

NEW

GOING GLOBAL

How psychotherapy differs around the world

DR AARON BALICK INTERVIEW

'Therapists may feel nervous about change'

THE WAY FORWARD

Interim chair Pippa Donovan on future plans

ISSN 2516-7162 (ONLINE)

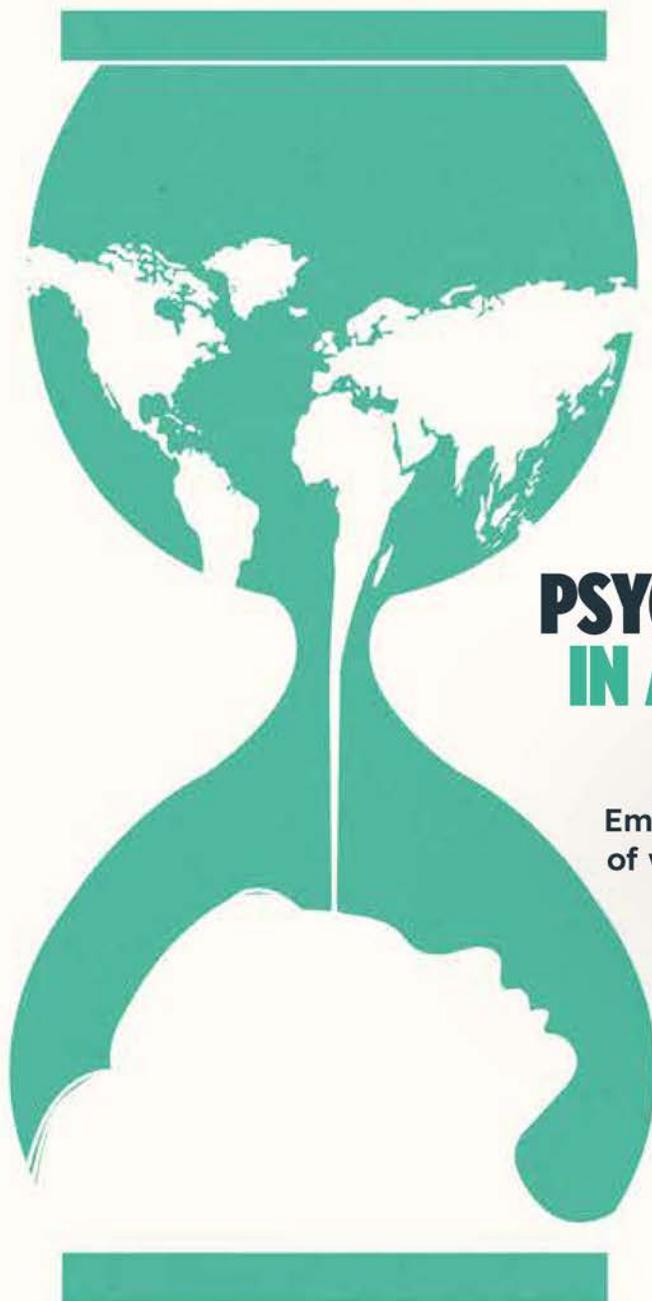
PSYCHOTHERAPIST

THE MAGAZINE FOR MEMBERS OF THE UK COUNCIL FOR PSYCHOTHERAPY

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ISSUE 87

AUTUMN 2024



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NEW PSYCHOTHERAPIST

THE MAGAZINE FOR MEMBERS OF
THE UK COUNCIL FOR PSYCHOTHERAPY

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The UK Council for Psychotherapy (UKCP) promotes an active engagement with difference and therefore seeks to provide a framework for the professions of psychotherapy and psychotherapeutic counselling which allows competing and diverse ideas and perspectives on what it means to be human to be considered, respected and valued. UKCP is committed to addressing issues of prejudice and discrimination in relation to the mental wellbeing, political belief, gender and gender identity, sexual preference or orientation, disability, marital or partnership status, race, nationality, ethnic origin, heritage identity, religious or spiritual identity, age or socioeconomic class of individuals and groups. UKCP keeps its policies and procedures under review in order to ensure that the realities of discrimination, exclusion, oppression and alienation that may form part of the experience of its members, as well as of their clients, are addressed appropriately. UKCP seeks to ensure that the practice of psychotherapy is utilised in the service of the celebration of human difference and diversity, and that at no time is psychotherapy used as a means of coercion or oppression of any group or individual.

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New Psychotherapist is published for UKCP members, to keep them informed of developments likely to impact on their practice and to provide an opportunity to share information and views on professional practice and topical issues. The contents of *New Psychotherapist* are provided for general information purposes and do not constitute professional advice of any nature. While every effort is made to ensure the content in *New Psychotherapist* is accurate and true, on occasion there may be mistakes and readers are advised not to rely on its content. The editor and UKCP accept no responsibility or liability for any loss which may arise from reliance on the information contained in *New Psychotherapist*. From time to time, *New Psychotherapist* may publish articles of a controversial nature. The views expressed are those of the author and not of the editor or of UKCP.

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Emma Ledger

Emma is a former journalist who specialises in writing about wellbeing and mental health. She is now a trainee integrative counsellor.



Welcome

What is your relationship to change? We are living through a historic transformation in how people live, work and interact. In this issue we look ahead to UKCP's conference in November which will explore the theme of psychotherapy in a changing world. Details for which can be found on page 16.

Read David Baker's cover story for a deep dive into the impact of artificial intelligence, which looks not just at the dangers but the opportunities, too. While Ellie Finch shares her first-hand knowledge of working therapeutically with video games. It's an interesting read that just might challenge how you view them.

There's also an interview with Dr Aaron Balick, who will be speaking at our conference. He explains why we must embrace technological advancements and make every effort to understand how they are profoundly affecting human

behaviour and relationships.

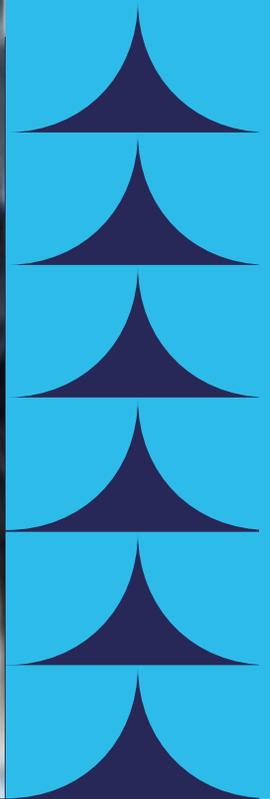
Lastly, a thank you to all those who got in touch with feedback on the new-look magazine – we appreciate all of your comments. If you have ideas on what you would like to read about,

or if you would like to contribute, please write to editor@ukcp.org.uk

Emma

EMMA LEDGER
EDITOR

**'THANK YOU TO
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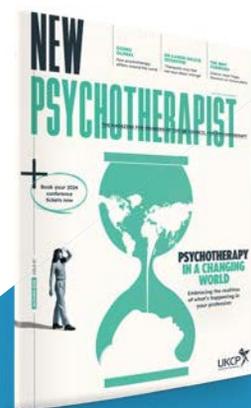
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HERE'S WHAT'S HAPPENING IN THE PROFESSION NOW

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BULLETIN NEWS

MEMBERSHIP

UKCP 2024 conference

It's your last chance to be part of UKCP's conference on 22 and 23 November in London. Final tickets are available for both days. Members can expect a dynamic blend of exploration, learning and connection as we share new insights and innovations in psychotherapeutic practice.

The first day of the conference

will be dedicated to a general meeting and UKCP's new strategy. On the second day attendees will enjoy a full day of clinical content exploring the theme of psychotherapy in a changing world. Members will receive a certificate of attendance which can be submitted for consideration towards CPD hours.

ORGANISATION

Our new three-year strategy

UKCP's new strategy – which will be unveiled at the conference – was created following a six-month engagement with members with the aim of creating a collective vision for the future. It is set to guide the organisation through 2027. Key activities to be carried out over the next three years are organised under four pillars – quality, organisation, membership and voice. At the conference, UKCP trustees and the senior management team will be on hand to discuss the strategy in detail, offering members the opportunity to engage directly with leadership.



IMAGES: ISTOCK / SHUTTERSTOCK

Find out more about UKCP's 2024 conference and how to book your place on page 16

Certificate in Private Practice

How to set up a private practice and to make it a success

This unique Certificate programme aims to provide clear and concise guidance on setting your own private practice for both experienced and newly qualified mental health practitioners.

It consists of a series of 6 brief and intensive monthly sessions delivered by SDS Seminars with lead facilitation by Andrew Reeves, a major figure in the British Counselling & Psychotherapy scene. A professor, author/editor of 7 books, editor of Counselling journals and past Chair of the BACP, Andrew also has over 25 years of experience in running a counselling private practice.

The series of sessions will run across six two-hour workshops. Each of the sessions will finish with a preparation checklist that will help you to check your own private practice against.

All the course participants will gain FREE access to the regular follow-up meetings that will take place every 6 months in order to support your private work, answer your questions, explore new practice areas and address the challenges of working privately.



The Programme at a glance:

- 6 modules
- 2-hours each at lunchtime
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- Checklist at the end of each module
- Starts in January 2025
- Delivered by Professor Andrew Reeves
- Free follow-up sessions twice a year

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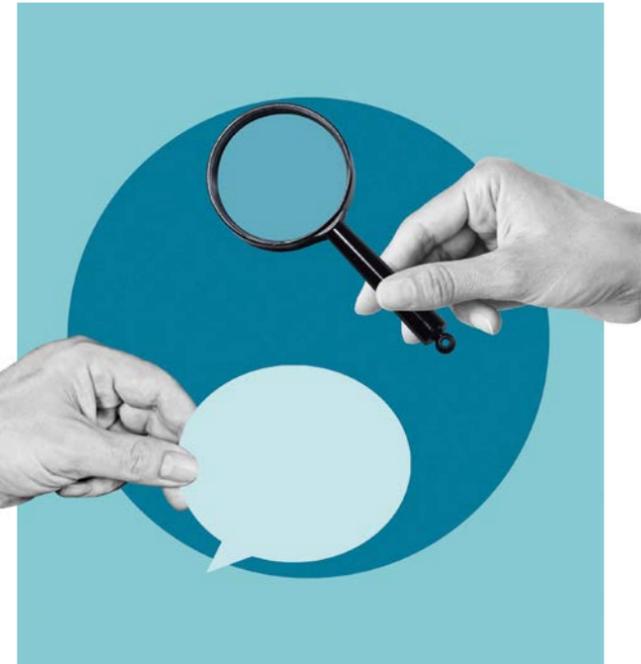


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RESEARCH

Online therapy: challenges and opportunities

Newly published research by UKCP members sheds light on mental health practitioners' experiences with online therapy during the pandemic.

The research is a collaboration between UKCP members Divine Charura and Mick Cooper, UKCP's policy and research manager Ellen Dunn and educators.

Published in the *British Journal of Guidance & Counselling*, it highlights

key challenges and opportunities within digital therapeutic practices. By exploring diverse perspectives, the study offers valuable insights that can help shape the future of remote mental health services and support professionals navigating the complexities of online counselling. Read the full research here: tandfonline.com/doi/full/10.1080/03069885.2024.2373179



IMAGES: ISTOCK / SHUTTERSTOCK

RESOURCES

EJPC: free access to the upcoming issue for all members

UKCP is affiliated with the *European Journal of Psychotherapy and Counselling (EJPC)*. Their special double issue on qualitative research and the nature of psychotherapeutic knowledge will be published on their website on 29 November 2024. UKCP members can access this issue for free by signing into their member area, clicking on resources, and then selecting *EJPC*.

POLICY

UKCP policy goals review and manifesto

In the wake of the recent UK election and change in government, UKCP was keen to engage with policymakers and highlight UKCP's top policy priorities. As part of this, we are in the process of creating a new UKCP manifesto. In order to ensure that our policy priorities align with what members would like to see us advocating for, we spoke with members at a strategy

webinar on voice and sent out a member-wide survey asking members for their feedback on key policies. The manifesto will soon be finalised and published, and will focus on the importance of expanding the availability of psychotherapy in the NHS and supporting the psychotherapy workforce – including removing VAT and expanding paid training opportunities.

CAMPAIGNS

NICE guidelines

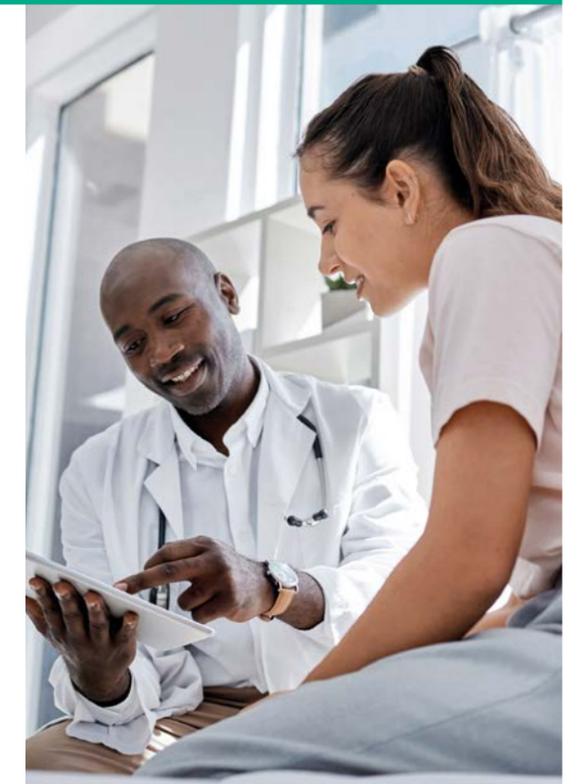
The National Institute for Health and Care Excellence (NICE) guidelines on the treatment of anxiety are over a decade old, and we believe that many are in need of an update. UKCP's policy and research team will be campaigning for NICE to review its guidelines to be brought into line with its 2022 guidelines on the treatment of depression, which talks about patient choice.

In 2022, UKCP joined forces with more than 40 other mental health organisations to successfully call on NICE to address major methodological flaws in the first draft of its

guidelines for the treatment of depression.

Current guidelines covering the care and treatment of generalised anxiety disorder or panic disorder include very little patient choice and no alternatives to CBT.

UKCP's policy and research manager Ellen Dunn said: 'We hope NICE will update the guidelines with a greater understanding of the importance of personalised care, service user choice and shared decision-making. We are calling for a multi-stage review of the guidelines that meaningfully takes stakeholder input into account.'



Letters

PIP TRAINING

Experience overlooked

Dear Editor,
I was moved by the article on parent-infant psychotherapy (PIP) in the last issue [summer 2024], bringing this topic as a whole forward. It's close to my heart as I'm a former nanny and maternity nurse who has worked with children and families for 15 years. Yet when I looked up PIP training as always I was met with an unrealistic amount of hoops to jump through, with previous experience not taken into consideration.

I'm passionate about therapeutic interventions that have the potential to educate families and nurture them. My concern about the training requirements for PIP and lack of experience being taken into account is that perinatal mental health issues are only getting worse, and there aren't enough people who have both the first-hand parent-infant experience and mental health training.

LUCY GLOVER, TRAINEE PSYCHOTHERAPIST, READING



AUTHENTIC ENGAGEMENT

Debate update

Dear Editor,
The tone of debate between our Prime Minister and the Leader of the Opposition has often been reminiscent of the playground. Insults are flung and point-scoring takes priority over meaningful engagement, further compounded by the jeering and laughter in the chamber.

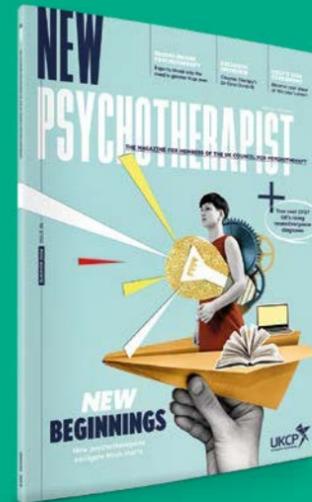
I believe this style of debate sets an unhealthy model for how to engage with those who hold differing opinions. We have every right to expect our leaders to lead by example, and if they expect us to engage respectfully

and authentically with each other, then they must do the same.

Such an adversarial style of debate leaves citizens with nowhere to turn for authentic and meaningful engagement. As therapists we know all too well what happens in families where children are unable to reach their caregivers for meaningful contact; their options are to withdraw and give up hope; to look outside the family unit for someone who will listen; or to copy what's being modelled.

It is only when those in authority – whether caregivers or political leaders – are available for authentic engagement, that meaningful debate is an option and, consequently, new ideas and solutions can emerge. We desperately need our politicians to act like grown-ups and to treat us like grown-ups, too – if we're to make any headway.

JOANNA YELDHAM, INTEGRATIVE PSYCHOTHERAPIST, LONDON



I enjoyed the new issue; everything seemed well designed and easy to read.

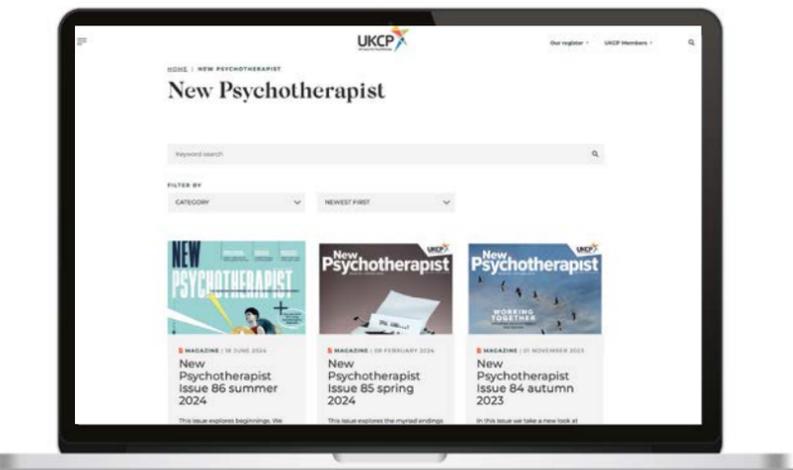
JENNIFER A, PSYCHOTHERAPIST, LONDON

Good to hear from some different voices, but some of the pages felt a bit busy.

KAR SHALLEY, PSYCHOTHERAPIST, NORTHAMPTONSHIRE

Thanks for the recent Big Report on neurodiversity. Members who want to find out more can try the podcast which my colleague and I (both autistic therapists) launched last year called Autistic Licence.

LEO RICKETTS, PSYCHOTHERAPEUTIC COUNSELLOR, LONDON



DIGITAL

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LETTERS TALKING POINTS

Reviews

Hidden Histories of British Psychoanalysis: From Freud's Death Bed to Laing's Missing Tooth

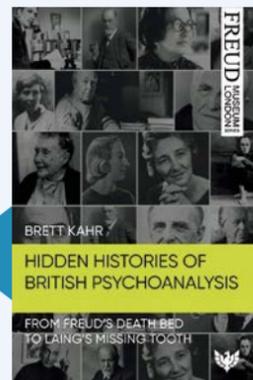
Professor Brett Kahr



In a sense, 'hidden histories' are at the heart of all psychotherapeutic interventions, those dark secrets of the human heart which account for so much pleasure and pain. So it's pleasing to report that Professor Kahr's *Hidden Histories of British Psychoanalysis* is as fascinating as a case book, and, in the tradition of Sigmund Freud, superbly well written and a joy to read.

It's tempting to use the term 'gossipy' to describe this book, but that word has negative connotations, so perhaps 'anecdotal' would be more appropriate. *Hidden Histories* is as much autobiography as biography, with Kahr relating his meetings with several eminent figures from 20th-century British psychoanalysis.

Kahr, who is a senior fellow



at the Tavistock Institute and an honorary fellow of both the Freud Museum London and UKCP, is also a highly-regarded historian of psychoanalysis and draws on formidable research skills and interviews to produce these remarkable portraits. These meetings with extraordinary minds prove Kahr's proposition that, as a student, he learnt more from the previous generation of practitioners than his lecturers. Training at a time when early exponents of

psychoanalysis were disregarded, Kahr found much to learn from these pioneers, and we discover more in return. For instance, how Donald Winnicott gained such insight from his unhappy first marriage that he developed couples therapy. And how, despite being frantically overworked, Winnicott took on the case of 'The Piggie', a deeply disturbed child, and uncovered a hidden history of transgenerational grief.

An essay on John Bowlby reveals how he overturned the barbaric treatment of children with poor mental health and developed child psychotherapy. Like Breuer and Freud, Bowlby believed that hysteria was psychogenic in origin and that separation was a major cause. *One cri de coeur* remains in the memory. During WW2, little Rose Kops, about to be evacuated, begged her mother to let her stay in London. 'I want to stop with you! I want to get killed with you!'

An eye-popping encounter with RD Laing, who spirals out of control during a lecture at Cambridge, fuelled by cannabis and Calvados, is worth the price of the book alone and

should be accompanied by the disclaimer 'never meet your heroes'. Even then, Kahr is on hand with a persuasive explanation for Laing's bizarre behaviour, derived from his distressing childhood.

Hidden Histories will appeal to everyone interested in the history of psychoanalysis. For experienced practitioners, there's the opportunity to learn more about these influential personalities, while trainees and students will find this a useful introduction. Kahr provides revealing insights into their private lives and even the frailty which makes them human. Above all, this is a very humane book, staying true to the essential tenet of psychoanalysis; a fascination with what it is to be human and the desire to understand and relieve existential suffering.

+ Details

Publisher: Phoenix

Price: £30

ISBN: 978-1800131903

Reviewed by: Catharine Arnold, author of *The Psychotherapy Century*, Nottingham

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Would you like to review a book or podcast for *New Psychotherapist*? Get in touch by emailing editor@ukcp.org.uk

Self-Care for Autistic People

Dr Megan Anna Neff



This unusual and groundbreaking book from neurodivergent clinical psychologist Neff contains hundreds of wellness resources in what feels like an autism encyclopedia. I found myself wishing that every autistic person could have a copy.

Empowering and useful, it encourages self-care and self-advocacy. It presents countless techniques and suggestions for dealing with the 'too muchness' of the world, some of which you may have come across, such as breathwork and boundary-setting. But there are many more that may surprise you. Sensory detoxing, for example, is particularly helpful for people experiencing overwhelm, while grieving limitations is powerful in unmasking, and parallel play explores an alternative 'love language' that might better fit in neurodiverse relationships.

For therapists, parents and teachers it will demystify and provide practical tools to support the neurodiverse community. Its concise, no-fluff style is easy to read, with rich descriptions of the myriad ways autism manifests. If



you like books with lots of references and academic rigour, you'll be disappointed - there isn't a single reference. Instead, Neff writes from experience and what she knows works. I found it refreshing that she doesn't need to lean on anything that's gone before.

Much of the content is transferable to a wider client group, especially in relation to overwhelm and burnout. I found actionable snippets that will help me support clients who find it difficult to care for themselves. This book inspired me to get closer to clients, and perhaps its power is in aiding therapists to recognise the masking of clients who may never be diagnosed, and who just about get by.

+ Details

Publisher: Adams Media

Price: £10.99

ISBN: 978-1507221938

Reviewed by: Dave Yaffey, psychotherapist, Mid Wales

Therapy with Displaced and Highly Mobile Individuals: A Guide for In-Person and Online Practitioners

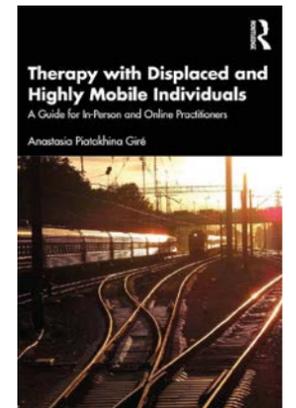
Anastasia Piatakhina Giré



This honest and engaging book about working with displacement-related issues is heavily peppered with references from a broad range of psychological and psychotherapeutic texts, but doesn't feel weighed down by them. This is thanks to what the author (who specialises in this work) personally shares, both as a therapist and her own experiences of being displaced and highly mobile, having moved countries considerably.

Piatakhina Giré is a fantastic guide through the concepts of displacement, attachment styles, shame and the importance of working cross-lingually in a skilful and persuasive way. The focus on working online is fitting in a post-COVID world which has shown a way forward away from the traditional consulting room.

One criticism is that there is little acknowledgment given to those who've been displaced as a result of being forced to flee, and the specific skills and language needed around that. I found myself looking for her thoughts about the experience of refugees, as forceful uprooting seems an obvious



intersection of the other issues she covers.

It is nevertheless a thoroughly enjoyable book, and I was left feeling provoked in terms of how I'm working with a number of my clients. I'd recommend it for experienced practitioners but, as the author says: exploration, or simply acknowledgement, of these issues is beneficial for any educators and trainees.

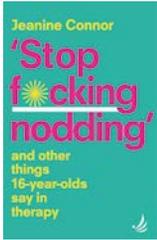
+ Details

Publisher: Routledge

Price: £19.99

ISBN: 978-0367701017

Reviewed by: Ben Scanlan, existential phenomenological psychotherapist and supervisor, London



Stop F*cking Nodding – and Other Things 16-Year-Olds Say in Therapy

Jeanine Connor



With an attention-grabbing title and acid-bright, graffiti-font cover, you'd be forgiven for thinking this book is aimed at teenagers rather than being about them.

Psychotherapist and supervisor Jeanine Connor has over 25 years' experience working with young adults and presents nine richly-detailed case studies which capture what it can be like to sit opposite 16-year-olds.

The distinct vignettes might be anonymised amalgamations, but each rings true thanks to long stretches of the 'verbatim' dialogue between therapist and adolescent client, interspersed with Connor's thought processes and links to theory. The refreshingly honest exploration of her own process includes missteps and wrong-footings.

It is a lively, engaging book where nothing is off limits, including themes of sex, gender, body image, drug use, loneliness and despair. It's a reminder of how much young people can have to deal with as they approach adulthood. This generation of young

people are the first to navigate a teenage life chained to smartphones, and this book – although written for fellow therapists – offers much insight into this experience for parents, teachers or anyone who has a teenager in their life.

⊕ Details

Publisher: PCCS Books

Price: £17.99

ISBN: 978-1915220080

Reviewed by: Emma Ledger, trainee counsellor, Kent



Integrative Arts Therapy: Using an Integrative Theoretical Frame and the Arts in Psychotherapy

Claire Louise Vaculik and Gary Nash



Unlike many professional texts, *Integrative Arts*

Therapy is not heavy on established theories. Instead, it is a lively combination of theoretical and philosophical reflections interspersed with examples showing this type of therapy in practice. The authors include a range of experienced clinicians working to illuminate how their work is informed by theory, science and research.

Exploring the history of art therapy, this book shows how it's possible to flow between different

forms. For example, what can start as movement can flow into painting, which gives foundation to storytelling that then flows back into the movement, transformed by the flow of creativity through genres. In illuminating the possibilities of integrating different art forms, the book weaves a rich tapestry of creativity, while detailed vignettes, personal examples and pictures make it easy to learn from. The chapter dedicated to online art therapy provides timely, rich guidance.

I'm not an art therapist, but creative ways of working have been significant in my practice, and this book has expanded my understanding of what creative work can bring to therapy. It has been written for trainers, trainees and practitioners, but I'd highly recommend it to anyone who wants to further understand what this therapy can offer.

⊕ Details

Publisher: Routledge

Price: £25.99

ISBN: 978-0367726362

Reviewed by: Pavla Radostova, psychotherapist, Helensburgh, Scotland

PODCAST

Therapy Chat

Laura Reagan



This behemoth of a podcast began in 2015

and has since been downloaded more than eight million times. In it, American psychotherapist Laura Reagan welcomes a different therapist guest each week (with favourites returning) for conversations about topics as wide-ranging as self-compassion, EMDR, somatic methods,

trauma, parenting and polyvagal theory. Some may find it a little 'fluffy', but there's always something that will get you thinking about the experience of being human, with all the joy and pain that it entails.

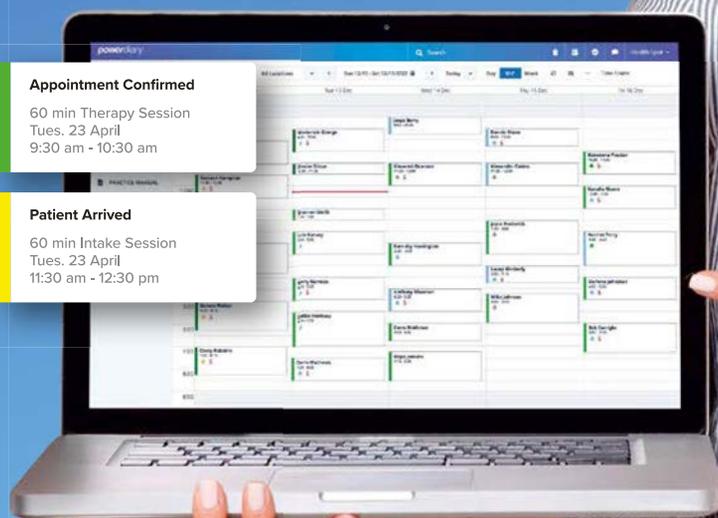
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Reviewed by: Zara Mulloy, trainee psychotherapist, Bristol

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UKCP CONFERENCE

Explore psychotherapy in a changing world across two days of insightful and invigorating events

In November, UKCP's first in-person conference for five years will explore the evolving landscape

of psychotherapy. Over two days in London you can enjoy a dynamic blend of exploration, learning and connection, with new insights and innovations in psychotherapeutic practice grounded within the context of a rapidly changing society.

Day one will see the launch of UKCP's three-year strategy, created following a six-month engagement with members with the aim of setting out a collective vision for the future. Trustees and the senior management team will discuss the strategy in detail, offering members the opportunity to engage directly with UKCP's leadership.



IMAGE: ISTOCK

Day two will start with Mick Cooper's talk *A world on fire: can psychotherapy help to douse the flames?* Mick, an internationally recognised author, trainer and consultant in the field of humanistic, existential and pluralistic therapies, will discuss the contribution psychotherapy can make to addressing the major social, political and environmental threats of our time.

Later, former associate clinical director of the Tavistock Clinic's child and family department Graham Music will deliver a session on *Energy, spark and the body: challenging hopelessness in therapy, life and the world*, which focuses on clients who can be hard to reach or who can be a challenge to work with.



When
Friday 22
and Saturday
23 November



Where
America Square
Conference
Centre, London

'MEMBERS CAN ENGAGE DIRECTLY WITH UKCP'S BOARD AND CEO'

UKCP honorary fellow Tree Staunton will deliver a plenary session based on the book she co-edited, *Being a therapist in a time of climate breakdown*. Plus, there will be breakout sessions on *Moral injury and the power of storytelling*, with Churchill Fellow Alison O'Connor,

and *Ethics myth busting* with UKCP's ethics lead Julie Stone.

The topic of social change will be explored by UKCP honorary fellow, author and researcher Professor Divine Charura in *Navigating a paradigm shift: engaging with tensions of opposites through authentic encounter, love and intersectionality in exploring social change*. The final plenary will be given by clinician and author Dr Aaron Balick who is sought out for his ability to make psychotherapy accessible. Aaron will present on *Becoming a psycho-technologist: making sense of AI, hyper-connectivity and the digitally mediated human* (read more from Aaron on page 44).

The conference will also feature a range of exhibitors and a selection of poster presentations from members who will showcase their innovative ideas, strategies and project outcomes, as well networking opportunities with the brightest minds within the field of psychotherapy.

Tickets are free for day one of the conference. Day two tickets are £60 for UKCP students and trainees, £147 for all other UKCP membership grades and £197 for non-members.

For more information visit psychotherapy.org.uk/events

Day 1

Friday 22 November,
1-5pm

- General meeting
- Launch of the new UKCP three-year strategy
- Meet the CEO and Board of Trustees

Day 2

Saturday 23 November,
9am-5pm

- Explore the theme of psychotherapy in a changing world
- Network with peers and colleagues across all psychotherapy career stages

Members will receive a certificate of attendance that can be submitted towards CPD hours.

FEATURE

THE WAY FORWARD

UKCP's interim chair, **Pippa Donovan**, tells Emma Ledger about the hopes and plans for the future



It has been a time of significant change at UKCP amid the backdrop of a fast-changing

world that has seen sweeping political and societal shifts.

As our thoughts turn to unveiling UKCP's new three-year strategy, the interim chair, Pippa Donovan, an integrative psychotherapist and organisational consultant, talks about the path ahead.

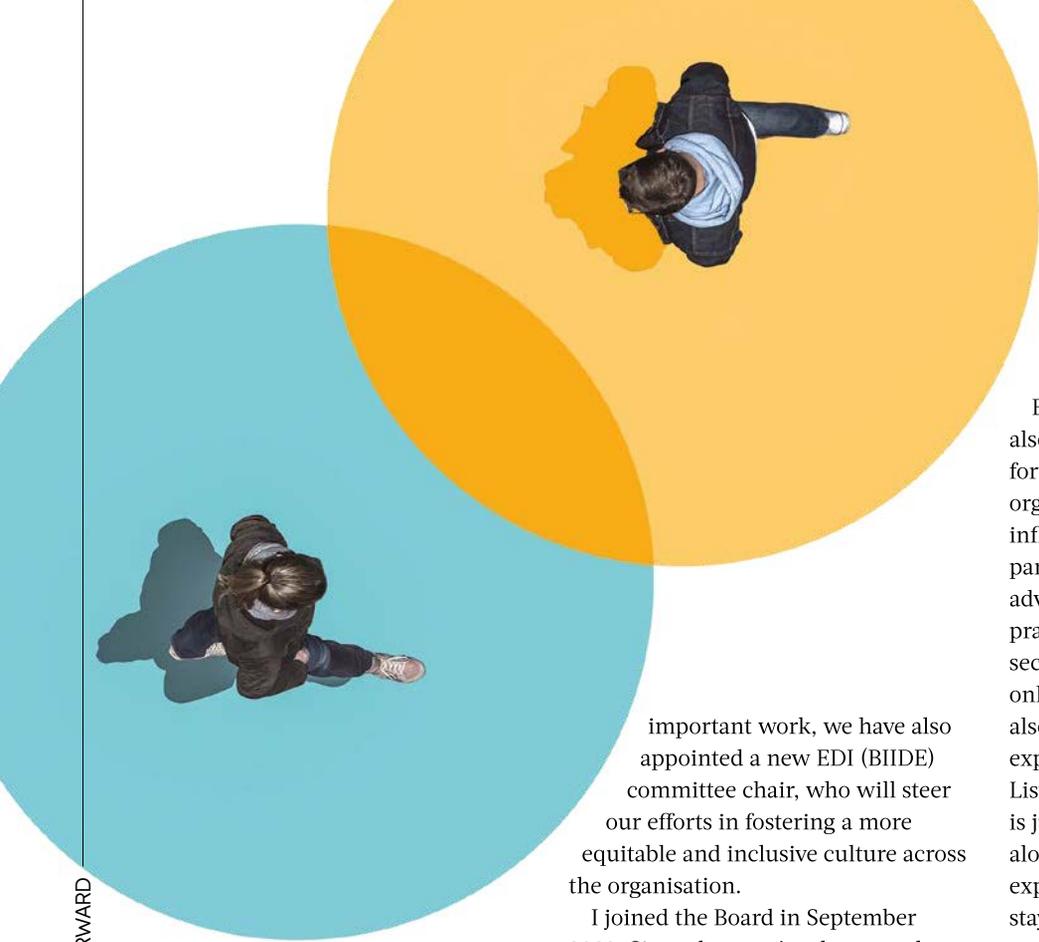
As an organisation, we have been through an unsettling time over the last couple of years. Understanding how to learn quickly from this and

to move forward confidently is a key ambition of UKCP's Board, and of course, we want to take members with us. Our members are at the very forefront of the Board's thinking.

There have been lots of learnings. For example, how and when does the Board consult members on critical issues and how do we communicate with them on an ongoing basis? We want to make that conversation different, and we have already begun that process. Instead of just communicating via newsletters letting members know what we're doing, we want to engage and consult with our membership actively. The recent management of the strategy development involved webinars >



'OUR MEMBERS ARE AT THE VERY FOREFRONT OF THE BOARD'S THINKING'



and conversation pieces so that members could see and contribute to our thinking every step of the way. There were clear opportunities to get involved, and engagement grew gradually throughout the process. It's early days, but this engagement activity is something we want to build on. We want to ensure we're more responsive and transparent in our activities and impact.

Our ongoing work around equity, diversity and inclusion (EDI) and belonging, intersectionality, inclusion, diversity and equity (BIIDE) is also central to this new direction. We're in the process of establishing a special interest group (SIG) for LGBTQIA+ members, with more SIGs to follow. A really important part of this work is to relaunch our EDI (BIIDE) action plan, ensuring it aligns with our new three-year strategy and is integrated into day-to-day operations across UKCP. This will help us track progress and hold ourselves accountable for delivering real change. To guide this

important work, we have also appointed a new EDI (BIIDE) committee chair, who will steer our efforts in fostering a more equitable and inclusive culture across the organisation.

I joined the Board in September 2022. Since then, we've done much work on strengthening internal relationships. However, we could be more transparent about the separation of roles. For instance, what our member colleges and committees do, what the central UKCP team do and how we act together to ensure we provide the highest quality assurance, membership support and external promotion. We want to give members a greater understanding of how their professional body works together to promote psychotherapy, for their benefit. As such we are introducing an annual impact report, which will detail all the activities that happened across the organisation to support the achievement of our strategic objectives.

'WE NEED TO BE STEADFAST IN OUR PURPOSE'

Building on external partnerships also remains a key priority as we move forward. By collaborating with other organisations, we can amplify our influence and ensure that standards, particularly in areas like mental health advocacy, inclusivity and ethical practice, are upheld across the wider sector. These partnerships are not only vital for expanding our reach but also for enriching the resources and expertise available to our members. Listening to our external partners is just as important as working alongside them. Their insights and experiences help us understand and stay responsive to emerging challenges and opportunities, ensuring we remain adaptable in a fast-evolving landscape.

We need to be steadfast in our purpose while ensuring it remains relevant in a changing world. Today, mental health support is spoken about so broadly that it can be challenging for the public to know what different approaches, modalities or training levels mean. When there's confusion out there, we must ensure we successfully and consistently evidence and differentiate ourselves as the organisation that sets the standard for high-quality, effective and safe psychotherapy training and practice, for all.

So yes, it really has been a challenging time over the last two years. Much of the learning from this time is reflected in the new three-year organisational strategy to be launched in November at the annual conference. Now, all of us on the Board want to make the thoughtful, positive changes that will allow all members to feel that they have a reflective, engaged and confident professional body representing them fully.





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COVER FEATURE

THE FUTURE IS AI

David Baker explores how the relationship between artificial intelligence and psychotherapy might affect us all

IMAGE: ISTOCK



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Have your say: Tell us what you think of this issue. Email editor@ukcp.org.uk

'AI CANNOT REPLICATE THE UNIQUENESS THAT THERAPISTS BRING, THE RELATIONAL ASPECT'

Whether you're a gleeful early-adopter of new technology or a reticent refusenik, it is impossible to ignore the fact that artificial intelligence (AI) is here to stay.

This rapidly emerging technology has far-reaching implications for the therapy profession, and indeed the future of all aspects of work and life.

'Thanks to AI our whole profession is in a state of flux,' says UKCP psychotherapist Helen Molden. 'It's not something that you can opt out of. There may be great opportunities with AI, but on the other hand there may be great threats to consider.'

AI-based apps such as Wysa, Youper and Woebot offer counselling provided entirely by chatbots, with minimal, if any, human oversight. They are

already having a big impact on the therapy landscape; each app has been downloaded more than a million times. Many people are heralding a new dawn of accessible therapy, available at a lower cost to users, that's both seemingly more flexible and more discreet.

The obvious question is whether or not such apps provide effective therapy, something Molden is unsure about. 'The very business of psychotherapy is human connection,' she says. 'An experienced psychotherapist is looking for what isn't there as much as what is there, and I think that AI is a long way away from being able to be programmed to do that.'

'The uniqueness that therapists bring, whatever their modality, is the relational aspect. I don't think AI can replicate that.'

Moving away from seeing a strict division between AI therapy and human

therapy should be our goal, believes UKCP therapist Dr Daniel Rubinstein. 'There is a sense that in therapy, we always rely on some kind of AI,' he says. 'The therapeutic encounter is qualitatively different from many other encounters. There is something special happening and maybe this is a kind of "artificial intelligence" that is being generated between the two participants. What is, for instance, transference, if not a kind of virtual reality? Perhaps we shouldn't be thinking in a binary way about artificial intelligence and human intelligence. It's all much more entangled and intertwined.'

Even empathy, he argues, can be seen as more artificial than we might imagine, especially within the therapeutic setting. 'I'm being slightly facetious, but the empathy that you are trained to give for five hours a day as a

jobbing counsellor is in many ways itself artificial, because, if it was real empathy, you would be burnt out to a cinder,' he says.

The idea that AI can create a sense of empathy may seem strange, but it was borne out by a 2022 study of 1,200 users of the Wysa app, published in the online journal *Frontiers in Digital Health*, which found that patients felt the app's chatbot liked and cared for them. Anonymised transcripts of sessions included comments such as 'Thanks for being there' and 'You're the only person that helps me and listens to my problems.'

Dr Rubinstein argues that rather than worrying about what AI can do, therapists should focus on skills that only humans can bring to a therapeutic encounter, such as creativity.

'An AI chatbot can only regurgitate what it already has: a vast library of clichés. But it can never go beyond these,' he says. 'Between two humans, something new can emerge, something that can give you a perspective that can feel unexpected and original. It's that important idea of RD Laing's

that the best moments in therapy are unpredictable, unique, unforgettable, unrepeatable and often indescribable.'

Debates about what therapy is and what does and doesn't make it effective have abounded since Freud's time and, according to Ellen Dunn, policy and research manager at UKCP, the problem with assessing the value of AI therapy apps is that, as yet, not enough large-scale, independent research has been done.

'There have been some studies done on AI's effectiveness in areas such as harm prevention, suicide prevention and risk management, and that has shown some positive results. And there are some indications that people are at least willing to give AI therapists a try,' she says. 'But when it comes to the application of AI for other mental-health issues, there's less evidence confirming whether or not it's effective. And some research appears to have been carried out by people with a vested interest in the results.'

Dunn acknowledges that it will never be possible to mimic the kind of randomised control trials that are common in physical medicine, but that doesn't mean the therapy sector should give up on the idea of research.

'We need to help users make an informed choice, not only about how effective the services are but also about safety issues such as how their data is being used,' she says.

Other ethical issues surrounding AI-based services are emerging around the working conditions and competencies of therapists working for the apps that connect clients with human therapists online.

Julie Stone, UKCP's ethics lead, says 'We have to be looking at things like

confidentiality, quality control, limits of competence and the length of therapy being offered online. Thousands of new counsellors and therapists qualify each year, and online services may be felt to be an attractive way for new therapists to find work.'

The danger, she says, is that they may find themselves working beyond their capabilities and not able to identify when a patient is raising issues beyond the scope of their competence. It is unclear how much, if any, supervision is offered to therapists who work for apps.

'I think we can probably assume they're not offering an in-depth CPD service for their therapists. The responsibility would be on the individual practitioner to work ethically. But it is important to consider issues of legal liability alongside ethical accountability.'

There are also obvious potential risks to users, some of whom could be very vulnerable. Molden recently published a study called *AI, automation and psychotherapy – a proposed model for losses and gains in the automated*

*therapeutic encounter*¹ in which she looked at issues around data leakage and system malfunction.

'There is the potential for failure and significant harm around diagnosis and treatment,' she says, citing the risk of 'serious chatbot failure' - called 'AI hallucinating' - which could mean the virtual therapist may 'make up seemingly factual information while appearing highly authoritative',² around issues of harm, such as suicidal intent.

Regulatory standards for AI and mental health have yet to be introduced in the UK. The Medicines and Healthcare products Regulatory Agency and the National Institute for Health and Care Excellence are engaged in a three-year investigation into how to establish and enforce minimum safety and efficacy standards for AI therapy tools. In the meantime who would a client go to if they feel that the chatbot has given them poor advice?

'The risk for people who access AI therapy is there may not be a recourse for them,' says Sunita Thakore, UKCP's

complaints and conduct manager. 'If there was any ethical issue, we wouldn't be able to deal with it. Our complaints procedure is based on a breach of our code of ethics that has been committed by a person. How can you deal with a breach by a chatbot?'

Thakore is hesitant about the idea of UKCP becoming involved in accrediting apps in the same way that it accredits human therapists. However, she argues that therapists need guidance about how to integrate AI tools into their practice safely.

One area in which many people feel AI is set to make a positive impact is in the training of therapists. Dr Peter Pearce, faculty head of Applied Social and Organisational Sciences at the Metanoia Institute, says AI may offer opportunities.

The first is AI's ability to take notes, summarise conversations and curate topic areas and the referencing for each point. This could prove invaluable to students who, at the moment, may be excluded from training because of



'REGULATORY STANDARDS FOR AI AND MENTAL HEALTH HAVE YET TO BE INTRODUCED'

How do chatbots work?

Apps replicating the role of the therapist are based on Large Language Models (LLMs), programmes that can imitate human language. LLMs were first developed in 2018, and entered the mainstream with the launch of ChatGPT in 2022. Key to the way they work is that they are able to learn from the interactions they have with human users.

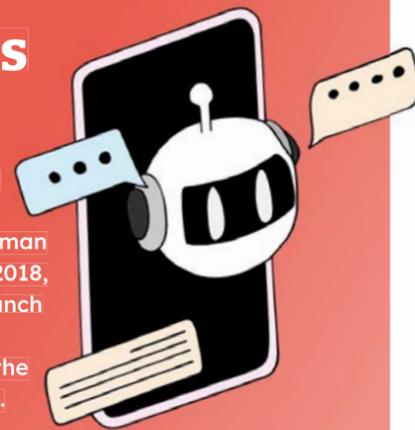


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What is your take on AI?
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Counselling and Therapy Online, as well as organisations with knowledge of privacy and data-protection issues. The Coalition will be looking into all aspects of AI in the sector, beginning with ethical issues, with the aim of developing resources for therapists to help them engage with the technology.

Brian Linfield, chair of UKCP's Professional Conduct Committee, says 'We need to be at the forefront of this, thinking about how we are going to protect our members when they're using AI. At the same time, we need to get the word out to the public of the risks and the benefits of this new technology. And we need to do this fast.'

Molden agrees that there is a role for UKCP in promoting better research into AI's efficacy. 'I don't think human-to-human therapy will ever be replaced completely, but there are so many good examples of humans and technology working together,' she says. 'Above all, we need good, sound research that is not being done by the companies that are promoting the apps. AI is here to stay, we need to find out where it can enhance the human connection and where it threatens it.'

davidbakersonline.com

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IMAGE: SHUTTERSTOCK

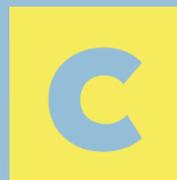
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FEATURE
AI

LONG READ

GAME CHANGER

Ellie Finch explores the therapeutic benefits of using video games to engage clients, remove barriers and deepen connection



lients, especially teenagers, are often labeled 'hard to reach' when they struggle to engage with, or even attend, therapy sessions. But is

it possible to create 'easier to reach' services?

The idea of using the video game Minecraft therapeutically came to me in 2012 while writing my dissertation on engaging young people in online mental health services. Years later when the pandemic moved therapy online, it was the perfect time to finally integrate video games into my therapy practice.

Using video games as a creative resource – similar to a sand tray or LEGO – and watching clients play, and playing



with them, can help to build rapport and enable someone to feel more able to engage in the therapy process.

Mai* was a 16-year-old experiencing social anxiety and emotionally based school avoidance, and despite wanting therapy she struggled to attend sessions. Mai was an avid player of video games including Minecraft, so her mum contacted me – a therapist who uses video games in online therapy – to see if I could offer support.

When I first met Mai online, I explained that I use Minecraft in therapy sessions but that we'd use it differently from how she plays with her friends, and that we'd use a video platform to talk and not the in-game chat function.

Mai and I started by creating a private Minecraft world with an island, which serves as a containing space in the vast landscape. We chose 'creative' mode, where players are invulnerable and >



ILLUSTRATIONS: ISTOCK

*THIS CASE STUDY IS AN ANONYMISED AMALGAMATION

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have unlimited resources for building, in contrast to 'survival' mode. Game settings allow you to disable hostile monsters and player-to-player combat.

When I invited Mai to create a safe place on the island, she initially struggled, starting several projects like a fortress and cave system before abandoning them. I reflected that it might be difficult to decide what a safe place looks like. In the

second session, Mai built a room with a bed and desk, recreating her bedroom, where she feels safest. She surrounded it with fences, a giant moat and hidden traps 'for when the monsters come', revealing how she might perceive the world. Whilst we had many adventures in her Minecraft world, Mai returned to her safe place often over the course of her therapy.

Since I began using video games in client work, many practitioners have contacted me to find out more. I've since developed a course and trained several UK organisations, including KEMP Hospice and Primrose Hospice, to incorporate Minecraft into their services. Both now use Minecraft to support children facing bereavement and have reported positive feedback from service users.^{1,2}

Gaming companies are beginning to recognise and support the therapeutic use of their games.^{3,4} Minecraft Education, developed in 2016 for safe use in educational settings, is now used by a growing number of counselling services. Films showcasing example counselling sessions using Minecraft Education have also been produced at the University of Cambridge.⁵

Over a third of the world's population are gamers,⁶ from commuters casually playing Candy Crush to dedicated players of Massively Multiplayer Online Role-Playing Games (MMORPGs) such as >

Minecraft allows players to build their own worlds

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'Level up' your practice

Do your research

If a client mentions a game you're unfamiliar with, search for the YouTube 'let's play' video, a type of play-through guide that features a person providing commentary as they play a particular video game.

Be curious

Consider the social aspects of the game and why the client chooses specific character traits. Stone⁹ provides a useful list of questions you can ask clients about their gameplay, such as whether it re-enacts real-life experiences or explores different scenarios.

Bring in resources

Even if you don't bring the actual game into therapy, you can use themed resources such as vetted YouTube videos, colouring pages and activities.

Watch clients play

Use the game as a resource and observe a client playing, while giving thought to data protection, security and obtaining informed consent from clients and their guardians.

Play together

Being in a game with a client is a unique and rewarding experience as a therapist.



World of Warcraft. Video games can no longer be seen as niche or 'nerdy' – they are mainstream and here to stay.

A common perception of gaming is that it is addictive or damaging. In 2018, the World Health Organization included 'gaming disorder' in the International Classification of Diseases. However, research has shown that gaming can reduce stress and anxiety.⁷ In 2021, Oxford University found that playing certain games can positively impact mental health.⁸ Stone⁹ suggests there might be 'techno panic' – a form of moral panic – around the perceived damage of video games. However, more research is needed to fully understand the possible impact.

Can playing violent video games cause violence? This is a complex issue, but Wagener et al¹⁰ found that such games can actually decrease stress hormones. I typically use 'cosy' games like Minecraft because it's a 'sandbox' game, allowing the

freedom to explore and create. It's also well known as it's one of the bestselling games of all time. But I sometimes work with other games to accommodate clients' gaming interests. As well as 'commercial' games, there are also 'serious' games designed to support mental health.

For Mai and many other clients, therapy using video games offers a space to express and share experiences. Gaming is a significant part of society, and the number of therapists working therapeutically with video games is on the rise. Keeping an open mind and recognising the potential value of this approach can be powerful. I view my work as paving the way for this growth, helping clinicians gain confidence in creating more accessible services through video games.

Practitioners working with children often talk about 'coming down to the level of the child'. I prefer saying 'level up' to the client's level, a gaming term which aptly describes the process of creating accessible services using video games.

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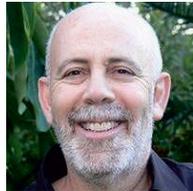
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FEATURE

GOING GLOBAL

UKCP members work around the globe, from America to Zambia. But psychotherapy can look different depending on where you are in the world. Here are how some countries compare



INDIA

Psychotherapy remains unfamiliar for most of India's population. However, there is growing understanding of the need to give it adequate importance, not only in treating poor mental health but also from a public health perspective. In 2018 the Indian government asked insurance agencies to provide cover for mental health, but details have not yet been specified.

'The field of psychotherapy in India is really quite non-existent,' says psychotherapist and UKCP member Ramya Sastry. 'There is no clear territory that has been demarcated and it is not supported by larger, external mental health systems.' There

is no regulatory body at the state or national level, nor any qualification or licensing requirements for psychotherapists. As a result the term 'psychotherapist' can be used by people who use psychoanalysis and other research-backed modalities, as well as methods including past life regression or neuro-linguistic programming. Gestalt therapist and UKCP member Raksha Sidhu works in Mysore. She says 'After working for seven years to become UKCP registered, in India I find I'm on the same playing field as someone who has done a month of training and calls themselves a psychotherapist. I'm hoping that the quality of my work will speak for itself.'

Historically, research has speculated that India's

IMAGE GETTY

Working overseas

UKCP members looking to work abroad can apply for the European Certificate of Psychotherapy (ECP), which is awarded by the European Association of Psychotherapy (EAP) and recognised by many European countries. The ECP sets standards for equivalence of training and practice throughout Europe, aiming to enable the mobility of psychotherapists and ensure a consistent degree of training and practice.

The ECP is awarded by the EAP on the recommendation of UKCP and with the approval of the relevant European accrediting organisation – which represents the appropriate modality of psychotherapy.

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- Confirm that your organisation/college will allow this client as part of your re-accreditation client hours/practice.

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GET IN TOUCH WITH US...



What is your experience of working overseas? Let us know at editor@ukcp.org.uk

interdependent society, which may lack confidentiality and privacy, might prove to be a barrier to therapy. JS Neki¹ stated the concept of privacy could in fact sever people from society, but Sidhu disagrees. 'The clients I have are extremely grateful for the privacy I offer, and feel safe enough to do the work,' she says. 'It can give people a much-needed safe space to grow and learn in order to then relate healthily in our interdependent society.'

The influence of religion in India must also be understood as an essential 'ingredient' of clinical work, in contrast to Western therapy. Sastry adds 'a deep study in Indian spirituality, Upanishads, Quran and other religious texts can deepen aspects of psychotherapeutic work, supporting a more empathetic, intuitive understanding and sense of the client or families.'



THE NETHERLANDS

The Dutch Association for Psychotherapy was formed in 1930, followed a decade later by the Institute for Medical Psychotherapy. In 1986, the profession of psychotherapist

was recognised by law in the Netherlands, and since then the training and professional activity has been regulated by The Netherlands' Individual Health Care Professions Act (BIG).³

Only psychologists, psychiatrists and medical doctors can train to be a psychotherapist, and after qualifying they are admitted to the BIG register.

UKCP member Vasiliki Loumpa, a systemic therapist in Rotterdam, says 'The title psychotherapist is protected. The European Certificate for Psychotherapy [ECP] does not provide access to the BIG register of psychotherapists. Professionals who have completed training in specific modalities cannot carry the title "psychotherapist" and cannot work in the health services.'

Dutch clients with health insurance can access free therapy following a GP referral. However, most therapists work in private practice where clients pay about the equivalent of £100 per hour. 'It is unfortunate that people cannot always access the specific therapy modality they need under the Dutch health insurance,' says Loumpa. 'Many highly trained professionals do not get the professional recognition for their specialisms within the Dutch health care system so they opt to work privately.'



USA

Regulations about the practice of therapy are determined by each individual state, with no overarching federal regulation. Katalin Vinczi-Sierra is a UKCP member licensed to

Great Danes

A trial scheme in Denmark entitling young adults to free psychotherapy for anxiety and depression has shown so much success that the government has made it permanent.² Since 2021, anyone between the ages of 18 and 24 years suffering from anxiety or depression can receive fully publicly funded psychotherapy following a GP referral.

practise in two states: Florida and New Jersey. She says ‘Clinicians are trained as generalists and, following licensing, tend to specialise in a particular area of focus. One of the main challenges of accessing therapy is that insurance companies pay very little towards mental health services.’ There are estimated to be over 31,866 psychotherapists currently employed in the States, of which 72.6% are women, and the average age is 46. Since 2020, an estimated 30% of American adults have seen a therapist.⁴

The American Counseling Association (ACA), founded in 1952, has grown to become the world’s largest association representing professional therapists and counsellors (terms used interchangeably in the US). Vinczi-Sierra adds, ‘There is also the American Psychological Association, which operates the website Psychology Today, which is frequently used by clients to access therapy.’



AUSTRALIA

‘The Medicare health care insurance system provides a partial subsidy for up to 10 sessions per year with a psychologist or mental health social worker, via referral from a GP, but this does not cover the full cost of sessions – and does not include psychotherapists,’ says UKCP member Anna Orzech. As a result, psychotherapy is only available to those able to pay a full private practice fee, which costs between the equivalent of £90 to £120 per hour.

As in many parts of the world, mental health stigma persists as a barrier to people seeking therapeutic support, however the prevalence and normalisation of therapy is increasing.⁵ UKCP-accredited member Samantha Paranavitana says, ‘There does seem to be an open attitude towards therapy among the younger generations. However, I still hear my young clients say “my parents don’t believe in mental health”.’

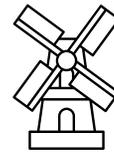
It takes an average of six years to train as a psychotherapist in Australia, with courses professionally regulated by the Psychotherapy and Counselling Federation of Australia (PACFA).

Paranavitana trained in the UK before moving to Melbourne. She says ‘I did a 300-hour volunteer placement at a local agency before applying for registration with PACFA and they gave me the title Clinical Counsellor. In order to call myself a psychotherapist I’d have to do an additional 450 hours of psychotherapy training, with an additional 150 hours of personal therapy and another 200-hour placement. It has proven difficult to build a practice here in Melbourne when I compare with peers in the UK.’



BRAZIL

Trainees in psychiatry and psychology in Brazil are required to receive training in psychotherapy, and as a result the terms are often used interchangeably by lay people.



An estimated 5,000 psychotherapists work in the Netherlands, which has a population of 17,671,125

A 2017 WHO study ranked Brazil as the world-leader for prevalence of anxiety disorders and fifth in depression rates.⁶ The country’s Unified Health System (SUS) provides free health care which includes psychotherapy, but due to high demand, it is typically sought privately and can be expensive. Therapy is included in private health insurance plans and a recent law prevents a limit being placed on the number of sessions someone can claim for following a doctor’s referral. Hourly sessions range from the equivalent of £30 to £60.

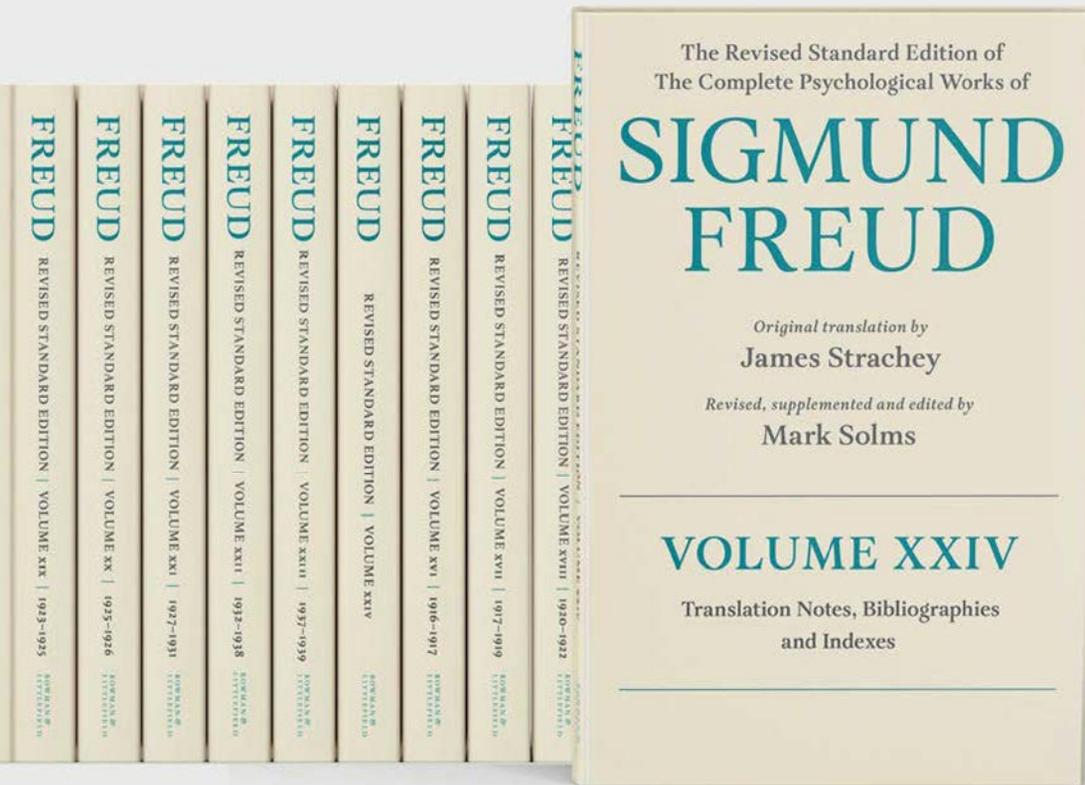
Therapy is increasingly popular and normalised in urban areas, especially. UKCP’s senior marketing and communications officer Evaldo Dutra, who is from Brazil, says ‘In the richer populations of these cities it’s very common for people to discuss their therapy, as a status sign. They have therapy as a way for self-discovery which can go on for years.

‘The psychodynamic approach is popular across south America, and is big in Brazil, and CBT is common too.’

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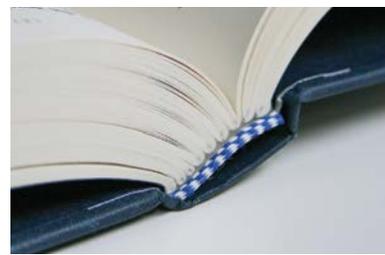
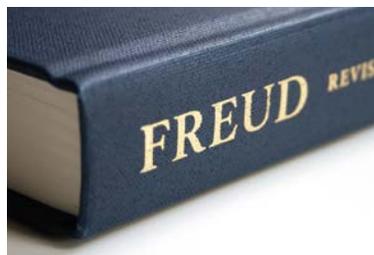
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THE ETHICS COMMITTEE

UKCP's independent ethics lead and chair of the newly formed committee **Julie Stone** reveals how it can help you

COMMUNITY SPOTLIGHT ETHICS

W

What is the role of the Ethics Committee?

It is a forum to stimulate debate and advise UKCP on current and emerging ethical issues facing all therapists, whatever their modality. While most ethical issues are generic, working in certain contexts and with certain groups may increase ethical complexity, for example working with children or forensic psychotherapy.

In time, the newly appointed committee will work, with others, to review the 2019 Code of Ethics, but it will first concentrate on developing supplementary guidance on areas of ethical practice where therapists have asked for more clarity. This will include guidance on professional boundaries (including dual relationships),

on confidentiality and its limits, on ethics and supervision, and on online working. These are areas which have emerged from conversations with UKCP's colleges about what would be most helpful to their members. Future topics are likely to include what gaining consent means in a psychotherapeutic context and research ethics.

'OUR ETHOS IS TO PROMPT AND FACILITATE ETHICAL THINKING'

Who sits on the Ethics Committee?

The Ethics Committee is a diverse group of therapists and non-therapists who have lived experience and practical expertise in ethics, professional standards and policy creation. Some of the committee have legal experience. Next year we hope to recruit more therapists, including one or more student members, and we will advertise these roles widely. The ethos of the committee is to prompt and facilitate ethical thinking and debate throughout the profession and the organisation. The committee will act as an advisory group, creating a host of mechanisms to work with and through colleges and registrants, involving members in all aspects of developing ethical guidance.

ILLUSTRATIONS: TANIA YAKOVOVA / ICON

How will the committee update the Code of Ethics?

Practice and expectations of therapists constantly evolve, and ethical standards must also evolve. As the Code was last published in 2019, we will work to ensure standards remain relevant and in keeping with current legislation. We will be working with UKCP colleges and committees to discuss what changes are needed and how to ensure that the Code reflects what is being taught and what is considered current good practice. We will also be looking at the codes of other psychological professions and aim for consistency on key issues where appropriate. Similar guidance makes it easier for clients to know what they can expect from therapists, and for commissioners, including the NHS, to engage with psychotherapy.

Does the Code have answers to ethical dilemmas?

Codes tend to be short documents which only offer high-level principles of accepted practice and set out what's ok and what's not ok. Codes also help clients to know what they can expect of their therapist. Most professional codes combine things that professionals should or must do (such as work within the limits of their competence) and things they must not do (for example, have sex with their clients). Areas, or domains, tend to cluster around key aspects of professionalism and accountability; communicating with clients and colleagues and gaining consent; benefiting and not harming clients; and respecting principles of fairness and equality.

Will the new committee be offering an ethics advisory service?

It wouldn't be appropriate for a policy-recommending committee to give advice on individual registrants' specific queries. But we realise that there are

several areas of practice which do give rise to questions, and grey areas where therapists would welcome more detail on understanding what the Code requires of them. This is why the Ethics Committee is keen to provide some supplementary guidance in the first instance rather than embarking immediately on rewriting the Code. Hopefully, these supplementary guidelines will provide therapists with support for frequently arising ethical questions. Although individual

psychotherapists remain responsible for their decisions, supervisors are well placed to discuss ethical issues relating to clients. Additionally, therapists should seek advice on legal matters from their indemnity insurers or a union if they belong to one.

Is there more to ethics than merely following the Code?

Yes! A code establishes a minimum baseline of what all practitioners must do. Ethical conduct, by contrast, is more >

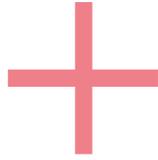


COMMUNITY SPOTLIGHT ETHICS

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nuanced. Being an ethical practitioner is about cultivating an inner reflexivity and increased awareness that there are ethical issues at stake. That is considering how actions impact other people, the likely or possible consequences of doing or not doing something, keeping principles of equity and fairness in one's mind, ensuring one is aware of power and trust, and being thoughtful about how these impact on the therapeutic relationship.

Ethical practice is deeply entwined with good clinical practice. It is for the therapist to weigh up the factors in a given case, including how to reconcile ethical principles which seem to clash. For example, breaking confidentiality might breach the client's right to autonomy, yet be justified if the therapist assesses

'ETHICAL PRACTICE IS DEEPLY ENTWINED WITH GOOD CLINICAL PRACTICE'

(hopefully in discussion with the client) that the best interests of the client, or others, require confidentiality to be breached. Accountability sits, always, with therapists, albeit with support from supervision.

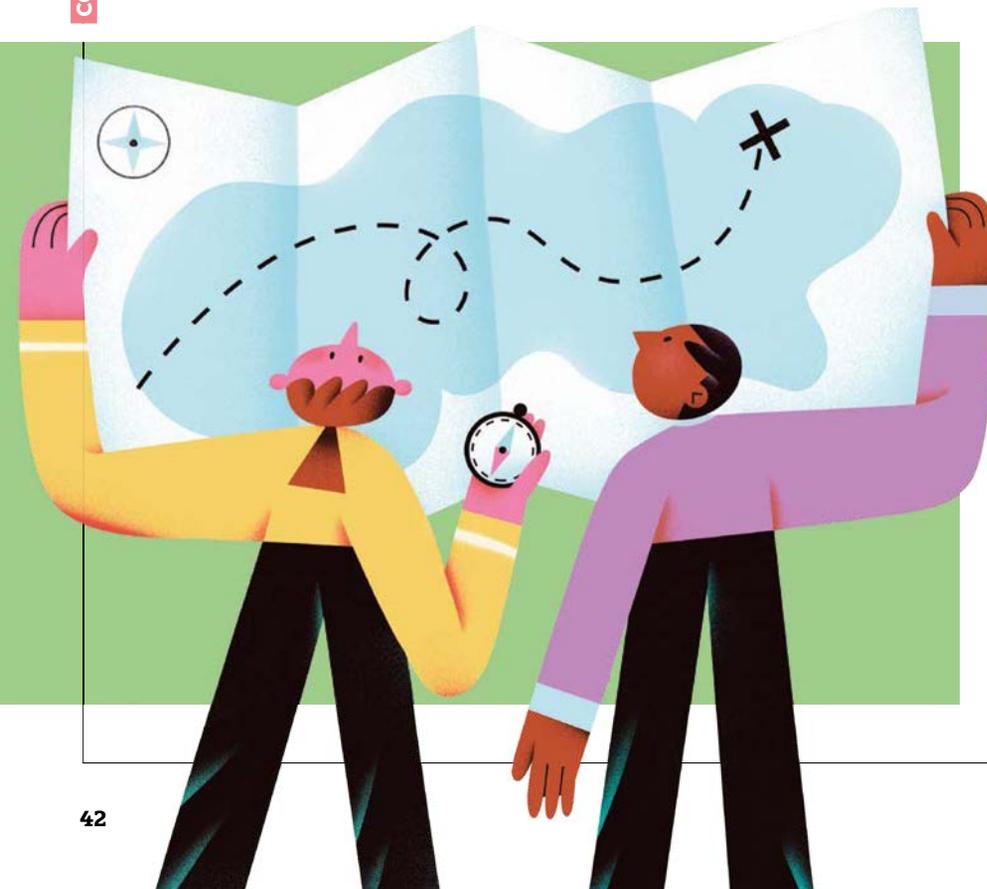
How will the work of the Ethics Committee tie into education and training?

Learning how to recognise an ethical issue, what factors to take into account, what weight to give them, and how to demonstrate the reasoning which has gone into taking a decision is a skill set which can and is taught as part of training. The process of reflexivity which making ethical decisions involves is similar to, and maps onto, the reflexive approach to practice. There's a big overlap between what's good practice and what's ethical practice. The work of the committee will also involve working with educators, through UKCP's Education, Training and Practice Committee, to look at what is taught, and how best to teach it. Some subjects may be better addressed or reinforced through continuing professional development, particularly in those areas where what is considered good practice may have changed over time, for example, social or personal relationships between tutors and students.

I'm interested in getting involved in ethics. Can I do that?

Yes, we'll be running a series of webinars and using these as a platform to stimulate discussion groups and create a working group to help us develop guidance. Details of this, and other ways for getting involved will be highlighted in UKCP's email updates and on the UKCP website.

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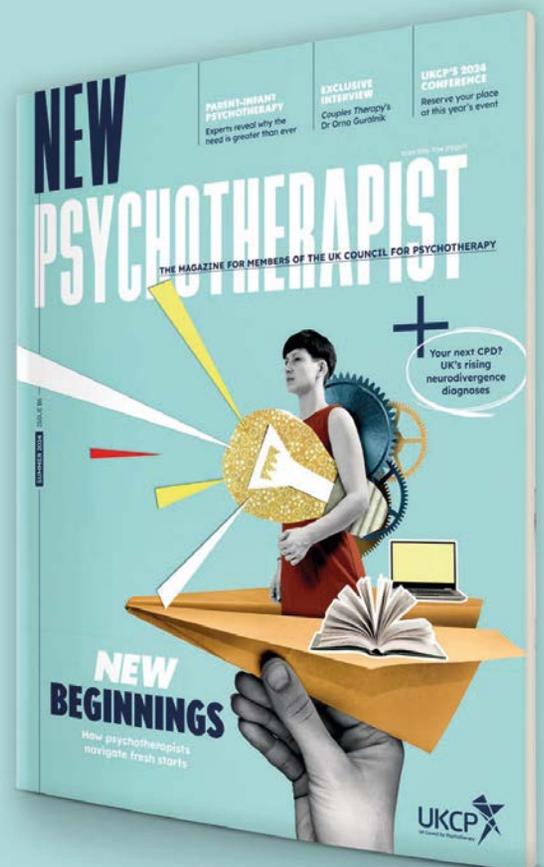
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‘Change can feel overwhelming’

Amid unprecedented technological advancement **Dr Aaron Balick** says we must all make the effort to harness the positives

Dr Aaron Balick is an American-born therapist, author, broadcaster and cultural theorist.

His 2014 book *The Psychodynamics of Social Networking* was the first to apply psychoanalysis to social media, exploring how technological advances profoundly affect human behaviour and relationships.

Dr Balick is passionate about demystifying and democratising ideas from psychotherapy for greater public

understanding. Outside his role as a clinician and supervisor, he draws on 20 years of clinical and academic experience as a consultant, keynote speaker and media contributor. For many years he was the ‘go to’ mental health expert for young people on BBC Radio 1, and he is the author of two self-help books, one for children and one for adults.

Ahead of Dr Balick speaking at UKCP’s conference in November (see page 16), he talks to Emma Ledger about making sense of the impact that technology can have.

Your work focuses a lot on humans’ hyper-connectivity – do you see it as more positive or negative?

I defer to Melvin Kranzberg, who said ‘technology is neither good nor bad; nor is it neutral’. We are interconnected more than ever before. On the positive side this connectivity offers us access to virtually limitless information. This can provide advice, mentorship, support and connection. But there’s a shadow side, too. Disinformation is rife, privacy can be compromised, difficulties like bullying can be amplified online, and opportunistic predators lurk on social networks. Furthermore, social media tends to amplify differences over commonalities, creating an environment of mistrust. We can wish that things were different, but the horse has already left the stable, so we have to deal with the reality of the world as it is while we work to improve things. >

‘WE ARE INTERCONNECTED MORE THAN EVER. THERE ARE POSITIVES AND A SHADOW SIDE’

This issue's theme is psychotherapy in a changing world – how rapid is that change?

I acknowledge that 'unprecedented' is a rather overused term, but it is the most accurate one to describe the dizzying speed at which technology is developing. The proliferation of the smartphone marked the beginning of a total paradigm shift regarding technology's direct effects on the human psyche.

The proximity of a super-computer in your pocket enables a psychological extension of the self into the digital realm that enhances hyper-connection making us 'always on'. The pandemic was like a shot of steroids because we all became more dependent on tech to mediate almost all aspects of our lives. The development of AI over the past year has enhanced this effect even further in ways we are only beginning to understand.

Do you think the pace of change can feel daunting?

For sure. While these developments are exciting to some, they are overwhelming to most of us who feel we are constantly playing catch up. As therapists we may feel particularly nervous about these changes. Many of us chose this work because we are interested in complex interpersonal encounters and relational depth, so we may see technological advances as a threat. There is some truth to this, but I think it's a mistake to see technology, or more specifically, how our clients may mediate their psychological lives through technology, as something distinct from 'real life'. It's more helpful to see technology as a mediator of human relationships rather than a separate thing all together. For example, if someone is unhappily single and having a tricky experience on dating apps, separating out the app from the human will be



DR AARON BALICK TIMELINE

1973

Born in Delaware, USA

1991

Undergraduate degree at University of Colorado Boulder

1994

Moved to UK having lived in France and worked in Poland as a TEFL teacher

1997

Settled in London

1998

MA in European Intellectual History at Queen Mary College, London

2004

MSc (University of Derby) in Integrative Psychotherapy at Minster Centre (London) and Sherwood Institute (Nottingham). Began private practice

2009

PhD Psychoanalytic Studies at the Centre for Psychoanalytic Studies, University of Essex

2010

Course director of MA in Psychoanalytic Studies at University of Essex

2014

Published *The Psychodynamics of Social Networking*

2016

Founded Stillpoint Spaces London, an international psychology hub

2023

Closed Stillpoint; continues private practice in London alongside other projects

unhelpful – better to see it as a very human experience being mediated by an app. The app doubtlessly has a material effect, but it's the heart and mind of the human being and what motivates the choices they are making that remain the central factor. The good news is that you can use the same old psychotherapy skills you've always used, just bring bog standard clinical curiosity to better understand your client and see the tech as something that diminishes or enhances their experience.

How much therapy work do you do online using tech?

I was an early adopter of working online, and like everyone else during the pandemic I moved entirely online. After the pandemic I was surprised to find that many of my clients wanted to return in person, and new clients wanted that, too. I now see about two-thirds of my clients in person. Personally, I don't want a full-time online practice because I find it less gratifying. I feel more alive when we're in a room together. I feel that dialogue flows more naturally and I'm better able to judge how and when to make interventions. I think there's something precious about sharing the same space together, that for me is richer. Not to say that there isn't richness working through a screen, I just don't want to spend my days looking at one.

Do you find that the negative side of tech especially impacts young people?

How a young person engages with tech and curates their online persona is very important. The digital extension of the self isn't really as differentiated in the way it is for older people. Jonathan Haidt referred to this cohort as the anxious generation as a result of largely unregulated tech use. This is producing



'TECHNOLOGY'S EFFECTS ON THE HUMAN PSYCHE ARE A TOTAL PARADIGM SHIFT'

some pushback now as parents, schools, governments and young people themselves are looking towards solutions. We definitely need greater government oversight, and schools being thoughtful and critical about teaching young people how to engage with technology. This should be more than identifying misinformation and crucially must include navigating real world interpersonal complexity that is so often circumvented by going online. It's going to be tricky to do right, but I do feel optimistic that things can improve.



What would you say to less tech-savvy clinicians, can they opt out or do they need to understand?

People should obviously make their own decisions, but it's not really an option to opt out of one's responsibility to understand the world we are living in. To do so would be letting down the vast majority of people for whom tech is very much part of life. That doesn't mean that therapists must be on or even fully understand the platforms that are being used, but they do have to be curious and make an effort to understand them when they are impacting clients' lives. If you're feeling shy about your ignorance, or if someone talks about a platform you've never heard of, there's no harm in asking a client to show you something you don't understand. You just have to understand it enough to know how it's affecting them. The good news is that it's the same old human psychology as it always was, it's just being deployed through and mediated by tech.

How did you find the experience of giving advice to young people live on BBC Radio 1?

This was surprisingly difficult. When I started, I thought my experience as a therapist would be a transferable skill, but it wasn't. In therapy we give space to the client to find their way, but silence is practically forbidden on the radio. You also don't get much time for your own reflection, you have to jump right in. Once I worked out that it wasn't 'therapy' and >



that my responses weren't just for the caller, but for the whole listening audience, it became easier. I used it as an opportunity for large scale psycho-education and some basic skilling-up in self-awareness. For me it was a tremendous education in learning to communicate complex ideas in accessible but not dumbed down ways.

Did you always plan to be a therapist?

Not at all. I spent my first years after university relatively aimlessly, teaching English as a foreign language. All I really knew was that I wanted to stay in Europe, so I enrolled in an MA programme in European Intellectual Thought where I read Freud seriously for the first time, which blew my mind. I got very excited about the idea

of self-enquiry and psychoanalysis. I decided I wanted to do that for a living and enrolled in a psychotherapy training. I chose an integrative training though I never really fell out of love with psychoanalysis. I got a PhD in Psychoanalytic Studies and ended up becoming an academic as well as a clinician.

'HOW AI WILL AFFECT THERAPY IS DIFFICULT TO PREDICT'



Have your say: Tell us what you think of this issue. Email editor@ukcp.org.uk

If you weren't a therapist, what do you think you would be?

I've always pursued a non-linear path, and even with psychotherapist at my core I've been fortunate enough to have a lot of different experiences. I can honestly say that there's nothing else that I'd rather be, because while working as a psychotherapist speaks to my intense introverted side, I'm also able to take the show on the road in ways that activate my extraversion through the media, public speaking and teaching. I'm grateful to have such a colourful career. But to answer your question, if I were to do something completely different it would be a choice between diplomat, novelist, foreign correspondent or Buddhist monk.

As for the future, how do you think AI will affect therapy?

Honestly, it's very difficult to predict. I think the first impact will be cultural, rather than clinical. That is, how AI is affecting people's lives, their jobs and the ways in which they may incorporate it into their lives. That's all going to happen very fast and be very consequential. I think it will take a bit more time for its role to be clear as a clinical tool. At the moment, I don't have a great deal of faith in AI being an effective therapist on its own, though it may have interesting uses broadly to do with mental health. I think the combination of big data and AI may have important implications for research and helping us get a deeper understanding of human interaction, that's where I'm hopeful. I'm less hopeful about how it may come to replace some aspects of human relating, which may sound like sci-fi, but it's already happening. Right now I'd say 'watch this space'.

aaronbalick.com



Are you considering a career in psychotherapy?

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Do you have thoughts to share on what's coming up in your supervision practice? We'd love to hear your ideas. Email editor@ukcp.org.uk

SUPERVISION

Need to change your supervisor?

UKCP psychotherapist and supervisor Jo Lucas asks what to think about when seeking a supervisor in a changing world

Does your supervisor share your sense of humour, and is this important? Those are just two questions one might ask when considering how to choose a supervisor.

We need to look for a supervisor at different stages of our career. First, when we start seeing clients, then when graduating into professional practice, and perhaps later one might think about finding a new supervisor for personal growth.

There are also factors which might unexpectedly cause you to change your supervisor, for example if you move or if your supervisor retires.

What is helpful to think about when it comes to finding the 'right' fit for this vital, collaborative and enriching relationship? The fundamental questions are: Do I feel comfortable with them, and do I feel I can trust them?

There are practical considerations, including whether to see someone in person or online, whether you want them to share your modality, or come



from a different one to offer a contrasting perspective.

In a complex world, there are many other questions, including: Do I want someone older and more experienced, or someone a similar age to me? Do I want someone of the same gender, or would it be good to work with someone of a different gender? Would I prefer someone from the same race or community as me? Sadly, the latter is often not even an option as the profession still does not reflect the community we live in well enough.

In the early days it's probably advisable to find someone from the same or a similar modality. It can be helpful to find someone willing to get

to know you and what you bring to this profession, so that they understand what you're good at and how you want to develop.

Later in your career, consider what you need. Would you benefit from a supervisor who is more practical or more theoretical? Do you want someone to help link theory with practice and understand what is happening, or someone who can support you to find practical steps forward?

Whatever stage you're at, looking for someone who listens without judging or interrupting is critical. A supervisor should journey with you in thinking situations through and challenge you in a supportive way.

If someone only wants to tell you what the 'right' thing to do is, you may want to think about whether they're the supervisor for you.

Supervision's three elements are accountability, education and support.

Accountability to the profession to work within an ethical framework. Education in the learning from ideas and reading, and considering how it impacts practice. Support is about working through difficulties and feeling you have somewhere to turn to.

Of course, we can't cover all of these in any one session, but over time it is important for your supervision relationship to encompass them all. Supervision is a process of learning, reflection and growth.

More info

UKCP's Education, Training and Practice Committee is reviewing supervision in the coming year.

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