware of the importance of a good 'fit' and will invite you to use the first session to decide if you feel comfortable working with them. If, at any time, you don't feel that you have a good fit, let your therapist know. It is likely that they can direct you to a more suitable therapist.

Should I only see a therapist who is spinal cord injured?

Unfortunately, there are a limited number of people who are both spinal cord injured and suitably professionally qualified.

There are obvious advantages to seeing a therapist who is spinal cord injured. However, a good therapist is not just seeing your disability, they are also taking the 'whole you', i.e. your background, childhood, family, relationships etc into account and working with a variety of perspectives. Therefore don't assume that only a spinal cord injured therapist can help you. A non-disabled therapist will have invaluable skills and expertise.

What does therapy cost and who pays for it?

If you are lucky enough to have obtained therapy on the NHS via a referral from your GP, then the treatment will be free.

For private consultations, therapists' fees vary considerably and, where long term therapy is required, fees are normally on a sliding scale. It is very important that you establish the fees from the outset. Therapists' fees vary considerably depending upon the professional training of the therapist, the area you are living in, the therapist's expertise, the demand for this expertise etc. Fees can range from £20 an hour to anything up to and over £100 an hour. Fee guidelines are available for both counsellors and psychologists from their respective professional associations and there is no reason why you should pay more than these guidelines.

Most private therapists will invoice you with their fees on a monthly basis. Again, it is important to be clear about how you will be charged before you commit yourself. As mentioned above, for long term therapy most therapists will operate a sliding scale, which usually means that the portion of the total fee you pay is determined by your income.

How long does therapy last?

This very much depends on you and the issues you take to the therapy session. From the outset the therapist should be able to give you some idea and should certainly do so if they see the therapy as long term. For some people, especially those undertaking what's known as cognitive therapy, the sessions can last from six to eight weeks. For more in-depth analytical therapy, the time span could be some months or years.

What if I want to stop?

You are always in charge of the process, and you can stop at any stage. All good therapists will explain at the outset how long they estimate your course of therapy will last. It may well take longer than originally envisaged or, you may feel at a particular point, that you have had enough for a while. If so, then there's no reason why you should feel compelled to continue. However, do be aware that uncomfortable feelings are often a sign that things are moving in your unconscious mind – paradoxically you may well feel worse before you feel better! Discuss this with your therapist, rather than simply deciding not to go to your next session. It will be more helpful to understand what is happening than to evade it.

It's usual for both you and your therapist to agree a date to finish, normally around six weeks in advance of this discussion. This allows time for a slowing down of the therapeutic process, review of progress made and what's known as 'closure'.

What is e-counselling?

Online or 'e-counselling' as it is known, is where a therapist 'talks' with you over the Internet to give you some kind of mental health assistance or emotional help. It could be one question, or an ongoing conversation, it could be by email, chat, video or even Internet phone (voice-over-IP).

E-therapy is not a substitute for traditional therapy; working with a therapist in person is still better. But although it falls short of full-fledged therapy, it can be a viable source of help and for some people, who are unable to afford or travel to therapy sessions; it can be the only source of help.

On the negative side, there are difficult legal questions raised by the issue of therapy given over the Internet, especially where complaints about treatment arise and the therapist is based in another country (e.g. USA) and not accountable to the professional body of the country in which the client is based.

Computerised CBT

This gets over the problems above, where usually you are working through exercises, rather than being led by a person. It is a good way to learn some coping strategies, and if you decide afterwards to contact a therapist, you might progress more quickly, having learned the model and techniques online.

Sources Of Help

If you decide you would like to undertake a course of therapy, the following organizations are good starting points to find a therapist and course of treatment.

Professional Bodies

Health & Care Professions Council (HCPC)

Park House
184 Kennington Park Road
London SE11 4BU
T: 0845 300 6184
@: registration@hcpc-uk.org
W: www.hcpc-uk.org.uk

They are a regulator, and they are set up to protect the public. To do this, they keep a register of health and care professionals who meet their standards for their training, professional skills, behaviour and health. They currently regulate in many professions in England which includes therapists, social workers etc.

British Association of Counselling and Psychotherapy (BACP)

BACP House
15 St John's Business Park
Lutterworth
Leicestershire LE17 4HB
T: 01455 883300
@: bacp@bacp.co.uk
W: www.bacp.co.uk

The central body covering counselling and psychotherapy in the UK. Contact them to find a therapist in your area or ensure the therapist you are considering consulting is registered with them.

British Psychological Society (BPS)

St Andrew's House
48 Princess Road East
Leicester LE1 7DR
T: 0116 254 9568
@: enquiry@bps.org.uk
W: www.bps.org.uk

With over 34,000 members, the British Psychological Society is the representative body for psychologists and psychology in the UK. The Society has national responsibility for the development, promotion and application of psychology for the national good and aims to raise standards of training and practice in the application of psychology. You can contact them direct or use their website to find a psychologist in your area.

United Kingdom Council for Psychotherapy (UKCP)

2nd Floor Edward House
2 Wakley Street
London EC1V 7LT
T: 020 7014 9955
@: info@ukcp.org.uk
W: www.psychotherapy.org.uk

UKCP exist to promote and maintain the profession of psychotherapy and high standards in the practice of psychotherapy for the benefit of the public throughout the UK. The National Register of Psychotherapists is published annually and only psychotherapists who meet the training requirements of UKCP and abide by its ethical guidelines are included. Contact them and they will send you a list of UKCP-approved therapists in your area.

National Council of Psychotherapists

PO Box 541
Keighley BD21 9DS
United Kingdom
T: 0800 170 1250
@: info@thencp.org
W: www.thencp.org

The National Council of Psychotherapists is one of the longest established societies of its type in the UK, and is a national association of therapists, mainly in private practice, to whom the public may confidently refer. Most schools of psychological thought are represented and a wide variety of therapeutic approaches are offered. Therapists in your area can be viewed online via their website (click on 'Find a Therapist').

Voluntary Organisations Offering Counselling Or Support

Counselling Ltd

5 Pear Tree Walk
Wakefield
West Yorkshire WF2 0HW
@: secretary@counselling.ltd.uk
W: www.counselling.ltd.uk

Has an online register of counsellors who are required to comply with their Code of Practice. Offers free counselling to those on low incomes using the spare capacity of professional counsellors.

The Outsiders Club

34 North End Road
London W14 0SH
Helpline: 0707 499 3527
@: sexdis@outsiders.org.uk
W: www.outsiders.org.uk

A nationwide, self-help, community providing: regular mailings, and unthreatening events where people can meet up and practice socialising; maintains a list of sex counsellors and therapists specialising in disability. Resources for people with social or physical disabilities include: counselling; publications; workshops and advice. Operates a Sex and Disability Helpline 11am-7pm weekdays.

Relate

46 Regent St
Rugby CV21 2PS
T: 01788 565675
W: www.relate.org.uk

Relate is the UK's largest and most experienced relationship counselling organisation, employing qualified counsellors working in locations throughout England, Wales and Northern Ireland. They offer online advice from a trained Relate counsellor via their website.

Roadpeace

Shakespeare Business Centre
245a Coldharbour Lane
Brixton
London SW9 8RR
T: 020 7733 1603
Helpline: 0845 4500 355
@: helpline@roadpeace.org
W: www.roadpeace.org
@: info@roadpeace.org

Through their Helpline, RoadPeace provides free confidential support to the bereaved, injured and their carers for 12 hours a day, everyday. Callers will be put in touch with trained volunteers who have themselves experienced bereavement or injury through road accidents.

The Samaritans

T: 08709 00 00 32

@: supportercare@samaritans.org

W: www.samaritans.org

Samaritans provide confidential emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair, including those, which may lead to suicide. Callers needn't be suicidal to call Samaritans, they are there to help if someone is worried about something, feel upset or confused, or just want to talk.

SIA Advice Line

W: www.spinal.co.uk

T: (Freephone) 0800 980 0501

Can supply details of qualified counsellors. The SIA website contains a message board, where SCI people can exchange information.

Counsellors registered with British Association for Counselling and Psychotherapy

John Urquhart

34 Canal Side West

Newport Brough

North Humberside HU15 2RN

T: 01430 441213

@: johnurquhart123@yahoo.co.uk

John is spinal cord injured himself. He can provide face-to-face Counselling from wheelchair-friendly premises.

Jayne Innes

Langdene

Overstone Lane

Overstone

Northampton NN6 0AA

T: 07824 357423

@: jayne.innes@yahoo.co.uk

W: www.jayneinnescounselling.co.uk

Jayne Innes MBACP (Accred) Counsellor and Supervisor
Wheelchair accessible counselling room, private off road parking. Reduced fees available for people on low incomes.

You can find more counsellors on the BACP website – www.bacp.co.uk

Online Therapy

The ABC of Therapy Online

W: www.metanoia.org

American website offering online therapy.

Disclaimer

This factsheet has been prepared by SIA and contains general advice only which we hope will be of use to you. Nothing in this factsheet should be construed as the giving of specific advice and it should not be relied on as a basis for any decision or action. SIA does not accept any liability arising from its use. We aim to ensure the information is as up-to-date and accurate as possible, but please be warned that certain areas are subject to change from time to time. Please note that the inclusion of named agencies, companies, products, services or publications in this factsheet does not constitute a recommendation or endorsement by SIA.

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ABOUT SIA



The Spinal Injuries Association (SIA) is the leading national user-led charity for spinal cord injured (SCI) people. Being user led, we are well placed to understand the everyday needs of living with spinal cord injury and are here to meet those needs by providing key services to share information and experiences, and to campaign for change ensuring each person can lead a full and active life. We are here to support you from the moment your spinal cord injury happens, and for the rest of your life.

For more information contact us via the following:

Spinal Injuries Association
SIA House
2 Trueman Place
Oldbrook
Milton Keynes
MK6 2HH

T: 01908 604 191 (Mon – Fri 9am – 5pm)

T: 0800 980 0501 (Freephone Advice Line, Mon – Fri, 11am – 1pm/2pm – 4.30pm)

W: www.spinal.co.uk

E: sia@spinal.co.uk

Charity No: 1054097

Brought to you by:





PLEASE SUPPORT SIA

SIA relies on fundraising, donations and gifts in wills to provide services that help spinal cord injured people rebuild their lives.

With your help, we can provide the right support to spinal cord injured people and their families and friends so they can enjoy a full and independent life after injury. Your donation today will go towards changing someone's life.

I would like to give: £15 £20 £53 other amount £.....

Method of payment

I enclose a cheque/postal order/CAF voucher made payable to Spinal Injuries Association.

I would like to pay by Mastercard/Visa/Maestro/Switch (delete as appropriate)

Card number

Start date

Expiry Date

Security Code

Signature

Date. / /

Name.....

Address

.....

Postcode Tel no.....

Email address.....

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