The future of psychotherapy
UKCP conference special
Diversity and equalities statement

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 socio-economic 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.

Editorial policy

The 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 The 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 The Psychotherapist is accurate and true, on occasion there may be mistakes and readers are advised not to rely on its content.

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Welcome

Welcome to the spring issue of The Psychotherapist, a special edition of the magazine showcasing the UKCP conference, which will take place at Regent’s University on 11 March 2017.

The future of psychotherapy

I’m pleased to say that months of hard work and planning have culminated in a sellout national conference on ‘The future of psychotherapy: science, politics and best practice’. Attracting members from all over the country, this conference is externally focused and is a must-attend event for many of our colleagues in the field. It is only fitting, therefore, that we dedicate the feature section in this issue to our flagship conference and the keynote speakers who are contributing to the day.

Pat Hunt, Vice-Chair of UKCP and Head of the Conference Committee, introduces this special issue and I would like to take this opportunity to thank her and the committee for their hard work in making this event a reality.

The new UKCP website

Since I last wrote in The Psychotherapist, I’m delighted to be able to say that we now have a new website. Launched in November 2016, the new design and functions have received mainly positive feedback from members. As we have always said, this is just the beginning and we will be striving to continually improve and develop the website into the future. I would like to thank all those members who have worked with us to identify bugs and offer their suggestions on what they would like to see next. You can find out more about our new and improved website on page 22.

Climate change and radical hope

You may remember that The Psychotherapist in summer 2016 focused on climate change, and the subject generated much discussion among members. We always welcome and encourage debate and comment in the magazine and on page 16 you will find some of our readers’ responses to the ‘Climate change and radical hope’ issue.

A Manchester event

Towards the end of 2016, we held a workshop on complaints in Manchester, following the success of a London workshop and the demand for more events to be held outside London. The workshop was a big hit with members and you can find out more about the day on page 21.

Members have been called upon to take part in a number of consultations during the past year and we share with you progress on two particular consultations here – one on alternative dispute resolution (ADR) (page 25) and the other on our draft Code of Ethics (page 20). We also offer insights into the recent member survey and discuss some of the objectives that you would like us to achieve on your behalf (page 13).

Finally, I hope you read and enjoy all the articles in this spring issue.

Janet Weisz is the Chief Executive of UKCP and a psychotherapist and psychodynamic counsellor who has worked in the voluntary sector, public sector and private practice for over 20 years. As well as maintaining a private practice, she works in the NHS as part of multidisciplinary teams and has first-hand experience of the demanding pressures for change and evolution in the provision of psychological services – both in the public and private sectors. Janet was elected Chair of UKCP in March 2012. She was formerly the Chair of UKCP’s Colleges and Faculties Committee (CFC), where she guided the committee to enhance the collaboration between the colleges and faculties by maintaining cross-modality standards, considering approaches to diversity between the colleges, and approving college procedures for assessing organisational members’ re-accreditation processes, among many other activities. Janet was also chair of Council for Psychotherapists and Jungian Analysis (CPJA) for three years.

Janet Weisz
Saturday 11 March 2017 is an important day in the UKCP calendar. At the time of writing, 280 delegates have booked to attend our 2017 conference, which aims to promote the profession of psychotherapy and psychotherapeutic counselling and our organisation, UKCP. Our venue this year is Regent’s University London, set in the beautiful rose gardens of Regent’s Park.

High-profile professional conference
In September 2015, the UKCP Board decided to establish high-profile professional conferences for the benefit of members. A survey of members was conducted in autumn 2015 to establish the essential components of the first of these. The key survey findings were that the conference should be both internally and externally facing, and should centre on the science and politics underpinning our profession, and on best practice. Planning for the conference has proceeded on the basis of these principles.

Inside and outside the profession
We are thrilled to welcome Richard Erskine and Iain McGilchrist as our keynote speakers, who come from inside and outside the profession respectively. Richard is Director of the Integrative Psychotherapy Institute in Vancouver, while Iain is a psychiatrist, former Director of the Maudesley Hospital and author of the seminal work, *The Master and his Emissary: The Divided Brain and the Making of the Western World*, which is very relevant for psychotherapists and psychotherapeutic counsellors.

In the afternoon there will be a BBC Question Time-style discussion with a panel of experts. Patricia Hunt, UKCP’s Vice Chair and Chair of our 2017 conference, introduces this issue of *The Psychotherapist*.

Patricia Hunt has been Vice Chair of UKCP since 2015 and was a trustee from 2013 to 2015. She has been involved in UKCP projects and boards since 1997 and this year is chairing the UKCP’s flagship conference. Patricia is a psychotherapist who has worked in the public and higher education sectors for more than 26 years. She was Head of the University Counselling Service at the University of Nottingham, and Chair of the national body of Heads of University Counselling Services. In 2009, working with a colleague from the University of Nottingham, she set up a service offering psychotherapy and counselling to staff and students at the university’s international campus in Ningbo, China.
composed of psychotherapy professionals and mental health experts, chaired by BBC journalist Michael Collie. The panel discussion will focus on the theme, ‘How can our society ensure that high-quality psychotherapy is available to all who need it?’ During the afternoon, we will also hear from a client about her experience of receiving psychotherapy.

Workshops
There are seven workshops for delegates to choose from:

• What can research do for us?
• Therapy online
• Working with metaphor
• Psychotherapy as an ethical endeavour
• The politics of wellbeing
• Future of psychotherapy: how neuroscience will change the way therapy is done

A vitally important part of any conference is the opportunity to network and, with so many professionals attending, there will be plenty of time for this. A generous amount of time has been allowed in the programme for coffee and lunch breaks and for the drinks reception, which will close the conference.

The conference promises to be a very rich and exciting day and would not have been possible without the highly professional and committed work of the members of the UKCP’s organising committee: Richard Hunt, Head of Communications, Sophia Dick, Events Manager, Fiona Biddle, Chair of the Education, Training and Practice Committee (ETPC), Peter Kunzmann, Policy and Public Affairs Manager, Sandra Scott, Communications Manager, Claire Walsh, Communications and Media Officer (who has sadly since move on to pastures new), and Justin Moll, Communications Assistant.

Content and thinking
This special issue of The Psychotherapist is designed to make available some of the content and thinking associated with the conference to UKCP members.

It begins with an interview I conducted with Iain McGilchrist, where there is a striking parallel between his emphasis on the centrality of relationship in human relating and being and our relating during the interview. Richard Erskine’s article picks up and develops the theme of relating and attunement, and then each of the workshop facilitators highlights the focus and background thinking of their workshop.

Following this is an article by Peter Kunzmann, UKCP’s Policy and Public Affairs Manager and one of the workshop facilitators, on the importance of influencing national policy and how this can be achieved.

The final element of this special section on the conference is written by UKCP’s Chair, Martin Pollecoff, on his thinking about the future of psychotherapy and mental health, and the major influences that will impact on our profession.
In conversation: Iain McGilchrist and Patricia Hunt

Iain McGilchrist, keynote speaker at UKCP’s conference, *The Future of Psychotherapy: Science, Politics and Best Practice*, talks to Patricia Hunt about the premise of his influential work on the divided brain.

**PH:** We are honoured that you will be one of the keynote speakers at the UKCP conference.

**Iain McGilchrist:** Thank you. I’m delighted to be a part of it.

**PH:** Your magnum opus, *The Master and his Emissary: The Divided Brain and the Making of the Western World*, has huge significance for psychotherapists, and I have had a number of discussions with therapists who have been inspired by your work. Many of us find the link between psychotherapy and neuroscience of great interest and relevance. Your book asks us to think about the connection between the divided nature of thought and the structure of the brain. For those readers who don’t know the book, would you begin by outlining its central thesis?

**IM:** The essential point of the book is an exploration of the phenomenon that our brains are divided and the significance of this. Like other animals, we need to be able to devote two kinds of attention to the world at the same time in order to survive. One is very targeted and narrowly focused, which enables one to interact with the world precisely, for example to pick something up or put it to use. The second is an open, sustained, vigilant attention to the world, which involves a holistic perception and response to a wide range of stimuli. This kind of attention makes no preconceptions about what it will find.

This idea that the brain can give two kinds of attention to the world at the same time did not altogether reveal its philosophical importance to me immediately. I was rather stuck in a cognitivist frame of thinking whereby attention was just another function of this machine, the brain. But attention is an aspect of human consciousness, and only consciousness can attend to something. The word ‘attend’ actually means to reach out towards something, which is a rather special, interrelational way of being in the world. So it has movement, connection and a kind of disposition already built into it.

When we attend to the world differently, we find a different world. For each one of us, attention helps to bring into being the world that we inhabit. We probably all know in a rather everyday way that how we attend to the world changes it. What follows from this is that there are two experiential worlds for every one of us. We’re not aware of it because they’re being combined below the level of consciousness at a millisecond-to-millisecond level. When we start to think about, talk about and reflect on the world, we have two sets of experience of it which are, strictly speaking, incompatible but which both need to be given value and taken into account.

In the left hemisphere world, there are many little things that need to be connected in order to make sense of the world. Those things are frozen by a very narrow, targeted attention, so you see many little static fragments that would need to be composed to make a world that has meaning. In that left hemisphere world, which is less in touch with the immediacy of experience, things become represented in the mind, filed under certain headings, pushed into categories, and are generally more abstract than they would be in the world of the right hemisphere.

In the right hemisphere world, nothing is separate from anything else because the way in which we carve the world up is the result of our need to manipulate it; in the right hemisphere world, everything is seen together as a single, connected, flowing, ever-changing nexus.

Effectively, what you end up with is a world that is rather mechanistic on the one hand, in that it has lots of pieces that can be put together to make useful tools, and another world which is living, vibrant, interdependent and not wholly independent of us. The right hemisphere world is one in which we are aware of a reality that responds to us...
The more you try to pin it down, the less you find that you’ve got what you want. So, that will give you some idea of what I think we’re up against. The world we live in is a representation of the world that lacks the complexity and liveliness of the actual world. It stands in relation to the reality around us in a way that a map does to the territory that it is mapping.

PH: In my reading of your book, what I also understood you to be saying is that through the influences of human development in the post-industrial era, we are driving the asymmetry of our hemispheres, and the influence of the left hemisphere is becoming stronger at the expense of the right.

IM: Yes and no. The asymmetry is to do with the degree to which we rely on the world that each hemisphere makes possible for us. Increasingly since the Enlightenment, and particularly since the Industrial Revolution, we have begun to concentrate more and more on the model of the world as a mechanism. We’ve lost a lot of the wisdom that the right hemisphere used to hold for us through things like spirituality and religion, and through art, poetry, music and drama.

PH: Metaphor is a powerful component of the book, and in chapter 3 you outline that only the right hemisphere has the capacity to understand metaphor. Metaphor is such an important tool for the psychotherapist and psychotherapeutic counsellor. What do you think of the use of metaphor as a healing tool in therapy?

IM: Well, I’m not alone in thinking metaphor to be of primary importance rather than a second, decorative element in language. The two best-known proponents of this movement in philosophy are George Lakoff and Mark Johnson, whose work has been influential for me. Nobody can avoid metaphors and the metaphor you choose illuminates an aspect of what it is you are trying to get across. Metaphors are of primary importance and that’s why in all the really great moments of life in which we have perceptions – particularly in art and religion – narrative, myth and metaphor are essential. Nowadays, we think that a myth means it’s not really true. This is a post-Enlightenment idea. In the Enlightenment, the idea was that we should try to be as rational as possible about things and prune the words of any extra meaning, but of course words automatically bring all kinds of meanings from the real world, and that’s how they’re useful.

Metaphors are essential to understanding the world, however that may be. Psychotherapy is a relatively new way of doing this, but it is essentially doing work that, in the past, had to be done through symbolism, ritual, religion and art. When one is trying to explain something complex and deep, one inevitably goes to metaphor. That’s why poetry is so prized by us: it is based almost entirely on a rich nexus of metaphors that are made to reveal something that otherwise could not be revealed.

In terms of their healing powers, metaphors enable us to see things in a new light. They enable us to understand the nature of something in a different way and to see how it connects to, and is structured like, other things we are more familiar with. The healing that it offers starts with insight. We know in psychotherapy that this is actually true, that healing depends on insight. It’s no good trying to tell people when you first meet them what the problem is; you need them to gain insight into that. Metaphors are the key way in which we are able to help them come to an understanding.

PH: That resonates absolutely with my own experience as a clinician. The most profound moments in working with a client are when a new insight comes to them – an ‘Aha’ moment. Often it’s phrased as a metaphor and then becomes a really rich thing that you can work with.

IM: Yes I agree, and one of the things I’ve been keen on doing is taking my most articulate patients and putting them into therapies that don’t allow them simply to talk, such as performative, art or music therapy – a different form of metaphor. I’ve found this can be absolutely amazing and liberating for them.

PH: The title and theme of the conference is ‘The future of psychotherapy’. From your work and thinking, what do you envision as the most important things influencing the future of psychotherapy and what do psychotherapists need to hold in mind in their future work?

IM: One of the problems faced by psychotherapy is the desire to make sure that it is effective. The trouble is that the way in which this is evaluated and measured is
subject to all kinds of distortion. Some of the most profound things, not just in therapy but in life, are things that cannot easily be evaluated, measured and counted. There is pressure on psychotherapy to produce short-term, measurable results. I perfectly understand that this is important when one has to choose financial priorities within a limited budget. However, while such therapy is very useful indeed for some patients, it’s not always applicable across the board. I think that we need to keep a broad church of therapies.

I had the experience of starting my training in the NHS, where I intended to stay for the rest of my career, but I was very dissatisfied with what was happening to psychiatry in the NHS and I decided that I would work independently. That enabled me to work with a much broader group of highly trained therapists. I built up a group of therapists with a very eclectic spread of talents, some of which can’t easily be codified in any way. They had an extraordinary healing effect on my patients.

I thought that one of my jobs was to take a very broad vision of a person’s life and see what combination of treatments was going to be right for that person. This meant that there would probably be some form of medication, though not necessarily. There would probably, though not always, be some therapy involved, and it would be not only having the therapy but what sort of therapy was going to work for this person – and, indeed, which therapist was going to work for this person. I felt that my skill was to draw out from somebody a mass of details, make them coherent as a picture, and see how that would benefit from particular interventions. I would have been hamstrung if I could only do one or two of the same things for everybody because, after all, we’re all different.

This isn’t just a pious platitude. There are huge differences in the world of psychiatry and so one of the crises is a straightjacketing of therapy. And I’m not disrespecting some of the simple, practical interventions – six sessions of CBT can be very helpful for many people. I actually think CBT is so useful and so interesting and helpful in an easy, straightforward, accessible way that it probably ought to be taught in schools. The principles are not that difficult and they can be conveyed to people. These are the sort of distortions of thinking that you’re going to find – be alert to them. So all of that is terribly valuable, but psychotherapy is more than that.

Number one, it is a relationship, it’s not about a thing. Therapy is not a thing that you do to somebody; it is something that goes on between the psychotherapist and the patient to which both contribute. The spark of life between them. It therefore does not have a universal direction or application or measurability at all. There is a kind of living experience that can’t be reduced to a set of cognitive rules. This straightjacketing is one of the big problems I feel for psychotherapy nowadays. Number two, psychotherapists themselves need to resist the temptation – the left hemisphere temptation – to reduce the art and science of psychotherapy to something prescriptive. For example to ask ‘how can we distinguish where and how to emphasise metaphor in clinical practice?’ is too prescriptive. The essence of what you are engaged in is a creative process, a unique process from which the germination of new ideas, change and growth will emerge. As individual practitioners, and as a profession, draw in full from both right and left hemisphere thinking in the development of psychotherapy.

Does that help answer your question?

PH: It helps absolutely. Thank you very much. It follows completely from the thesis of your book, and it speaks very much to the whole UKCP membership, which is a broad church representing a wide range of psychotherapeutic approaches. Most importantly, it speaks to our professional predicament that if we put a straightjacket on it extinguishes the spark of life, which is the relationship – the central essential part of therapy.

IM: I absolutely agree. That notion that it is the relationship that is of central importance is primary to everything that I’m saying.

PH: Thank you very much, Iain.
Effective psychotherapy emerges in the creation of a new perspective and understanding – a unique synthesis of two people in relationship with each other

One of the principles of a relationally focused psychotherapy is the concept that ‘the intersubjective process of psychotherapy is more important than the content of the psychotherapy’ (Erskine, 2015). This is based on the fact that each person brings to any interpersonal encounter his or her own phenomenological experience. The intersubjective process involves the melding together of each person’s subjective experience, his or her affects, belief systems, internal relational models, implicit and explicit memories, and relational needs. Effective psychotherapy emerges in the creation of a new perspective and understanding – a unique synthesis of two people in relationship with each other.

A co-created therapy process
A new psychological synthesis occurs when there is authentic and open contact between two people. Each is influenced by the other; the therapy process is co-created. No two psychotherapists will ever do the same psychotherapy – each of us is idiosyncratic in how we interact with our clients. The important aspects of the psychotherapy are embedded in the distinctiveness of each interpersonal relationship, not in what we consciously do as a psychotherapist but in the quality of how we are in relationship with the other person (Erskine and Moursund, 2011).

The therapist’s attitudes and demeanour, the quality of interpersonal relationship and involvement, are just as important, sometimes even more so, than any specific theory or method. An effective healing of psychological distress and relational neglect occurs through a contactful therapeutic relationship – a relationship in which the psychotherapist’s attunement values and supports the client’s vulnerability, authenticity and intersubjective contact.

Beyond empathy
Attunement is a two-part process: it begins with empathy – that is, being sensitive to and identifying with the other person’s sensations, needs or feelings – and the communication of that sensitivity to the other person. More than just understanding or vicarious introspection, attunement is a kinesthetic and emotional sensing of the other that goes beyond empathy to provide a reciprocal affect and/or resonating response. ‘Attunement is more than empathy. It is a process of communion and unity of interpersonal contact’ (Erskine, Moursund and Trautmann, 1999).

Effective attunement also requires that the psychotherapist simultaneously remains aware of the boundary between client and psychotherapist, as well as his or her own internal processes. Attunement is facilitated by the psychotherapist’s capacity to anticipate and observe the effects of his or her behaviour on the client and to decenter from his or her own experience to extensively focus on the client’s process.

Impact on the therapist
The communication of attunement validates the client’s needs and feelings and thus lays the foundation for repairing the failures of previous relationships that have failed to do so. Attunement is communicated not only by what the therapist says but also by facial or body movements that signal to the client that his or her affect and needs are perceived, are significant and make an impact on the therapist.

Attunement facilitates the client’s contact with long-forgotten memories, desires and body sensations. Over time, such attunement results in a lessening of the client’s internal interruptions to contact and a corresponding dissolving of external defences. Needs and feelings can increasingly be expressed with comfort and assurance that they will receive an empathic and caring response.

Rhythm, affect and relational needs: a clinical example
In an early session with an older woman, the psychotherapist kept eye contact while mostly remaining quiet in order to give the client a chance to express herself. The psychotherapist was sensitive to the client’s rhythm and her need for someone on whom she could rely. The psychotherapist made only a few empathic remarks, mostly acknowledging and ‘normalising’ her personal story. Near the end of the session the client burst into tears and said, ‘I have been waiting my whole life for someone to listen to me like you are doing.’ The psychotherapist’s attunement to the client’s rhythm, affect and relational needs unblocked the way in the next several sessions for the client to describe several painful and frightening family conflicts that she had not remembered for years.

Frequently the process of attunement provides a sense of safety and stability, which enables the client to begin to remember and to endure regressing into childhood experiences that may bring a fuller awareness of the pain of past traumas, past failures of relationship(s), loss of aspects of self, and which may bring about healing. The process of attunement can be categorised according to the resonance and reciprocity required for contact-in-relationship. I will briefly describe...
four types of attunement: rhythm, nature of affect, level of development and relational needs.

**Rhythmic attunement**
Rhythmic attunement is the pacing of the therapeutic inquiry and involvement at a tempo and cadence that best facilitates the client’s processing of both external information and internal sensations, feelings and thoughts. For example, the compounded affective components of shame create a complex process involving the disavowal and retroflection of anger, the sadness of not being accepted as one is, the fear of rejection because of who one is, and confluence and compliance with the relationship-interrupting humiliation (Erskine, 1995). The affective, perceptual, cognitive, behavioural and physiological reactions occur at differing rhythms than would otherwise occur in the absence of shame.

Some clients are quickly aware of visceral and kinesthetic sensations while others process them slowly. Internal interruptions to contact or any of the complex psychological defences such as desensitisation, disavowal, denial or dissociation disrupt the natural rhythm of processing physical sensations, affects, perceptions and thoughts.

**Affective attunement**
Affective attunement refers to one person sensing the other’s affect and responding with a reciprocal affect. It begins with valuing the other person’s affect as an extremely important form of human communication, being willing to be affectively aroused by the other person, and responding with the resonating affect. Affect is transactional-relational in its nature, requiring a corresponding affect in resonance.

When a client feels sad, the therapist’s reciprocal affect of compassion and his or her acts of compassion complete the interpersonal contact. Relationally, anger requires the reciprocal affects related to attentiveness, seriousness and responsibility, with possible acts of correction. The client who is afraid requires that the therapist respond with affect and action that conveys security and protection. When clients express joy, the response from the therapist that completes the unity of contact is the reciprocal affect of vitality and expression of pleasure.

**Developmental attunement**
Attunement to the client’s developmental level of psychological functioning and organisation of experiences (developmental attunement) is essential in a contact-oriented, relationship-focused psychotherapy.

To attune to a client’s developmental needs, the therapist listens with a ‘third ear’ or watches with a ‘third eye’ to sense what may be the communication of a child. Having a sense of this child and its needs, its developmental challenges, ways of thinking and organising, unique vulnerabilities and relationship needs guides the therapist in the way he or she may enquire of, interpret or intract with the client. As an example, in response to a client who was expressing frustration at her inadequacy in finding ways to talk about her feelings, the psychotherapist commented that learning to use language brings a child two very different experiences. On the one hand, words allow for increased communication and understanding, which is gratifying and fosters closeness. On the other, as the child experiences that words do not adequately convey feelings or experiences, there is a greater sense of separateness and sometimes aloneness.

**Relational needs**
Relational needs are present throughout the entire life cycle, from early infancy through old age (Erskine, Moursund and Trautmann, 1999). Although present in early childhood, relational needs are not only needs of childhood or needs that emerge in a developmental hierarchy: they are the actual components of relationship that are present each day of our lives. The continued absence of satisfaction of relational needs may be manifested as frustration, aggression or anger.

1. **Security**: the visceral experience of having our physical and emotional vulnerabilities protected. It involves the experience that our variety of needs and feelings are natural. Security is a sense of simultaneously being vulnerable and in harmony with another. It includes the absence of both actual and anticipated danger.

Attunement involves the empathic awareness of the other’s need for security within the relationship plus a reciprocal response to that need. The needed response is the provision of physical and affective security where the individual’s vulnerability is honoured and preserved. Attunement to the need for security involves the psychotherapist being sensitive to the importance of this need and conducting him or herself both emotionally and behaviourally in a way that provides security in the relationship.

2. **Validation, affirmation, and significance within a relationship**: the need to have the other person validate the significance and function of our intrapsychic processes of affect, fantasy and constructing of meaning, and to validate that our emotions are a significant intrapsychic and interpersonal communication.

3. **Acceptance by a stable, dependable and protective other person**: the need to look up to and rely on parents, elders, teachers and mentors. There is a relational need for acceptance by a consistent, reliable and dependable other person. The psychotherapist protects and facilitates integration of affect by providing an opportunity to express, contain and/or understand the function of such dynamics.

In psychotherapy, attunement involves the psychotherapist’s recognition, often unsspoken, of the importance and necessity of relying on someone as an unaware request for intrapsychic protection. Such a therapeutic involvement includes both the client’s sense of the psychotherapist’s interest in the client’s welfare and the use of the therapist’s integrated sense of self as the most effective therapeutic tool. This relational need to be accepted by a stable, dependable and protective other person provides a client-centred reason to conduct our lives and psychotherapy practices ethically and morally.

4. **Confirmation of personal experience**: the need to have experience confirmed is manifested through the desire to be in the presence of someone who is similar, who understands because he or she has had a like experience, and whose shared experience is confirming.

Attunement is provided by the psychotherapist valuing the need for confirmation and by being personally present and vital. For example, affirmation of the client’s experience may include the psychotherapist valuing the client’s fantasies. Rather than define a client’s internal storytelling as ‘just a fantasy’, it is essential to engage the client in the expression of the needs, hopes, relational conflicts and protective strategies that may constitute the core of the fantasies. Fantasy images or
symbols have a significant intrapsychic and interpersonal function. When the function of the fantasy is acknowledged, appreciated and valued, the person feels affirmed in his or her experience.

5. Self-definition: the relational need to know and express one’s own uniqueness and to receive acknowledgment and acceptance by the other. Self-definition is the communication of one’s self-chosen identity through the expression of preferences, interests and ideas without humiliation or rejection.

Therapeutic attunement occurs in the psychotherapist’s consistent support for the client’s expression of identity and his or her normalisation of the need for self-definition. It requires the therapist’s consistent presence, contactfulness and respect, even in the face of disagreement.

6. The need to have an impact on the other person: impact refers to having an influence that affects the other in some desired way. An individual’s sense of competency in a relationship emerges from agency and efficacy – attracting the other’s attention and interest, influencing what may be of interest to the other person, and effecting a change of affect or behaviour in the other.

7. The need to have the other initiate: initiation refers to the impetus for making interpersonal contact with another person. It is the reaching out to the other in some way that acknowledges and validates the importance of him or her in the relationship. While waiting for the client to initiate, the psychotherapist may not be accounting for the fact that some behaviour that appears passive may actually be an expression of the relational need to have the other initiate.

8. The need to express love: love is often expressed through quiet gratitude, thankfulness, giving affection or doing something for the other person. The importance of the relational need to give love – whether it is from children to parents, sibling or teacher, or from a client to a psychotherapist – is often overlooked in the practice of psychotherapy. When the expression of love is stymied, the expression of self-in-relationship is thwarted.

Eight relational needs

These eight relational needs were formulated from a research project conducted at the Institute for Integrative Psychotherapy in New York City during the early 1990s. They have each proven to be a useful concept in many therapy situations. In the research project, we factored in many different client comments about relationships in general, about their transferenceal transactions and about psychotherapy in particular that were made by over a 100 clients.

When working with the concept of relational needs, it is essential that the psychotherapist remain mindful of his or her own relational needs and how unrequited needs in the psychotherapist may unconsciously influence the focus of the therapy. The protection against potential collision or confluence between what the client may need and what the psychotherapist needs is in the psychotherapist’s self-awareness and commitment to ongoing supervision and personal psychotherapy.

Although a fundamental principle of a relationally focused psychotherapy is the concept that the intersubjective process of psychotherapy is more important than the content of the psychotherapy, the establishment of a contactful relationship is not the end-all of psychotherapy. However, it is through the process of a respectful, consistently caring relationship that the client’s old defensive patterns emerge, painful or frightening incidents are recalled, transferenceal transactions are resolved and experiences that have been kept unconscious become conscious. Then behaviour can be motivated by mindful choice in the current context rather than stimulated by fear or compulsion.

References


Conference workshops

Good workshops are a key part of a conference, and our seven excellent workshops at the UKCP conference 2017 cover a broad range of areas relevant to psychotherapists and psychotherapeutic counsellors. Each of the workshops picks up the overall theme of the conference and the future of psychotherapy.

What can research do for us?

Patricia Moran, UKCP Research Lead

Carol Martin, UKCP’s Research Faculty Chair and a Senior Lecturer in Clinical Psychology at the University of Leeds

Workshop participants will be able to discuss and have a say in shaping UKCP’s research agenda. We will also unveil a new UKCP project, Pathfinder is a database intended to help clinicians track client progress through therapy sessions, flagging up potential risks and measuring decline or improvement.

Carol told The Psychotherapist: ‘This new research project gives UKCP members a chance to contribute to the field and engage in real-world research.’

‘In today’s climate, there is more and more pressure to show results. Pathfinder will not only facilitate this but will also be a useful tool for members to contribute, anonymously, to a database of evidence on psychotherapy.’

Therapy online: a secure base in separate places

Niki Reeves, psychodynamic counsellor, attachment-based psychoanalytic psychotherapist and member of UKCP’s Ethics Committee

Niki has been using online therapy for the past eight years. In this workshop she will discuss the skills needed for working online

The Psychotherapist
and explore the many questions that such therapy invites, such as:

- Can we create the essential secure base when we are not in the same room?
- Is it an easy option or lazy way of working?
- Is this way of working second best?

Niki told us: ‘Clients who cannot access therapy fall into a number of groups... But each is a unique individual who benefits from a safe space in which to explore their emotions and experiences towards a relationship that is therapeutic... Making the online space a safe space enables clients to find a zone of proximal safety that enables work to be done.’

Wheelbarrows, taxis and the Big Bad Wolf: working with metaphor with children and adults

Michèle Bartlett, integrative arts psychotherapist, child psychotherapist, and former Chair of the UKCP Faculty for the Psychological Health of Children

Working at depth with our clients’ metaphors allows us to explore and achieve a better understanding of the landscape of their inner world. Using case examples and experiential exercises, this workshop will reflect on the importance of creating an imaginative space for phenomenological enquiry.

Michèle says: ‘This is a very rich field in which to play and requires us to be able to take a leap into other worlds, and to hear familiar myths and stories retold and reframed in ways that we may not recognise. Following a very particular and individual narrative requires us to suspend any tendency to colour it with our own meanings.

‘I hope that this workshop will challenge perceptions and create a space to reflect on the need to stay curious and be careful about what we think we know.’

Psychotherapy as an ethical endeavour

Mary McCallum-Sullivan, integrative psychotherapist, moderator of UKCP Members’ Forum, and member of The Psychotherapist editorial board

Harriett Goldenberg, existential psychotherapist

Some include the notion of a treatment model and scientific evidence base in their use of the language of psychological therapies. What if we emphasised the care in the caring professions and spoke of psychotherapy as an ethical undertaking, a fiercely difficult and vital process of remaining human with the other?

Mary says: ‘It’s important to take the focus away from modality and concentrate on the ethics of the field. We should instead come together and focus on what we [as psychotherapists] have in common and to find a common language.’

This workshop aims to encourage attendees to think differently about what they do and how they could convey this to the general public by finding a common language that is accessible to all.

Relational and integrative psychotherapy

Richard Erskine, a psychotherapist and Training Director at the Institute for Integrative Psychotherapy, is a guest speaker at the conference.

Starting with questions from his keynote speech, Richard will address questions about the concept of integrative and relational psychotherapy, including the integration of cognitive affective behavioural psychological aspects of psychotherapy.

Richard believes that it is important his fellow therapists understand that integrative psychotherapy refers to the relationship with the client, so their affect, physiology and cognition are integrated in such a way that behaviour is by conscious choice in the current context, rather than simulated by fear and compulsion.

Having been in the profession for nearly 50 years, Richard wants to share his experiences, learning, successes and failures with his colleagues. He told The Psychotherapist, ‘I have always been a consummate learner and have a big desire to share that.’

You can read more on Richard Erskine’s work in his feature article on page 8.

Psychotherapy and the politics of wellbeing

Fiona Biddle, hypno-psychotherapist and chair of UKCP’s Education, Training and Practice Committee, chairs this session.

Peter Kunzmann, UKCP Policy and Public Affairs Manager

Emmy van Deurzen, existential psychotherapist

Digby Tantam, psychodynamic psychotherapist

This workshop will explore the philosophical, research and policy issues related to the wellbeing agenda, and how they relate to psychotherapy.

In 2010, David Cameron declared that ‘the country would be better off if we thought about wellbeing and quality of life as well as economic growth’, propelling wellbeing into the political limelight.

Emmy van Deurzen says: ‘As psychotherapists we are often drawn into the medical model and may end up looking at the world in a mode of deficiency and negativity. Being informed of the wellbeing agenda is a good way of gaining a broader perspective on our work and taking a fresh approach to it.’

The future of psychotherapy: how neuroscience will change the way therapy is done and the connection to wellbeing and resilience? A view from a trauma therapist

Dr Peter Bowes, BACP-registered senior counsellor and supervisor

The future of psychotherapy, deduced from current neurobiological research, depends on understanding and creating the conditions under which the brain will reprocess dysfunctional neurological networks.

After ten years of using eye movement desensitisation and reprocessing (EMDR) in private practice, supplemented by exploring neuroscience research and understanding more about how EMDR works, Peter will share and debate his thoughts about what he sees as inevitable changes to the way therapy is approached.
UKCP membership survey: influencing national policy

Peter Kunzmann, UKCP Policy and Public Affairs Manager

Last year, UKCP members made a very clear statement about what they wanted from the organisation. Of the 2,407 respondents to our membership survey, 74 per cent indicated that influencing national policy was very important, a higher percentage than for any other UKCP activity mentioned in the survey.

To reassure you, this does not mean that UKCP is about to stop its other activities, such as setting ethical standards or holding a register of psychotherapists. These functions are vital to psychotherapy as a profession. However, it does show how much members want us to make a difference on a national level.

So members want us to influence policy. But what policy positions do they actually want us to pursue? In the survey, we presented a series of policy options and allowed members to select up to three they thought we should prioritise. There was one clear winner. Over and above everything else, members wanted more high-quality therapy provided in the NHS.

These results held true whichever way we chopped the data. They held whether we broke the data down geographically or by the sector people worked in. Even if we looked at people who exclusively worked in the private sector, the option for more high-quality therapy in the NHS still outperformed the option of getting more private sector referrals.

Again to reassure you, this does not mean that UKCP is going to ignore the needs of those in the private sector. Indeed, now the new website has been launched, we are planning a campaign to advertise the Find a Therapist function to the public, with a view to driving up referral numbers. We want to benefit all our members, not just those in one sector. However, it does show just how much UKCP members care about the NHS, and want to ensure that everyone can access high-quality psychotherapy free of charge.

Members want high-quality therapy in the NHS, but how does this wish meet with
current reality? Unfortunately, comparing the current membership survey with the previous one conducted in 2011, the percentage of UKCP members who work in the NHS has declined from 24 to 18 per cent.

Table 4: Percentage of UKCP members working in the NHS

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>24%</td>
</tr>
<tr>
<td>2016</td>
<td>18%</td>
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These statistics match government data, which show that the number of appointments with clients in secondary mental health care (where a large proportion of UKCP members who work in the NHS are employed) declined by over 700,000 each year between 2011/12 and 2014/15, despite indications of rising demand.

While government data does not present a rosy picture, it does suggest an opportunity. The recently published Adult Psychiatric Morbidity Survey shows that very few people who could benefit from psychotherapy actually receive it. Given the known financial costs of mental health problems, a very strong case can be made for the expansion of provision. Furthermore, while the government's focus over the past few years has been expansion of treatment for anxiety and depression through the Improving Access to Psychological Therapies (IAPT) programme, the attention is now moving to secondary care, including personality disorder services, eating disorder services and services treating clients with severe and complex needs.

In order to ensure that there is a role for an expanded role for UKCP members in these services, we are attempting to answer a range of questions. Where are the gaps in provision? Where are existing services failing to deliver? And where are the examples of good practice we can replicate?

We are planning considerable research into these questions ourselves, but if you have any insights from your own area, or your own work, we’d be very interested to hear your views. As always, feel free to email policy@ukcp.org.uk

Trends in psychotherapy in the UK

Martin Pollecoff discusses trends in mental health across the western world and the role of UKCP in partnering user groups to create a new and relevant mental health discourse.

I am no Nostradamus but I do not have to be. The trends I am writing about here have already happened, even if we have not noticed or acknowledged these changes. In this short article I would like to discuss just four trends that apply to mental health in the western world, not just the UK. Those trends are:

1. The growth in interest in mental health and the self, creating an insatiable demand for services
2. The substitution of high-quality (expensive) psychotherapy with brief interventions that promise quick and easy solutions
3. The use of technology to satisfy these demands at low cost
4. The new patient: the changing attitudes of patients towards the bio/medical system and how those who have serious diagnoses are organising themselves.

I. The insatiable demand for therapy

Over the past decade, mental health has become a political issue, one that is now discussed openly in parliament, with MPs and former MPs willing to reveal a history of troubles. As I write this, you can take your pick between Channel 5’s ‘Me and My Eating Disorder’ or Radio 4’s ‘In Therapy’ with Suzie Orbach.

More and more people want help. In 2015, 61 million antidepressants were prescribed in the UK, 31.6 million more than in 2005. This explosion in the concept of mental health has its consequence for talking therapies. In the UK, we have the NHS. In the USA it’s mostly private but funded through insurance schemes. Both the NHS and US insurers seek to drive down costs. Here is how an American health care supplier sees it:

It will no longer be the high-intensity in-person face-to-face that will dominate (it just cannot as there are not enough to meet the ever growing demands of mental health and behavioural health difficulties). Therefore more graduate psychologists, social workers, nurses, and other professionals will come to the fore in being key supporters in the care delivered through technological innovation.2

He means that the traditional doctoral level of practice in the USA will now be taken up by less qualified staff. And with Improving Access to Psychological Therapies (IAPT), that prediction is now our everyday reality.

2. Substituting high-quality therapy with a state solution

Richard Leyard (Baron Leyard) is a British Labour economist who is founder/Director of the Centre of Economic Performance at the

Trends in psychotherapy in the UK

Martin Pollecoff was elected Chair of UKCP in March 2016. He was previously a member of the UKCP executive team and the editorial board. From 2012 to 2015 Martin was a trustee of UKCP representing individual members. Martin is a psychotherapist and supervisor in private practice with extensive management and marketing experience.


London School of Economics and Political Science (LSE). Leyard’s drive is a world free from misery. By chance he met Professor David Clarke, Britain’s leading expert on CBT. Clarke’s gripe was that, from 2004, NICE had published guidelines for effective treatment, yet the public was not getting access to these treatments.

The two men gelled. Where others saw complexity, uncertainty, depth and ornamentation, they saw simplicity, logic, clean lines, certainty, value and measurement. In their model, bad thoughts created bad feelings. Change those thoughts to good thoughts and the bad feelings disappear – simple. Nothing expresses their style better than Leyard’s 2006 paper on depression and benefits3, which proposed the recruitment of a new kind of mental health worker who would be trained in Clarke’s CBT techniques.

In IAPT, the work is manualised so that one size fits all; the therapist is a technician delivering a specific script. The process is, above all, scientific and objective. It’s all measurable and manageable, and that’s the point – it’s this empirical measurability that aids research and statistical reporting, and therefore funding. Within the state system, the road to health is realising that you are thinking wrongly and therefore feeling wrong. It’s an oppressive system because the individual takes the blame for their circumstances. We have to admit that issues we hold as vital, the issues we fight for, are no longer valued in state care.

3. The use of technology to deliver therapy

In 2013, researcher John Norcross led a new Delphic study entitled ‘The future of psychotherapy 2022’.” It’s his fourth survey – he has carried one out every decade since 1980.

Norcross’s previous studies found that the main driver for change in psychotherapy was cash – how can costs be lowered? In his latest study, the driver is technology. Face-to-face psychotherapy is replaced by a range of tools: smartphones, virtual reality, social media, and by psychotherapy delivered by telephone, text and over Skype-like systems. The report predicts that the future belongs to self-help and low-cost delivery of therapies. This technology is not ‘Tomorrow’s World’. What should our approach be? Is this something we embrace or do we dig in and wait for retirement?

4. The new patient

It may seem strange to young people that, until relatively recently, LGBTQ people have been pathologised. Homosexuality was part of the DSM (Diagnostic and Statistical Manual of Mental Disorders) – it was not only illegal, it was a mental illness. It is only through their own political organisation that the LGBTQ community have had that pathology removed. They have created a new model of civil rights. And it’s a model that others are following.

Jacqui Dillon is Chair of the UK Hearing Voices Network. She says:

I am not mentally ill. Never have been, never will be. I am a survivor of abuse. I have a perfectly natural response to serious trauma; to name my response as an illness is offensive. We spend too much time talking about what’s going on in people’s brains and not enough time on what’s going on in people’s lives… Society makes me ask myself, what is wrong with me? I want that question instead to be, what happened to me?

People are fighting for a new model of consciousness.

The Autistic Self Advocacy Network is sick of experts telling them how they should live, how they could become normal. They consider themselves not to be ill but to be different. Their powerful statement is: Nothing about us – without us.

On www.madnessradio.net you will find hundreds of programmes on alternatives to a life under psychiatry. This is the true frontline of diversity, change and civil rights and it’s all there on the internet.

https://imfromdriftwood.com is a website for young LGBTQ people growing up in small towns where there are no role models and no one in their family understands. Here you will find first-person narrative accounts of the experience of being LGBTQ. These are just great little films. I can imagine plenty of people who may describe as ‘diverse’ making such films.

Could we organise things like this? What would happen if we actually championed such patient rights?

The future of mental health

I am keen on online programmes, interviews and workshops because I believe this is where the future of mental health is being shaped and created. We are ‘behind the curve’ on this, but now we have a new website, we have an opportunity. Can we use our website to heal?

These ‘user’ groups have enormous political potential and are our natural allies. Their voice has to be listened to by politicians. We can be ignored as being partisan, a sort of trade union for a privileged group of practitioners, but no politician can ignore a mental health user group or civil rights issues. If we win the hearts and minds of ‘users’ we will win the hearts of the public. It will be the road back into relevancy for high-quality psychotherapy.

One does not change minds by fighting the existing reality. To change something we must build a new model that makes the existing model obsolete. Patient groups are doing just that, and we should become their allies.

We can make a real difference, and we should. Now, more than ever, the UK needs UKCP.
Dear Editors

I read The Psychotherapist summer 2016 issue, ‘Climate change and radical hope’, with interest, noting commonalities with my article for the British Psychoanalytic Council’s magazine, New Associations, published three months before.

Healing everything

My essay in New Associations was called ‘Turning a blind eye’. In it, I addressed societal collapse (disaster ethics) and the impact and interrelationship of environmental health and psychological wellbeing, whereby undermining environmental health creates catastrophic impacts on human psychological health and functioning. This article culminated in my outlining a unique concept, evolved from my doctoral work, ‘Healing Everything’ (HEv). I approach these issues with the dual focus of revamping psychoanalytic thinking from within while proactively addressing the great challenges of pressing real-world problems. My aim is to develop engaged and workable real-world frameworks for change. This work has followed from my unusual postgraduate training and career trajectory.1

All the topics addressed in The Psychotherapist resonate with my article, but while the UKCP articles touch on many vital issues, it is my view that they miss a number of key points around conceptual problems and limitations. I would like to bring some of these to the authors’ and readers’ attention.

Undermining hope

In brief, the authors employ a language that unhelpfully renders healthier frameworks for thinking and action and better outcomes for change potentially blocked or even stopped. The authors emphasise the role of hope. I am in complete agreement with this. However, their mode of emphasis – including Lear’s writing on radical hope – could be seen as being so overwhelmed by destructive processes that it results in ultimately undermining hope. Our job, on an individual level as psychotherapists and working in larger organisational or socio-political dimensions, is to lead and find a way through these difficult processes and to work to find ways to repair and build – to create healthier internal and external environments. This includes the built-in notion of health, as well as what this much more healed perspective will look like (never mind how to get there). All these mature and responsible frameworks require very subtle interplay between integration and separateness to create processes that ensure healing takes place. Moreover, the mature relationship between the health of the individual, society and the planet (the environment) is a central theme throughout my work.

1 My background training may partly explain why I approach these factors with a different perspective. In addition to my training as a psychoanalytic psychotherapist, my thinking has been layered within my work as a military clinical psychologist. I took the Society of Apothecaries courses on the conflict and disaster medicine, later completing the Diploma in Ethics and Philosophy of Medicine (focusing on the inadequacy of the core ethical theories when placed within complex disaster incidents), as well as a Fellowship in Wilderness Medicine (FAWM). I mention these aspects because there is a difference between ‘thinking’ about these issues and sorting out the real practical problems of these complex scenarios.
Finding healthier outcomes

Specifically, my main concern is that the deeper mechanism for what can contribute to much higher-level resolution and more nuanced problem-solving is nullified by confusion and fragmenting of these linked processes. Finding healthier outcomes for complex problems may be altogether bypassed or missed out if the precision of these healing modes is not correctly understood and responsibly followed through. ‘Radical hope’ and ‘ferocious tenderness’ are nice ideas but to my understanding are largely tautological, even confusing, compared with more direct and meaningful aspects, such as what I have written about regarding forgiveness, compassion and respect. The former language can lead to a continuation of more needless suffering and compounding of problems through this oversight, while the latter contains the real ingredients for a framework of reconciliation and healing.

An active standpoint, prioritising clear strategies to develop the right thinking space, as well as holding a healthy perspective of leadership for change within these issues, is different from the analysis of cultural devastation that I understand Lear and the eco-anthology Vital Signs focuses upon.

Passive understanding vs frameworks for change

To summarise some of these differences between The Psychotherapist feature editorial and my own work: one is a passive understanding that can create some of the preconditions to facilitate these changes; the other sets out healthier modes of robust functioning such as compassion, healing and establishing the frameworks to create (or lead) change. Forgiveness, like compassion, mobilises care to create integration, value and meaning to find solutions that can end cycles of dys-functionality.

My HEv work is designed to facilitate a framework to address each layer of these changes, from the idea, ethical structure up to the societal changes needed to find the right mind space to create possibilities for change, to correct for the potential unnecessary implosion points and the types of deformation, and to follow the steps to make this happen. Our greatest focus should be how we proactively work to address these aspects, through the most challenging of potentially destructive issues to, perhaps for the first time, work to correct and actually properly engage to heal these problems.

Sincerely yours
Dr Richard Sherry

To read Dr Sherry’s article ‘Turning a Blind Eye’ originally published in New Associations, please go to the UKCP website: www.psychotherapy.org.uk/wp-content/uploads/2017/02/Turning-a-blind-eye.pdf

Climate change: the wider context

The editors of the 'Climate change and radical hope' issue of The Psychotherapist respond to Dr Richard Sherry.

Dear Dr Sherry

We welcome the enthusiasm you have expressed in your article for a psychological contribution to the climate change crisis, one of many environmental global crises. However, we are curious about the limited references to the many varied and different psychotherapeutic enterprises in relation to politics, climate change, culture, etc. You seem to write as if there is a binary – our article and your work – and as if our article were a direct challenge to your own projects.

The wider context within which the psychology of climate change sits includes such recent books as Vital Signs (Rust and Totton), Engaging with Climate Change (Weintrobe), Psychoanalysis and Ecology at the Edge of Chaos (Dodds), Environmental Melancholia: Psychoanalytic Dimensions of Engagement (Lertzman), Don’t even think about it (Marshall), and the work of Psychotherapists and Counsellors for Social Responsibility (which had an ecopsychology group from its founding), the current ecopsychology communities, the Edge of the Wild events, the Journal of Psychoanalysis, Culture and Society, and more.

We think there may be at least two misunderstandings. First, you write as if our article was the only way we had in mind to approach these grave issues. As we made clear, the collection we presented was a number of approaches to one theme derived from a single conference in 2015 organised by the Climate Psychology.

Judith Anderson chaired Psychotherapists and Counsellors for Social Responsibility for seven years and has been on the management group of Climate Psychology Alliance since its inception. She is a Jungian analytical psychotherapist who lectures regularly on climate change, for example at the Royal Society of Medicine and Royal College of Psychiatrists

Chris Robertson has been a psychotherapist and trainer since 1978 and is co-founder of Re-Vision. He contributed the chapter ‘Dangerous margins’ to the ecopsychology anthology Vital Signs, is co-author of Emotions and Needs and of several articles including ‘The numinous psyche’ (IJP) and ‘Hungry ghosts’ (Self & Society). He has previously guest edited an edition of The Psychotherapist celebrating James Hillman.
Alliance, which included speakers Jay Griffith and Chris Johnstone.

Writing for UKCP as a multimodality organisation, we were aware that one of the most important political emphases of the move to make links between psychotherapeutics and climate change is the valuation given to the necessity of creative collaborations of every kind, rather than one view, which would bring us simultaneously into new and restorative relationships with each other and the world. Potentially this might involve us all; however, we are disposed in families, groups, communities and cultures. The radical hope, deriving from Lear’s book, informing the Bristol conference, is aware of the gulf between its own ethos and that of the dominant ethos of our political and business cultures, as I am sure Plenty Coups was in the moment of laying down his stick.

You write, ‘My hope is this article will create a paradigm shift in the relationship as well as the imperative to properly address this issue of a type of societal indifference, to transform the very privileged training we have received to better apply these to the real-world problems.’ While we agree that psychoanalytic thinking could and can address social and political issues in ways that Paul Hoggett and Andrew Samuels have been addressing for years, we think it will take more than your single article. We tend to a view that change comes through the incremental effect of multiple collaborations, conversations and communications, each and every one with a history.

We disagree that Lear’s naming of ‘radical hope’ and the use of his concept by many authors in The Psychotherapist is tautological. The word hope can be used in very ordinary situations – ‘I hope you have a good journey’ – when the outcome may be reasonably secure. By contrast, hope is radical when we face into catastrophe and, in Lear’s words, still dance. The extraordinary cultural dislocation imagined by Lear fits many of the scenarios painted by authors and scientists who are looking towards the planetary crisis of a possible 4° future. The inevitable present and future suffering inherent in such dislocations is part of what is confronted in a radical hope. In Donna Orange’s recently published book, Climate Crisis, Psychoanalysis and Radical Ethics, she too finds the concept useful.

She quotes Lubarsky who defines such hope as:

[Hope] that is sustained not simply by sheer force of personal conviction or by wilful ignorance of reality or because of a privileged immunity from reality’s worst contingencies. Radical hope is secured – in its roots – by a metaphysics that affirms change and possibility, agency and power, novelty and creativity and value and importance.

(www.panadapoulous.com/lubarskyonhope)

We agree with you that issues such as forgiveness and leadership are vital. Sally Weintrrobe spoke to this in her workshop entitled ‘Hope resides in mending the human heart and mind’, in which she worked with how the culture of uncare evokes hopelessness and that care is the bedrock of hope. At CPA’s 2016 AGM, one of our speakers was from the inspiring Forgiveness Project (http://theforgivenessproject.com/) and our next, long-planned conference is on climate leadership.

Yours sincerely
Judith Anderson and Chris Robertson

Dear Editor

I am writing to express my appreciation for the recent ‘Climate change and radical hope’ issue of The Psychotherapist, edited by Chris Robertson and Judith Anderson. It is a vibrant and engaging issue, and so urgently important. My first job in the late eighties was at the Centre for Our Common Future, set up in the wake of the World Commission on Environment and Development’s concluding report by the same name. Tragically the WCED had opted for the ‘sustainable development’ version of possible responses at that critical point in time. Then in my twenties, I had a disquieting feeling of being in a gilded (tax-free Swiss salary) cage, heading for a ‘first-class funeral’, despite earnest assurances that the commissioners had found it was unrealistic to imagine that the (relatively) rich of the world would give up their privileges. My unease has

Ruth Jones valued our ‘Climate change and radical hope’ issue and offers a personal perspective on western attitudes to climate change.

Ruth Jones initially trained as an art therapist in the early 1990s. She went on to become a psychoanalytic psychotherapist with the Guild of Psychotherapists, whose pluralist ethos means that no one approach is considered to be right for everybody. Ruth now employs this ethos in her work at the Riverside Practice in Medway.
www.ruthejones.co.uk

Dear Editor

I am writing to express my appreciation for the recent ‘Climate change and radical hope’ issue of The Psychotherapist, edited by Chris Robertson and Judith Anderson. It is a vibrant and engaging issue, and so urgently important. My first job in the late eighties was at the Centre for Our Common Future, set up in the wake of the World Commission on Environment and Development’s concluding report by the same name. Tragically the WCED had opted for the ‘sustainable development’ version of possible responses at that critical point in time. Then in my twenties, I had a disquieting feeling of being in a gilded (tax-free Swiss salary) cage, heading for a ‘first-class funeral’, despite earnest assurances that the commissioners had found it was unrealistic to imagine that the (relatively) rich of the world would give up their privileges. My unease has
only come to make sense in hindsight, thanks to the astute reporting of Naomi Klein and her like, which brings political thinking to bear on what was otherwise foreclosed as ‘just personal’ and ‘my problem’. I left COCF after three years, and from my subsequent self-employed precariat vantage point, at times I yearn for that gold-plated waterfront view out over Lake Geneva.2

I particularly value the radical hope perspective, requiring commitment and courage to look catastrophe full in the eye and continue working for structural change with an open mind and open heart. Those of us providing open-ended therapy in private practice are increasingly likely to find ourselves holding breaking down and suicidal patients with little or no institutional backup. There are parallels with climate denial in our publicly funded mental health services where national telephone helplines and medication have largely taken over from places of asylum and convalescence, and usurped the struggle for understanding and meaning. In the stead of the humane dignity described, for instance, in Marie Cardinal’s award-winning The Words to Say It,3 the contemporary trope for disillusion and discontent is ‘calm down dear’, take a pill, buy a lottery ticket and get some counselling.

Globalisation both confronts and distracts us from the subjectivity of the western 21st century worldview. And by revealing the long-ignored distress of near neighbours, Brexit has awaken many Remain voters to thinking and socially secure assumptions. And both at home and abroad, we urgently need to grasp the role that first-world elites have played in creating the conditions for the emergence of extremist outrage. On boards enclosing building works next to Finsbury Park mosque on the morning after 9/11, someone had spray-painted the planes flying into the Twin Towers, and the words, ‘Your love won’t save you now’. Perplexed, I went to look again on the way home but the panels had already been over-painted. How can love be seen as a bad thing, I pondered. And how on earth could suicide bombers just leave their families to do such a thing – don’t they at least care about their kids?

First World Capitalism is predicated upon a tyranny of relationship, where family and community bonds are used to uphold systems of inheritance, possession and security. This kind of structure requires split off, forgotten other(s) for its survival – the sweat shop labourers, displaced farmers and urban slum dwellers of the Third World – who fuel the ever-consuming, opportunistic capitalism which has been gathering force in the West for decades.4

The structural weakness of this way of life is that it requires perpetual growth – just staying the same won’t suffice – and we have extracted that growth from the colonies of the past, from the planet’s natural and human resources and, more recently, from the very future thorough quantitative easing. We are governed by election-driven political short-termism rather than the long-term, transgenerational worldview adhered to in spiritual lineages, by indigenous peoples and also by terrorist groups. Not long ago in a Social Dreaming Matrix5 the question arose of what al-Qaeda and Daesh actually believe in, but this was smartly silenced in the subsequent Dream Reflection Dialogue by a stern warning against being too interested else ‘you’ll get radicalised’. It seems it’s too dangerous to consider that terrorism may have arisen as a counterbalancing consequence of the evils of late-stage capitalism, that everything might really be interconnected and that it does have something to do with us. Somehow we don’t hear when the likes of Scheuer (Head of the Bin Laden Issue Statement from 1996-99 and Special Adviser to the Chief of the CIA’s Bin Laden Unit from 2001-2004) when he says, ‘Among the people who do the work against Bin Laden, there is no doubt that this is not an organisation of thugs and gangsters as our leaders tell us.’6 Just as Brexit has blown open easy assumptions and exposed many to the specificity of their own thinking, can we begin to really face the planet and jeopardising the future of all the interdependent life that is supports. Can we bear to stop splitting and begin to integrate (not to mention start to repair) the ways in which we are also the bad guys?

And to bring this back to our professions – how many have enhanced psychotherapy and counselling careers by teaching and delivering CPD while ignoring a nagging awareness that the survival of courses and trainings requires ‘bums on seats’ and sometimes a blind eye to suitability and aptitude? Combine this with the umpteen unpaid hours required to become registered/ accredited, the disappearance of so many properly salaried posts, high levels of burnout in IAPT workers, the precariousness of self-employment and elevated rates of cancer across the profession. What is going on, ethically and politically speaking? There is good reason to look at the ways in which the psychotherapy and counselling professions may actually have contributed to the collective inertia, complacency and denial articulated by the ‘radical hope’ writers. Working relationally or with or in the transference, indeed in any fundamentally ‘person-centred’ frame, does not equip us to think politically about the wider implications of what we are doing. Job Centre counselling inter alia may simply serve to repatriate clients back to where they have come from – including the soul-destroying, poverty-line, zero-hours contract, robotic roles which are more than sufficient to make any human being depressed, anxious and hopeless. Where is the arena for empowering people to actively engage in questioning and challenging, and for recognising that the individual may be a symptom carrier of the greater malaise?

The 21st century is a time of paradigm shift at structural and global levels. In lieu of more catastrophic war, can we lift our heads high enough to see ourselves and the harm and havoc (to people, to communities, to the planet, to our very being) that our collective direction of travel is wreaking? And, dare I say it, could we actually learn something from al-Qaeda (as well as its seeming opposite, 7 Scheuer tells that of the umpteen occasions when Bin Laden could have been captured, at least one was overruled because it would have compromised a major arms deal, while BAE Systems, with an £18bn military-related turnover and £1bn profit in 2015, have an Environmental Sustainability section on their website! (www.baesystems.com/en/our-company/corporate-responsibility).

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2 Interestingly, the building had formerly housed the League of Nations and is now home to the OHCHR.
4 Jones RE (2010). Foreshooting the unconscious. Layfield.
5 Whitstable, May 2014.
6 Wales Online 30.05.2011.
Building on the core question held within ‘radical hope’, this belief is the foundation for collective action. We will need to find meaning and purpose, not in work as we have known it, but in caretaking our planet and each other as a global whole.

Contemporary quantum research and big data, as well as ancient faith practices, alert us to subtle dimensions where energy prevails over matter. The primo vascular system maps onto the hitherto invisible meridian systems of traditional Chinese medicine. Science is giving us ‘proofs’ of other dimensions beyond the four we habitually recognise. All this being so, is it time to expand our perspectives and engage in a new way of being, as individuals and collectively. We will need to find meaning and purpose, not in work as we have known it, but in caretaking our planet and each other as a global whole.

The new UKCP Code of Ethics: a report on progress

Dora Beggs, UKCP Quality Assurance and Regulation Officer

If you receive emails from UKCP, you may remember that last summer we sent one asking for your views on a new Code of Ethics.

This consultation was part of a project to develop a new code that the UKCP Ethics Committee has been working on for over 18 months. In fact, we began a review of the current ethical code way back in 2014.

While the present Code has a number of virtues, it doesn’t adequately express our profession’s character and aims in today’s world. Although it is concise, it is uneven in its coverage, containing a mixture of general aspirations alongside a few apparently (but not always indisputably) clear injunctions for or against particular behaviours.

We felt it would be better if we started anew. We wanted to ensure that the new Code is a clear underpinning of values, and is coherent in structure and content. Our aim is that it will create a decisive ethos or character for psychotherapy and its practitioners rather than being a list of separate principles, commands and prohibitions.

Along with the Code of Ethics, we will develop a Code of Practice and supplementary guidance documents. Together these will form the UKCP Ethical Framework, providing a basis for sound governance of practice and registration.

Having decided on an approach, we sought feedback from others we work closely with. We held a four-month internal consultation involving a number of UKCP committees, such as the Education, Training and Practice Committee and the Professional Regulatory Committee of Colleges and Faculties, as well as the UKCP colleges and faculties.

Once we had taken this initial feedback into account, we held a wider consultation last summer. This included all UKCP individual and organisational members, members of the public, mental health professionals, and organisations within the mental health field.

From the feedback we received, we’ve made a number of changes to the document. One was removing the technical ethics word: virtue. This is because people felt that it denoted perfection and an ideal in a way that did not help. We agreed to remove the contentious word while maintaining the approach.

We also received an extensive list of topics for guidance material for the website. We are now considering how and when to incorporate these suggestions.

We are drafting the Code of Practice along with supplementary guidance documents relating to specific areas of work, such as working with adults, working with children, online working, gender and sexual diversity work, and research. We will consult members, the public and other groups once the drafting is complete.

We’d like to thank everyone who has given feedback on this important project. We aim to submit the new Code of Ethics to the Board of Trustees at their meeting in April 2017, along with drafts of the Code of Practice and supplementary guidance so that the Board has a good understanding of the Code within its wider context. We will keep members informed of progress.
Following on from UKCP’s very successful complaints event last year in London, we listened to feedback and organised a similar event for our registrants working in the north of England. Held on 16 October 2016 at the Radisson Blu Hotel in Manchester, this was the first time we had run an event like this in the north. Fifty-five delegates attended, comprising UKCP members and representatives from our Adjudication Panel and Professional Conduct Committee, and colleagues from BACP and BPC.

Themes of the day
Key topics were:

- To provide a clear representation of how UKCP’s Complaints and Conduct Process works
- To highlight areas of good practice
- To enable attendees to gain a greater understanding of how UKCP assesses complaints – from the moment we receive a concern or a complaint to the rare occasions when it reaches an Adjudication Panel for a hearing
- To provide the opportunity for attendees to ask questions and alleviate their concerns through dialogue and discussion groups.

What happened on the day?
The day began with a brief opening note by UKCP Chair, Martin Pollecoff, followed by an introduction to the day by our Chief Executive, Janet Weisz.

The first session was facilitated by Brian Linfield, Chair of UKCP’s Professional Conduct Committee, who provided an update on the types of complaints we have received over the past few years, and an analysis. Brian informed delegates that UKCP’s complaints process has been growing and improving over the past couple of years. A new, more refined process had been introduced, along with a larger complaints team, and the hope is that the process will continue to develop and improve.

In the next session, Samantha Lind, one of UKCP’s case managers, took attendees through the life cycle of a complaint: from when a complaint is first made through its progress to an Adjudication Panel. This was followed by a Q&A session. There was then a break for lunch, where attendees also had time to discuss their thoughts on the day so far.

The afternoon began with a breakout exercise, facilitated by Janet, where attendees were split into groups and presented with hypothetical complaint scenarios. Attendees discussed these and then fed back their thoughts and feelings to the wider group, including recommending a course of action they would have taken had they been a case manager assessing the complaint. This sparked a great deal of lively debate!

Recurring themes that came out of the exercise were the importance of:

- setting up written contracts with clients
- keeping case notes
- supervision.

It became evident that supervision is a subject that the membership is keen to discuss in more detail. Janet Weisz gave attendees an assurance that UKCP would run a workshop on supervision in 2017.

The last session of the day focused on alternative dispute resolution (ADR), something that Samantha Lind is working on. Samantha introduced UKCP’s consultation on ADR and explained how it could be implemented.

Feedback from the day
The feedback from the event was excellent, with 100 per cent satisfied they had attended the event. Although the day was filled with a great deal of information, members actively participated in lively discussions and debates throughout. Below are just a few quotes from the vast amount of positive feedback we received.

The day was illuminating, useful and practical.
A potentially dry and boring topic was given life and interest. It was well presented and well organised and surprisingly very interesting!

Really enjoyed [the] whole workshop and would like to attend more workshops in future. I also appreciated it being free. As a result of attending I feel more part of the organisation and feel more confident about its team members.

Really good event, thank you. It is really reassuring to know that Brian and the structure and wonderful staff are there.

We are very pleased that those who attended the London and Manchester workshops left feeling that they understood the Complaints and Conduct Process a lot better. Just seeing those who deal with complaints in the office assured them that if a concern or complaint were made about them it would be handled professionally, fairly and to the highest of standards. We intend to hold a couple more workshops in 2017 and will let you know as soon as details become available.

Kyriana Georgiou Delisle, UKCP Committee and College Administrator
Some reactions to the website

'First of all – the overall experience is much better than it was. It feels a cleaner design and overall is more intuitive than the previous site. I can also see the URLs of the therapist profile pages now include the therapist's name and the word 'therapist', which will help with SEO. Great!'

'Congratulations on the new website! It is dynamic, easy to use and the colours are inspiring.'

'Much cleaner and easier to use. Well done.'

'The website looks ok, although rather basic.'

'I wanted to say how much more user-friendly and attractive the new website is!'  

'So, so much easier to navigate: clean and modern. A very good design.'

'A marked improvement in layout and organisation of the homepage in comparison to the previous website.'

'Looks good and a great platform for online future success.'

The new UKCP website

Justin Moll reports on the improvements and some users' responses.

In November last year, we were able to officially unveil our new website. This marked the culmination of a huge amount of work – lasting well over a year – to upgrade our digital systems.

We were well aware that the old website was a bone of contention for many of you and that is why we spent so long developing the new site. To ensure we learned the lessons of the past, we made sure that members were involved at every stage, from consultations and workshops through to the project board, which included three members who made invaluable contributions.

So what's different?

With increasing numbers of people using tablets and smartphones to go online nowadays, we worked closely with our developers to make sure our new website's design is clean, easy to navigate and responsive on tablets and mobiles, as well as desktops and laptops.

November also marked the launch of a new customer relationship management (CRM) database. While the website is the 'front end' that members and the public see, behind the scenes the new membership area is powered by this CRM. As well as helping us to improve our administrative processes and maintain a searchable national register and Directory of Supervisors, this enhanced CRM enables members to renew their membership, update their contact details and book events through the website.

The new CRM also powers an improved Find a Therapist function that will help people seeking therapy to find UKCP members appropriate to their needs. Find a Therapist was redesigned to make it easier to use and more flexible than on the old website.

Getting to know your new website

If you haven't already, we would love you to take a tour by visiting www.psychotherapy.org.uk and letting us know what you think. Many of you may have questions about the site and we have developed a series of those most frequently asked, which you can find at www. psychotherapy.org.uk/website-faq/. If your question is not answered here or you would like to give feedback of any kind, please email us at website@ukcp.org.uk.

Find a Therapist

The Find a Therapist function is now more prominently displayed on the home page and features an advanced search option, giving the public the ability to search according to location, postcode, name, type of therapy, and even the language spoken by the psychotherapist.

The way the search results are displayed has also been redeveloped. All results are randomised, giving everyone who matches the search filters an equal chance of appearing as the first result.

We will continue to base improvements on members' feedback, consultation responses and testing, and by understanding how clients use this service to access therapy. We have plans to grow the website and those plans include promoting Find a Therapist.

How you can help

The effectiveness of Find a Therapist is dependent on the content of members' profiles. By ensuring that your details are correct and up to date, and that you provide sufficient information about your experience and how you can help, you will be helping to improve our website for members of the

Justin Moll
UKCP
Communications Assistant
You will also be helping us to improve our ranking with search engines such as Google, making it easier for people to find us.

So, if you haven’t done so already, please take some time to update your profile with relevant information about yourself and the services you offer, and check that the information we already hold for you is correct. Please also take a moment to upload a photo to your profile. This will make a huge difference to how potential clients perceive our website.

We have put together a step-by-step guide to updating your profile, which can be found at www.psychotherapy.org.uk/wp-content/uploads/2016/12/Find-a-Therapist-guide-2016.pdf.

This is just the start
We are committed to a programme of continuous improvement and are already planning further enhancements. A small number of members have already told us that some of the content could be improved and we are gathering this feedback for review. We are also aware that there were some teething problems changing over to the new site. We will be relying on your feedback to improve things, so please let us know if anything is missing, along with your general views and comments, by contacting our dedicated email address: website@ukcp.org.uk.

Why your profile is important

As psychotherapists, we can find it hard to think of ourselves as a business. But, in reality, when we work for ourselves, we are running a small business. I see my profile as my shop window: it is the first sight that a potential client has of me as a psychotherapist, and is my first opportunity to engage with him or her. That first sighting will, as we psychotherapists know, make a lasting impression on our potential clients. I think carefully about the impression I want to make. I want to be seen as professional but also approachable. I hope to give someone who is feeling anxious, depressed or frightened a sense of reassurance, to feel they can reach out to me and will be met with professionalism and compassion.

Lucy Johnson
See Lucy’s profile at www.psychotherapy.org.uk/therapist/lucy-johnson/

The Psychotherapist is now available online

You can now read a digital version of The Psychotherapist online. The issue that you are holding in your hands, plus many other back issues, can be viewed online at https://issuu.com/ukcp-publications. Please take a look and tell us what you think. Do you find it easy and useful to read the magazine in this online format on your computer, smartphone or tablet?

If you would prefer to stop getting your printed copies of the magazine entirely, you can let us know by logging into the website and updating your mailing preferences.

Let us know your thoughts – email communications@ukcp.org.uk
Thoughts on mandatory reporting

At the end of last year, the government held an open consultation called ‘Reporting and acting on child abuse and neglect’ to investigate mandatory reporting and a duty to act for professionals. Juliet Grayson shares some reflections on the topic.

As Chair of the Specialist Treatment Organisation for the Prevention of Sexual Offending (StopSO), I have given this topic a lot of thought, including preparing a report for the consultation. I refer to ‘mandatory reporting’ and a ‘duty to act for professionals’ as mandatory reporting for the purposes of this article.

What is the current situation?
Many therapists mistakenly think they already have a legal duty to report child sexual abuse. This is not true (except for therapists living in Northern Ireland).2

Even therapists who are working in the NHS (and some other statutory agencies) have no legal obligation. However, they are bound by their contract of employment, and may be disciplined or sacked for failing to report.

At StopSO, we advise therapists to report when they consider a child is at risk. This is an ethical decision made by the therapist in collaboration with their supervisor.

Would mandatory reporting reduce child abuse and neglect?
At first glance, mandatory reporting would seem the obvious direction to move in to reduce child sexual abuse and keep children safe.

It helps identify abuse more quickly, enabling swifter protective action. It encourages a stronger reporting culture, supporting those who find it hard to report and preventing cover-ups in institutions that know they currently have no legal duty to report.

But, in many cases, the main issue is not a lack of reporting by professionals, but a failure to respond by overworked services. If mandatory reporting is brought in, there is a risk that less informed reporting would overwhelm resources and more serious cases may be missed. This happened in Australia where they are considering repealing their mandatory reporting laws.

Victims may be deterred from opening up if they know that this will automatically trigger an investigation. In Baltimore, USA, a long-standing clinic that treated sexual abusers saw a decrease in self-referrals from 73 to 0 once mandatory reporting laws of previous sexual abuse were put into effect.

Last year Lisa McCrindle, a senior analyst at the NSPCC Strategy Unit, surprised me by saying that the NSPCC don’t support universal mandatory reporting. She said, ‘We don’t think that bringing in mandatory reporting of child abuse and neglect will necessarily make children safer. However, what we all agree on is that stronger requirements than currently exist are necessary.

Maybe there is an alternative way?
In Germany, they approach the prevention of child abuse from the opposite direction. Instead of mandatory reporting, therapists are obliged to maintain confidentiality. This makes it safe for (potential and actual) perpetrators to come forward for help.

An innovative programme, Prevention Project Dunkelfeld, offers complete confidentiality and free-of-charge therapy to child molesters and those viewing child abuse imagery, as well as those who have not acted out but have troubling thoughts.

Staff at Project Dunkelfeld say this is what allows their clients (over 6,400 of them) to feel safe enough to come forward to access therapy.

The costs of child sexual abuse
Many therapists know the emotional cost for the victims of sexual abuse, and the implications for an individual’s future health due to an increased risk of mental health issues, substance abuse, sexually transmitted diseases and suicidal behaviours.

The NSPCC estimates that the financial cost to society is £3.2bn per annum. If a fraction of this money were invested in preventing sexual abuse, it could have a profound impact.

Complete confidentiality and free therapy in the UK for sex offenders
The UK needs a version of Project Dunkelfeld. If we could create a culture

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2 The law in the UK about reporting child abuse: as it applies to counsellors and psychotherapists. Available at www.stopso.org.uk/the-law
3 ‘Do you like children in ways you shouldn’t? Therapeutic help for pedophiles.’ (nd). Available at www.dont-offend.org
Alternative dispute resolution: an alternative approach

Samantha Lind outlines UKCP’s ADR consultation process and gives an update on progress to date

ADR launch
At our complaints event in Manchester back in October we launched our public consultation survey for UKCP’s alternative dispute resolution (ADR) project. The day was a great success and we were pleased with the energy and enthusiasm in the room. Members offered some great input about their experiences with ADR, and we all left the day feeling excited and empowered to make a positive change to the way our organisation handles grievances and disputes.

The survey
The consultation officially began on 16 October 2016 and closed on 10 December and covered a range of topics that you told us were important considerations for an ADR policy. These included things such as the types of tools and solutions that you’d find useful for mediation; the role of local organisations and UKCP; the independence and transparency of mediation; the cost of mediation; and training and support for members and organisations.

The results
Although we’re still analysing the detail of the results of the survey, we can give you an initial update. We had an impressive 264 responses over the eight-week period – our highest response yet to a consultation! The respondents represented a broad section of interests: 85 per cent were UKCP-registered psychotherapists or psychotherapeutic counsellors, and the remaining 15 per cent comprised trainee or student psychotherapists, UKCP organisational members and colleges, members of UKCP committees and panels, members of the public and other mental health professionals.

The responses were overwhelmingly positive. Although people recognised the importance of having a formal complaints procedure, most agreed that it was vital to try to resolve matters informally wherever possible. We received lots of detailed and informative feedback, and we’re looking forward to reviewing this in more detail in the weeks to come.

What happens next?
The next step is for us to review the feedback and put together a report summarising the survey responses. We’ll then start drafting a policy with the help of a working group, with a view to launching it in spring 2017.

As always, your feedback is invaluable, so if you have any comments on the above or if you have any questions, please get in touch with me at samantha.lind@ukcp.org.uk

UKCP’s consultation response
UKCP responded to the Government’s consultation on mandatory reporting in October 2016 after soliciting views from individual members and colleges over the summer.

The bulk of member responses were sceptical towards mandatory reporting. Common concerns included the potential harm to clients that could arise from passing on private information before the client was ready, or possible disruption to the therapeutic relationship in a way that could negatively impact on clients mental health outcomes.

UKCP’s consultation response relayed those concerns to Government. We also drew on the information provided to us by StopSO, and relayed those concerns too.

StopSO: The Specialist Treatment Organisation for the Prevention of Sexual Offending is a registered charity. Our aim is to reduce sexual offending by offering therapy to the potential, and active, perpetrators in order to prevent harm, and thus protect society.
Website: www.stopso.org.uk
Tel: 07533 996906
Email: info@stopso.org.uk

in the UK where paedophiles (of all ages) felt safe enough to acknowledge their desires, and get help to manage their behaviour, this could be a groundbreaking way to tackle the issues of child sexual abuse and help people to live law-abiding lives.

Therapy would help them heal any underlying trauma that may have predisposed them to act out, build their self-esteem, understand their triggers, manage their dynamic risk factors and develop prosocial behaviour. These potentially curative resources should be universally available to every sex offender, active or potential.

I think this is a wiser direction than mandatory reporting for all professionals.

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Dr Alan Corbett (1963-2016) champion of disabled people

A tribute by Professor Brett Kahr

I have met literally thousands of psychotherapists during the course of my professional lifetime but few have impressed me as much as the remarkable Dr Alan Corbett, who died at the tragically early age of 53 on 22 December 2016.

Alan Corbett will be well known to many registrants of UKCP for his long-standing devotion to the care of clients struggling with intellectual and physical disabilities and with extreme abuse and traumatisation. As one of the founders of the charity Respond, Alan worked tirelessly and selflessly to champion the rights of disabled people to receive psychotherapy at a time when many professionals refused to believe that those with learning disabilities could benefit from the ‘talking cure’.

Over the course of many decades, Alan devoted himself to the development of the field of ‘disability psychotherapy’, convinced that patients with brain damage, or without sophisticated linguistic capacities, could still benefit from the intensity and intimacy of regular psychological treatment. As he became increasingly proficient, he undertook further investigations working with disabled patients who, as a result of early traumatisation, acted out by perpetrating offences against others in the form of paedophilia, rape or genital exhibitionism. In this respect, he became the progenitor of the subfield now known as ‘forensic disability psychotherapy’.

Born in London on 17 February 1963, Corbett started his career as a social worker, and then trained in forensic psychotherapy at the Portman Clinic and later in psychoanalytic psychotherapy at the Guild of Psychotherapists. He also undertook doctoral research on people with disability at the University of Kent. A tireless worker, Corbett shared his expertise generously and, in the last years of his life, not only maintained an independent psychotherapy practice but also served as a supervisor with Survivors UK, as a staff psychotherapist at the School of Life, as a trustee of the Institute of Psychotherapy and Disability, as a teacher at the Guild of Psychotherapists, and in a host of other capacities too numerous to mention here.

Alan took particular pleasure in his many writings, especially his two solo-authored books. In 2014, he published *Disabling Perversions: Forensic Psychotherapy with People with Intellectual Disabilities* and two years later, just before his death, completed *Psychotherapy with Male Survivors of Sexual Abuse: The Invisible Men*. Both these titles appear in the Karnac Books Forensic Psychotherapy Monograph series, and both have become instant classics.

After receiving his diagnosis of cancer in 2014, Corbett knew that he might not survive long, and he worked with remarkable energy and perseverance to finish one more book to ensure that he would be able to share his extensive knowledge with the next generation of mental health professionals. He remained in clinical practice until only a few months before his death. Having had the privilege of serving as his clinical trustee, I can confirm that he prepared his patients with tremendous sensitivity and carefulness for his death, and helped them find other psychotherapists with whom they could complete their work.

Knowing of Alan’s impending death, a group of colleagues organised a special tribute evening in his honour at the Freud Museum on 22 October 2016. Realising that he would not be with us for much longer, we wanted to ensure that Alan could enjoy his funerary tributes before his death, rather than after. It speaks volumes that the speechmakers included not only Alan’s long-standing colleague Tamsin Cottis but also Anne Alvarez, Sheila Hollins, Valerie Sinason and Estela Welldon – all leaders and role models in our profession. Professor the Baroness Hollins, a member of the House of Lords and the Pontifical Commission for the Protection of Minors, entreated Alan to autograph a copy of his new book and promised that it would find its way directly into the hands of none other than His Holiness the Pope.

A much-loved man, a deeply admired clinician, a highly inspiring teacher and the best of colleagues and friends, Alan will be missed tremendously. Our thoughts go out to his wonderful family who supported him to the very last, and to his many patients whose lives he saved. Although we bear a heavy loss, all who had the privilege of knowing Alan and working with him feel much more complete as human beings having incorporated the bountifulness and richness of this very special man.
Psychoanalysis in Europe and the UK: the state(s) we’re in

Rhoda Dorndorf reports on CPJA’s recent conference, which focused on the state of psychoanalysis in different countries in Europe.

It is vital to retain the capacity for radical thought in our increasingly authoritarian culture

The Council for Psychoanalysis and Jungian Analysis (CPJA) was fortunate in having both Barbara Fitzgerald and Rosemary Rizq address its conference on 15 October 2016 on the state of psychoanalytic psychotherapy in both the UK and Europe. For each speaker, its demise in the public sector in the UK was a given. While Rizq’s paper specifically addressed this problem, Fitzgerald’s was wider – looking at the context and challenges for psychoanalytic psychotherapy in Eastern Europe.

Burgeoning popularity

Fitzgerald made it clear that the challenges for psychoanalytic psychotherapy today in both Europe and the UK are grounded in specific socio-economic and political development. As a founder member and past President of the European Confederation of Psychoanalytic Psychotherapy (ECPP), she outlined its history, giving a fascinating insight into the burgeoning popularity of psychoanalytic psychotherapy in countries such as the Ukraine, Slovenia and Russia where, unlike the UK, applicants are queuing for trainings.

Fitzgerald stressed the importance of integrating with local cultural norms when establishing psychoanalytic psychotherapy. What might be freely spoken about in one culture may not be spoken about in another. An example concerned the question of rape, clearly a culturally taboo subject, which Fitzgerald found had to be negotiated sensitively.

She challenged us to consider how the current socio-economic and political context in the UK has impacted on the development of psychoanalytic psychotherapy since Freud, and how vital it is to retain the capacity for radical thought in our increasingly authoritarian culture, holding a reflective space amid our own regressively defensive society for thinking about the unconscious.

Codes of ethics

Rosemary Rizq, on the other hand, spoke about the ‘state we are in’ with regard to psychotherapy in the NHS. By way of contrast with Eastern Europe, we in the UK have witnessed the demise of many homegrown psychoanalytic trainings and practitioners from the public sector. Rizq referred to the ascendance of the neoliberal discourse promoted by recent governments, which, she claimed, blame and project all socio-economic problems on the most vulnerable and needy in society.

This linked with my experience of the recent demise of psychodynamic psychotherapy in the public sector. After Thatcher, there was a shift from the welfare state to the market state, resulting in mental health services becoming subject to competition. The values underpinning this change were characterised by pathologising people who were mentally unwell and blaming them for their emotional and psychological difficulties, rather than placing them in their social and economic contexts. As a result, the government introduced a ‘one-size-fits-all’ model of therapeutic intervention under the IAPT programme, which could easily be quantified and administered by non-professionals trained to use specific, scored measurements. Clients were expected to challenge their ‘negative’ thoughts and feelings outside the context of their lived experiences under the ‘austerity’ regime of government. This was a way for the government to get the sick back to the workforce. Psychotherapy departments in the NHS closed as a result and many experienced and skilled psychotherapists lost their posts.

Rizq had recently undertaken mandatory NHS training under the ‘Prevent’ strategy required by government (the Counter Terrorism and Security Act 2015). This act imposes a legal duty on all those working in the public sector to report anyone who they consider may be at risk of becoming radicalised or involved in extremism. She referred to the science fiction film Minority Report (2002), where ‘pre-crime’ describes a situation where the police could apprehend anyone they believed to be at risk of committing a crime. Rizq highlighted how public sector therapists are legally required to pass on confidential information, thus breaching professional codes of ethics.

The stimulating discussion that followed certainly took up the challenges posed by both speakers.
The Research Faculty Committee (RFC) organised a very successful Research Workshop on 10 September 2016, held at the Wellcome Collection in London. Focusing on the development of skills in appraising research literature and the use of findings to inform clinical practice, 32 delegates attended the event and feedback was overwhelmingly positive.

Event feedback and concluding remarks
The workshop was a huge success; below are just a few quotes from the positive feedback we received:

My first experience of a UKCP workshop was very enjoyable, thought-provoking and useful. Facilitators were very good, helpful and eager to encourage critical awareness.

I really enjoyed the whole venue, location and catering experience. Excellent standards. A very useful and rich day. I feel more inspired to read more.

We are very pleased with the feedback from the event and, on behalf of the RFC, I would like to thank all those who attended and helped make the day such a success. A big thank you must go to the members of the RFC who developed the event content and presentations, in particular to Terence Nice, who took the primary role in organising the day. I would also like to thank Sophia Dick, UKCP’s Events Manager, for ensuring that everything ran as smoothly as possible.

Following such positive feedback we are hoping to hold another event in the near future. Two smaller research workshops are being held on 25 March and 20 May; if you would like more information or to book a ticket for the March workshop please visit UKCP’s website. We are currently in the process of planning a 2017 Research Conference, so do keep your eyes peeled!

I will conclude with a final question and answer from a workshop attendee:

Q: What aspect of the day would you have done differently and how?

A: None, I hated the working as much as I hate eating cabbage but that is because it was good for me.
Book reviews

Here we have two reviews of books with similar themes.

**Boarding School Syndrome: The Psychological Trauma of the Privileged Child**

In this book, Jungian analyst, Professor Joy Schaverien, offers a detailed analysis of the trauma of the ‘privileged’ child sent to boarding school at a young age.

The book begins with an overview of the history of boarding schools in the UK, illustrating the differences between the tradition of boys’ and girls’ schools. Then, using case material from Schaverien’s own practice, she presents deeply moving accounts of the lasting effects of abandonment, bullying, homesickness and the experience of sustained physical abuse.

What is beautifully captured is the clinical narrative and the journey implicit in an adult patient’s gradual remembering of such a history. The mechanisms of defences of the self, such as amnesia, profound dissociation, disavowal – and how the devastated psyche of such a child seeks to repress such traumas – are presented in a way that is accessible, rich and, at the same time, multilayered.

The final section explores ‘the boarding school body’, spanning the impact of corporal punishment on the developing body and psyche of the child, the relationship with food in an institutional setting, and how emergent sexuality develops as children go through puberty away from the context of the family.

This is a tour de force on the psychological effects of complex trauma in childhood. Schaverien’s exploration of the impact of early boarding on the mind, body and relationships of children (and the adults they become) is impressive in scope and delivered in an utterly engaging and deeply nuanced way. I find I am suggesting this book to supervisees as a way of understanding trauma in childhood in general because Schaverien’s illustrated theoretical accounts of this are second to none.

Heather McCartney, analytical psychotherapist (Jungian)

**Trauma, Abandonment and Privilege: A Therapeutic Guide to Working with Boarding School Survivors**

In this new book, aimed at clinicians, Nick Duffell and Thurstine Bassett continue their pioneering work in describing the emotional trauma behind the façade of privileged, private boarding education. Their approach draws on different psychotherapy traditions. Readable, short chapters are interspersed with useful case examples, as well as by questions to aid the therapist in reflecting on the material. There are also potential exercises for the clients themselves.

The focus of the book is an exploration of ‘boarding school syndrome’. At its core, this is the process by which children learn to minimise or even dissociate from their emotions. Although many boarders may already come from avoidantly attached families and nanny or au pair care, the practice of boarding itself deliberately ruptures previous attachments in order to resocialise the child in its own peculiar culture. It promotes personalities that appear self-reliant and competent copers. (I did, however, wonder whether this narrative worked as well for those with previously secure or disorganised attachments.)

The fallout from this process is that the emotionally unsupported and abandoned child develops chronic anxiety and mistrust, a fear of being wrong or of getting caught, along with the need to armour the self by using the rational intellect or by projecting emotions onto others to defend against vulnerability. The authors advocate therapy that provides a safe, accepting and mothering environment in which to take off the armour and learn to integrate the defensively cutoff islands of self – to learn to ‘live’ not just survive.

As an ex-boarder myself, I found many of the case examples and quotes from ex-boarders painfully resonant and moving at times.

Sue Gerhardt, psychoanalytic psychotherapist
Welcome to our new UKCP members

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ACAT Association for Cognitive Analytic Therapy - ACOMP Accrediting Organisation for Medical Psychotherapy - ADMP UK Association for Dance Movement Psychotherapy
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New Opportunities for Psychotherapists

The Prime Minister has recently announced that more emphasis is needed and that funding will be made available to treat and prevent children’s mental health and related problems.

PTUK has estimated that 22,700 therapists are required to meet this need. It is also estimated that there are only 4000 fully qualified therapists trained to work with children.

Working therapeutically with children requires special skills.

Often children with psychological problems can’t or don’t want to talk about them. When children are given a choice of using therapeutic creative arts media only 7% of the session time, on average, is spent talking.

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Phone Dee Rose for start dates and venues at APAC:
01825 761143
Or email: mokijep@aol.com  www.playtherapy.org.uk

The effectiveness of play and creative arts therapies is validated by PTUK’s clinical evidence base of over 26,000 case measures. Between 77% and 84% of children receiving therapy using PTUK’s Integrative Holistic Model show a positive change.

PHENOMENAL EXPERIENCE

Based in Camden, London, The Gestalt Centre is the UK’s foremost provider of training in Gestalt: an enlightening approach to counselling and psychotherapy. Join us and you’ll experience in-depth learning from staff with proven expertise and creative teaching approaches.

GROUPWORK WORKSHOPS

Various dates in 2017
Anyone who facilitates groups or who’s part of a team will find plenty of relevant content on one of our Groupwork Facilitation workshops. You can take any of the workshops as a standalone; complete them all and you’re eligible for our Group Facilitation Certificate.

WORKING WITH CHILDREN

3-7 April 2017
Ideal if you’re already familiar with Gestalt, this course draws inspiration from the pioneering approach of Dr Violet Oaklander. You’ll experience the power of the arts to communicate a spectrum of emotions and gain a variety of practical skills suited to therapeutic work with children and adolescents.

WORKING WITH COUPLES

July & November 2017
These two new 2-day workshops offer a Gestalt perspective on working with intimate personal relationships – ideal CPD for qualified counsellors, therapists or psychologists.

HIRE A THERAPY ROOM

Our comfortable, well-equipped therapy rooms are available for hire by the hour. Contact us today for rates and availability.

Learn more. Call 020 7383 5610 or visit gestaltcentre.org.uk

www.ukcp.org.uk
Job Opportunities: Freelance Thrive Licensed Trainers

Are you passionate about the emotional wellbeing of children and young people? Do you want to have a positive impact on children’s lives? Become a Thrive Trainer and help to change children’s lives forever.

Being a freelance Thrive trainer involves delivering Thrive courses to groups of adults who are working with children and young people. Thrive’s core Practitioner training typically takes place in five two day slots spread over two terms. Training opportunities are available throughout the UK and applicants must be willing and able to travel (reasonable expenses and travel costs are reimbursed). As a freelance trainer you will be offered competitive rates of pay and you can choose the number of courses you deliver each year.

If you are a therapist or Educational Psychologist with counselling experience but no previous experience of the Thrive Approach, our intensive course for professionals new to Thrive offers you a ‘fast-track’ route to becoming a Thrive Licensed Trainer. Training comprises a combination of trainer shadowing, face to face sessions, e-learning, mentoring, teaching practice and assessment.

Grant aided places may be available for exceptional applicants and the initial cost of training may, in some cases, be offset against potential earnings.

To apply, please e-mail your CV and covering letter to: kirsty.crowe@thriveapproach.com or phone 01392 797585.

For more information about Thrive please visit: www.thriveapproach.com

Let’s help every child

The Guild of Psychotherapists

The Guild of Psychotherapists has over 40 years’ experience delivering a highly professional training in psychoanalytic psychotherapy.

For further information and application forms for all courses please contact:
The Guild of Psychotherapists,
47 Nelson Square, London SE1 0QA
Tel: 020 7001 3260
E: admin@guildofpsychotherapists.org.uk
W: www.guildofpsychotherapists.org.uk

Professional Training in Psychoanalytic Psychotherapy

We accept trainees from diverse backgrounds, valuing life experience as well as academic qualifications. The first year of the training in psychoanalytic pluralism can also be a standalone one-year course.

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The training is comprised of a four-year clinical and academic programme that leads to UKCP registration.

The closing date to apply for this course is 22 May 2017.

Introduction to Psychoanalytic Concepts

The Guild also offers an Introduction to Psychoanalytic Concepts, a ten-week course on Wednesday evenings, beginning on 19 April 2017. This course will be of interest to health professionals and anyone interested in psychoanalytic ideas, as well as those considering future psychoanalytic training.

The closing date to apply for this course is 27 March 2017.
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Led by Simon Cavicchia. Simon Cavicchia is an experienced lecturer, organisation consultant, coach, executive coach and supervisor. He has worked at all levels in organisations, working with individuals including executives, groups and senior teams.

He is experienced in approaches to adult education and, for six years, lectured on the MSc in Change Agent Skills and Strategies at the University of Surrey School of Management. He is Joint Programme Leader with Maria Gilbert for the MA/MSc Programme in Coaching Psychology at the Metanoia Institute and London South Bank University.

He is particularly interested in exploring “relational” perspectives on organisational life and consulting, and is committed to continually researching how these perspectives can be used to inform practice and learning in organisations.

With guest trainer Tina Dickens, focussing on accreditation with the ILM and building a practice.

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“I got a whole new perspective on coaching - it is a far richer field than I realised. This course has helped enormously to prepare me to explore it” (Counsellor and supervisor)

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