

# Psychotherapy and me: Working to influence change on prescribed drug dependence

With Anne Guy

Jenna:

Hello and welcome to 'My psychotherapy career', a podcast where we explore the different therapeutic settings our members work in, and how they came into their career. I'm Jenna Rachid, the Digital Engagement Officer at UKCP. Our host Helen Willingham is the Head of Content and Engagement at UKCP, overseeing all our communications to members and the public, as well as our policy and research work. In this episode, Helen speaks to UKCP psychotherapist Anne Guy. Anne is a psychotherapist working in private practice and Secretariat Co-ordinator for the All-Party Parliamentary Group for Prescribed Drug Dependence. She's the lead editor and a co-author of the Guidance for Psychological Therapists, designed to help therapists broaden their knowledge of psychiatric drugs and withdrawal. Prior to training as a therapist, she worked as a senior manager in financial services with a focus on process design and improvement. In this episode, Helen talks to Anne about the balance between her private practice and voluntary roles working to influence change for prescribed psychiatric drug dependence and withdrawal.

Helen:

Thank you for joining me today, Anne. It's going to be really great to speak to you. I'm going to start right at the beginning and ask why did you become a psychotherapist?

Anne:

Oh, that's a big question, isn't it? So, I was working in health insurance as a senior manager and it's kind of a career I'd drifted into initially. But I'd sort of climbed the ranks and I was involved in some interesting project work, and I had some excellent teams that I was working with. But I just increasingly realised it wasn't really a very good fit, and I just wasn't very happy, you know, wasn't very content. I don't think I was either charismatic or ruthless enough to really succeed in what was quite a male dominated environment. I mean, there was some brilliant people that I worked with. But there was this sort of sense that all of me wasn't welcome. You know, the emotional side, the side more concerned with people. And because it wasn't welcomed, unless it was about how you could get people to work harder, which sort of gets to after a time, and you end up not connecting very well with people, I think, as a result. So, I realised I wanted to do something which was going to help me connect more with people, that I felt was more worthwhile, that was actually helping people on a one-to-one basis, or at least had the possibility of helping people on a one-to-one basis. So, I started looking around for what else I might do. And I looked at a whole variety of possibilities. But I'd done a philosophy degree as my first degree, philosophy and sociology, and recognised that there was still quite a pull for me in understanding how we are in the world and how we are in the world with others. And was drawn to psychotherapy, started looking into it, realised well, you've got to be able to listen to all of this stuff. So, I did some volunteering with Samaritans for a few years. And my goodness, that was an eye-opener, in terms of the range of human experience that I was so naive about, I really was. But it enabled me to understand that I could listen. And so, then I started training more in earnest as a psychotherapist. But it was absolutely instrumental, that experience in recognising just the value of listening. You know, it's just so underestimated the power that simply being there with another human being, as witness to their experience.

I think one of the major strengths of the Samaritans structure, certainly when I was a volunteer, was the fact that after every shift, you offloaded to somebody, you got a chance to talk through the calls that you'd received and anything that bothered you about it. Clearly not in huge depth, because you'd be there forever otherwise, but there was this recognition that there was an emotional load on the listener. And that sort of space in which to consider what it was you'd heard and its impact on you was kind of just that start of understanding the value of talking for myself actually, as well as the value for the people that I was listening to. It kind of just set up that whole therapeutic structure of talking and listening and what it can do, how powerful it can be.

Helen:

It sounds amazing, really in that setup, and that, that confirmed things for you.

Anne:

Yes, absolutely. It gave me the confidence to pursue it. And I think with any training, all you ever do is take the next step, because you never know where you're heading with it, really. I mean, I had sort of an idea of where I thought I might like to get to, but I think that was in complete ignorance of the reality of training and what it would involve and how things would pan out and everybody's journey is so different in therapy training. But you know, I just started on the first ten-week introduction to counselling course at my local tech college. But even from day one, I recognise the value of the experience that Samaritans had given me. Do you know, not least of which is getting used to listening to people who might have suicidal thoughts and feelings, and not to be terrified of that. I still come across people in this profession who are so anxious about listening to somebody who's got suicidal thoughts. I'm forever grateful to that Samaritans experience and training.

Helen:

And a slightly different question. Who is your psychotherapy or counselling hero?

Anne:

Yes, well, well there've been various people that I've had the privilege to meet or work with, who I really admire. And I would include people like Pete Saunders, a humanistic counsellor and author; Tim bond, who has done a huge amount of work with BACP on their ethical framework, and he worked on the Guidance for Therapists with our team. But they're both people who bring tremendous humility to their work. There's nothing of ego, there's nothing of posturing, there's nothing of doing this for their own agenda. It's just very human. And I guess I would also list James Davies, one of my colleagues on the Secretariat who's a psychotherapist and a very talented writer, and academic, and I admire his work tremendously. But I think if I'm going to pick a hero, I'm going to pick Jo Watson, who is a fellow UKCP member and activist. And she has worked tirelessly to challenge the biomedical model in mental health, both inside psychotherapy and out, and her organisation 'A Disorder For Everyone' has grown and grown and grown. And the number of people that they've been able to engage and influence and talk to, and her with Dr Lucy Johnston, who is a clinical psychologist, they've created a really powerful movement, and they are out there making a real-world difference to our profession and to the experience that people have with their emotional distress. And I admire that tremendously. So, I'm going to pick Joe Watson as my hero.

Helen:

Thank you. And what does being a UKCP member mean to you?

Anne:

Well, when I was looking into training, probably in quite a naive mechanistic kind of way, but I sort of identified early on that I thought, getting accreditation as a UKCP registered psychotherapist

was the kind of highest goal that I could attain in psychotherapy in terms of my training, and it seemed like it would be the best start to a new career. I think, looking back, there was definitely a part of wanting that badge of external evaluation if you like, validating what I'd done. But nevertheless, it's something I've remained proud of to have that registration. And since then, so that was sort quite at a distance, this looked like the badge to go for. I've also had the opportunity to work with some of the people at UKCP like Sarah Niblock and Adam Jones, who have been very generous with their time and support with the development of the 'Guidance for Therapists' that we collaborated on, with other organisations too. But I just really felt very comfortable and admired the ethos of the organisation itself.

Helen:

So, you're involved in the All-Party Parliamentary Group for Prescribed Drug Dependence, and on the advisory panel for the NHS project, also looking at implementing recommendations for prescribed drug dependent services. What got you into this work?

Anne:

Well, I read a book. It all starts with the book, doesn't it? I read a book called 'An Anatomy of an Epidemic' by an American investigative journalist called Robert Whitaker, and he summarised all of the evidence that he'd found around psychiatric drugs. How they're known to act, the actual evidence, their outcomes, how they're marketed, how they're sold, and also the increasing evidence around psychiatric drug withdrawal experiences that people worldwide were starting to experience. So, this was in 2016, that I read his book. And I was so horrified that I might inadvertently be contributing to the suffering of people who might well be coming off their prescribed psychiatric drugs, they might be experiencing withdrawal. But because I knew nothing about it, I like everybody else, might experience what they were going through as relapse, that their underlying issue, the reason maybe they started taking the drug in the first place, was coming back. And a lot of people have had their experiences of withdrawal, misinterpreted, and been told that they need to go back on the drugs, that they need them for life. And all of the evidence says that that's actually wrong. And that if you've started withdrawing from, or reducing your dose, of a prescribed psychiatric drug, anything new you're experiencing, the first default assumption is actually you're experiencing withdrawal from that drug. And I turned to my accrediting bodies, I turned to UKCP, and I turned to BACP, who I'm a member of as well, and I looked for, 'where's the fact sheet, there's going to be a fact sheet somewhere that's going to help me understand this and what I should be doing about it in my role.' And there wasn't one, there was nothing. And so, I started thinking about it and my supervisor encouraged me to actually write a letter to BACP because there was an article in their magazine, which I felt was misrepresenting the issue. So, I wrote to them and ended up also then having a chat with a colleague at a social event. I was working at Roehampton University at the time and discovered that he was actually really involved with this All-Party Parliamentary Group. And that the letter that I had written to BACP about their article was actually commenting on an event that he had organised. So, he and I spent the rest of that evening with our heads together talking about this subject and I just said that 'if there's any opportunity to get involved, or to help, let me know.' And six months later, he got in contact, and said 'look we need somebody to join the Secretariat for the all-party parliamentary group, which is run by an organisation called The Council for Evidence-Based Psychiatry, would you be interested?' And I said, yes, and I have been involved ever since. So again, it's sort of a really random chain of events if you like that kind of led me into working with the APPG. And I very much started in an administrative capacity. But as I've been involved and learned more, and read more, and met the team of people who are involved in activism around this subject, and my goodness, they are a passionate and committed, amazing team of people across the UK, and actually the world, all of whom are contributing time and effort, you know, very voluntarily for this. Because it's a subject once you know about it, it's hard not to want to contribute to kind of righting an injustice that's going on, on a huge scale. And I just had a great opportunity to be involved in a whole range of projects ever since, some of which have drawn on my experience in the corporate world. So, you know, if you were designing a service to support people who were experiencing withdrawal, what would that look like? Well, what services are already out there? Let's go and talk to them. Let's map what they do.

So, I've been really able to draw on my corporate experience, about process design, to understand what's going wrong in the current process, to see the issue systemically and to understand what needs to happen to put it right. And that in turn informs my contributions to lobbying and influencing. So, it started by reading the book, is the short answer.

Helen:

I think that's it, isn't it? It's that small bit of interest, but sparking that interest to being on the Secretariat and then being involved in more projects, so that really was the first step. But I guess also, how does your work in influencing policy and being involved in conversations around NHS service change affect the psychotherapeutic profession and the public?

Anne:

Yeah. I guess in terms of actual impacts that have already happened, I would say the two big ones that I've contributed to are the 'Guidance for Therapist' is obviously a huge one. So, it's the first document of its kind in the world to summarise the evidence around the impact of psychiatric drugs on the process of psychotherapy, and the practice of psychotherapy, and the role that we as therapists can play in supporting our clients to make the necessary decisions around taking or coming off those drugs. And it really is all about supporting client autonomy, informed consent, knowing the evidence and knowing the difference between giving information appropriately and giving advice, which of course, we don't do. So, that I know concretely is already impacting the quality of clients experience around the world. And that's a lovely feeling to know that there's been a direct impact. And, you know, every week I'm getting messages from people saying, 'Oh, thank you for doing this, I took a copy along to my therapist,' you know, and this might be somebody in Australia or Japan. And it's now starting to be translated into quite a lot of different languages, which is marvellous. So, that's kind of a very real-world impact that anybody else who reads a similar book and goes looking for the fact sheet will now find it, it's rather a long one, but it exists now in the world. So that's the biggie. But more broadly, as one of my colleagues in this work, Professor John Read, is often fond of saying, 'you've got to solve the problem upstream.' And when we're looking at this systemically, we have to consider why so many people are prescribed drugs in the first place. And there's the drawing attention to the cultural and societal issues that actually give rise to emotional distress in the first place. So, we're not locating it all with the individual and their psychology, we have to consider the broader cultural and social influences on emotional distress, or else we are missing the biggest part of the jigsaw puzzle. But then also, why is our response as a society to prescribe drugs? What's that about? Where's that coming from? Why is this even located as necessarily a health issue directly. I actually locate this issue, personally, more as an education issue. Understanding the role of emotions, how they impact us, and how we can, through learning and reflecting, actually make a real difference to how we feel about things. So, drawing attention to the social and cultural, but also then the influence of the large public health policy decisions about how we choose to respond to these issues, that then starts to trickle down into actual policy, and what happens on the ground. So, you can see this in movement. And it's not only of course us that's doing this, for prescribed psychiatric drugs, you can see this in the social prescribing movement, very powerfully led by Professor Helen Stokes Lampard and her team. And they're really bringing into focus actually, the role of all of the things that we know can make a huge difference to how we feel, whether it's nutrition, and sleep, and exercise, and connection with others, and all of those very human needs. That's unfortunate they're kind of having to do it inside a prescription model. So, social prescribing is somewhat of an anachronism in my mind. But it's part of this shift, if you like, away from a very medical approach to emotional distress. And this is starting, as I say, to filter through in subtle ways. We are influencing the NICE guidelines, there is the work directly of the APPG with the huge help of Sir Oliver Letwin, who was our Chair before our current Chair, who was instrumental in getting the review done by Public Health England into prescribed medicines that cause dependence. And it's directly as a result of that review that the NHS are now looking at implementing services. And there is a commissioning framework that will be coming out in the next month, I'm hoping, that we'll be directly requiring commissioning groups to set up services to support people going through withdrawal.

So, there is a direct chain of causality, if you'd like, through the work that we've done, through the Public Health England review, through the NHS project that a couple of us sit on the advisory group for. Clearly how this is actually going to end up being enacted in the real world is still to be determined. But we're now trying to connect people with lived experience of this issue with those people in the NHS who might be setting up projects to create services. So, there's all sorts of real-world impact that this work has. Sorry, very long answer.

Helen:

No, it's incredible. You can really see the different strands of how that helps. And that last point about people with lived experience working with the NHS is vital in moving things forward.

Anne:

It absolutely is. And we're setting up an organisation called 'The Lived Experience Advisory Panel for Prescribed Drug Dependence', purposely to connect all of the people who can represent people with lived experience with people in the NHS. So, we're hoping very much to be able to just help that linkage to connect people into projects so that services are truly informed by people's experience of this issue.

Helen:

Great way to move things forwards. One other aspect of this is that there's been quite a lot of media interest in prescribed drugs and how much medication and to who that is, for mental health, but also on prescribed drug dependence. And how has that helped with this work, do you think?

Anne:

I think it's been very helpful in bringing pressure to bear on the political scene, particularly the campaign run by the Daily Mail to get a helpline, 24-hour helpline, to support people with prescribed drug dependence. And one of my colleagues, Luke Montagu, has been instrumental in developing that relationship with the Daily Mail. And there is no doubt about it, helped create the pressure for the Public Health England review. And the helpline is one of their very specific recommendations. Now, it's disappointing that there still isn't a plan on how that helpline is going to be implemented. And we know it's with the Department of Health. And we're waiting to understand how they are going to implement it. And we are very willing, and ready to work with them on that. But as yet there has been no movement. But there is no doubt that the Daily Mail campaign really helped create the understanding and the motivation, if you like, as part of the political pressure to get that actually into the Public Health England review. So that's been huge. And we've also developed relationships with some other key journalists. And we're getting more and more people, actually, with their own experience of prescribed drugs, that's so often what brings people into this work is either they or somebody they know well goes through it. And they're so shocked by it. So, there are a couple of journalists who are writing excellent pieces, helping to bring awareness. I really want to stress it's not about being anti-drug. It's not about saying that these drugs are never helpful, because of course they can be. But it should always be with informed consent. People should always be aware of the risks that are being taken, the chances that the drug will help them and what kind of issues they might have when they try and come off them, should all be part of the information somebody's given before they ever start taking them. But historically, that just hasn't happened. But to come back to the question, yeah, media involvement has been hugely important. And also, the role of journals. From BACP's Therapy Today, there have been articles in the New Psychotherapist, BPS have published articles. So, it's both on a small scale and a large scale that all of this helps to shift the public understanding away from the more traditional narratives around chemical imbalances as being the cause of emotional distress, to actually understanding that, as you know, Jo Watson and co have really put some pressure behind. It's about what's happened to you, not what's wrong with you. And just starting to shift the needle on this public understanding, you absolutely have got to have the media with you to even get close to start doing that. But there's a big mountain to climb with that obviously.

Helen:

How can a psychotherapist or a psychotherapeutic counsellor get into policy and advocacy work?

Anne:

It's a good question. I'm not sure that there is one path. I can, you know, talk from my own experience, which is, if there's a subject you're passionate about, don't assume you can't do anything. And it can be just starting from very small seeds. You never know where it might take you. Get involved, contact people, write and ask, 'is there anything I can do?' It's about kind of sowing those seeds, you never know quite what might come back to you. But I think it all starts with that idea that I might be able to help, I might be able to make a difference, rather than assuming that nothing can be done.

Helen:

So, proactive.

Anne:

Yeah, it is a leap of faith to start off with, it absolutely is, you know. There are as many setbacks, of course. There are many days that things don't go your way, or things don't get listened to, or decisions don't get made. There's an awful lot of that that goes on. But you slowly, slowly claw your way up the mountain. I had no idea that what I might consider my life's work might start so late in life.

Helen:

Yes. And alongside your policy and advocacy work, you work in private practice, but also in a range of voluntary roles. How do you balance the paid and voluntary work?

Anne:

Sometimes well, sometimes badly. I would say that, actually, they're starting to overlap more and more. Perhaps, understandably, as I've done more in the field of prescribed drug dependence and psychiatric drug withdrawal, I'm getting more people approaching me for support whilst withdrawing. So, I'm having to consider how much of my private practice I give over to supporting people going through withdrawal, because it's a different kind of work. This is why I'm so passionate about training other therapists to do this work, because there's such a need out there. And particularly until there are NHS services in place to support people, we are in a unique position to be able to offer that support. But the answer is not for me to try and do it all myself. I'm very keen on training others, encouraging them to read the guidance, and putting on their profiles that they can work with this issue. And then you start learning. We all start learning, you know, from somewhere on a new issue. So, don't think 'I don't know enough.' If you've read the guidance, you're ahead of the game, you know more than, sad to say, a huge amount of doctors even. I'm having to work out how to balance the work with more traditional psychotherapy work. And I'm finding my way with us at the moment actually, because I get approached from people all round the world looking for drug withdrawal support. So it's emerging. Sorry, very clichéd psychotherapy word, but it's emerging, Helen, is what I would say, it's an evolving thing.

Helen:

And as you get people come to you with drug withdrawal or dependence, is that something that you still want to work with others who might not be experiencing that as well? Is that a conscious decision to keep a balance within your private practice as well?

Anne:

Very, very definitely. Because of course it depends on where somebody is in the drug withdrawal journey. But if they're in the midst of a very symptomatic withdrawal, actually, it's not helpful to continue normal psychotherapeutic work. You can't really do deep psychological work when somebody is in the midst of withdrawal, because what they're experiencing is not about their individual psychology, it's a physiological reaction to the removal of a drug. That doesn't mean they don't need support, they do, they need emotional support, but it's of a different kind. It's information sharing, its reassurance, it's validating their experience, it's obviously listening, understanding all the nuances of what they're experiencing, help them track it, help them understand what their journey through withdrawal is and what it means. So, of course, it's highly therapeutic work. But it's a very different nature to what might be called more traditional psychotherapeutic work. So, I think it's healthy for me and my clients actually, to retain a balance of working with those kinds of issues. But I think it will become increasingly hard to maintain that balance unless there's real movement on the NHS providing services. It's very hard to turn away somebody who's in need when you know that there aren't many other places they can go.

Helen:

Yeah, I can see that. Thinking back, is there anything you wish you knew before you started training?

Anne:

I think the most important element of my training was learning to tolerate uncertainty and learning to tolerate the unknown. And so, the idea of wishing I'd known something before I start, well, actually, it was important that I didn't know because that's part of what I had to learn to tolerate, is not knowing.

Helen:

I think it is a very good point as well, that it actually is about the tools to equip you to deal with uncertainty.

Anne:

Yes.

Helen:

So that it isn't a case of wishing you knew something, but actually you're able to handle it even if you don't know it.

Anne:

Yes, that's the biggest single moment of revelation, I think. I can remember in my training, and actually, it came partly through the Samaritans work, is that recognition, 'I'm not responsible for this person. I'm not responsible for their emotional distress, but I can help, I can listen, I can facilitate, I can be with them on their journey. But I don't have to know it all.' And the very human qualities of admitting that you don't know or that you've made a mistake are as powerful therapeutically, well more powerful therapeutically than sitting there as an expert who's coming across as knowing at all. And I think that's why I admire people like Pete Saunders and Tim bond for that humility and willingness to admit their humaneness.

Helen:

And when you started training, how did you manage the logistics? Obviously, there's the cost, there's the time to train. There's also, like you said, deciding on that's the right thing that you want to do.

Anne:

Yeah. There were a couple of events that sort of coincided with my training that helped inadvertently. So, I had decided that I was going to train, and I got made redundant, from my job in health insurance.

So, that gave me the opportunity to restructure my working life. So, when I was applying for other jobs, which I still needed to do from a financial point of view, I decided to work part-time, so that I could also accommodate my psychotherapy training. And I also shifted to the third sector, and I started work with WWF, the World Wildlife Fund, still as an administration manager, but it was such a different environment, it was such a breath of fresh air from the sort of financial services world that was a marvellous few years that I worked there. But it enabled me to split my focus with psychotherapy and with work. And then again, I had an opportunity to take voluntary redundancy from there, which I did, and stepped more fully into private practice as soon as I was able pretty much. Plus having a supportive husband. I'm not really talking about financial support, though of course, us both working helped, but having somebody who was fully supportive of what I was trying to do, the change I was trying to make, has been hugely helpful throughout the whole journey.

Helen:

And you mentioned change there. How did training change you?

Anne:

I'm hoping that it made me a better listener. Because I think there were times when I wasn't very good at that, certainly in my corporate jobs. I think it's a training in being with others and considering the why of whatever is going on. So yeah, I think that's how it fundamentally has changed me.

Helen:

Yeah, thank you. And do you have any advice that you would give to someone considering training as a psychotherapist or psychotherapeutic counsellor?

Anne:

I think the only piece of advice I'd give is, make as much time as you can in your life for it. Because the more you put in, it's a cliché, but the more you put in, the more you get out. I've worked, you know, as a Lecturer at Roehampton. So, I've seen people do the BSc and start their MSc, and I've worked at a local higher education college with people just starting out on their counselling journey. And the more focus, the more space you can allow in your life for it, the more you'll get out of it, the further you're likely to go with it. That's not to say that you can't do it alongside family and other commitments, but I think it's harder. It's kind of just give it that space, if you can.

Helen:

Yeah, I think that's a great point. And actually, it's about making the space for it. I think you actually said that to begin with, giving it that space. And you can still do that around other things and still have a work and a life that they're separated, but making that space.

Anne:

I think it's the one thing that I've seen people underestimate time and time again, is the impact that anything else major in their life is going to have on their ability to train. Because of course anything big in one's life that has an emotional impact is going to have a huge impact on your training. And people routinely underestimate what it's possible to do alongside it, I think. But, you know, we all have our own path.

Helen:

Yes. And if we're equipped to manage with that uncertainty, then.

Anne:

Yeah.



Helen:

Hopefully it's shaped for everyone as they wish it to be.

Anne:

Yes. I've always said that my philosophy degree was a training in how to think and my psychotherapy training was a lesson in just how to be.

Helen:

And I think that's a really lovely note to end on. So, thank you for that. And that's my questions for today.

Anne:

Thank you, Helen. It's been a pleasure speaking.

Jenna:

That was UKCP psychotherapist Anne Guy speaking to Helen William, our Head of Content and Engagement. If you're interested in exploring training, then you can visit our psychotherapy training page where you can find information on psychotherapy as a career, as well as the different training pathways available to you. Just go to [www.psychotherapy.org.uk/psychotherapy-training](http://www.psychotherapy.org.uk/psychotherapy-training). All episodes of 'My psychotherapy career' are available on our website, [psychotherapy.org.uk](http://psychotherapy.org.uk). You can also subscribe to our channel, UKCP, on your favourite streaming platform. Do you have any feedback you'd like to share with us on this episode or any from our series? Get in touch with us at [communications@ukcp.org.uk](mailto:communications@ukcp.org.uk). Join us again next month, till then thank you for listening and take good care of yourselves.