

# GOOD THERAPY

— NEWSLETTER —

NOV 2025

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College of Sexual and Relationship Therapists



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## Chief Executive Winter Update

Dear Members,

**As we move towards the end of another busy and transformative year, it's worth pausing to take stock — because at COSRT, standing still simply isn't in our nature. The world of Psychosexual and Relationship Therapies continues to evolve rapidly, and we're evolving with it.**

Our recent AGM was a real success, and it was wonderful to see so many members present, engaged, and contributing to the discussions. Warm congratulations to Steve Johnson, Murray Blackett, Simon Wilson, and Elizabeth Folarin for being elected to the Board — with Simon and Elizabeth joining as new appointments. And on behalf of COSRT, heartfelt thanks to Cate Campbell for her commitment and dedication during her time as a Trustee, which concluded at the AGM.

Since the launch of our public registers in previous years, we've been reviewing pathways, refining standards, and strengthening how we support practitioners at every stage of their professional journey. As we continue to develop our standards and offer, it's vital that your voice is heard. Please share your requests and suggestions for how we can do better as an organisation by emailing [info@cosrt.org.uk](mailto:info@cosrt.org.uk). Your input helps shape training, policy, and future development across the profession.

We're also preparing to open bookings for our 2026 Online Learning Portfolio on 6 January 2026.

Our online seminars continue to be one of the most valued aspects of COSRT membership — offering accessible, high-quality CPD led by leading voices in Psychosexual and Relationship Therapies. The new programme will include live seminars, self-access classes, student sessions, and supervisor sessions, designed to offer a balanced and engaging year of learning for practitioners at all levels.

You can preview what's coming here: [COSRT Online Learning](#).

We're still developing parts of the programme and welcome suggestions from our members. If there's a topic you'd like to see explored — whether it's an emerging area of research, a clinical skill, or an ethical issue you feel needs attention — please do let us know. Our community thrives when we shape learning together, contact us by writing to [info@cosrt.org.uk](mailto:info@cosrt.org.uk)

And now to our biggest event of the season — COSRT's Winter Conference: "What Is Relationship Therapy in 2025?", taking place Friday 5 December 2025 (10:00–17:00 UK time).

Following on from our successful Summer Conference, which explored the wider evolution of Psychosexual and Relationship Therapy, this Winter gathering turns the spotlight onto

Relationship Therapy itself — what it looks like now, and how it must evolve in the years ahead.

Relationship Therapy is a unique and ever-evolving discipline. To offer the best possible support, practitioners must continually adapt to new social realities, emerging technologies, and shifting theoretical frameworks.

At this conference, we'll explore how changing relationship structures, inclusivity, intersectionality, and advances in technology — including AI — are reshaping the way we understand and deliver therapy. With a focus on applied practice and innovation, this event invites therapists to reflect, adapt, and refine their approaches for a changing world.

Speakers include Dr Reenee Singh, Dr Damian McCann, and Professor Terry Hanley, among others — bringing together a breadth of experience and perspectives that reflect the complexity of modern relationships. It promises to be a day of insight, challenge, and collaboration.

For details and booking:

[What Is Relationship Therapy in 2025?](#)

As ever, thank you for being part of this community and for continuing to drive our profession forward with dedication and heart.

**Dr John Alan Dodd. PhD, FRSPH**  
Chief Executive Officer | COSRT

# Continuous improvement of professional standards

Since 2024 COSRT has been engaged in work to ensure individual professional standards are as robust as possible. That has taken place in the wider context of general therapy organisations adopting SCoPEd frameworks.

We are now delighted to share some exciting things that we are looking to implement from 2026 onwards because of that work.



## Pre-specialisation requirements

We have always been clear that our modalities are specialisations that rest on general therapy training and skills. Our review work showed there was scope for greater clarity though. Consequently, from 2026 we will ask that professionals seeking to join our registers or accredited training to demonstrate:

General therapy training at RQF Level 4 equivalent including at least 300 hours Guided Learning and 100 clinical placement hours, leading to the attainment of SCoPEd column A competences (and therefore knowledge and skills appropriate for general therapy practice).

This solidifies standards that existed before and helps underpin public protection.

## Amending training hours

To complement the increased clarity on pre-specialisation, we will be amending the number of training hours required for Registered and Accredited Member categories from 2026.

Relationship Therapy Registered Members will have to show 175 hours training or equivalent. And that increases to 250 hours for Accredited Membership.

Psychosexual and Relationship Therapy Registered Membership will require 250 hours training or equivalent. That should include between 125 and 150 hours spent on Relationship Therapy – reflecting the modality's integrated nature. That increases to 350 hours overall for Accredited Membership, with between 150 and 175 spent on Relationship Therapy within that.

Those changes are highly positive for current and future Members. Specialised training hours are reduced but will remain at a level that ensures high quality practice.

## New pathways into and through the Registers

An important amendment coming in 2026 will be to how people can enter our registers. Applicants will have to show they have the general training and knowledge above and, of course, specialist training and knowledge. As always, holding a COSRT accredited qualification will provide the most direct route.

However, we will be allowing people to show they meet general and specialist requirements through two other pathways:

- **Accreditation of Prior Certified Learning (APCL)**  
Applicants will be able to ask that COSRT considers up to three certified qualifications as evidence that they meet general therapy and/or specialist therapy training requirements.
- **Accreditation of Prior Experiential Learning (APEL)**  
Alternatively, applicants will be able to ask that COSRT considers a portfolio of wider work-related and other learning as evidence that they meet one or both sets of requirements.

## Competence-based assessments

When someone applies to join without an accredited qualification they will be asked to complete a competence-based assessment. Whether using the APEL or APCL route, applicants will have to complete case study style assessment to show that they hold the competences we need.

Existing assessments for Accredited and Senior Accredited membership categories will also change to competence-based. Applicants will have to complete detailed case studies and scenario work that show not just understanding but real world application of advanced competences.

## Focused CPD requirements

Recognising that our focus is on ever evolving speciality modalities, we will also adapt our annual CPD requirements for all (and not just future) members. From 2026 we will simplify things so that all members' CPD must be on Psychosexual and Relationship Therapy and/or Relationship Therapy issues. The relevance to these specialities will be determined by a simple check against professional competences and specialist curricula.

## Clear and focused specialised curricula

Those specialist curricula will be important additions to our standards from 2026 onwards. A core curricula will be presented for each modality, showing the essential content that we expect any qualification leading to professional practice. All our accredited training will adapt where necessary to reflect those. Any non-accredited training course or compendium of courses will be measured against them. And they will provide a reference point for determining the relevance of the CPD that Members do and COSRT delivers.

**Dr John Alan Dodd. PhD, FRSPH**  
Chief Executive Officer | COSRT



## It's not just about the sex: Rebuilding emotional intimacy in couple work

### Charlotte Rose Jefferson RegCOSRT

**They sit on the sofa, knees barely touching, a palpable tension and coolness between them. “We just don’t feel connected anymore — we can’t talk about anything without it becoming an argument,” they say.**

**In my therapy work, relationship disconnection and communication chaos are the number one issues clients bring to the sofa. Intimacy feels long lost, and they sit disheartened, asking, “How do we get it back?” My most common counter-reflection?**

“Remember, intimacy isn’t just about sex. It’s emotional safety. It’s being seen. It’s asking for a hug or a chat and knowing you won’t be rejected.”

As a relationship therapist, I know that emotional attunement and safety naturally feed into sexual intimacy — yet for many clients this is understood but not practised. Instead, grand gestures are used as currency in the relational economy: “But I paid for that luxury holiday last year”, “I work 12-hour shifts”, “I married you, didn’t I?”. These statements, intended as proof of love, are weaponised and counteract their initial purpose — a plea for gratitude and recognition that ironically pushes connection further away.

I often share, “It’s less about grand gestures and more about the everyday — a cup of tea in the morning, asking

about their day, a quick thoughtful text, a kiss goodbye, a cuddle at bedtime.” I call this the Piggy Bank Metaphor, where I explore with clients the nature of their “deposits” and “withdrawals” in the Relationship Bank Account. Is it in credit or debit? Are the deposits large and irregular, or small but consistent? Who deposits more? Who credits more? This isn’t about point-scoring, but noticing power dynamics and re-introducing intentionality to the relationship. We often follow this with an exploration of the classic “love languages”, which helps to build additional layers of understanding — many people give what they would like to receive and end up confused or hurt when their efforts go seemingly unrecognised.

**I’ve witnessed couples share emotional depth so powerful it gave me chills. I’ve also watched them spiral back into old patterns and slowly find their way to new ones.**



In the therapy room, the work begins by mirroring what we hope to see at home: a co-created, carefully attuned space where emotional safety can take root in a relationship that has run dry. I encourage vulnerability sharing and help couples spot “safety behaviours” (like threatening divorce or storming out). I translate messages clouded by blame and myth-bust the societal stories running through their relationship. Crucially, I hand the power back to the couple — encouraging them to listen with curiosity, sit with trickier emotions (such as defensiveness or jealousy), and finally bring into the room those “taboo topics” long swept under the rug.

I’ve witnessed couples share emotional depth so powerful it gave me chills. I’ve also watched them spiral back into old patterns and slowly find their way to new ones. Sometimes, they arrive defensive: “I don’t believe this will help”, “She dragged me here”, “How are you going to fix us?” My answer is always the same: “With my support — how are you going to create change in your relationship?”

Emotions are the connection piece. Emotional connection is vital to a healthy, thriving relationship — yet many couples survive on logic alone. Part of the work is practising how to hold space for each other, naming feelings, and slowing the pace. Creating shared understanding of generational messages can also be rich ground. A life timeline or genogram can help uncover why we relate the way we do, and what core beliefs might differ between partners. For example: “My mum always made tea for my dad when he got home” versus “My mum was a single parent who did everything for herself” — two powerful blueprints shaping how we expect care and reciprocity in adulthood.

**Emotions are the connection piece. Emotional connection is vital to a healthy, thriving relationship — yet many couples survive on logic alone.**

As Esther Perel reminds us, “Relationships cycle through harmony and disharmony.” Ruptures are normal — both in relationships and therapy. “Progress, not perfection” is my mantra. It’s how we repair that matters.

So, I teach couples how to argue well (with respect and care for each other) and how to repair well. That might mean modelling healthy repair in session, or introducing practical tools: using “I” statements to express feelings and needs (breaking the blame/defence cycle); agreeing a no-name-calling policy; using a time-out agreement when arguments get heated — pause, breathe, regulate, and return. For couples with abandonment fears, this might mean agreeing no one storms out of the house.

Afterwards, the post-argument debrief is particularly important: What worked? What didn’t? What can we try differently?

This leads to one of my favourite interventions — The Beef Board (or couple check-in). Once a week, or once a month, couples set aside time to talk about frustrations, worries, celebrate what’s working, and align on goals, finances, and everything in between. It’s a great way to stop resentment building quietly, and a powerful reminder that you’re on the same team. After all, arguing well is intimacy. It means you’re brave enough to show up, share your feelings, and still choose each other.

Ultimately, intimacy isn’t a destination — it’s a way of being. It’s a co-created relational environment that can thrive, rest, and re-emerge as life demands. Social media depicts the #couplegoals highlight reel, but what we’re really aiming for is something less polished and more human: the beautifully messy experience of loving and being loved, well.

They sit on the sofa, closer now, one leaning back comfortably, the other laughing as they recount their latest date night. The energy between them feels lighter, warmer. “I feel like we listen to each other more now,” one says. “We don’t always agree — we probably never will — but it doesn’t tear us apart anymore. We can be honest, and it’s not taken as an attack.” And in this small shift, intimacy quietly returns.





# Spotlight:

## Lohani Noor

**Director of The Institute for Relational and Sexual Therapies (ThIRST) & Psychotherapist in general practice AccCOSRT**

**For this issue we're delighted to feature the Director of The Institute for Relational and Sexual Therapies (ThIRST) Lohani Noor.**

### What I love most about this is...

I love everything about creating something from nothing, from a simple idea something emerges and with the right care and nurture it grows into something beautiful. I have put my heart and soul into ThIRST and I hope this is apparent to anybody who trains with us. There is love, kindness and endless swathes of encouragement woven into the fabric of ThIRST.

In my psychotherapist practice I am so grateful that I get to sit with people as they explore their most challenging of times, to journey with them as they break out of outdated narratives that harm, to see them grow and blossom and become a truer version of themselves. I too am changed in this process. This is the beauty of becoming human, it transforms everyone around you.

### What I like least about it is....

I have so many visions of how I would like to grow ThIRST and I can become impatient. Learning to slow down is a life lesson that I still haven't mastered and sometimes I can tell myself I am failing if things don't move as fast as I like.

### Previous jobs:

My first job was as a volunteer for the National Association of Young People In Care (NAYPIC), I was in a children's home and essentially became an activist working to make change for other young people experiencing the care system. At 17 I became the London and South Development Officer for NAYPIC. Most of my work since then has been working with people therapeutically, in some capacity. I spent many years working as a residential social worker and an outreach/support worker for the criminally insane to drug and alcohol dependent men, sex offenders etc etc. During this time I also trained in bodybuilding and competed for several years, later going on to become a judge for several different Bodybuilding Federations including The EFBB, PCA and IPA.

I did take a break from working with people, I felt the urge to do something creative and so I trained to become a plumber and worked in industry as a commercial & domestic plumber for 7 years. During this time, I completed a HNC in Building Services Engineering and moved into teaching plumbing in FE. Whilst working in FE I re-trained in Transactional Analysis Psychotherapy. My private practice is a general practice, I don't solely focus on psychosexual as I really enjoy the practice of psychotherapy and analysis. There is an art to being

a psychotherapist, it is an eternal process of becoming. I value this way of being immensely and continually make myself available for learning and becoming. I generally think of myself as taking the scenic route through life.

### Qualifications:

- MSc Psychosexual Therapies
- Diploma Transactional Analysis Psychotherapist (level 7)
- PGDip Urban Education, Manchester Metropolitan University (Level 7)
- Edge Hill University CERT ED and QTLS (Qualified Teaching and Learning Status) (level 5)
- Certificate in Supervision level 5(MIP)
- Professional Training Programme - International Society for the Study of Trauma and Dissociation (ISSTD), ongoing.
- Certificate in CBT level 5
- A1 Assessors Award Paavqset
- Trade Qualifications:
- Edexcel BTECH HNC
- Building Services Engineering and Project Management (level 5)
- City & Guilds Level 1, 2 & 3 Domestic Plumbing

- ICON  
Condensing boiler and energy efficiency certificate
- BPEC  
WRAS Water regulations certification
- Construction Skills  
UHWSS Install, commission

Plus too many short courses to mention.

### What has been your greatest work achievement?

Simply becoming a psychotherapist was such a huge achievement for me, not much matches that feeling. But then there is ThIRST. ThIRST is a relatively new organisation, and I am so incredibly proud of how quickly I have grown it from an idea to a fully functional COSRT accredited organisation.

### What advice would you give to someone starting their career?

Understand that you are embarking on a never-ending journey of personal discovery and educational gain. Embrace all the challenges, there will be many, and they will come to sharpen your capacity, be humble in the face of great learning. Open yourself up to love, love is the basic principle of all therapeutic work, love yourself, love your clients, love what you do.

### Who or what has been your greatest inspiration?

Nature. Nature always finds a way to thrive. No matter what, there is always a way to process away the bad stuff and create the good stuff.

### What is the greatest career risk you have ever taken?

Starting up ThIRST, the story isn't written yet, although it's looking pretty good.

### My childhood career dream was:

I really wanted to be a psychiatrist!

### My life:

### When I am not at work you will find me...:

probably walking in nature, travelling off the beaten track or in the gym

### Favourite film:

I don't have one.

### Who would play you in a film about your life:

No idea, I don't watch much telly. I've spent most of my adult life without a telly

### What three things would you take to a desert island with you:

sacred plant medicine, music and pen & paper

### What book has had the biggest impact on your life and why?

Oh gosh so many books, I fell in love with Herman Hesse, Siddhartha and Steppenwolf stick out as do all of Steinbecks books along with Kafka, Kundera, Murakami, Ishiguro, Sartre, and Marquez there are too many amazing authors/books to choose from. My favourite poet is still Nina Cassian, her work is powerful, physical and vibrant. Books give me a portal into another world, another way of being. I guess I learn a lot about what it means to be human and to be spiritually connected to the world around us.

### Which three guests would you invite to a dinner party (dead or alive):

Mestre Irineu (Raimundo Irineu Serra) was the founder of the Sanot Diame Church, a syncretic religious movement in Brazil that uses the sacred plant-based tea ayahuasca to conduct spiritual ceremonies. Born

in 1890 in Brazil, he migrated to the Amazon's rubber boom region in 1912, where he had spiritual visions after drinking ayahuasca, leading him to conduct healing ceremonies. He developed the Santo Daime doctrine, which centres on love, harmony, and strength, and composed hymns for the religion, eventually becoming known as "Mestre Irineu".

Gargi a philosopher, public speaker, and royal advisor, was one of the composers of the Upanishads. Her philosophy-poetry addresses metaphysical questions about the construction and origin of the universe. She is best known for a public debate in which she silenced (and irritated) a renowned sage by posing an unanswerable question, which can be simplified into: "Where is the realm of the Gods located?" Gargi was also said to be an advisor in the Court of King Janaka.

Khadija Bint (full name Khadija bint Khuwaylid) was the first wife of the Islamic prophet Muhammad and the first person to embrace Islam. She was a successful businesswoman, from a wealthy aristocratic family in Mecca, known for her generosity, nobility, and support for her husband and the early Muslim community. She was 25 years senior to Mohammad and he was one of her employees.

### One surprising fact most colleagues don't know about me:

I am very interested in indigenous cultures and traditions. I get out into the wild as often as I can, early next year I will be spending time in Mexico with the Wixarika people amongst other tribes learning about their traditions and their work with sacred plant medicine.



## When Words Aren't Enough How Working Creatively Supports our Psychosexual and Relationship Therapy Practice

**Regina Medeiros Arnold**  
AccCOSRT



**As a relatively green therapist, allow me to wonder out loud for a moment – how do other therapists weave creativity into their work?**

**We want to make sure to get the full sense of the client and I know that every time I move towards creativity, something starts to unfold but are there ways to do this more effectively?**

**I suspect many of you reading this are *already* working (or have worked) creatively with your clients and yet I wonder where/how we can create avenues to further this discussion, to share ideas and considerations that enrich our practice and help bring more creativity to our work.**

This article acts as a potential first step – I share why and how I integrate creative methods into psychosexual and relationship therapy including a case study that illustrates the power of working creatively and why we might consider (re)adding this shade to our palette.

### Why Creativity Matters in Psychosexual & Relationship Therapy

Sex and relationships are *intrinsically creative*; they are non-linear avenues for expression, a dance of growth, unfolding and collaboration. We see creativity dotted in therapy theory - Jung's emphasis on the importance of symbols and the unconscious; Winnicott's "transitional space" highlights how play can support healing; Pessó-Boyden speak to the "possibility

sphere" - all of these become more readily available through creative practice. Above all, creativity offers both the client and us *space*. It allows therapy to move in a more expansive way—making space for transformation that is seen and felt, not just understood. It enables us to offer a new set of tools and invites us to see what the client already has within them so that they can transfer to their relationships.

### Creative Techniques in Practice

As an integrative therapist, I endeavour to tailor each approach to the client's needs. Creative work is fluid and adaptive, it can be dialed up or dialed down, built upon, making it ideal for sensitive or complex issues.

Here are some of the methods I've used in my practice (and I'd love to hear about yours!):

#### 1. Expression: Art-Based Interventions

Art helps externalise feelings that may be difficult to verbalise. Through drawing, doodling, painting, or collage, clients can symbolically explore their emotions and bodily experiences.

**Example:** Inspired by the infamous nude drawing scene in the film *Titanic*, I invite couples to take turns drawing each other for homework, gradually de-layering their clothing (if they choose to) and exploring vulnerability, body image, and the idea of being fully seen, warts and all'. This exercise brings up rich discussions around shame, perception, consent, and compassion.

#### 2. Growth & Collaboration: Interactive Techniques

Many couples come to therapy because they feel like they are no longer working as a team. Creating something together can be a step in bringing them back to working side by side rather than in opposition.

Example: As part of my assessment, I ask couples to co-create a visual timeline of their relationship. Using colors and drawings, they map significant events together, allowing each partner to see their shared journey and individual perspectives more clearly. No timeline is the same but theirs is one they have co-created. I as a therapist witness their creation and mirror the contributions made to their relationship past and present.

#### 3. Unfolding & Space: Creative Writing

Writing helps clients gain observational distance. I encourage poetry, free writing, or letters from different perspectives (or body parts), especially when clients feel "stuck" or unsure what to talk about. I also use this for my own process and supervision.

**Example:** After sessions, I sometimes write a few sentences or words reflecting my experience, which I then bring to supervision. This process deepens my understanding of the work and the client's emotional resonance. I've brought my supervisor short poems following initial assessment sessions and have written poems as part of my ending process with a client.

## Case Study: Dave's Story

*This is a composite case, an amalgamation of multiple clients and interventions.*

Dave (AMAB, white British gay man in his early 40s) came to therapy seeking help in re-entering a relationship after 10 years of being single. His new relationship triggered past anxieties, especially around performance, leading to situational erectile dysfunction and a tendency to seek comfort through self-described sulking behaviours which both he and his new partner found manipulative, frustrating and confusing. Dave felt hopeless and at a loss - shouldn't this be the honeymoon phase?

### Creative Interventions

We worked together for twelve sessions. The turning point came when we began using creative tools, some of which are outlined below:

#### Drawing the "Hopeless" Part:

Dave gave his internal "hopeless" part a voice, a face, and dialogue, shifting his relationship towards curiosity

#### Magic Wand Visualization:

Dave imagined his ideal day with his partner and drew it using bright, joyful colours—surprising himself with the vibrancy within

#### Harnessing Inner Dialogue:

He then considered adding his 'hopeless' part the bright, idealized day. This revealed deeper fears of "tainting" joyful experiences, rooted in the childhood belief that he had ruined many happy moments for his primary caregivers. This same feeling was replicated with the situational ED. When he heard his caregiver 'tut' or say no (and indeed when his penis 'said no'), he felt anxious, lonely, scared and at fault.

### Creative Journaling:

Dave wrote compassionate letters to his younger self (and to his penis), processing long-buried feelings of rejection and loneliness. He wanted to share these letters with his partner as part of his process and did so with their consent.

### Outcomes

Through these creative interventions, Dave accessed emotional layers that logic alone couldn't reach. He began to speak more openly with his partner, especially about his needs for emotional intimacy as a pathway to physical intimacy. Dave's growing self-compassion and understanding helped him see that his "sulking" was a way of testing his partner's love—an old pattern he could now replace with objectively seeing his partner for who he was, entirely separate from his 'ideal' caregiver and 'fantasy' partner. He no longer needed to 'sulk' and instead leaned into new ways of expressing himself in moments of perceived disconnect. His ED subsided as he had established a more collaborative and understanding relationship with his body.

## Reflections and Final Thoughts

Creativity in therapy is not about being an artist nor is it about Art Therapy more formally, it's about creating space for clients to explore, imagine, and heal in ways that feel authentic and meaningful to them. When working with psychosexual and relationship issues, where vulnerability and shame can feel overwhelming, creativity offers a pathway to healing through play, imagination, and risk taking in a safer environment. There are of course the practical considerations as well – materials, client consent and navigating potential resistance from the client.

I should clarify that an invitation to work creatively is always that – an invitation - an offering of an alternative way to explore and never a demand; I'm not sure how much creativity flows when it's *required* to do so.

In my own practice, I've witnessed how powerful this work can be. I've seen clients rediscover parts of themselves they thought were lost, express emotions they didn't realize they were carrying, and connect more deeply with their desires and needs. It has also supported me in supervision - exploring my perspective on a client through poetry or drawing.

To fellow practitioners, I invite you to consider (re) weaving in opportunities for creativity into your sessions. To the curious, why not try it yourself now? Take a few minutes, find a post-it note or scrap paper and a writing utensil to draw a portrait yourself as a rosebush or tree. What do you notice? What does the process stir in you? What does the drawing stir in you?

If nothing else, I hope this article serves as a reminder that there is wisdom in the things we create.





## New Trustee Spotlight: **Simon Wilson**

**MA, PG Cert Clin Sup, Reg UKCP, AccCOSRT**

**We're delighted to introduce Simon Wilson, UKCP-registered psychotherapist, COSRT-accredited sexologist, and one of our newest COSRT Trustees. Simon brings extensive experience in sexuality, addiction, and relational therapy, offering a grounded and compassionate voice within our growing community.**

**COSRT: You've spent years exploring how people relate – to themselves and to others. What's something you've learned about connection that still surprises you?**

What still surprises me is how often the assumption in intimate relationships is that a partner will know what the other is thinking, feeling or need. While deep understanding develops over time, I often remind clients that we cannot fall into the cognitive distortion of expecting some form of mind-reading. Problems emerge when we stop actively communicating and start assuming. Communication is the essential, continuous work of maintaining a relationship; we need to share, ask and listen with our partners.

**COSRT: Much of your work touches on identity, sexuality, and belonging. COSRT: How do you see these ideas evolving in the therapy world right now?**

The therapeutic encounter is a microcosm of the world, and we are deeply impacted by global events. The increasing exposure to highly politicised debates around sexuality and identity, often amplified by social media, creates huge challenges for therapists. Our role involves supporting clients, educating them, being mindful of social justice, and ensuring public protection. As sex is a highly charged subject, we are at the sharp end of this. Technological advancements require us to understand the profound impact of global information and mis-information along with polarising narratives, that often generate confusion, anger, fear, and shame.

**COSRT: What kind of conversations do you think therapists need to be having more often – either with clients or with each other?**

Therapists need to have more open conversations about their own position as clients. I have undertaken two long-term personal therapies to process, reflect, and make sense of myself in my life and work. However, I observe a real division in the field. Some clinicians are very pro-personal therapy, while others appear fearful or even judgemental, perhaps viewing a therapist who seeks help as having failed to 'work through' their own material. This perspective, for me, ignores a key truth: our brains

are plastic, and we continue to change and evolve until the day we die. Self-exploration is a logical commitment to the organ that contains our consciousness.

**COSRT: As a new trustee, what excites you most about joining COSRT's mission?**

I'm very excited by COSRT's ongoing commitment to improving it's already excellent standards. The organisation demonstrates clear courage to challenge and implement changes that are ultimately focused on public protection. I am also keen to explore how COSRT can continue to raise its already very good profile internationally. In a world where geographical distances are reduced by technology, there are fantastic opportunities as COSRT-accredited training continues to be sought out and recognised by students from around the world.

**COSRT: Therapy can be intense work. What helps you recharge, find perspective, or stay creative when you're off duty?**

It's incredibly important to remind ourselves and our clients that we are human beings, not human doings. My life space is intentionally configured to counter the intensity of clinical work by being as calm and un-stimulating as possible. The last few years my favourite go-to place to recharge and unwind has been a beach hut on the North Norfolk coast. A cup of tea, a book and solitude by the sea is my happy place.

**COSRT: If you could host a dinner with three thinkers, writers, or creatives – alive or dead – who would you invite, and what would you hope to talk about?**

I would invite Marsha Linehan (the founder of DBT), Fritz Perls (one of the Gestalt therapy founders), and the philosopher Søren Kierkegaard. I'd love to have a dialogue on the core psychological issues of choice, anxiety, and self-acceptance as they relate to intimacy and commitment. We could explore how Perls' focus on awareness and the 'here-and-now' informs Linehan's structure for radical acceptance, and how Kierkegaard's existential exploration of anxiety and

the nature of the self-underpins the challenges of authentic relational commitment. It might be a bit of a heavy conversation for a dinner party so it would also be fun to hear Perl's stories of Esalen, and the Californian counterculture human movement of the 60s, I believe it was a wild time!



**We're looking for writers for the Winter edition of Good Therapy.**

If you have an idea for an article, interview, or reflective piece, we'd love to hear from you — email us at [info@cosrt.org.uk](mailto:info@cosrt.org.uk).

# Research Update



The most recent issue of **Sexual and Relationship Therapy (SRT)—Issue 3 of Volume 40, 2025**—is a standard issue. In the editorial introduction of this issue, we highlighted the presentations from COSRT’s Summer Conference, which was hosted virtually in July of 2025. Each of the presentations from the Summer Conference can be accessed via recordings on the COSRT Past Conferences link [[www.cosrtlearn.org.uk/past-conferences/](http://www.cosrtlearn.org.uk/past-conferences/)].

This section serves as a space to casually discuss recent research and findings as we close the gap between the scientist and practitioner. Because science informs so much of what we do as therapists, this effort is imperative as we continue to strive for the best care possible. The past few months saw one research article be published, along with other reports, reviews, and commentaries.

Here are a few of them:



**Effectiveness, Feasibility, and Acceptability of Interactive Digital Interventions for Treatment of Sexual Difficulties: A Systematic Review, Meta-Analysis, and Thematic Analysis**

*Lorna Hobbs, Jamie Hertel, Lisa Walton, Patricia Schartau, & Julia V. Bailey*

This recent article published in *Sexual & Relationship Therapy* by Hobbs, Hertel, Walton, Schartau, and Bailey acknowledges the common prevalence

of various sexual dysfunctions and that the capacities of current health services struggle to fully meet the demand presented by these difficulties. Noting the potential brought on by internet and technology advancements, the authors explore the possibility of digital interventions that might increase access to important care. Through conducting their systematic review, the researchers sought to determine the effectiveness, feasibility, and acceptability of these digital interventions when being used to treat sexual difficulties. Overall, they found that these interventions can improve female sexual difficulties, although they didn’t have the sufficient data to determine the same for male sexual difficulties.

For clinicians, the continued development and improvement of these interactive digital interventions could prove to introduce promising tools to use in their work. The findings also showed that use of these interventions is more effective with therapist support compared to when participants had a self-guided approach, so it is important that clinicians continue to have that support role as these interventions are navigated. For more on these findings, explore the full article.



**Problematic Internet Use and Online Sexual Offending: A Case Study of Strategic Psychotherapy**

*Valeria Saladino, Danilo Calaresi, Valeria Verrastro, Marco Lauriola, & Oriana Mosca*

In this recent case study by Saladino, Calaresi, Verrastro, Lauriola, and Mosca, the authors explore a 19-year-old in the Italian correctional system who underwent strategic therapy to address their past online sexual offending behaviour. As the authors identify, problematic internet use is increasing in prevalence and leading to negative mental health outcomes. In their study, the researchers found one participant who met their eligibility criteria, and thus became the subject of this case study. Once they identified their participant, the individual participated in assessment, treatment, evaluations, and follow-up using a strategic therapy approach. Throughout the experience, the participant was vulnerable and engaged, and the strategic therapy process helped them identify the impacts of their actions.

Because we continue to ask these questions and, even more importantly, search for the answers, we provide even better care to our clients with each passing day. Whether the researcher who finds these answers, the provider who incorporates it into their practice, or a little bit of both, thank you for the work that you do.

For any follow-up or questions related to The Research Corner, please contact **Coltan J. Schoenike** at [cschoenike@antioch.edu](mailto:cschoenike@antioch.edu)



An interview with psychosexual therapist Shelly Diprose

## Conversations in Therapy: Talking Sex and Intimacy After Trauma

### About Shelly Diprose - RegCOSRT Reg(Sup)

Shelly Diprose is a Psychosexual and Relationship Therapist and Clinical Supervisor based in Barnsley, working within Doncaster's sexual health service. She originally trained while working in a rape crisis charity, where she saw first-hand how rarely sex and intimacy were spoken about in the context of abuse. This experience shaped her career and inspired her to create the podcast series *Yes, It's Normal*, which explores the often-hidden realities of sex and intimacy after sexual trauma. Shelly is also part of Doncaster's Strategic Sexual Abuse Planning Board, delivering training for clinicians and support workers, and piloting therapeutic approaches such as Rewind for survivors. Passionate about breaking stigma, Shelly's work focuses on helping people reclaim their sexuality and shed the shame that so often follows abuse.

**COSRT: Shelly, thank you so much for joining us. To start with, what led you to create your podcast series on sex and intimacy after sexual trauma?**

**Shelly:** It really came out of my work. Before training as a sex therapist, I worked in a rape crisis charity as an advocate. Again and again, I found that nobody was talking about sex after abuse. Yet clients were coming to me with difficulties in their sex lives.

When I trained in psychosexual therapy, I made this my focus. My dissertation looked at guidance for working with survivors in a psychosexual setting – and I found very little material out there. Later, working within Doncaster's sexual health service, I saw the same gap. That's what inspired the podcast: to open up conversations around shame, arousal, consent, and the layers of trauma survivors often carry.

**COSRT: So it was about filling a silence?**

**Shelly:** Exactly. For example, many survivors feel ashamed if their body responded during abuse – an erection or arousal. Perpetrators often weaponise that, twisting it into “consent.” But physiologically, it's normal. Clients feel enormous relief when you tell them that. That's why the podcast is called *Yes, It's Normal*.

**COSRT: These are heavy topics. How have people responded?**

**Shelly:** The feedback has been overwhelming. Survivors say, “*I wish I'd known this years ago.*” Therapists have said they now share the podcast with clients. Partners have listened and gained new understanding. Survivors tell me it's shifted their shame and helped them put words to feelings they never could before. Honestly, it's gone further than I ever expected – hundreds of listeners, even overseas, despite very little promotion.

**COSRT: And as a therapist, how do you manage the emotional weight of this work?**

**Shelly:** Supervision and peer support are vital. I also practise what I preach: grounding, mindfulness, walking my dog. The hardest part isn't hearing about trauma – it's seeing how compassionate survivors still are, despite everything. Their kindness can be heavier to hold than the horror itself. I tend to metabolise the emotional weight into something creative, such as writing, art or music or I will utilise my old skills as a chocolatier and develop new creations.

**I'd like to expand awareness of these conversations. The podcast has spilled over into the training I'm delivering to clinicians and support workers, gifting survivor voices to the services that need to hear them and pay attention.**

**COSRT: What's been most surprising for you?**

**Shelly:** How widely it's spread. I expected maybe 50 listeners. We're now in the hundreds, across different countries. The most listened-to episode? *"It's normal to struggle with intimacy and emotions, even when you love your partner."* That told me just how many people needed to hear that message.

**COSRT: Looking ahead, what's next for the podcast?**

**Shelly:** I'm considering continuing, though funding is uncertain. I'd like to expand awareness of these conversations. The podcast has spilled over into the training I'm delivering to clinicians and support workers, gifting survivor voices to the services that need to hear them and pay attention. Through the training, I hope to reduce the shaming pathology that can happen for survivors of abuse, that is also costly to the NHS. There's also a bonus body scan episode out already, and I'd like to explore whether to grow the project further.

**COSRT: Finally, what advice would you give to other therapists thinking about creating public content?**

**Shelly:** Do your research, have a script, but keep it natural. Think about your setting and whether you want to be on video. Work with someone who understands production if you can – I couldn't have done it alone. I'm very lucky to have a videographer friend to point me in the right directions. And don't worry if the topic's been covered before; your voice and perspective are unique.

Above all, be brave, be vulnerable and go for it. People need to hear that what they're experiencing is normal, and therapists need resources to help support them.



## Podcast 'Yes It's Normal'

**Shelly Diprose**

On Spotify

Conversations on Sexual Trauma and Healing, written and presented by registered Sex, Relationship and Trauma Therapist, Shelly Diprose, owner of Tell Us A Tail Ltd.

This 5-part series explores the quiet truths survivors often carry alone. With warmth and clarity, Shelly gently unpacks what's normal in the aftermath of sexual trauma - from arousal during abuse to struggles with sex and intimacy.. even with a loving partner.

A validating, shame-free space for survivors, supporters, and professionals alike.

[Listen Now](#)



## New Trustee Spotlight: Elizabeth Folarin

**Associate Director of Social Work,  
Social Care and Carers**

### **What inspired you to join COSRT's Board of Trustees?**

I joined COSRT because I care deeply about the quality of our relationships and the spaces where people seek support. COSRT's commitment to excellence, ethics, and compassionate practice aligns strongly with my own values. I've spent my career supporting individuals through some of their most vulnerable experiences, and joining the Board felt like a meaningful way to help strengthen the profession and contribute to national conversations on relational and sexual wellbeing.

### **How has your background in social work and safeguarding shaped your approach to relationships and wellbeing?**

My work in social work and safeguarding has taught me that relationships are at the centre of nearly every human experience. Supporting children, adults and families in crisis—and navigating complex systems such as prisons, addiction services and sexual health—has shown me how much safety, trust and belonging matter.

These experiences have grounded me in empathy, clarity and cultural awareness, and they've reinforced my belief that everyone deserves connections where they feel secure, respected and truly seen. It's also made me deeply aware of how trauma, culture, identity and power

shape the way people form and maintain relationships.

### **What perspectives do you hope to bring to COSRT's work?**

I hope to bring a perspective that combines trauma-informed practice, cultural awareness and a genuine passion for community-building. Throughout my career, I've naturally gravitated toward bringing people together, creating learning spaces, and helping others feel connected and supported. I want to bring that same energy to COSRT—strengthening membership activity, deepening engagement and ensuring therapists feel part of a compassionate, professional and learning-driven community.

I also bring wide-ranging safeguarding expertise across child and family work, adult social care, sexual health, addictions and prisons, alongside NHS leadership experience and my background as an academic tutor. These roles have given me a strong understanding of professional standards, practitioner development and what quality, ethical practice looks like in real-life settings.

As a Black British woman and safeguarding professional, I am also deeply attuned to the ways culture, identity and systemic inequalities shape therapeutic relationships. I hope to support COSRT's ongoing commitment

to inclusive, anti-oppressive practice—ensuring every practitioner and client feels valued, represented and understood.

### What do you see as the biggest opportunities for COSRT in the coming years?

COSRT has a powerful opportunity to strengthen its national presence and influence the wider conversation about relational health, intimacy, consent and emotional wellbeing. As society increasingly recognises the importance of healthy relationships, COSRT is uniquely placed to lead with clarity, compassion and evidence-based insight.

Another key opportunity lies in cultivating a vibrant, connected and engaged membership community. By expanding opportunities for collaboration, learning and networking,

COSRT can help practitioners feel part of a caring, progressive and ethically driven profession. Enhancing member activity, amplifying diverse voices and fostering belonging will not only enrich COSRT's internal community but elevate the profession as a whole.

### Outside of work, what helps you unwind and stay grounded?

I love exploring new places—right now, I'm on a mission to visit as many Greek islands as possible. Travel helps me reset, breathe and stay curious.

I also unwind by reading and running my book club, which creates space for diverse literature and meaningful conversation. And honestly, one of the biggest things that grounds me is deepening the relationships in my life—spending time with people who feel like home and investing in connections that genuinely nourish me.

### If you could share one message about human connection, what would it be?

Human connection thrives when we choose honesty over performance. When people feel safe enough to be real—with their joy, fears and vulnerabilities—that's where trust grows and healing becomes possible. Whether in therapy or in everyday life, the most powerful thing we can offer each other is genuine presence paired with compassion.

## Professional guidance

One of the key ways we can use our specialist knowledge to support Members is through practice guidance and policies. These are documents which give information on important areas related to professional practice – from working online through to how professional executors work.

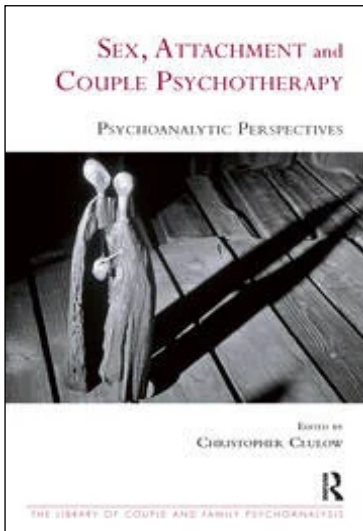
We are in the midst of updating and expanding the suite of documents provided to our Members. That work is based on the understanding that they are part of how we help mitigate the risks inherent in carrying out highly specialised practice.

Some of the policies and guidance being finalised include:

- Supervision
- Clinical diagnoses
- Breaks in practice
- Children and young people
- Multiple relationships...and more.

We need to make sure we help you as best we can though. So if you have any suggestions or requests for issues we might give specialist guidance on, please contact [jo.coker@cosrt.org.uk](mailto:jo.coker@cosrt.org.uk).





## Book Reviews:

# Sex, Attachment and Couple Psychotherapy, Psychoanalytic Perspectives

By Christopher Clulow



Reviewed by Etti Kia RegCOSRT, AccCOSRT  
The Library of Couple and Family Psychoanalysis  
KARNAC, 2009

**Susanna Abse, the former director of Tavistock Relationships, suggested creating this book to mark the centre's sixtieth anniversary, exploring sexuality in couple relationships and its application in couple psychotherapy from a psychoanalytic perspective. This book contains twelve chapters discussing various aspects of sexuality within couple relationships. I believe this is a crucial read to deepen our understanding of couple relationships and sex before starting with psychosexual exercises in clinical settings.**

Christopher Clulow commences the book with a brief explanation of its history, followed by key information about the contributors. Peter Fonagy covers an insightful foreword and emphasises the importance of sex in our lives: “After all, sex is one of the main reasons why we form relationships” (p. xvii). He then shares a psychoanalytic view of sexuality, attachment, and mental functioning. Fonagy thoughtfully outlines that sexuality is the only infantile experience that is not mirrored by the caregiver (p. xix), meaning we do not have an internalised sexual working model. We must therefore explore and discover sexuality independently. This thought-provoking comment highlights

a significant challenge of sexuality for us as human beings.

Furthermore, “*The fact of life*”— an introduction written by Clulow— illustrates perceptive and critical reflections on the book; for example, he acknowledges that the use of a majority of heterosexual couples as clinical cases is a limitation of the book. Clulow continues with a comprehensive overview of the history, drawing on Freud’s pleasure principle and the Oedipus complex, and explores how these theories inform psychoanalytic and psychodynamic couple therapy today. However, as Poulton (2013, p.3) points out: “*Freudian theory was largely a theory of the individual that focuses on the drives, conflicts, defence mechanisms, resistance*”. He invites us to consider the importance of thinking about individuals within a couple relationship. Psychoanalytic thinkers, such as Winnicott, Fairbairn, and Klein, among others, demonstrated the impact of the early relationship between an individual and their caregiver, which is maintained and applied to other relationships in adulthood. They introduced the object-relation theories, which shed new light on relational psychotherapy and expanded our understanding of the dyad between two individuals in a couple relationship. Notably, a couple’s unconscious beliefs

and unconscious phantasies (Morgan, 2019, pp 54-72) could structure the sexual relationship. Unconscious beliefs created from the childhood internalised parental couple may form the unconscious phantasies of the adult relationship and, consequently, the sexual dynamic.

In chapter one, Brett Kahr shares his discerning critical view of couple psychoanalytic psychotherapy in terms of the lack of attention to the sexual life of the clients in the clinical work. Nevertheless, Kahr reflects on how psychoanalysis was criticised and resisted for thinking about sexuality. He leaves us with an appreciation of our profession as psychosexual therapists and the flexibility that our jobs offer.

Moving on to chapter three, “*Lively and deathly intercourse*”, is a master work of Francis Grier. He describes Bion’s theory of ‘Linking’ (1958), which demonstrates three fundamental links in the human mind: “*L stands for a loving link, H for a hating link, and K for a link of Knowledge*” (p.47). Grier then applies this to couple relationships: “*the partners need not only to love and to hate each other, but they must also consciously know that they are loving and hating*” (p. 47). The K-link function is a genuine curiosity and interest in understanding oneself, one’s partner, and the unit within the relationship.

Grier beautifully shares his thoughts about the H-link, considering it a healthy link. He suggests that the absence of love does not imply the imposition of hate, but rather that defensiveness is inhibiting the K-link. When couples are in a crisis, the K-link is not operating, and it is the therapist's role to simulate its function. The integration of hate and love may also create internal ambivalence. Kernberg (1995, p. 38) emphasises that it is a necessity to tolerate ambivalence in a couple relationship and its manifestation in intimacy.

Finally, Andrew Balfour shares his views about "Intimacy and sexuality in later life" (chapter 12). His writing is a delight, including observations, poetry, and excellent analysis. Balfour draws our attention to the Oedipus complex

and ageing (p. 226). Perhaps, we, as psychosexual therapists, must consider that working with aged clients could also involve working with loss; loss of fertility, youthfulness, and sexual functioning, intertwined with shame.

I want to end this review with a powerful and profound quote from Balfour:

*"Ageing is a powerful site for Oedipal anxieties, with the inversion of the earlier Oedipal configuration: for the young, it is the parental couple that is procreative, for the old, it is the younger generation; the envied object moves from the parents' intercourse to that of the next generation"* (p. 227).

**This interview was carried out by Etti on behalf of COSRT. If you would like to contribute an interview or article too, please get in touch at: [info@cosrt.org.uk](mailto:info@cosrt.org.uk).**

## References

Bion, W. (1958). *Attacks on linking*. *International Journal of Psychoanalysis*, 40, pp.308-315.

Fairbairn, W. (1952). *Psychoanalytic Studies of the Personality*. London: Tavistock

Kernberg, O. (1995). *Love Relations, Normality and Pathology*. Yale University Press, p. 38

Morgan, M. (2019). *A Couple State of Mind, Psychoanalysis of Couples and the Tavistock Relationships Model*. Routledge, pp.54-72.

Poulton, J. (2013). *Object Relations and Relationality in Couple Therapy*. Lanham: Jason Aronson, p.3.



**COSRT has partnered with Dell 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.



**20% off Routledge books for COSRT members**

Our journal publishers Taylor & Francis have made a discount code available to all COSRT members when purchasing academic and professional books and e-books from their website [routledge.com](http://routledge.com).

Simply enter **CSRT2** at checkout and click 'Apply Code' to receive a 20% discount on your order.

*This code cannot be used in conjunction with other discount codes.*

# Members in the Media

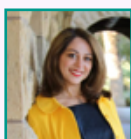
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## Michela Pucci

AccCOSRT

- [BDSM for endometriosis: Can kink help with painful sex?](#)



## Sara Nasserzadeh

AccCOSRT(Sen), PhD

- [The ideal couple configuration, according to an expert](#)
- [How to have realistic Expectations in sex](#)
- [Don't ignore this red flag](#)
- [Successful couples do this every week](#)
- [Successful couples fo these 4 things in the morning](#)
- [Successful couples do this every evening](#)
- [Commentary on Charlize Therone being a single parent by choice](#)

## Paula Hall

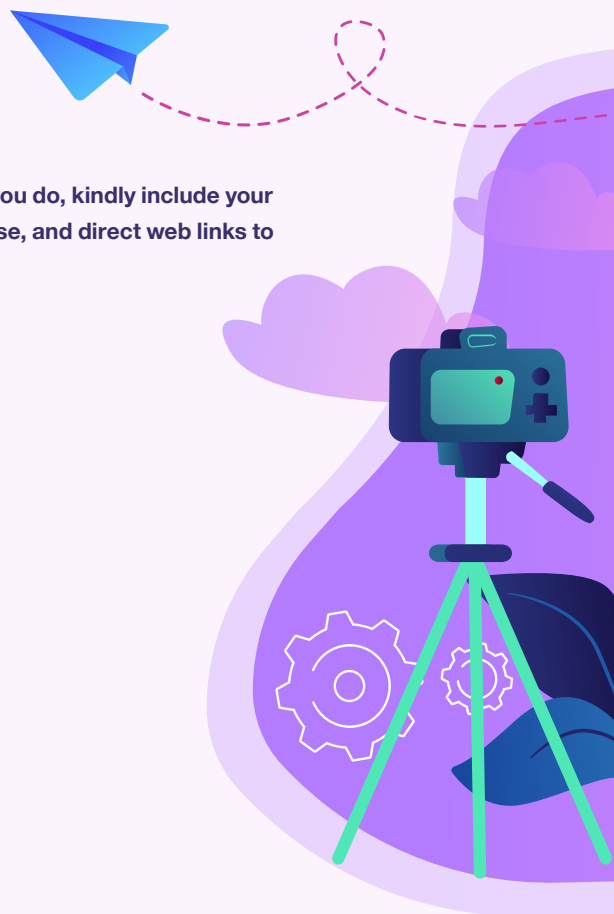
AccCOSRT(Sen)

FFS productions campaign with LADbible, Movember & Fumble



1. Huge sex-positive campaign based on research of over 5000 young people on their relationship with porn with the aim to lobby government into providing better sex education and accessible help. Paula (and specifically Pivotal Recovery) is the voice and resource for those struggling with PPU. *Live in October, but very much an ongoing project.*

- [The webpage](#)
  - [The documentary](#)
  - [The research](#)
2. Huffington Post – ‘Porn Is Educating Our Kids About Sex’
- [Quoted in piece exploring young people’s relationship to porn.](#)
3. JAAQ (Just Ask a Question) – Mental health platform. *Filmed in August*
- [Approached to do an expert video on CSBD and porn-related problems.](#)
4. Therapy Today: Big Issue article on porn
- [Quoted in the piece exploring porn’s impact.](#)
5. This is Powerful with Paul Sculfor podcast – ‘Secret Sex Lives’
- [Invited to speak about CSBD on podcast dedicated to mental health and recovery.](#)





## Peter Robinson-Vernon

**COSRT Student**

- [Inclusion interview shared during National Inclusion Week \(LinkedIn/Ingeus UK\).](#)



## Anna Kelberg (Kelberga)

**RegCOSRT**

- [PhD – Published white paper: Intentional Dating framework \(ResearchGate/OSF\).](#)



## Lucy Frank

**RegCOSRT**

(TheYXologist) via Sam – Multiple published/contributed pieces across The Times, Standard, Dazed, Stylist, Worst Girl Gang Ever (2025)

- [The Times: Baby Making](#)
- [The Standard: Casual Sex](#)
- [Dazed: Women's Pleasure Retreats](#)
- [Stylist Magazine: Noises During Sex](#)
- [Stylist Magazine: Platonic Touch](#)
- [Stylist Magazine: Casual Sex vs. Relational Sex](#)
- [Stylist Magazine: Why Women Get Bored](#)
- [Worst Girl Gang Ever Blog Post: Infertility, Men & Sexual Dysfunction](#)
- [Worst Girl Gang Ever Blog Post: Involuntary Childlessness, a Journey of Acceptance](#)

## Karen Doherty

**AccCOSRT(Sen)**

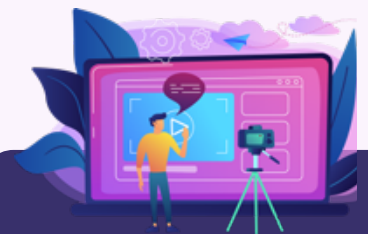
- [Top Couples Therapist: The Number One Reason ND Relationships Fail](#)
- [ADHD & Relationship Issues - 17 Ways To Fix Them](#)



## Silva Neves

**Acc(COSRT)**

- [Beyond shame: We discuss compulsive sexual behaviours, porn, and queer love.](#)
- [Quoted as one of the specialists in an article in the New York Times on sex and love addiction](#)
- [Published an article on Psychology Today on sexual assaults in queer communities](#)



## Members in the Media

Let us know or tag [@cosrtnews](#) on social media if you'd like us to highlight your news.

# What is Relationship Therapy in 2025?

5 NOVEMBER  
WINTER CONFERENCE

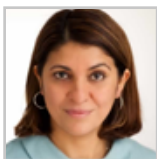
Relationship Therapies are unique and ever-evolving disciplines. To offer the best possible support, practitioners must continually adapt to new social realities, emerging technologies, and shifting theoretical frameworks.

Following COSRT's Summer Conference, which explored the wider evolution of Psychosexual and Relationship Therapies as fields, this Winter Conference turns the focus squarely onto the practice of Relationship Therapies themselves - what they look like now, and how they must evolve in the years ahead.

Join leading experts as they unpack how changing relationship structures, inclusivity, intersectionality, and advances in technology - including AI - are reshaping the way we understand and deliver therapy.

With a focus on applied practice and innovation, this event invites therapists to reflect, adapt, and refine their approaches for a changing world.

## Speakers:



Dr Reenee Singh



Professor Hannah Sherbersky



Dr Dwight Turner



Dr Damian McCann



Terry Hanley

AI Intimacy  
Emotions Self  
Affection Therapy  
Trust  
Sex Commitment  
Neurodiversity  
Identity Conflict  
Relational dynamics  
Romance Emotions  
Identity Emotions  
Sex  
Disability  
Digital tools  
Romance  
Marriage  
Relational dynamics  
Culture  
Therapy  
Emotions  
Intimacy  
Culture  
Interpersonal  
Diversity  
Inclusivity

Find out more  
and book your  
ticket here



# COSRT 2025

## Upcoming Seminars

COSRT is committed to supporting Members' ongoing development by delivering a clearly mapped-out annual calendar of training. This structured approach not only helps plan CPD with confidence but also provides a valuable tool for supervision - allowing Members to align their learning with personal and professional goals throughout the year. Please see below what we have on offer.

	<b>11 DEC 25</b> 9:30AM-12:30PM	<b>Upcoming Seminars</b> Decolonising Psychosexual and Relationship Therapy: what it means and why it's important <a href="#">Professor (Dr) Divine Charura</a>
	<b>8 JAN 26</b> 9:30AM-12:30PM	Working Safely and Effectively with Clients Who Present Sexual Risk: Insights from STOPSO <a href="#">Trudy Hannington</a>
	<b>10 FEB 26</b> 9:30AM-12:30PM	Diversity in Couple Relationships <a href="#">Dr. Reenee Singh</a>
	<b>4 MAR 26</b> 10:00AM-12:30PM	Supporting Couples Through Infertility, Loss, and Reproductive Trauma <a href="#">Julianne Boutaleb</a>
	<b>23 APR 26</b> 9:30 AM-12:30 PM	Working with Embodied Fantasies <a href="#">Dr Eli Joubert</a>
	<b>27 NOV 25</b> 5PM – 6:30PM	<b>Upcoming Seminars for Supervisors</b> Supervision in Practice: Case Discussion Group for Support and Development <a href="#">Anne Chilton</a>
	<b>24 FEB 26</b> 5PM – 6:30PM	Supervision in Practice: Case Discussion Group for Support and Development <a href="#">Anne Chilton</a>
	<b>25 JUN 26</b> 5PM – 6:30PM	Supervision in Practice: Case Discussion Group for Support and Development <a href="#">Anne Chilton</a>
	<b>29 SEP 26</b> 5PM – 6:30PM	Supervision in Practice: Case Discussion Group for Support and Development <a href="#">Anne Chilton</a>
	<b>1 APR 26</b> 4.00PM – 5:00PM	<b>Upcoming Seminars for Students</b> Erotic Transference and Countertransference in Psychosexual Therapy <a href="#">Lohani Noor</a>

[CLICK HERE FOR MORE INFO & TO BOOK ONLINE SEMINARS](#)

# Self-Access Classes on COSRTlearn

## Professional Practice Training

### Relationship Work – Contracting and Consent

Trainer: Anne Chilton

### Supervising Psychosexual and Relationship Therapists

Trainers: Anne Chilton, Paul Chamberlain, and Joanna Coker

### Group Supervision

Trainer: Paul Chamberlain

### Process, Content and Reflection in Supervision

Online seminar

### Contracting, Confidentiality and Ethical Dilemmas in Psychosexual and Relationship Therapy

Trainer: Anne Chilton

### How to Provide Single Session Therapy for Service Users

Trainer: Cate Campbell

### What to do when your clinical notes are requested

Trainer: Benjamin James

### History Taking for Psychosexual and Relationship Therapists: The Why and the How

Trainer: Anne Chilton

### Providing Psychosexual and Relationship Therapy Online

Trainer: Jo Coker

## Clinical and Thematic Training

### Supporting Male Survivors of Sexual Abuse

Trainer: Duncan Craig

### Therapy meets AI – Understanding Digital Tools in Psychosexual and Relationship Work

Trainers: Terry Hanley

### Partnership and Premenstrual Dysphoric Disorder (PMDD): Strategies for Support and Understanding

Trainers: Dr. Sophie Hodgetts, Dr Helena Tucker

### Menopause: impact on mind, sex and relationships

Trainer: Dr Angela Wright

### Chronic Pelvic Pain in Men: Tools and Insights from Occupational Therapy

Trainer: Nikki Craig

### Implementing neurodiverse-positive approaches in Psychosexual and Relationship Therapies

Trainer: Cate Campbell

### Complex PTSD – Working with imagery across the phases

Trainer: Dr Georgina Clifford

### Control: The Science and Anthropology of Abuse

Trainer: Dr. Anna Machin

### Understanding how therapists' attachment histories can affect therapy provision

Trainer: Victoria Settle

### The H.A.L.T.O. Checklist: Brief Basic Needs Assessment Tool

Trainer: Dr Markie Twist

### Using a 1-1-2 pattern for effective Relationship Therapy with couples

Trainer: Cate Campbell

### Adapting Sensate Focus

Trainer: Silva Neves

### Love and Neurodivergence

Trainer: Dr Anna Machin

### Understanding Severe Mental Illnesses

Trainer: Dr Barry Flintoft

### Sexual Grief and Loss

Trainer: Silva Neves

### The Science of Being Dad: Understanding & Supporting Fatherhood

Trainer: Dr. Anna Machin

### Common Female Sexual Difficulties & Treatment options

Trainer: Trudy Hannington

### Neurodiversity-Affirming Approaches in Therapy

Trainer: Chant Malan

### Integrating Research into Psychosexual and Relationship Therapy

Trainer: Prof. (Dr.) Divine Charura

### Collaboration in Research and Practice: Enhancing Therapy Outcomes

Trainer: Dr. Christopher K. Belous

### Age, Intimacy and Relationships

Trainer: Prof. (Dr.) Andreas Vossler

### How AI is Transforming Therapy

Trainer: Dr. Neil McArthur

### Queer Youth and GSERD: Insights for Practice

Trainer: Dr. Allen Mallory

### Sex & Cancer: LGBT+ considerations

Trainer: Stewart O'Callaghan

### Sex & Cancer: Erectile and Ejaculatory Changes

Trainer: Isabel White

### Sex & Cancer: Sexual Pain

Trainer: Lynn Buckley

### All change all change: Couples responding to the transition to parenthood

Trainer: Dr Damian McCann

### Common Male Sexual Difficulties & Treatment Options

Trainer: Trudy Hannington

### Asexuality

Trainer: Chant Malan

### Understanding and responding to domestic violence and abuse in couple relationships

Trainer: Damian McCann

### Modern Dating and Commitment: Insights for Psychosexual and Relationship Therapists

Trainer: Cate Campbell

### Templates of Infantile Sexuality and Their Expression in Adulthood

Trainer: Ariel Nathanson

### Pressure to perform; changing sexual norms and impact on sexual well being of young people

Trainer: Kirstin Mitchell

### Working with LGBTQ+ Young Adults – Adopting a Queer Lens Approach

Trainer: Silva Neves

### Working with Couples and Compulsive Sexual Behaviours (CSB)

Trainer: Silva Neves

### Working with the risk of Suicide in Psychosexual Therapy

Trainer: Dr Barry Flintoft

### Understanding Body Dysmorphic Disorder (BDD) in Therapy

Trainer: Jem Gunn

### Working with Polyamorous Relationships

Trainer: Niki D

### The Bisexual+ Service User: What to Learn and to Unlearn, to Become Bi+Aware

Trainer: Niki D

### Understanding the experiences of men who are forced-to-penetrate women

Trainer: Dr Siobhan Weare

### Autism and Relationships

Trainer: Dr Felicity Sedgewick

### Kink-Affirming Psychosexual and Relationship Therapy Practices

Trainer: Dr Markie Twist

### Moving Beyond Sexual Trauma and Toward Sexual Pleasure

Trainer: Dr Kristen Mark

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# Self-Access Classes on COSRTlearn

## **An Introduction to Working with Shame**

Trainer: Silva Neves

## **Islamic Traditions and Laws on Sex and Sexuality**

Trainer: Lohani Noor

## **Male Genital Conditions**

Trainer: Dr Jillian Pritchard

## **Different Cultures – Understanding Diverse Relationships from Polyamory to Polygamy and Arranged Marriages**

Trainer: Bernd Leygraf

## **Working with Complex PTSD**

Trainer: Dr Georgina Clifford

## **An Introduction to Child to Parent Abuse**

Trainer: Dr. Amanda Holt

## **Working with Couples and Compulsive Sexual Behaviours**

Trainers: Dr Paula Hall and Nick Turner

## **Physical Causes for Dyspareunia Vulvodinia and the Impact on Sex and Relationships**

Trainer: Dr Jillian Pritchard

## **Surrogacy as a Pathway to Parenthood**

Trainer: Tracey Sainsbury

## **The Queer 7-Eye Model of Supervision**

Trainers: Rima Hawkins, Silva Neves

## **Working with Partners Affected by Compulsive Sexual Behaviours and Porn Addiction**

Trainer: Dr Paula Hall

## **Eco-Informed Psychosexual and Relationship Therapy**

Trainer: Dr Markie Twist

## **Judaism and Sexuality**

Trainer: Judi Keshet-Orr

## **Effects of the Internet and Social Media in Intimate Relationships**

Trainer: Dr. Gwendolyn Seidman

## **Queer Relationships and Queer Therapy**

Trainer: Amanda Middleton

## **The Work of Psychologists in Gender Identity Clinics**

Trainer: Igi Moon

## **A Trauma-Sensitive Approach to Working Across Relationship Diversity**

Trainer: Meg-John Barker

## **Affirmative Exploration of Sexuality: Addressing Shame in Therapy**

Trainer: Silva Neves

## **GSRD Therapy in Practice**

Trainer: Dominic Davies

## **Working with Porn Addiction and Compulsive Sexual Behaviour Disorder**

Trainer: Dr Paula Hall

## **Science of Sexual Fantasy**

Trainer: Dr Justin Lehmler

## **Understanding Intersectionality, Privilege and Otherness**

Trainers: Dr Dwight Turner

## **The Science of Love**

Trainers: Dr Anna Machin

## **Being GSRD-Aware**

Trainer: Silva Neves

## **Physical Limitations and Disabilities: Adapting Therapeutic Practice**

Trainer: Michelle Donald

## **Understanding, Navigating & Overcoming Barriers for Therapists when Talking with Disabled People**

Trainer: Alex Cowan

## **Managing Monogamism: Polyamory Aware Therapy Practices**

Trainer: Dr Markie Twist

## **The Impact of ADHD on Relationships and Sex**

Trainer: Edward (Ned) Hallowell

## **Testosterone Deficiency in Men**

Trainers: Dr Doug Savage, Trudy Hannington

## **Living with the Sexual Consequences of Cancer: Adjustment & Rehabilitation after Breast Cancer and Prostate Cancer Treatment**

Trainer: Dr. Isabel White

## **Keeping the Connection: Maintaining an Intimate Couple Relationship at End of Life**

Trainer: Ruth Hazelton

## **Focus on Female Infertility**

Trainer: Louise Magee

## **Solutions for Female Orgasm Problems: Helping Clients Become Cliterate**

Trainer: Dr Laurie Mintz

## **The Impact of Involuntary Childlessness on Sexual Intimacy**

Trainer: Jody Day

## **Disordered Eating in Families and Relationships**

Trainer: Julia Buckroyd

## **Non-Demand Sex Therapy**

Trainer: Cate Campbell

## **The Digi of Things: Digisexuality**

Trainer: Dr Markie Twist

## **Working with Common Erectile and Ejaculation Problems**

Trainers: Andrew Galliford-Yates, Trudy Hannington

## **Desire & Desire Discrepancy**

Trainer: Kristen Mark

## **Chemsex**

Trainer: Silva Neves

## **After the Affair: Rebuilding Relationships After Infidelity**

Trainer: Juliet Grayson

## **Walking Therapy: How to safely develop the therapeutic relationship in an outdoor setting**

Trainer: Jonathan Hoban

## **Dating and non-monogamy in mid-life**

Trainer: Cate Campbell

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