

New Psychotherapist

ISSUE 79 / WINTER/SPRING 2022

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INVESTING IN THE FUTURE

THE SOCIO-ECONOMIC CASE FOR
IMPROVING CHILDREN'S MENTAL HEALTH



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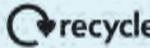
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Welcome

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CATHARINE ARNOLD

Catharine read English at Cambridge and holds a postgraduate diploma in psychology. She was UKCP Writer in Residence 2020 and has completed a history of UKCP due out this year. Catharine's series about the history of London includes *Bedlam*, *London and its Mad*, reflecting her interest in the history of psychological treatments.

are reached early enough, children with mental health problems can go on to lead happy, healthy lives.

'One of the central principles of my political beliefs is that those early interventions are the best because treatment earlier in life is better for the person, but also best financially because the impact is greater.' Those are the words of Alex Norris MP, former Shadow Minister for Prevention, Public Health and Primary Care who was appointed Shadow Minister for Levelling Up in the November 2021 opposition reshuffle. We talk to Norris about the link between child poverty and poor mental health on page 38. We ask why the gap in children's services and poor access to CAMHS is letting down desperate children on page 28. One solution, enabling children to develop emotional literacy to cope with their feelings, is examined on page 24. Elsewhere, we learn about research into the way that intercultural couples communicate (page 44). And finally, change is in the air as we bid farewell to outgoing Chair, Martin Pollecoff, who will be stepping down in March after six years as Chair, and welcome new Chair Elect, Syed Azmatullah (pages 7 and 48).

Over in the review section, there's an assessment of Professor Brett Kahr's new biography of Freud, in which Freud authority Kahr examines Freud's extraordinary emotional resilience despite the impact of bereavement, cancer and Nazi persecution (page 13). Then there's Andy Ryan's latest podcast, dealing with recovery from addiction (page 14). And finally, On Screen (page 50) continues the theme of formative early experiences with an examination of the devastating intergenerational trauma central to the drama series, *Succession*.

Catharine Arnold

CATHARINE ARNOLD

Editor

Welcome to the latest issue of *New Psychotherapist*. It's a privilege to be the new editor, and I hope you all enjoy reading the magazine.

'I believe the children are our future.' Those words from a popular song might sound sentimental, but they're undeniably true. Particularly right now, as our children and young people face an uncertain future, framed by COVID-19 and climate change. Children in Britain are the most unhappy in Europe, so what can we do to support them?

That's the theme of this issue of *New Psychotherapist*, as we argue the socio-economic case for addressing children and young people's mental health. UKCP members understand that unresolved childhood trauma has a lasting impact in later life, leading to self-harm, addiction or even prison. And yet, if they

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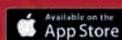
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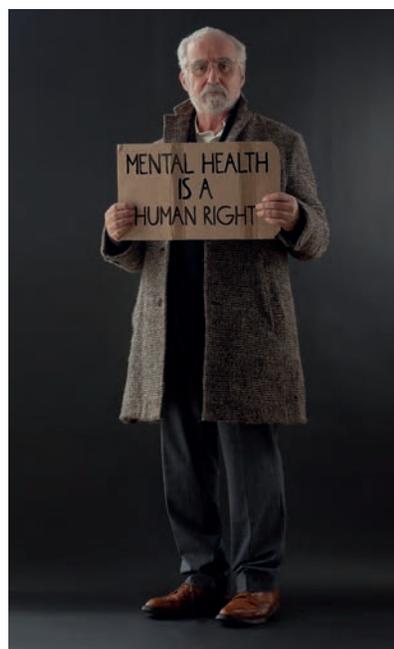
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Research into how couples communicate



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On the cover

This issue, we focus on children's mental health services



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Bulletin

ISSUE 79 / WINTER/SPRING 2022

News, CPD, reviews and member updates – here's what's happening in the profession now



Affected households have lost out on thousands of pounds a year in benefits, analysis shows

4.4m

The Universal Credit cut last autumn meant that 4.4m households, including 5.1m adults and 3.5m children, saw their incomes fall

5%

Cutting Universal Credit by £20 a week meant affected families typically lost 5% of their income

£2,600

The average income reduction for those affected by the 2016 cap was £2,600 a year

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STUDY

New analysis of Universal Credit cut shows impact on mental health

Millions of households have been severely affected, according to the Resolution Foundation

The government's Universal Credit cut last autumn, which left many families facing a huge drop in income, constituted a risk to the mental health of millions, according to Torsten Bell, Chief Executive of the Resolution Foundation, an independent thinktank focused on improving the

living standards of those on low to middle incomes¹.

The Universal Credit cut meant that 4.4 million households, including 5.1 million adults and 3.5 million children, saw their incomes fall as the prime minister implemented the biggest overnight benefit reduction ever. Cutting Universal Credit by £20 a week meant that those families typically lost 5% of their income, a scale only normally seen in recessions. This latest round of cuts will damage those families' mental health as well as reducing their incomes, Bell argued, citing a previous report, *Does capping social security harm health? A natural experiment in the UK*, which examined the impact of a previous cut, the introduction of a lower benefit cap (the maximum amount that out-of-work households can be entitled to) in 2016². The average income reduction for those

affected by the cap was £2,600 a year. The report concluded that those at risk of having their benefits capped already had higher levels of depression and anxiety than the rest of the population, but the reduction in the cap in 2016 saw around a 10 percentage point rise in those conditions in the following years.

UKCP Policy and Public Affairs Manager Adam Jones agrees that when people are in hardship and deprived of money, it puts pressure on their mental health. 'The NHS therefore needs to be prepared to support this further demand,' he says. 'We are calling for an expanded NHS workforce.'

(1) resolutionfoundation.org
(2) Reeves, A, Fransham, M, Stewart, K and Patrick, R (2021). Does capping social security harm health? A natural experiment in the UK, *Social Policy & Administration*, doi: [org/10.1111/spol.12768](https://doi.org/10.1111/spol.12768)

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Cultural cues

Research into intercultural couples and communication

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UKCP ELECTIONS

NEW CHAIR AND TRUSTEE OF THE BOARD ELECTED

Azmat (Syed Azmatullah) and Jo Lucas were elected as Chair Elect and Trustee respectively following the elections of November 2021. Having previously been a co-opted member of the Board of Trustees between February and October 2021, Azmat came to the role with experience of working with UKCP. Outgoing Chair, Martin Pollecoff, said: 'I have no doubt that he will be a great asset to the organisation.'

As Chair Elect, Azmat will work with the Chair, the Board of Trustees, CEO Sarah Niblock and the office to ensure a smooth transition so that he will be up and running when Pollecoff steps down on 16 March and Azmat takes up the role on 17 March.

Jo Lucas has experience of being on UKCP committees and is a recent member of a UKCP Adjudication Panel, meaning she is already familiar with how the organisation is run.

A total of 1,240 votes were cast. The outgoing Chair thanked Governance Manager Alex Crawford and all those office team members who helped to manage the election, and praised Civica Elections Services for ensuring the integrity of the vote.

In response to being elected Chair, Azmat said: 'In these challenging times there seems to be an unprecedented need for psychotherapy, and we are called upon to develop innovative ways of offering psychotherapy to all sections of our community. Within UKCP we have a diverse range of talented professionals in our colleges, organisational members, individual members, students and trainees and our executive team of central integrating functions. I am honoured to have been elected to be the new Chair. I hope to listen to the different parts of our orchestra, encouraging wider interaction so that new dynamic cross-modality melodies emerge. I see my role as a conductor working in harmony with an orchestra composing its own therapeutic music. As we explore new ways of resonating together our collective mind may nurture and enrich us all. What a great opportunity lies before us.'

EQUALITY, DIVERSITY AND INCLUSION

EDI report to improve access to psychotherapy careers

UKCP's EDI Taskforce Report provides impetus for a five-year strategy to drive up inclusivity

UKCP's Board of Trustees has adopted a bold equality action plan following a year-long project by a member taskforce to boost organisational inclusivity.

The Equality, Diversity and Inclusion (EDI) Taskforce was set up in October 2020, through an open recruitment process and worked towards the development of the Equality, Diversity Action Plan (EDAP) 2021-2026 and embedding a strategic committee within UKCP that will be responsible for EDI.

UKCP CEO Professor Sarah Niblock said: 'It is an historic piece of work by our members. The implementation of the EDAP will impact very positively on people of colour, those who are disabled, those who are from a lower socio-economic group and those covered within and beyond protected characteristics.'

The action plan and recommended timescale focuses on four areas:

- access to and experience of training
- the inclusiveness of the curriculum
- engaging better with members and externally
- and ensuring an inclusive culture for members and staff.



Chair of the EDI Taskforce, Elizabeth Oni-Iyiola

The plan interrogates all contingent parts of UKCP including colleges, committees and training organisations. Actions timelined for completion over the next five years include regular data collection and analysis, providing development and networking opportunities for trainers, establishing mentoring systems, setting diversity targets for all colleges and committees, and promoting diverse members externally via UKCP's PR and communications channels.

'This is an historic piece of work by our members'



STATISTICS

Record high patient numbers completing NHS treatment for common mental illness

UKCP calls for greater psychotherapy resources to meet the growing need

More people got a full course of NHS talking therapy treatment last year than ever before, despite the pressure on services from the pandemic, according to new figures.

A record 634,649 people completed the NHS Talking Therapy programme in 2020/21, up around 5% on the 606,192 in the year before, as many people struggled with their mental health during the pandemic¹.

The recently published data on NHS England’s Improving Access to Talking Therapies (IAPT) programme also shows more than half of people completing a course of treatment for conditions including depression and anxiety, recovered from their condition.

There was a rise year-on-year in the recovery rate for Black people getting NHS treatment, with the proportion of this group recovering from their condition exceeding the average rate, and for the first time meeting the NHS Long Term Plan target of half of people from Black and Black British backgrounds recovering.

The number of adults in England experiencing depression has doubled since the start of the pandemic.

Adults can refer themselves for talking therapies to help with common mental health problems such as stress, anxiety and depression, delivered by NHS practitioners.

The NHS Digital figures show that in the last full year, 2020/21:

- **634,649** people completed a record number of **7.5** sessions on average, up from an average of **6.9** sessions the previous year
- **51.4%** of people completing IAPT treatment for anxiety or depression recovered from their condition, up on the previous year
- **90%** of people started treatment within six weeks, up **2.6%** from the previous year
- recovery rates for Black and Black British people have, for the first time, exceeded the recovery rate target of **50%** at **51.6%**, up from **48.6%** in 2019/20.

Claire Murdoch, NHS England’s National Mental Health Director, said: ‘The world-leading NHS Talking Therapy programme has helped

a record high number of people struggling with their mental health during the pandemic.

‘Despite the huge impact of the pandemic and the NHS treating half a million seriously ill people with COVID-19, the health service increased the number of talking therapy sessions available to people and is set to expand the programme even further.

‘I know the last year-and-a-half has had a huge impact on the nation’s mental health and our message to people is clear: the NHS is open and staff want you to come forward, so please seek help either by referring yourself to the NHS Talking Therapy programme online or by contacting your local GP, particularly if you were one of the many people who felt unable to do so as the pandemic hit.’

UKCP Policy and Public Affairs Manager Adam Jones stated: ‘From the outset of the pandemic, we made it clear to the government as part of our joint COVID-19 campaign that demand on services would rise afterwards. Therapists in private practice have been telling us for months about the level of demand they have experienced, and these figures show that this surge has now hit the NHS. The NHS must expand its offering to meet this. And it is essential, both from a workforce planning perspective and a service user experience perspective, that a full range of psychotherapies are included in this expansion.’

(1) [england.nhs.uk/2021/11/record-high-patient-numbers-completing-nhs-treatment-for-common-mental-illness/](https://www.england.nhs.uk/2021/11/record-high-patient-numbers-completing-nhs-treatment-for-common-mental-illness/)

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Claire Murdoch, NHS England’s National Mental Health Director

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This is a 4 year part-time course which leads to a professional accredited qualification in Transactional Analysis from an Integrative Perspective. (UKCP) Starts October 2022

Certificate in Supervision

This is a 5 day course (30 hours) spread over a period of 5 modules. We will look at the meaning of Supervision as it applies in your field of work, whether you work individually or in a group setting in psychotherapy, counselling, or in the areas of social work, nursing, clinical psychology or indeed any of the caring professions.

*Tutor: Bob Cooke TSTA UKCP. Cost £945
September/Oct 2022 Dates: 9th, 16th, 23rd, 30th September & 7th October 2022 (Fridays)*

January/Feb 2023 Dates: 6th, 13th, 20th, 27th January & 3rd February (Fridays)

Certificate in Trauma

This is a 5 day course (30 hours) spread over a period of 5 modules. The aim is to enable people working with both children and/or adults to be able to respond effectively to their clients trauma. We will consider effects of trauma on the brain, mind, body, behaviours and subsequent motivation.

*Tutor: Karen Burke MSc-UKCP. Cost £945
Dates: 21st March, 28th March, 4th, 11th & 25th April 2022 (Mondays)*

CPD Workshops - One Day Workshop: The Schizoid Process

*Tutor: Ruth Birkebaek PTSTA. Cost £145
Date: Monday 16th May 2022*

Certificate in Family Systems therapy

In attending this training, you can expand your practice to work with a different client set and learn how to work more systemically. This is a blended didactic and experiential Certificate where you will learn about the context of the field (i.e. different approaches & modalities in Family Systems); How TA is used systemically to work with the intra & interpsychic family system; how to effectively assess and treatment plan family systems client work; experiential skills practice, live supervision and assessment of methods of working with families.

Tutor: Susie Hewitt, Cost £945

Dates: 30th May, 6th & 27th June, 4th & 11th July 2022 (Mondays)

Transactional Analysis 202 - Methods and Application of Transactional Analysis

This 5 day workshop is for people that have already attended the TA101 or use TA in their workplace or clinical practice.

The course is aimed specifically at people who use TA in their work as a psychotherapist, counsellor, social worker and mental health professions.

The course content is concerned with clinical methods and application of TA and therefore its delivery will be practical and experiential in nature. The course carries a Post Graduate certificate.

Tutor: Bob Cooke, TSTA, UKCP. Cost £945.

Dates: 21st October, 11th, 18th & 25th November & 2nd December 2022 (Fridays).

Certificate in Bereavement & Loss

A 5 day certificate course to enable the professional to work with loss & bereavement. Various models will be considered and a working model will be used to give the practitioner the tools to enable the bereaved to move through the grief process. The course will be theoretical and experiential with tools to help diagnose complicated bereavement. We will also cover suicide, lone twin bereavement, spontaneous abortions, SIDS, parental death, delayed grief, anticipatory grief, working with death due to homicide, working with traumatised clients and attachment implications.

Tutor: Karen Burke MSc-UKCP. Cost £945.

Dates: 17th June, 1st July, 8th July, 15th July & 29th July (Fridays)

For further details please see our website at www.mcpt.co.uk

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Bob Cooke BA T.S.T.A. Principle Director



TRAINING FUNDED PSYCHOTHERAPEUTIC COUNSELLOR TRAINING INTRODUCED

As members will already be aware, Health Education England (HEE) is launching a fully funded Level 7 pilot training programme in psychotherapeutic counselling this year. The pilot will offer the 60 trainee psychotherapeutic counsellors fully funded core training and paid clinical hours in NHS Improving Access to Psychological Therapies (IAPT) services in England. This is a development UKCP has been calling for, both to increase the range of treatments available to service users and to remove major cost barriers to the psychotherapeutic profession.

UKCP Chief Executive, Professor Sarah Niblock, said: 'This new initiative by the NHS means many more of the 1.7 million people referred to IAPT each year will have a genuine choice of therapies, a key issue that we have been campaigning hard for, and it also lays the foundations for a wider deployment of the psychotherapy profession within the NHS in the future.'

Adam Jones, UKCP Policy and Public Affairs Manager, said: 'We are very pleased that our long-term engagement with Health Education England has helped to lead to this breakthrough. NHS mental health services are facing ever greater demand that can only be met with innovative thinking – and by unlocking the potential of the psychotherapeutic workforce.'

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New research projects

A summary of current UKCP research



Professor Divine Charura

Professor Divine Charura and his team are working on two research projects that will bolster UKCP campaigns. The first is a systematic literature review conducted in collaboration with a group of professors, Professor Charura and UKCP Policy and Research Officer Ellen Dunn

conducting the systematic review of quantitative studies that cover therapists' experiences of delivering therapy online. The second is a survey on love in the time of COVID-19 that Dunn has just begun quantitative analysis of, so it is still in the preliminary stages.

Research projects funded by UKCP

Do intercultural couples come from different semantic worlds?

A brief overview of the findings from this project appears on page 44. The research, conducted by Valentina Lugli, Julia Kalaydjian and Reenee Singh, examines how intercultural couples negotiate the differences in meaning that may emerge in their conversations, ways of interpreting their world and their interactions. It was funded by the UKCP Research Fund and AFT's David Campbell Initiative Fund.

Research supervision in the field of therapy

A mixed-method inquiry into the experience of 'good' supervision during doctoral research. With research conducted by Dr Sofie Bager-Charleson and Dr Alistair McBeath, this study focuses on research supervision in the field of psychotherapy and counselling psychology. It examines what makes constructive versus non-constructive research supervision on doctoral programmes for therapists and what supervisors can learn from supervisees' experiences of supervision and vice versa. Outputs: *Good Practice*

Research Supervision Handbook for UKCP and Metanoia Institute, two to three peer-reviewed articles, as well as chapters in a book on research supervision.

What support do therapists need to do research? A review of studies into how therapists experience research

A research review also conducted by Dr Sofie Bager-Charleson and Dr Alistair McBeath is examining how therapists experience research, what motivates them to undertake doctoral research, how they choose to generate knowledge and why, and how expectations meet outcomes. This is a 'hybrid meta-synthesis' that combines autoethnographic and secondary analysis aims. It has been accepted for publication in a peer-reviewed journal.

Arts for the blues

Principal investigator Professor Vicky Karkou examines a creative psychological therapy that encompasses movement, speech, visual arts and writing. Outputs: a film presented at the Healing Arts event in New York organised by the World Health Organization (WHO).

Emotionally Focused Therapy

4 day Externships, London 2022



Sandra Taylor, PhD

**Course led by ICEEFT
Certified EFT Trainers.**



Robert Allan, PhD



Helene Igwebuiké, M.A.

An immersion in the theory and practice of Emotionally Focused Therapy

EFT was developed by Dr Sue Johnson as an experiential-systemic therapy model that is attachment driven. EFT can transform the way you work and strengthen relationships in your own life.

Training will primarily focus on couples work and will involve immersion into the science and power of attachment, emotion and relatedness that can shift the way you understand clients in distress. This course is the foundation of the training required towards becoming a Certified EFT therapist and is endorsed by the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT).

There will be 2 Externships in 2022 in London:

Dates:

June 27th – 30th – Led by Sandra Taylor and Robert Allan
(LGBTQ+ focused)

**November 14th – 17th – Led by Sandra Taylor and
Helene Igwebuiké**

Fees: from £700 and there are some widening participation reduced fee places available.

For more information: www.acreefttraining.com or email
Sandra AcRE.EFTtraining@gmail.com

The June Externship will be the world's first EFT Externship that is LGBTQ+ oriented and all therapists are invited who are LGBTQ+ affirmative.



Reviews

Psychotherapists review new and recent work in their own fields, and recommend essential additions to your bookshelves

Waking Dreams: Imagination in Psychotherapy and Everyday Life

In Allan Frater's book, *Waking Dreams*, he demonstrates how it is possible to explore a three-dimensional waking dream experience, through an oscillation between our concrete and imaginal reality.

Frater, who is a psychotherapist and a teacher at The Psychosynthesis Trust in London, uses both theoretical concepts of an embodied, image-centric therapy, alongside the achievement of a hypnogogic state, to create a powerful tool with which to facilitate greater self-awareness. His goal of creating psychological synthesis and transformation uses various entry points, such as memories, fantasies, places or free association, to guide the client into different psychological dimensions.

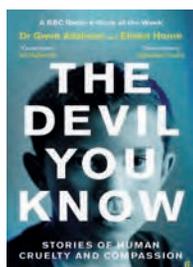
Frater's analogy of imagination to that of an ecosystem – a living web of different relations and energy – helps us to see the limitations of a psychotherapy practice that does not consider the entirety of human experience as worthy of exploration. Imagination is a tool that is underestimated in our need to search for a more tangible human experience. I have worked in practice with an embodied dream metaphor and fully appreciate the power that this illumination provides. However, I have never considered that the same resolution could be achieved using an interactive embodied waking dream.

This book strives to recover an amazing skill that not only wanes in adulthood, but has also become lost in practice.



Details

- **Reviewed by:** Dr Claire Mitchell, integrative psychotherapist, specialising in existential experiences, dreams and phenomenology
- **Author:** Allan Frater
- **Publisher:** TransPersonal Press
- **Price:** £19.99
- **ISBN:** 9781912698080



Details

- **Reviewed by:** Chris Rose, group psychotherapist, supervisor and author
- **Authors:** Dr Gwen Adshead and Eileen Horne
- **Publisher:** Faber
- **Price:** £16.99
- **ISBN:** 9780571357604

The Devil you Know: Stories of Human Cruelty and Compassion

Our fascination with the human capacity for violence and cruelty, and the desire for revenge, dominate the headlines. This important book tells the story from a very different perspective.

Dr Gwen Adshead presents us with case studies from 30 years of work with violent offenders, as psychiatrist, psychotherapist, group analyst, manager and consultant. The UK has the highest imprisonment rates in Western Europe and Adshead has no doubt that incarceration exacerbates mental illness. Lack of funding means just 10-20% of 'grossly mentally ill' people in prison will get the help that they need.

This bleak context is set against moving accounts of helping people not 'get better', but to know themselves better. Here is psychotherapy at

its very best – patient, reliable, thoughtful, sensitive to metaphor and nuance, and collaborative.

She searches for the tipping point – that moment when violence spills out – and uses the image of a bicycle lock where there is a combination of critical factors. The first two are sociopolitical, such as attitudes to masculinity or poverty; the next two are more specific, such as childhood experiences. The lock finally springs open with the fifth factor, which is an idiosyncratic trigger, such as a gesture or phrase used by the victim.

Through gaining insight into the unfamiliar and recognising our own impulses, we can hopefully make different, more creative responses to violence in society. Do read this book!

Freud's Pandemics: Surviving Global War, Spanish Flu, and the Nazis

In his compelling new biography, the first in the new Freud Museum London series, Professor Brett Kahr explores Freud's many near-death experiences and how these traumas shaped the development of his psychoanalytical therapy.

Kahr, senior fellow at the Tavistock, honorary director of research at the Freud Museum London and UKCP member since 1993, examines Sigmund Freud's innumerable emotional upheavals during 83 years of life, from allegations of professional fraud to anti-Semitism, World War One, the Spanish flu pandemic, cancer and the Nazi invasion of Austria.

Describing his book as 'the first exclusively traumatically oriented portrait of Freud', Kahr provides an unflinching account of the horrors Freud had to face over many decades and the psychological legacy of these dreadful events.

CONTROVERSIAL FIGURE

From his earliest years, Freud was no stranger to controversy. His theories led to decades of hatred from professional colleagues, who referred to him as a 'fraudulent Jewish pervert'. The Great War, as it was known at the time, saw one of his sons in prison, and was followed by the Spanish flu pandemic of 1918, which killed upwards of 100 million people, including one of Freud's daughters. Sophie, pregnant with her third child, was just 26 when she passed away, pregnant women being particularly at risk from the virus.

Given the circumstances, it is understandable that Freud became a compulsive smoker (the shortage of cigars during the war was a

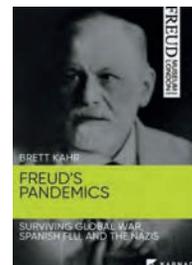
particularly bitter blow). Nor is it surprising that his cigar habit led to a diagnosis of terminal cancer.

Freud's family were at risk again in March 1938, when the Nazis invaded Austria. Freud's publishing house was raided, and his daughter Anna was arrested by the Gestapo and held for six hours. Having refused to leave Vienna up until then, Freud finally conceded that he and his family must go into exile, a white-knuckle ride of bureaucratic and diplomatic intervention as the Nazis had seized all Jewish assets.

Freud not only survived these horrific experiences, but somehow flourished, demonstrating an extraordinary lust for life and remaining in practice despite his terminal cancer. Kahr's interpretation suggests that Freud negotiated personal and political tragedies while simultaneously developing his life-enhancing theory of psychoanalysis. In effect, Freud saved himself from destruction while providing the rest of the world with the means of achieving a form of psychological vaccination against trauma.

With the world in the grip of another pandemic, and a second pandemic of mental anguish, this is a topical book. In his capacity as psychoanalytic practitioner and historian, Kahr compares Freud's experiences and considers how Freud might have responded to our current crisis.

To quote Jane McAdam Freud, one of Sigmund's great granddaughters, 'Never has there been a time when Freud was needed so badly. Post-pandemic blues would not have been new to Freud, as Brett Kahr describes. His book was sent to save us from confusion and turmoil.'



Details

- **Reviewed by:** Catharine Arnold, editor of *New Psychotherapist* and author of *Pandemic 1918, the story of the deadliest influenza in history*
- **Author:** Professor Brett Kahr
- **Publisher:** Karnac Books
- **Price:** £36
- **ISBN:** 9781913494513



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PODCASTS WE'RE LISTENING TO

CHANGING LIVES: RECOVERY TALKS

Frank discussions around addiction and recovery suggest that addiction is a symptom of a greater malaise. Changing Lives is a charity, founded in the north east of England, which tackles social exclusion in all its forms. This core purpose is at the heart of its podcast, Recovery Talks, which, as the nimble title suggests, finds members and special guests sharing frank discussions around recovery.

We soon learn that the circumstances for those warring with addiction are as complex and gruelling as the path of recovery that the

hosts advocate, leading to erudite conversation about suffering and healing.

Hosts Sommer, Iain and Andy outline their personal sentiments on what recovery is. Sommer works with women who have experienced sexual exploitation; Andy has personal and professional knowledge of drug and alcohol abuse; and Iain has helped run rehab and treatment programmes in recovery services.

Such varied backgrounds evoke an atmosphere of conviviality and collaboration. The heavy traffic of such a topic might lead to collision and, though powerful, the conversation is

steered gently towards many neat intersections.

Collective approaches to recovery are pondered, working in the moment with clients, as well as looking ahead to recovery. There are solitary aspects of the process too, and these inspire a consideration of self-esteem. Andy notes poignantly from his own use of services, 'Everyone was ambitious for me when I wasn't'.

Recovery Talks explores the relational facets of recovery and, perhaps most importantly, promotes the idea that addiction is a symptom of a deeper level of unhappiness, in dire need of rehabilitation.



Details

- **Reviewed by:** Mark Hammond, psychotherapeutic counsellor
- **Creator:** Changing Lives
- **Available:** changing-lives.org.uk/news-stories/podcast-launch/

OUR KIDS IN MIND

Our Kids in Mind podcast series is the creation of Bettina Hohnen and Jane Gilmour, psychologists and co-authors of *The Incredible Teenage Brain*.

They create a warm and curious learning space where fellow authors discuss their books and writing experiences. They share their passion for teenage brain science and developing tools to support parents and those working with young people.

I appreciated that each episode was only 30 minutes long so that I could walk and learn. I quickly connected with each author's energy and enthusiasm for the

young people they work with, plus their ability to create beautiful, original resources.

At first, I was hesitant, as I find some child resources condescending; however, this did not apply here. I learned something new from each episode.

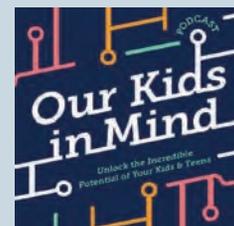
Dawn Huebner teaches parents to be less scared of their child's anxiety and not to wait until they panic to begin teaching them about how our brains work. Karen Treisman shares her trauma-informed way of working and the anxiety she faced creating her latest book, as she chose to write about race and privilege.

As a trauma-informed yoga teacher, it was helpful for me

to hear Karen speak about the importance of safety and language. I loved that she focuses less on buzzwords and 'placing a fruit bowl in reception', and more on what people feel.

The most fun episode was on neurodiversity. Tony Attwood shares terrific tips on working with autistic clients' anxiety, including using yoga, art and special interests like *Dr Who* and *Harry Potter*. I have already shared this episode with clients and parents of neurodiverse children.

This podcast series is a great idea, done well. My hope is they include a diverse mix of authors as the series progresses.

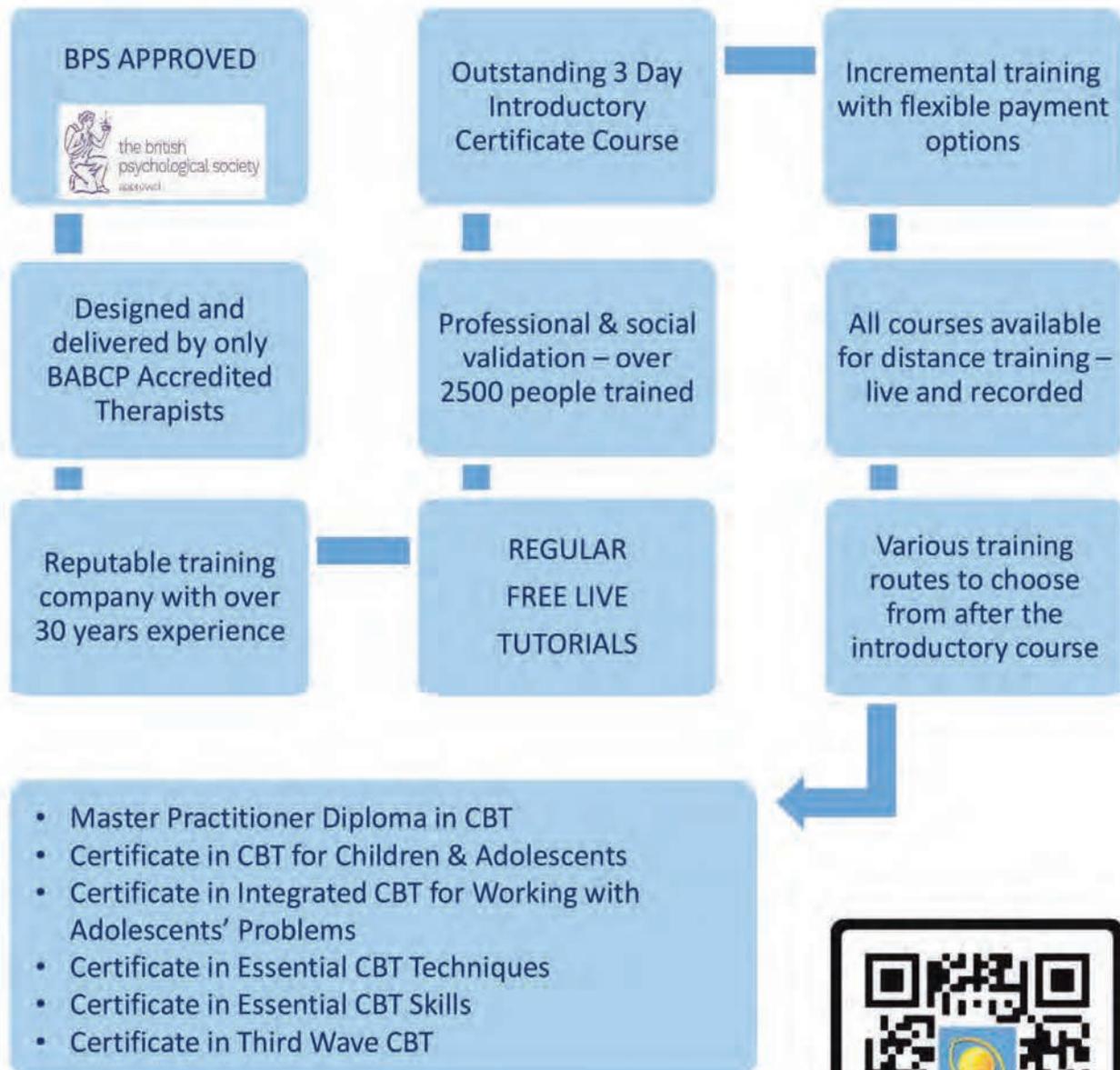


Details

- **Reviewed by:** Lorna Evans, psychotherapist and trauma-informed yoga teacher, The Mind Movement
- **Creators:** Bettina Hohnen and Jane Gilmour
- **Available:** shows.acast.com/our-kids-in-mind/episodes/welcome-to-our-kids-in-mind

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📱 SCAN ME

INVESTING IN OUR FUTURE

ADDRESSING OUR YOUNG PEOPLE'S MENTAL HEALTH CRISIS NOW SAVES SOCIETY MONEY IN THE FUTURE. **JOY PERSAUD** EXPLORES THE SOCIO-ECONOMIC CASE FOR INVESTING MORE IN SUPPORT SERVICES

16

The toxic mixture of a pandemic, climate change and child poverty, added to the myriad challenges faced daily by many children, is ringing alarm bells for those working in child mental health – and beyond – who know that ignoring the issues is untenable.

Tackling the problems experienced by children is key from an ethical and wellbeing point of view, but there is a clear socio-economic case for addressing children's mental health. The Mental Health Foundation UK says mental health services in the UK 'are overstretched, have long waiting times and, in some regions, lack specialist services. Despite this, public spending is focused almost entirely on coping with crisis, with only an insignificant investment in prevention.' The Foundation goes on to describe mental health problems as the largest single

source of world economic burden, with an estimated global cost of £1.6 trillion. And, in the UK, the estimated costs of mental health problems are £70-100 billion each year, accounting for 4.5% of GDP¹.

Unsurprisingly, children's mental health often lies at the root of the problem; it is here that earlier and wider access to psychotherapy would be beneficial. In its report, *Fundamental Facts About Mental Health 2015²*, the Mental Health Foundation puts prevention at the heart of what it does, stressing that the best way to deal with a crisis is to prevent it from happening in the first place.

It states: 'By providing the right information, guidance and support in childhood and adolescence, the chances of developing mental health problems can be reduced for millions of people over a lifetime, with enormous benefits to the individuals directly affected, along with their families, friends and the

communities they live in.' However, Adam Jones, UKCP's Policy and Public Affairs Manager, argues that the government has major blind spots when it comes to children's mental health.

'On the one hand, there is a consistent failure to recognise the impact of wider policymaking on preventing mental ill health – we have seen this with the reluctance to extend the provision of free school meals during the pandemic, as well as the recent end to the Universal Credit uplift,' he says. 'On the other hand, there has been an obsession with increasing access figures for children's mental health support, without putting adequate resource behind this. The result has been a chasm developing between the lower intensity, shorter term interventions, and increasingly overstretched specialist services. With many children not reaching the threshold for specialist support, or facing daunting waiting times, >



mental health problems can worsen in the absence of adequate intervention – creating an ongoing cycle of pressure on Child and Adolescent Mental Health Services (CAMHS).’

Jones argues this gap in children’s mental health services is growing in the wake of the huge disruption caused by the pandemic and says that, as well as a longer term focus on prevention, there is an urgent need to expand the support that is available to children.

‘We urge the government to work with us and our colleagues across the mental health sector to find workforce solutions to ease the pressure on services.

It is simply not a case of “psychoanalytic therapy versus CBT or family therapy”. We



need all hands on deck, and that must include making use of the entirety of the child psychotherapy workforce.’

‘There is a clear need for promotive, preventative and early interventions that address emerging mental health needs, and – where required – more focused or targeted psychotherapeutic support,’ says Dr Marc Boaz (formerly Bush), co-director at Human-Experience and currently training with UKCP. ‘Whilst a political consensus and priority has emerged throughout the four nations, investment and provision has fallen short of the ambitions to meet emerging needs.

‘Research – including the revised national statistics – suggests that the pandemic and lockdowns have resulted in unmet and unidentified need escalating in the community. Escalating and unmet

need results in higher costs within mental health provision, and increased demand on other public and community services. Existing investment in children’s mental health provision is based on pre-pandemic projections and, taking this into account, there is still a lack of capacity in the system.’

LASTING EFFECTS

The benefits of investing in children’s mental health are clear. The Mental Health Foundation report states that 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem, but a staggering 70%³ of children and adolescents who experience these problems have not had appropriate interventions at a sufficiently early age.

The Foundation also notes a lack of recent data around children’s mental health in the UK. It cites a longitudinal study published in 2011 that analysed the data of 17,634 children from England, Scotland and Wales, and found associations between childhood psychological problems and the ability of affected children to work and earn as adults⁴. This study states that the negative estimated effects of childhood psychological problems on memory, agreeableness, conscientiousness and emotional stability are striking: ‘Children with mental health issues show reduced adult cognitive abilities, because the psychological problems may make it difficult to concentrate and remember.

‘Although the association of childhood mental health problems with adult emotional stability is not surprising, we find equally strong impacts on the adult personality components of agreeableness and conscientiousness. Conscientiousness implies a higher level of impulse control and the ability to delay gratification, and has been shown to be an important correlate of success in work and marriage. The ability to control your life and to get what you desire is also negatively impacted by childhood mental issues.’

Similarly, back in 2008, The Children’s Society found that around 70% of children and adolescents who experience mental health problems have not had appropriate

Case study

Working with families

Lou James is a UKCP-registered systemically trained family psychotherapist. She tells a familiar story of working in CAMHS; of more time spent in front of the computer than actually working with families and of such long waiting lists that by the time a young person gets to see a therapist, their mental distress is often at crisis level.

‘Earlier intervention has to be the answer,’ she says. ‘The closure of children’s centres has been a disaster. They were the hub where many parents, especially those living in more challenging circumstances, found help and support before problems got out of control. Parenting courses not only gave them

strategies to cope with their children’s challenging behaviour, but also gave them the time and space to reflect on their own mental health needs. If parents feel supported, they are likely to be in a better place to support their children.’

Family therapy is often at the core of the work done by CAMHS, in the understanding that the mental distress of a young person affects the whole family and, more often than not, may be caused by a dysfunctional family dynamic. Child protection and social work training is increasingly systemic, with the view that trying to understand and help families, rather than judging them, leads to better outcomes for children and young people.

James left CAMHS to set up her own practice, developing it into a small community charity, which offers parenting classes delivered by local mums that she trained and ‘therapeutic’ cooking groups for children and their families, plus gardening clubs, a forest school and ‘camp overs’ for inner-city children. All the families who attend are referred specifically by local schools and all of the activities are fully funded by charity. ‘It’s a very small-scale attempt to fill the gap left by local children’s centres, set up on the basis that prevention is better than a cure. But it’s a drop in the ocean that is the mental health crisis affecting children and young people across the UK today,’ she reminds us.



‘It’s not a case of “psychoanalytic therapy versus CBT or family therapy”. We need all hands on deck, and that must include making use of the entire child psychotherapy workforce’

interventions at a sufficiently early age⁵.

Not much appears to have changed: 'Children are living with the consequences of being long forgotten when it comes to their mental health and wellbeing,' says Mark Russell, chief executive of The Children's Society.

'Based on findings from our *Good Childhood Report 2021*, we estimated that 7% of 10 to 15 years olds in the UK – the equivalent of 306,000 children – were not happy with their lives overall and there has been an alarming decline in

children's wellbeing over the last decade⁶.'

Recent NHS data, adds Russell, suggests one

in six children aged six to 16 in England have a probable mental health condition – an increase on the one in nine children reported in 2017 – and he suggests there has been no improvement in rates during last year's lockdown.

'These are really worrying trends and our research has shown that children's happiness with their lives has the potential to have far-reaching consequences, and has been linked to their attainment and mental health in later adolescence, as well as to their safety and hopes for the future,' he says.

It is clear, therefore, that putting children's mental health higher up the priority list is prudent from a

socio-economic perspective – and psychotherapy could help to achieve this. Andy Bell, Deputy Chief Executive of the Centre for Mental Health, says: 'Children's mental health must be a priority for policymakers at every level. Mental health difficulties in childhood cast a long shadow over adult life, as well as causing significant distress.'

'Children's mental health has been deteriorating for the past two decades, and the pandemic has added extra pressure for many. Poverty, abuse, discrimination and injustice are major risks to children's mental health. We need to take action to reduce the risks children face and provide immediate, easy-to-access support when it's needed. Open-access early support hubs are especially important to ensure young people don't have to wait for help or go through formal referrals.'

Dr Christian Buckland, UKCP psychotherapist and professional advisor to a national mental health charity, concurs. Early intervention, he says, is key to a safer recovery from any mental health issue, which means that ensuring children can access the most appropriate form of mental health treatment is essential.

'If childhood mental health issues are left untreated, we can see an increased risk of more complex mental health conditions later in life, a higher likelihood of drug or alcohol dependency and increased chances of coming into contact with the criminal justice system,' he says.

'In order to provide the best mental health service for children it is important for an accurate assessment to be conducted to identify the most appropriate treatment plan for the child. There are many different issues that children face, and some issues require a specific form of psychotherapy to help ensure the safest recovery, which is why the initial assessment is important.'

Boaz agrees. 'Psychotherapists need to continue to understand the ways in which we can collaborate with children, young people, families, communities and other professionals to bring about change and elaborate new forms of



Case study

Early support hubs

Recent (30 September) findings from the Children and Young People's Mental Health Coalition (CYPMHC), highlighted an increase in the proportion of children and young people with possible eating problems between 2017 and 2020, with rates for those aged 17-19 rising from 45% to 58%⁷.

'We have also seen a rise in demand for eating disorder services, with analysis from the Royal College of Psychiatrists showing a 270% increase in patients waiting for urgent treatment since 2019/20,' says CYPMHC. 'There is an urgent need for the government to invest in support for eating disorders.'

Like the Centre for Mental Health, CYPMHC is calling for a network of early support hubs to widen access to support for children and young people

whose families struggle to know where to turn.

'Despite policy initiatives from government to improve the availability of mental health support for children and young people over recent years, the survey findings highlight the high numbers of those still not seeking support,' states CYPMHC.

Marc Boaz, co-director at Human-Experience, agrees. 'Inadequate early intervention builds pressure across the whole system. For some young people, this also means turning to A&E because they don't know where else to go for support. The children and young people's mental health sector, led by the charity YoungMinds, has been calling for the funding and expansion of early support hubs.

'Similar to family support hubs, early support hubs would offer easy-to-access,

drop-in support on a self-referral basis for young people who do not meet the threshold for NHS mental health services or for those with emerging mental health needs. Those that already exist can be co-located with other youth activities or programmes, or wider support services for young people.

'Evidence from the UK, Australia and internationally shows the high satisfaction levels and positive outcomes for young people who use self-referral early support services⁸. As well as reducing psychological distress, such support tends to attract young people who are more likely to experience mental distress, but less likely to engage with or be able to access mental health services, including young men, LGBTQ+ people, disabled people and Black and minoritised people.'



‘The socio-economic case for addressing young people’s mental health cannot neglect to consider and respond to systemic conditions that increase mental distress’



therapeutic support,' he says. 'The socio-economic case for addressing children and young people's mental health cannot neglect to consider and respond to systemic conditions that increase mental distress. Systemic and societal factors, including poverty, prejudice, discrimination and injustice continue to contribute to children and young people's distress in the UK. Underfunding and the misfunding of children and young people's mental health services can exacerbate the realities of the structural and systemic factors shaping young people's lives.'

DESPERATE NEED

Buckland believes that it is essential that psychotherapy plays an integral role within CAMHS so that the psychological needs of each child and family can be met. As well as CBT, he adds, there are many other modalities that can play an

important function in a person gaining symptomatic relief from the issues they present – an important aspect of recovery.

'In order to help facilitate longer term change, I will often find myself working more psychodynamically, as this enables us to challenge some of the unconscious processes that may have become entrenched from an early age,' he says. 'Psychotherapy also helps to provide a place to not feel pressured into change, instead simply being a space for them.' Russell echoes this. He says it is clear that children and young people are in desperate need of greater support, with many children turned away from services because their needs do not meet the high treatment thresholds for CAMHS.

'That's why we are calling on the government to invest in a network of early mental health support hubs for young people aged up to 25 in every community,

References and reading

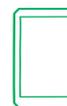
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- (8) unsworks.unsw.edu.au/fapi/datastream/unsworks:8413/SOURCE01?view=true

where children can drop in and get immediate help as problems emerge and before they hit crisis point,' says Russell.

'In addition, we also want the government to commit to large-scale, regular measurement of children's wellbeing, similar to that in place for adults, to get to grips with how young people are feeling. This would enable targeted policies to be developed to improve children and young people's wellbeing and help to prevent mental health problems from occurring.'

Boaz also believes that government intervention is crucial to the wellbeing of children and young people, but states that the psychotherapeutic profession must also act.

'We need to avoid problematising, pathologising or criminalising children, young people or families' responses to the adversity or complexity they are facing, which result from these systemic factors. In the UK, psychotherapy must be a collective call for social action to address contextual socio-economic injustices, as much as a therapeutic offering to children and young people who are subjected to these injustices.' ●



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SPELLING IT OUT

WHY PSYCHOTHERAPEUTIC INVOLVEMENT IN EMOTIONAL LITERACY TRAINING IS VITAL FOR SUCCESS. BY HAZEL DAVIS

Young people's emotional resilience has never been more important. The past five years have seen great changes in how we talk about mental health to young people within the education system, as well as in the media. Yet, the events of the past two years have done a great deal to undermine the work being done in schools and by therapists.

Recognising one's own mental state at an early age allows us to identify when things aren't going well and equips us with the skills to develop resilience. Having better awareness means less likelihood of bottling things up.

UKCP believes that the Department for Education (DfE) should be doing more to ensure that positive changes in the personal, social, health and economic (PSHE) curriculum that promote greater emotional awareness in children are felt across the UK, particularly following the disruption caused by the pandemic.

'The DfE must be proactive about emotional literacy, which is especially important in the current climate. With changes to the PSHE curriculum coming at the same time the government is rolling out mental health support teams in schools in England, it is vital that experienced psychotherapists are consulted to ensure that schools adopt a consistent, holistic approach to promoting emotional literacy,' says

Adam Jones, UKCP's Policy and Public Affairs Manager.

IMPROVING MENTAL HEALTH

UKCP psychotherapist Louise Bolam says, 'Working with children, young people and adults, I have found lack of emotional literacy to be a significant factor in mental health issues.' Put simply, 'Improving emotional literacy improves mental health.' There is a phrase in the psychotherapy/psychology field, Bolam says, "You must name it to tame it" – and this highlights how understanding and having the ability to name something enables one to manage it, rather than be controlled by it.'

Early detection can prevent people from getting to crisis point which, in terms of mental health, would translate to a reduction in the frequency, intensity and duration of mental health difficulties, fewer individuals being medicated and fewer hospitalisations.

A psychotherapeutic approach is potentially most useful, says Bolam. 'It's all well and good devising a programme of teaching, but this may not account for defences in the child or young person and transference/countertransference dynamics.' She adds, 'I wonder how teachers, without the benefit of the psychotherapeutic process, might interpret behaviour, perhaps in ways that miss what is truly going on.'

Emotional literacy training isn't just essential for children, says Bolam.

'I would advocate not only teaching younger children how to recognise their mental state, but also adolescents. As the brain develops, the capacity for understanding increases and it's important there is additional learning, not only to cement what has gone before, but to provide knowledge which better equips the child for their next stage of development. When I've worked with younger children who are struggling with mental health issues and/or a trauma of some kind, I will often tell their parents or carers that the work will probably need to be revisited later in adolescence.'

Urgent preventative work is needed using the expertise of highly qualified, experienced psychotherapists, joined up with other services. >



‘Putting a word to feelings helps to calm the area in the brain associated with emotions’

RECOGNISING TRIGGERS

Since its launch in 2015, Think2Speak has worked with more than 10,000 children and young people, trained more than 5,000 professionals, and supported more than 150 organisations (including schools, community groups and councils) across the UK¹. Its approach uses psychotherapists to increase the advocacy skills and emotional literacy of LGBTQ+ children, young people and their families. Techniques include helping young people to recognise triggers and feelings of anger, supporting children and young people to develop positive self-care skills and ways to manage anxiety, making the space for time to talk and learning ways to express emotions.

Exercises include things like using ‘I’ statements to clearly describe to others how you are feeling and sticking to the point if you’re angry about something, instead of bringing up other issues. Self-care techniques for younger children used by Think2Speak include writing affirmation statements and coping strategies, and creating posters to encourage a sense of control over emotions and how to discuss them.

References and reading

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- (4) lighteducationtraining.com/research.html

The capacity to recognise our sensations and give them words is the first stage of emotional literacy, says child and integrated arts psychotherapist Ellie Baker. ‘We need to be taught a rich vocabulary of words to describe both these bodily sensations and the feelings that accompany them. Research shows that putting a word to feelings helps to calm the area in the brain associated with emotions and so can help to begin to soothe us.’

We also know, says Baker, that when we have big feelings, we need help to be able to communicate some sense of how we are, in order for the adults around us to help us reflect and make sense of what is happening: ‘When we are distressed in any way, our thinking capacity goes offline and our ability to learn is hindered, and so being able to regulate and reflect are essential for learning.’ She likens building emotional literacy to the ‘building of a bottom-up stress management system in the brain and body that can then lead to a top-down calming system.’

TEACHING IN SCHOOLS

Baker teaches modules on emotional health and development for Kernow Initial Teacher Education (KITE) in Cornwall. She has been part of building linked-up language and thinking across schools, psychological services, wraparound care, parenting and family support, and more.

Back in 2018, the government’s green paper on transforming children and young people’s mental health provision committed to having one mental health lead in every school and college by 2025². At the time, UKCP, along with the British Association of Counselling and Psychotherapy (BACP) and the British Psychoanalytic Council (BPC), raised concerns about its focus on resources, urging the government to use existing trained therapists without relying on individuals with limited training.

Baker agrees: ‘I think there is more and more great practice and teaching

about emotional literacy in schools and educational settings, but I think at the same time it has been incredibly slow and needs to be part of the teaching curriculum.’

‘The education in schools around this is simply not enough,’ Bolam adds. ‘Primary schools do it much better than secondary schools and this astounds me because children with better mental health learn more effectively. For emotional literacy to become more effective, it needs to be prioritised on an overall agenda and not be optional.’ ●

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Case study

Helping children to cope with the pandemic

Vanessa McHardy, UKCP psychotherapist, Director of Light Education Training and school mental health and wellbeing consultant, describes the effect the pandemic has had on children's mental health.

'Having worked in schools for almost 20 years as an integrative child psychotherapist, I have seen the massive changes that have occurred. Pre-COVID-19, the stress and pressure on our young people in schools was significant. For example, the government has shifted the expectations of where a child should be academically. A Year 2 child is learning what was previously a Year 4 competence.

'Asking children to do things they are not ready for is abusive, it can only lead to insecurity, feeling stupid and giving up. It shows a real lack of understanding of how intricately linked self-esteem is to learning, and the ability to learn, the ability to give something a go, to sit in the place of not understanding and be curious. Asking children to do something they are not ready to do can only switch children off, not just from learning, but also from accessing their potential. It shuts them down in fundamental ways that halt their enjoyment of being alive.

'I have heard of young children coming to teachers and saying, "I feel sad and I don't know why." This really encapsulates how the collective trauma of the pandemic is being experienced by the child. They sense and feel everything of the adult world, but don't necessarily have the words to be able to express or make sense of that to help settle the mind and then go back to a body that can be a source of love and connection. It is essential that we give children proper time and space with meaningful activities

to make sense and create cohesion, to place the experience in the memory rather than having it remain unprocessed and being continually retriggered.

'We have collectively been living with this threat and fear of death since early 2020, with our whole way of living changed. Children feel this and share, "I am scared to go out"; "I hate COVID-19"; "I am scared my mum will die"; "I am scared of strangers." These are feelings that need to be addressed, and we need to help our young people make sense of what they have all been going through. We need to give them the opportunities to know it is safe to be them in a world that feels unsafe.

'Processing the pandemic is important for everyone, as evidenced by the shocking statistics coming out of the Organisation for Economic Co-operation and Development (OECD) report on mental health, which shows that in most countries, mental health issues among 15-24 year olds have doubled or more³.

McHardy has developed 'The Same Sea, Different Boats, a whole-school COVID-19 reintegration programme', which illustrates how impactful a therapeutic approach can be in a school community.

Working on the premise that 'we have all been in the "same sea" in this global pandemic, but our individual experiences have been very varied – "different boats"', the therapeutically designed programme was formulated to assist school communities to reintegrate, by supporting teachers and students to create a collective narrative of their diverse experiences during the COVID-19 lockdowns in 2020.

'Schools continue to face a lot of uncertainties. There is constant pressure to keep going and adjust

teaching, be it from school or suddenly from home,' says McHardy. 'We can't control the changes outside of ourselves. What we do know is that children and staff have had many difficult experiences, not least not being able to see people and be in their normal routine. We need to provide a safe, structured, creative way for school communities to make sense of this.'

'Same Sea, Different Boats' is a whole-school creative art project which uses art and storytelling to help children and teachers to express their experiences, make sense of them, understand the experiences of others and help them to create a ritual to capture this history in the making.

Staff working on the project are trained by qualified professionals, so they felt supported as they navigated these uncharted waters. The project, which has been rolled out at a number of UK schools, invites parents and staff to a wellbeing session which involves making toy boats. This is followed by a session for the children, culminating in the creation of a community quilt by all participants. The session allows staff, children and parents to connect with and express their feelings about the impact of COVID-19.

Feedback from sessions has indicated a high degree of satisfaction with the activities, allowing children to share their fears regarding the impact of COVID-19 and feel that they are being listened to. Staff were also reported to be positive about the training, particularly because it offered the children the opportunity to understand why they were feeling anxious.

McHardy has also been instrumental in developing Light Education Training's 'Life Skills for Mental Health and Wellbeing: a whole-

school community approach.'

'One part of this is a whole-school communication system that is non-verbal, initially to be fully inclusive of our neuro-diverse children, who make up 25% of the students,' says McHardy. 'Every morning, after playtimes and at the end of the day, we ask "how are you feeling?" and the children show us, on the scale of one to five, using their fingers. They then do a breathing technique that goes from awareness, to choosing the quality of gentleness, so they are reminded of their innate quality of love and stillness. They then again say where they are on the scale; if they remain at five, which is the most stressed, they can decide what happens next. For example, they can go to the quiet, nurturing space in the classroom, sometimes called the "connection corner"; they can write or draw what they are feeling or thinking and are offered posters to colour in to indicate how they feel; they may need to speak to an adult; or go for a walk around the playground. The options are whatever has been decided as a class, to offer containment and consistency.

'Parents can use the posters, which the children can take home. Colouring in the illustrations of gingerbread people on the posters enables the children to express themselves and honour their feelings. To create a safe harbour within, we do 30-second body regulation techniques. These are done daily to help build this inner connection. The other part of the programme is teaching the neuroscience of why we react to not understanding and learn how to respond.

'This work is researched and had amazing results in reducing anxiety and, as an aside, also improves academic results⁴.



THE GAP IN CHILDREN'S SERVICES

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REFERRALS TO CAMHS ARE AT RECORD HIGHS, BUT THERE IS HUGE POTENTIAL TO REDUCE WAITING LISTS IF THE NHS MAKES MORE USE OF UKCP'S CHILD PSYCHOTHERAPY WORKFORCE. BY JESSICA BROWN



Many professionals working in mental health now refer to the time before, and after, the pandemic.

The UK lockdowns not only stalled treatment for mental illness, but also increased demand¹. Referrals to Child and Adolescent Mental Health Services (CAMHS) are at record highs².

Demand for services to treat eating disorders among children and young people is reportedly especially high, says Helen Gilbert, mental health expert at The King's Fund. 'The pandemic seems to have exacerbated this, but it's not clear if there's been an increase, or if the lockdowns resulted in more parents identifying young people with eating disorders,' she says.

Now, the structural problems of staff, and how teams work together within CAMHS, as well as a lack of central provision, are becoming even more pertinent. The Care Quality Commission found in 2017 that many children were at 'crisis point' before they were able to access mental health care because local services weren't working together effectively^{3,4}.

One way to alleviate the stretch on services this is causing, experts argue, is to make it easier for psychotherapists to work within CAMHS.

Psychotherapists are typically commissioned to provide treatment on a case-by-case basis, usually within psychological services, to treat children who've been referred to them, says Gilbert.

TACKLING BARRIERS

'Psychotherapy is largely provided by the private sector and tends to be provided by the NHS when it aligns with NICE guidance,' she says. 'It tends to be quite a small component of what trusts provide.'

UKCP's Policy and Public Affairs Manager, Adam Jones, says that UKCP's

policy team are trying to tackle some of these barriers.

'Children's mental health services are just too stretched to turn away highly qualified child and family psychotherapists from the workforce,' he says. 'We are using all the platforms we have to engage with senior NHS managers to highlight a) the often unseen work of UKCP-accredited child psychotherapists in meeting the gaps in NHS services, and b) the enormous potential to reduce waiting times in CAMHS if NHS services make their recruitment patterns more flexible and directly tap into the UKCP child psychotherapy workforce.'

Dr Christian Buckland, a UKCP psychotherapist specialising in eating disorders, says he receives several enquiries and private referrals every week for children who cannot get help from the NHS or have been placed on a waiting list for an unspecified time. Buckland and his team have closed their waiting list due to the high level of demand. He often struggles to refer to other practitioners as there are very few with the experience or qualifications necessary to work with children.

'This is one of the major issues, there are not enough therapists who work with children due to regulation and lack of training and experience. As these parents are so worried, they often end up phoning every different kind of practitioner in the area until someone agrees to see their child. This can result in being seen by someone inappropriate, which can be extremely detrimental to the child's wellbeing,' he says.

And over the past five years, Buckland has seen an increasing demand for wider psychotherapeutic interventions. 'The complexity of presentations within the child population has increased. There are higher levels of self harm and suicidal thinking, and more need for specialist services and interventions.'

'The demands and expectations on CAMHS have also significantly increased. Cognitive behavioural therapy (CBT) has often been the dominant treatment choice and, while it's a useful therapeutic modality, increasing numbers of children I work with now need more relational, psychodynamic or systemic work,' Buckland says.

This often requires a multi-disciplinary team approach, including input from



‘Increasing numbers of children I work with need more relational, psychodynamic or interpersonal work’

psychiatrists and family therapists, in addition to the work conducted by psychologists and psychotherapists.

Due to the overwhelming demand for CAMHS services, often only those who are very unwell or at risk of suicide are assessed within a reasonable time frame, even then the wait can be painfully long. Once assessed, there is usually an even longer waiting time before being able to access any form of psychotherapy. At the same time, the number of antidepressants prescribed to children has risen by 22% over five years⁵⁶. This is despite NICE guidelines stating they should be taken alongside talking therapies.

There are specialised roles within CAMHS, including child wellbeing practitioners and education mental health practitioners. However, they often only deliver low-intensity and group interventions for mild-to-moderate low-mood and anxiety disorders.

MORE MODALITIES

There could be a wider range of modalities within CAMHS, says Bozena Merrick, Chief Executive, Clinical Director and founder of Terapia. ‘Some CAMHS are opening up to the possibility of employing integrative child psychotherapists, but the majority aren’t.’

Buckland agrees that more psychotherapists with more modalities could be introduced into CAMHS.

‘There would be a wider pool of therapies for the person assessing the child to be able to access, essentially matching up the right therapy for the individual. There will always be some children who will require CBT, but many others need other psychological interventions,’ he says.

‘Providing the most appropriate modality of psychotherapy is so important. Early intervention and the right approach are key to a good recovery. If we get it right, in addition to reducing suffering for the child and family, we can also reduce the risk of those children coming into contact with the criminal justice system or drug and alcohol services later on in their lives.’

UKCP members who have completed a child and adolescent training programme or are family therapists have specific training to enable them to work with children. This training covers issues including development, self-harm, cyber bullying,

social media, trauma and neurodiversity, Merrick says.

There are difficulties when balancing the need for an age-appropriate psychotherapist alongside the need for experience in specialist areas, says Buckland.

‘Ideally, every child would be seen by a child and adolescent psychotherapist who has the right skill set, training and experience for each child, but this isn’t always possible as there aren’t enough CAMHS psychotherapists to meet demand.’

For example, he says, ‘There are specific things you need to know to work with eating disorders, irrespective of the age of the patient. You need someone who knows about the effects of starvation on the brain, who understands the necessary medical investigations, and is aware of issues such as refeeding syndrome.’

‘When you’re working with children, you also need to know how to communicate with that age group, understand childhood development and understand neurodiversity, so it can be difficult to find a practitioner who ticks all the boxes.’

To work around this, there should be more collaborative and multi-disciplinary working, says Buckland, who works with children and adults. The children he works with have all been psychiatrically assessed by a child and adolescent psychiatrist who determined that a referral to Buckland as a specialist psychotherapist was the most appropriate option for the child, given the nature and severity of the child’s presentation.

When speaking about multi-disciplinary working, Buckland adds: ‘Someone who is high risk needs to be seen regularly by a psychiatrist, so the psychological practitioner can do their job, rather than constantly conducting risk assessments. They’re also then able to talk through all aspects of the care as part of a team.’

‘We also need to see better joined-up working with school counselling provision that links to CAMHS and GP services when it’s identified that the child needs more input than school counselling can provide.’

In order to address the lack of psychotherapists working in CAMHS,



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Emma 2020 student



Buckland says: 'Perhaps it is worth looking into developing more condensed courses designed to equip adult therapists to work safely and effectively with children. Currently, conversion courses are usually an extra two years which can be too long for a qualified therapist to commit to. In addition to existing courses, there could be the development of more condensed ones allowing therapists to work with children who are under the direction of a psychiatrist or multi-disciplinary team services such as CAMHS, but would not allow them to work with children independently. We are in a children's mental health crisis, therefore we need to adapt to meet the urgent needs of the population.'

The issue of shortages in CAMHS and allowing psychotherapists to work within its services could also be resolved by the two registers in the UK for child psychotherapy, UKCP and ACP, working together with other organisations to allow all UKCP child psychotherapists to work in the NHS, Merrick says.

But if psychotherapists were better able to work within CAMHS, the service may need to improve first, argues Gilbert, so they can fully use their skills. Because CAMHS has historically been seen as the main – or only – access to secondary mental health services for children and young people, everyone refers everyone to it, she says.

'With this volume of demand, part of the challenge isn't just providing treatment, it's the triage function, being able to go through all the referrals and work out which young people CAMHS can help.'

'When under high pressure, we default to risk orientation and don't always have the time and capacity to give people the opportunity to be heard and work out the right pathway for them.'

Because of this, there is a risk that the skills of psychotherapists and other experienced professionals aren't fully utilised in this setting.

'This could be frustrating when their capacity is being used to work through waiting lists and triage lists and be

involved in demand management, as opposed to delivering interventions that would come further down the line.'

According to Jones, 'There is clearly an appetite, on both the part of the therapists and on those within the sector, to tap into the under-used workforce of UKCP child psychotherapists. While we need to keep in mind the various structural constraints – training requirements, supervision, adherence to NICE guidelines – we must not lose sight of the children and young people who are currently missing out on support. We owe it to them to solve these challenges.'

The government announced a £500 million investment in mental health in the 2021/22 spending review, £79 million of which has been earmarked for children and young people⁷. But more will be needed to improve CAMHS provision, experts say.

'Increasing funding, reducing barriers to high quality training and ensuring all professions inside CAMHS, including psychiatry, psychology, family therapy and psychotherapy, are fully represented, would allow each child to access the appropriate treatment plan that has been tailored to their needs. I believe this is key to tackling the mental health crisis and preventing longer term issues,' says Buckland. ●



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BACK TO OUR ROOTS

THE LINKS BETWEEN EARLY ADVERSE EXPERIENCES AND CRIME ARE CLEAR. SO WHY AREN'T WE DOING MORE EARLY PREVENTION? BY HAZEL DAVIS

We don't need to look far for evidence of a link between crime and mental health. Structural causes of inequality are indicators for poor mental health, and these are also likely to be found in the criminal justice population. Statistics from the National Audit Office suggest that among prisoners in England and Wales, as many as 90% have poor mental health, including PTSD and depression¹.

Early intervention in trauma cases is essential. Of course, not everyone who is disadvantaged will have poor mental health and/or end up in the criminal justice system. But the work around adverse early experiences is damning. Studies have shown that child abuse and neglect increase the risk of later forms of antisocial behaviour, including violence perpetration and crime in adulthood².

Forensic psychotherapist Pamela Windham Stewart, author of *The End of the Sentence: Psychotherapy with Female Offenders*³, has worked in some of the largest women's prisons in Europe, including HMP Holloway. She founded Born Inside, an initiative to provide psychotherapy to pregnant women and women in the mother and baby unit

at prison HMP Bronzefield. She says the issue goes back to childhood – or even earlier. 'Many of the people I have worked with have had adverse childhood experiences. Many of them had brutally torn-apart childhoods and moved in an almost predictable way towards crime.' It's unsurprising, she says, 'If you'd had their childhood, you would, too.'

ACTING TOO LATE

What is surprising, she says, is the lack of attention paid to this before it's too late. 'It needs to start before a baby is born,' she says, 'Most domestic violence starts when a woman is pregnant. You hear things like, "I was pregnant before, but he kicked the baby out of me." In fact, men who have been victims of terrible childhoods often find pregnancy unbearable.'

Windham Stewart's work with young mothers unearthed the same consensus time and again. 'They'd say, "Isn't it a shame I had to come to prison to get therapy?"' The problem, she says, 'is that you can't reflect on a relationship unless you've had one.'

Neither trauma nor contact with the criminal justice system occur in a vacuum, says integrative psychotherapist Erene Hadjiioannou, author of *Psychotherapy with Survivors of Sexual Violence: Inside and Outside the Room*⁴,

'They are experiences of people and systems that hugely affect the quality and trajectory of one's life and wellbeing.'

This childhood trauma can include anything from physical to psychological, and/or sexual abuse, neglect, abandonment, or separation from parents/caregivers, and growing up in a home where adults have substance-abuse problems.

'Childhood trauma forcibly reconfigures our sense of self, what relationships are like with others and our experiences of what the wider world is like,' says Hadjiioannou, 'When there is less safety and stability in all of these areas, people are forced to do whatever possible, within limited parameters, to navigate their lives.'

These stressors manifest in many different ways, including common mental health issues, such as depression and anxiety, as well as more severe forms, such as difficulties in understanding and managing emotions, hypervigilance, and difficulties in sustaining relationships. 'My professional experience has revealed the potential of misdiagnosis of post-traumatic symptoms as borderline personality disorder, particularly in women who are in the criminal justice system,' Hadjiioannou says. 'Most women I met in the criminal justice system were diagnosed with bipolar disorder, but not

‘Almost everyone I came across had some pretty terrible incident occur in childhood’

post-traumatic stress disorder, when the latter was much more evident in what they brought to appointments.’

Of course, most people who experience childhood trauma do not end up breaking the law. However, says Hadjiioannou, ‘Someone may come into contact with the criminal justice system because other interventions have not been in place to break the cycle of trauma.’

A VICIOUS CIRCLE

The links are clear. A lack of mental health support throughout someone’s lifetime can create an inability to work because of poor mental and physical health inadequately supported by benefits. This creates financial stress and can, in turn, feed into an inability to leave an abusive relationship. ‘If stress accumulates without enough safe support to alleviate it, recovering from past traumas to live differently in the present is extremely difficult,’ says Hadjiioannou.

And by the time one gets to prison: ‘The mix of pre-existing mental health difficulties, the stresses of the prison environment, being away from loved ones and not having a range of freely accessible options to manage one’s mental health in prison can worsen it, for many,’ forcing something of a vicious circle. Rates of suicide are high, particularly amongst male offenders, in the prison system – in fact, Safety in Custody statistics⁵ show every five days a person in prison takes their life and that in the UK self-harm has reached record levels.

Like many things, it’s a matter of provision and money, says Michael Parker, former director of therapy at HMP Send Women’s Democratic Therapeutic Community and former

principal psychotherapist/group analyst at Oxford Health NHS Mental Health Care Trust. Parker also spent 10 years at HMP Grendon working with men who had committed everything from armed robbery to sexual assault. Here, he says, ‘The rate of childhood trauma was very high, but it’s so infrequently talked about in favour of the crime and the terribleness of it.’ Parker adds, ‘Almost everyone I came across in my own work had had some pretty terrible incident occur in childhood. This also included trauma by neglect.’

At HMP Grendon, and with other cohorts, says Parker, ‘a high proportion of sex offenders have premature sexual experiences. For those who don’t become sex offenders, there’s a protective factor, such as one or two good relationships to steer them away.’

Parker’s work with prison-based offenders who were survivors of trauma was informed by analytic psychotherapy. ‘Understanding has nothing to do with excusing,’ he says, ‘but it just makes sense to talk about why someone becomes a paedophile in relation to their background.’ He says, ‘We had to create a culture within a wing of 40 men and 8-10 staff. The way you respond to people speaking about what they need to speak about in therapy groups enables the possibility of them being heard and understood. It has to move in a different direction to that of shock, anger and horror. Our approach was always, “Why did you do that?” At the same time, we have to maintain an eye on how risk is reduced.’

EARLY TREATMENT

There is good work being done. For example, the Oxford Parent Infant Project deals with children below the age of two and is a form of short-term parent-infant psychotherapy that considers the emotional health of the infant as well as that of the parent⁶. ‘They got funding because there is recognition of the damage that can be done in these early days,’ says Parker.

But this early intervention pays off. Trauma-informed support and decision-

making should be key for policy makers to include, says Hadjiioannou, and should include more specialised intervention to identify and address mental health issues, from early intervention to suicide prevention and crisis support. ‘More adequate systems of diagnosis and treatment should be in place, too,’ she says, ‘especially as many people receive the former without the latter.’

It is easy to see surface-level behaviour and its consequences, and quite rightly try to safeguard people as a response. But what also needs to be included as a response, says Hadjiioannou, ‘is safeguarding the mental health of people with childhood trauma who also end up in the criminal justice process. The impact of childhood trauma shows up in many spaces and there need to be more professionals ready to step towards offenders to support them before a crisis point, especially as such support isn’t easily accessible for all.’

These interventions just aren’t happening, says Windham Stewart. ‘In the past six years it’s been decimated. When I was at Holloway there were 30 therapists. So where are they now? They haven’t gone to other prisons.’

Policy makers could enable a top-down approach here, with therapists on the ground working with survivors of childhood trauma at a grassroots level, to meet more successfully in the middle.

‘Psychotherapy has so much to offer and connect in a relevant and social way,’ says Windham Stewart. ‘Currently this is a disaster for children, and we know where so many end up. Psychotherapy is rigorous, strong and ethical enough to take on this work and I wish it could be done.’

Windham Stewart is passionate that this change happens before crimes are committed. ‘Especially after COVID-19, there is this massive chasm created for children unable to keep up. We hear about children stealing sachets of ketchup because they’re starving. We aren’t noticing and that’s down to our fear of emotion and our passion for blame and punishment. We simply have not risen to the political and social challenge.’ ●



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ALEX NORRIS,
Labour MP for
Nottingham North

Norris was elected to Parliament in 2017 and was Shadow Minister for Prevention, Public Health and Primary Care until being appointed Shadow Minister for Levelling Up in November 2021.





‘I want to **try** to **move** away from a **medical model**’

ALEX NORRIS MP IS SHADOW MINISTER FOR LEVELLING UP AND REPRESENTS ONE OF THE UK'S MOST DEPRIVED CONSTITUENCIES. HE TELLS CATHARINE ARNOLD ABOUT THE LINK BETWEEN CHILD POVERTY AND POOR MENTAL HEALTH

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Alex Norris has been the Labour MP for Nottingham North, one of the most deprived constituencies in Britain, since 2019. Since this interview, he has been appointed Shadow Minister for Levelling Up in the November opposition reshuffle, but at the time of speaking, he was Shadow Minister for Prevention, Public Health and Primary Care. The theme of our interview was to be the detrimental mental and physical consequences of childhood deprivation, but first, appropriately for *New Psychotherapist*, we discuss the fact that Norris was one of the earliest IVF babies because his father had terminal cancer.

I asked whether this formative experience accounted for Norris' interest in health and his appointment as Shadow Minister for Prevention, Public Health and

Primary Care in Labour leader Keir Starmer's first opposition frontbench. 'I think it does. My father had cancer for four years before I was born, then he died two years after I was born – all that has given me a strong interest in the health service. I wouldn't be here without it. But I'm also interested in the impact that poor health has on families. That was probably the defining episode of my childhood and, therefore, has significantly shaped me as an adult.'

Poor health and deprivation are familiar issues for Norris. Having been elected as an MP in 2017, his maiden speech called for the abolition of poverty. Norris is familiar with disadvantaged communities, having come to know Nottingham North inside out as a researcher to former MP Graham Allen, and as councillor for Basford, one of Nottingham North's wards.

At present, Norris is involved with the progress of the new Health and Care Bill, which he has spoken on at some length in relation to dementia. I asked him if this bill had any implications for mental health.

'We need a Health and Care Bill that really integrates health and social care in this country, so that people don't have to call five different numbers to arrange care for their loved ones; so that the care they are getting for their mental health is integrated with the care that they are getting for their physical health.'

'In the committee dealing with the bill, we try to see positives and try to flesh that out, particularly around mental health. What we want to see is a stronger seat at the table for mental health services in a given community, so that planning decisions around population health have mental health at the heart of them.'

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Church Ln, Lowestoft NR32, UK

Full-time

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Pay scale: Zone 3 Grade F

Department: The Everitt Academy

Pay zone: Zone 3 - Rest of England (excluding NE)

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Norris believes earlier interventions and more investment are needed in the mental health of children and young people

41

‘We want planning decisions around population health to have mental health at the heart of them’

Norris is also working with the Teenage Cancer Trust, which helps teenage cancer patients with mental health issues. The diagnosis must be particularly distressing for teenage patients, and their families. How does the Trust address this?

‘It’s about understanding that when a young person has cancer, it isn’t just about the physical impact, it’s about their mental wellbeing, their social development and the support they need for that, too. I thought it was great to talk about this approach and to plug it more widely, so I do as much as I can.’

So, is that approach more psychotherapeutic than medicalised?

‘Yes. I want to try to move away from a medical model so whether that’s accessed through Child and Adolescent Mental Health Service (CAMHS) or Improving Access to Psychological Therapies (IAPT), or even social prescribing, we’re taking a “what does that individual need?” approach, rather than a “what does a cohort of individuals need?” approach.’

From a policy perspective, your job as Shadow Minister for Prevention, Public Health and Primary Care meant you spent a lot of time in Parliament doing written questions, which enable MPs to ask the government for information regarding the work of government departments and related bodies. How do you think public health-informed policy making affects public health?

‘We’ve been through this extraordinary period with COVID-19, where suddenly public health decisions have come very

much to the forefront, so I hope that we can keep some of the spirit of that, in listening to experts and keep that at the centre of policy making.’

You recently voted against the government’s proposed hike in income tax to fund the NHS. Can you explain why?

‘I’m a Labour politician. I love the NHS. We, of course, always want better investment in it, but at its root, what we were promised was that the money raised by the tax wasn’t supposed to be for the NHS, it was supposed to be for social care reform. But there was no reform. There’s very little money for social care, and we thought that using National Insurance as the vehicle for increasing that tax was one that would hit working people, at a time when the economy’s still struggling. Cost of living increases are hitting all working people and people on fixed incomes too, so I thought that was a bad way to do it and so we couldn’t support it.’

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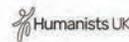
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'Investing in our young people is, to use the language of the day, a levelling up issue'

UK children are apparently the most unhappy in Europe. Do you think that addressing children's mental health should be a priority for every government?

'The first principle is to accept that the government has a role to play here. If we look at Scandinavian countries, or France or Germany, which are culturally and economically similar, there's not much difference in terms of the environmental factors for our children's mental health.

'But the fact that we are an outlier should say to us that something is wrong, and the government should enter that space. Our young people have this dual morbidity of poor mental health and obesity and I think we should have a sense of purpose as government, as Parliament, to say that, actually, we don't want that for our children, that's not good enough for our young people, we think that's going to restrict their life expectancy, how they thrive at school and at work – but, also, for society that's a desperately bad situation. Because if people aren't able to enter the economy and have good lives then it's a very toxic combination.

'I think one of the main reasons that Britain is an outlier is because we're so bad at mental health services – or having the capacity in our mental health services – for our young people. Because I know, as a constituency MP, that trying to get a child into a CAMHS service is really, really hard. We know the service is of very good quality, but the waiting lists are so long. It's desperately heartbreaking. As a country with the resources we have, we should be doing much better than that.'

There's a theory that a cost-benefit analysis could be done about the advantages of psychotherapy

for children with mental health problems. The argument being that the more we invest in the mental health of our young people, the better their life experiences and the more they will be able to contribute. Do you think this is a valid way forward?

'One of the central principles of my political beliefs is that those early interventions are the best for people because treatment earlier in life is better for the person, but also best financially because the impact is greater.

'If we stood in the middle of Bulwell Market in Nottingham and stopped 50 people to ask them, "What do you think about investing in the health and wellbeing of our young people?", whatever their political views, from farthest left to farthest right, everybody would say, "That's a good thing," and there is broad agreement on this across the country. But in the past 25 years, we've not moved forward. It seems as if policy makers just cannot find within the Treasury a financial model that says you're going to invest now on a return that's going to be in 15 years' time. How do you do that?'

In this context, could the Leadsom review, 'The best start for life: a vision for the 1,001 critical days', yield some positive results?

'Andrea Leadsom, a former Tory cabinet minister, has released the review which is a reboot of early-intervention policies. The root of that is trying to persuade the Treasury to make those investments in early intervention and, coming out of the COVID-19 pandemic, we think the case for it is even stronger. The Leadsom review is a crossroads moment for the government. It's trying to land this idea of investing in our young people which is, to use the language of the day, a levelling up issue. Where are the child health outcomes worst? Well, that's in the poorest communities so, if you're really serious about levelling up, where better to start than with the health and wellbeing of our young people.' ●

Timeline

ALEX NORRIS, MP FOR NOTTINGHAM NORTH

1984

Born in Altrincham, Cheshire. Educated at Manchester Grammar School.

2003

Read History and Politics at the University of Nottingham.

2005-06

Parliamentary researcher for Graham Allen, MP for Nottingham North.

2011

Elected to Nottingham City Council as Councillor for Basford.

2015

Joined UNISON as an Area Organiser.

2017

Elected MP for Nottingham North.

2017-18

Parliamentary Private Secretary to Shadow Health Secretary Jonathan Ashworth.

2018-19

Shadow Minister for the Department of International Development.

2018-19

Opposition Whip.

2019

Shadow Minister for Prevention, Public Health and Primary Care in Keir Starmer's first opposition frontbench.

2021

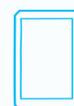
Appointed Shadow Minister for Levelling Up in November reshuffle.

Feature



Do intercultural couples come from different semantic worlds?

ARTICLE BY REENEE SINGH



What do you think?

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opinions by emailing:
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A RESEARCH STUDY FUNDED BY UKCP AND THE ASSOCIATION FOR FAMILY THERAPY AND SYSTEMIC PRACTICE BY REENEE SINGH, VALENTINA LUGLI AND JULIA KALAYDIJAN

How many readers of *New Psychotherapist* would identify as being in an intercultural couple? With one in ten couples in the UK being intercultural (2011 Census) and the growth of immigration and advances in global technology, intercultural couples are on the rise.

In London, it is predicted that by 2030, 50% of people will be foreign born and in the UK as a whole 2.3 million people will be in mixed relationships, suggesting that multiculturalism in couple and family relationships is a trend that will rise in the nation's capital and beyond. Although there is now a body of literature about intercultural couples in the US, there is little from the UK. We hope that our research into the cultural significance of language can help psychotherapists promote understanding between partners from different backgrounds.

As psychotherapists, many of us encounter couples or children and young people from dual heritage backgrounds in our practices. Given this high number of intercultural couples, UKCP members need to develop the skills for collaborating with this client base. It's essential to try to understand the linguistic and cultural differences which can create barriers and cause communication problems between clients in this situation. I hope our research will help therapists collaborating with intercultural couples to make sense of the 'enigmatic episodes' which occur when these couples reach an impasse.

The study described in this brief article was part of a larger multi-site, mixed methods study, based in the UK and Italy.

'It's essential to try to understand the cultural differences which can create barriers'

It drew on Ugazio's theory of 'Semantic Polarities' (Ugazio, 1998, 2012/2013),¹ which posits that families and couples construct their conversations through semantic polarities – that is through opposite meanings and that all members of the relational dyad take up a position within the meanings.

The concept of semantic cohesion, introduced by Ugazio and Fellin (2016),² indicates how much partners share the same semantics both because they took part in contexts characterised by the prevalence of the same meanings, and because they can use the characteristic meanings of the other. The semantic cohesion index is calculated on a scale from 0 to 1, with 0 meaning the partners do not have any semantics in common, while 1 means that they share all four semantics.

EXPLORING SEMANTICS

The four semantics that predominate are: semantics of freedom; semantics of power; semantics of goodness; and semantics of belonging. While all families use all these semantics in varying degrees, different semantic areas will be identified in different families.

Before we continue, here is a brief explanation of what these semantics mean. Semantics are intersubjective. They represent conversational realities that are constructed in families. Each semantic is associated with a psychopathology and is associated with different values, definitions of self and others, ways of relating and emotions/feelings.

Within the semantic of freedom, the main polarities are 'freedom-dependence' and 'exploration-attachment'. The main emotion is fear/courage. The associated psychopathology is anxiety/phobic disorders. Conversations in these families are organised around episodes of fear, courage, the need for exploration and independence.

Within the semantic of goodness, the main polarity is good/evil and the associated psychopathology is obsessive

compulsive disorder. The emotions are disgust/pleasure. This semantic is organised around episodes that bring into play intentions to do harm, selfishness, greed, guilty pleasure and goodness, innocence, purity, asceticism, sacrifice and abstinence.

Within the semantics of power, the polarities are success/failure, and the associated psychopathology is eating disorders. The emotions are shame/boasting, and the conversations are organised around winning, losing, adapting, resisting, competing, success and failure.

Within the semantics of belonging, the polarities are around belonging/exclusion. The main associated psychopathology is depression, and the emotions are joy/anger, cheerfulness/despair. The conversations are around honour, disgrace, being chosen or rejected, being included or excluded.

Basing our research on the question, 'How do intercultural couples negotiate the differences in meaning that may emerge in their conversations, ways of interpreting their world and their interactions?' we interviewed ten intercultural heterosexual couples who met the following criteria:

- One partner should be from the West (US, Europe, the UK and Australia)
- The other should be a migrant from Asia, Africa or Latin America
- The migrant partner should have arrived in the UK after the age of 12
- The couple should have cohabited for at least a year.

Our research method consisted of videotaped clinical couple sessions, which were analysed using the Family Semantics Grid (Ugazio & Guarnieri, 2017).³

Looking at the results of our research, almost half (45%) of the total of the semantics found using the semantic grid tool belonged to the semantic of freedom. Freedom was the most prevalent semantic by far, for both the western and non-western partners. People whose main semantic is freedom tend to be very adventurous, keen to experience new cultures, emancipating themselves from their own backgrounds and intergenerational family patterns. Nevertheless, they need a secure base to return to, which they often find in the partner who is from the country where they



are living. The other partner might often be in the negative pole of the semantic of freedom, indicating that they have a calmer character, are less courageous than their partner but are still attracted to their partner's fearless nature. In other instances, both partners belong to the positive pole of the semantic of freedom, and find themselves living in neutral territory, represented by their new country of residence.

POWER PLAY

The semantic of power was the second most used semantic across the sample and covered 25% of the semantic discourse. This seemed to be used most in conversation by the non-western partner and was revealed in the dichotomies of winner/loser and prevailing/succumbing which may dominate the interpersonal world of those who have moved to a different country. The semantic of power is underpinned by feelings of shame, pride and inadequacy/adequacy. Having to accommodate the other partner's values, beliefs and ways of relating, as well as taking on the challenge of expressing themselves in a new language and adopting new family dynamics, could explain why the non-western partners expressed themselves through the semantic of power. Moving to a different part of the world often provokes a feeling of displacement and having to come to terms with a loss of identity, comfort and familiarity.

References and reading

- (1) Ugazio, V. (2013). *Semantic polarities and psychopathologies in the family: Permitted and forbidden stories* (trans R. Dixon), New York, NY & London, UK: Routledge. (Original work published 2012). First edition 1998.
- (2) Ugazio, V. & Fellin, L. (2016). 'Family semantics polarities and positioning. A semantic analysis', in Borcsa, M. & Rober, P. (eds) *Research perspectives in couple therapy: Discursive qualitative methods*. Cham, Switzerland, Springer, pp.125–148.
- (3) Ugazio, V. & Guarnieri, S. (2017). 'The Family Semantics Grid II. Narrated Polarities in Couples.' *TPM*, 24(2), June 2017, pp.215–253.



The semantic of goodness does not seem to play a significant role within our study, and was used only 9% of the time. As this semantic is often linked to religious values, perhaps our sample reflected a level of assimilation of each other's beliefs prior to treatment. However, in our sample, we recognise that at least one partner within the couple did not have strong religious affiliations, so the semantic of goodness might not have played a role because of the absence of a contrast in religious beliefs. Indeed, where one of the partners was religious, the other accommodated and sometimes embraced their values.

Finally, the semantic of belonging was used 22% of the time. Belonging plays a significant role within multicultural couples. This may be because both partners identify as being outsiders, not fitting in within their family and social circles, being perceived as outcasts and unworthy. This can be fuelled by feelings of despair at being misunderstood and being the outliers in their own environment. The semantic of belonging was the second most frequently used semantic by the western partner. One reason for this could be that forming a bond with somebody outside one's own culture might elicit feelings of isolation and being an outsider. Having abandoned their old ways, these individuals feel excluded and misunderstood by their peers.

The average semantic cohesion index for this sample was 0.67, indicating a medium-high level of coherence across semantic predominance in the couple.

Another point emerging from the analysis was that semantic cohesion seemed to be higher for those couples

where the non-western partner had been living in the country for a long time and had adopted the nationality of the host country. This played a role in how well the couple were integrated with each other and also in terms of assimilation of each other's semantics. However, we would need to substantiate this further.

Although the quantitative data throws up a few interesting patterns, it is based on a small and disparate sample, so cannot be generalised to a wider population. These early findings would need to be extended to a larger and more homogenous sample, in order for us to substantiate the findings. At another level, as clinicians, we became interested in understanding the interactional processes between the couples and between the couple and their clinician. We believe that this can best be done through qualitative, process research.

Finally, we concluded that there seems to be a correlation between being an intercultural couple and the semantics of freedom and belonging. The study supported our assumption that a part of the attraction between intercultural couples is rooted in both the need for adventure and that of being part of a group; the need to move away, and to form roots; the need to be free, and to form a sense of identity with another. This research, and further research along these lines, will be helpful not only to UKCP members, but to policy makers who need to consider the issues of linguistic and cultural differences between partners' relationships and within families. Therefore, we call upon policy makers to invest in funding for this significant and timely research. ●

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‘We must aim to serve the public’

OUTGOING UKCP CHAIR MARTIN POLLECOFF REFLECTS ON HOW THE ORGANISATION HAS MOVED FORWARD DURING HIS TENURE. HE TELLS CATHARINE ARNOLD ABOUT HIS GREATEST ACHIEVEMENTS AND HOPES FOR THE PROFESSION

Martin Pollecoff’s announcement that he was stepping down as Chair of UKCP after serving just two years of his second four-year term should not come as a surprise, it was a condition he set when starting a second term. According to Martin, it was also time to move on.

‘I’m 72,’ he says, ‘and I shouldn’t be doing this at 72, somebody else should be doing it! With COVID-19, the world is no longer the same, and there is a clear generational shift taking place. It’s one that is tearing organisations apart, whether that’s in politics, business or the arts. There are new world views, and we need younger people to help us make the changes.’

Martin had actually planned to step down two years ago, but stayed on because there was vital work to be done developing UKCP’s relationship with other mental health charities and with the NHS. This relationship has matured over the years, following increased policy and research work by UKCP.

‘SCoPEd [Scope of practice and education for the counselling and psychotherapy professions – a cross-organisation collaboration aiming to agree a shared, evidence-based competence framework to inform the core training requirements, competences and practice standards for counsellors and psychotherapists who work with

adults] and all the other work we’ve done has been part and parcel of moving towards working with the NHS,’ Martin says. ‘Throughout the seven years I’ve been Chair, we’ve been driven towards working with the NHS and collaborating with other mental health charities. I thought it was remarkable when we managed to get ourselves, BACP and BPC to actually meet Paul Farmer of Mind. A remarkable victory, he actually wanted to meet us. Why? Because we were working together.’

CAMPAIGNING FOR ACCESS

One significant outcome has been the announcement that Health Education England is launching a fully funded Level 7 pilot training programme in psychotherapeutic counselling this year. This is a direct result of UKCP’s campaign, alongside our sister bodies, to increase public access to high-quality psychotherapy and funded training in the NHS. This means that more people experiencing common mental health issues will be able to access much higher quality support and represents a positive and inclusive shift in training and employment opportunities for therapists, at a time where there are still significant financial barriers to training. It was also a great opportunity for UKCP’s training organisations.

‘It means people have to be trained, so we put it out to our training organisations that they should bid for it,’ said Martin. ‘We were not the only body invited to bid for it, but we’ve got good training organisation members – including universities – who will be really well suited.’

IMPROVING ACCESS TO TRAINING

Another significant development on Martin’s watch has been the UKCP bursary scheme, originally announced as one of Martin’s manifesto pledges in 2015. Free student membership and a bursary scheme which was originally just for trainees was introduced in 2017, but the scheme was expanded in 2021 to cover students and trainees. Since the first UKCP bursary was given in 2017, £20,000 has been allocated to the bursary budget each year. From 2020, this has included donations from members and, in 2021, an extra £16,000 was added. The bursaries play an essential part in encouraging diversity in the profession by helping students and trainees overcome some of the financial barriers to training.

‘In the first year we got 28 applications and each one was heartbreaking,’ said Martin. ‘I read them all through with Janet Weisz [former UKCP CEO] and there were people who had to choose between food for their baby and books. No one



MARTIN POLLECOFF

An integrative psychotherapist and supervisor in private practice, with extensive management and marketing experience, Martin was previously a member of the UKCP Executive Team and the Editorial Board (2012-2015). He is founder of The Long Boat Home, an organisation offering reduced-cost therapy to former military personnel and their families.

should have to do that.'

Another development during Martin's period as Chair is that UKCP has become more outward facing, appointing a journalism professor, Sarah Niblock, as CEO in 2017, and expanding the role of communications and PR. The most obvious symbol of this change is the UKCP members' magazine. Formerly known as *The Psychotherapist*, it has been rebranded as the *New Psychotherapist*, a campaigning publication with the explicit intention of promoting psychotherapy. Could Martin explain the reason behind this dramatic transformation?

'The publication was a common-room magazine and, by changing it, we made something that goes to every MP, key

influencers and news desks, because what we did find out was that MPs have no interest whatsoever in mental health – except when they do. If there's a question on it, they say to somebody in their office, "Tell me what this is about," and because they have the magazine, they can ring us.'

Social projects were another recent development, including an initiative which linked food banks with mental health, but the most unforeseen challenge was the COVID-19 pandemic. In the face of a potentially life-threatening virus and stringent government restrictions, Martin led UKCP to advise therapists to move away from in-person consultation.

'There are new world views, and we need younger people to help us make the changes'

WORKING TOGETHER

Looking back over his time as Chair, Martin's proudest achievement has been building on the collaborations with other mental health charities, BACP and BPC, 'because on our own none of us can get anywhere. Nobody wants 14 different regulators coming in to see them, I'm proudest of that.

'Internally, the Board is now very good – by that I mean there aren't the normal rows every time we get together. There haven't been rows, there hasn't been a stomp-off. It just hasn't happened.

'Part of the skill of leadership is knowing when to go so that you can create space for something new to happen.

'The next step, and I doubt if we will get this done before I leave, is to make governance changes. We have over 10,000 individual members. If we can harness just a small proportion of their talent, then heaven knows what we could achieve.

'The proposals we have put forward as part of the governance consultation will showcase talent in our members. Plus, they cement the centrality of our multi-modality approach.

'We should treat college boards with the same respect we treat the Board. As trustees we are elected, we hold office for a fixed time, we have clear tasks and we are accountable for our actions. The external world looks to us for professionalism.'

And what will Martin do next?

'Probably sulk for a while. I will miss this, and I will miss the people I have worked with – but it's the right time for me to go. But as I said, leaving is a creative act; it allows change to happen.

'After that, I am not sure, but the universe will provide – it always has done.' ●

On Screen

Psychotherapist Michaela Chamberlain explores how intergenerational trauma is a central theme of HBO drama Succession

Brian Cox *as Logan Roy*

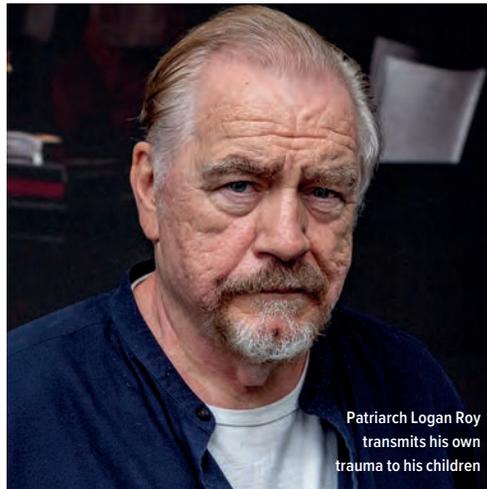
The HBO series *Succession* opens with the drama of who in the family will take over the international media empire from the misogynistic, abusive patriarch Logan Roy. This feels like a niche setting for a series, given that it's not a familiar dilemma for most viewers. However, the main question in *Succession* represents a universal truth for all of us.

While, on the surface, *Succession* deals with the fantastical world of the super-rich, with the unstoppable driving force of an aggressive patriarch at the helm, the show also portrays a simple story that resonates with us all.

That is, the impact the parents' actions have on the child and how these actions resonate through the child's life into adulthood and beyond, for better or worse. A pattern that would now be described as intergenerational trauma.

It is not unusual for someone to enter therapy feeling like a fraud or feeling they do not have a proper reason to be there, and then gradually speak more and more about incidents of horrific trauma experienced at the hands of their primary carer. Nor is it unusual for someone to come to therapy without feeling as if they have any justifiable reason to be there and retell events around an absence of emotional contact or care throughout childhood.

There are many reasons why a person may feel that they are 'making a fuss' over what they experienced. What *Succession* illustrates so well is the transmission of trauma between generations and how this transmission makes it even harder to grab hold of, let alone name, the trauma. The children in *Succession* are all privileged in terms of the American dream, they have a father who has come from a poor background and has become extremely successful and influential, giving his children immense wealth and access to sections of society that are cordoned off to the majority. However, the father's success also leaves the siblings



Patriarch Logan Roy transmits his own trauma to his children

'It is a story of intense sibling rivalry, each desperate to be the most loved by the father'

fighting for who will be the chosen one to succeed the father. It is a story of intense sibling rivalry, each desperate to be the most loved by the father, to be 'special'. The main hook is the ongoing unresolved question of who will be 'the one', which is the perfect transmission of the father's own trauma.

Logan Roy came from a physically abusive childhood, brought up in neglect. The longer the father maintains the children's longing for his love and approval, the longer he can return to the scene of his trauma, the trauma of feeling not good enough for his parents, and he can be soothed by his children fighting for his attention and needing him. The unfortunate side effect of the father's solution to his own childhood pain is that, in withholding his love for his children, they are now left feeling as if they too are not good enough. Rather than trickling through the generations, the fallout from the father's childhood trauma courses like a violent current through his children's lives.

The children respond to the trauma in separate ways, but the thread that runs through them all is an extreme fear of intimacy and vulnerability. Yet all have a desperate craving for contact, even if it can only be sustained momentarily.

It is that need for connection, even if it can only be tolerated briefly, that gives adults who have had difficult and abusive childhoods the courage to enter therapy. It is often once they have had the chance of hearing their experiences spoken aloud that they can realise that they have a lot to 'make a fuss' about. ●

Season three of Succession was released in October 2021

What have you seen on screen that is ripe for therapeutic analysis? We'd love to hear your ideas.

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