

# NEW

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## EXCLUSIVE INTERVIEW

*Couples Therapy's* Dr Orna Guralnik

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# PSYCHOTHERAPIST

THE MAGAZINE FOR MEMBERS OF THE UK COUNCIL FOR PSYCHOTHERAPY

SUMMER 2024 ISSUE 86



+

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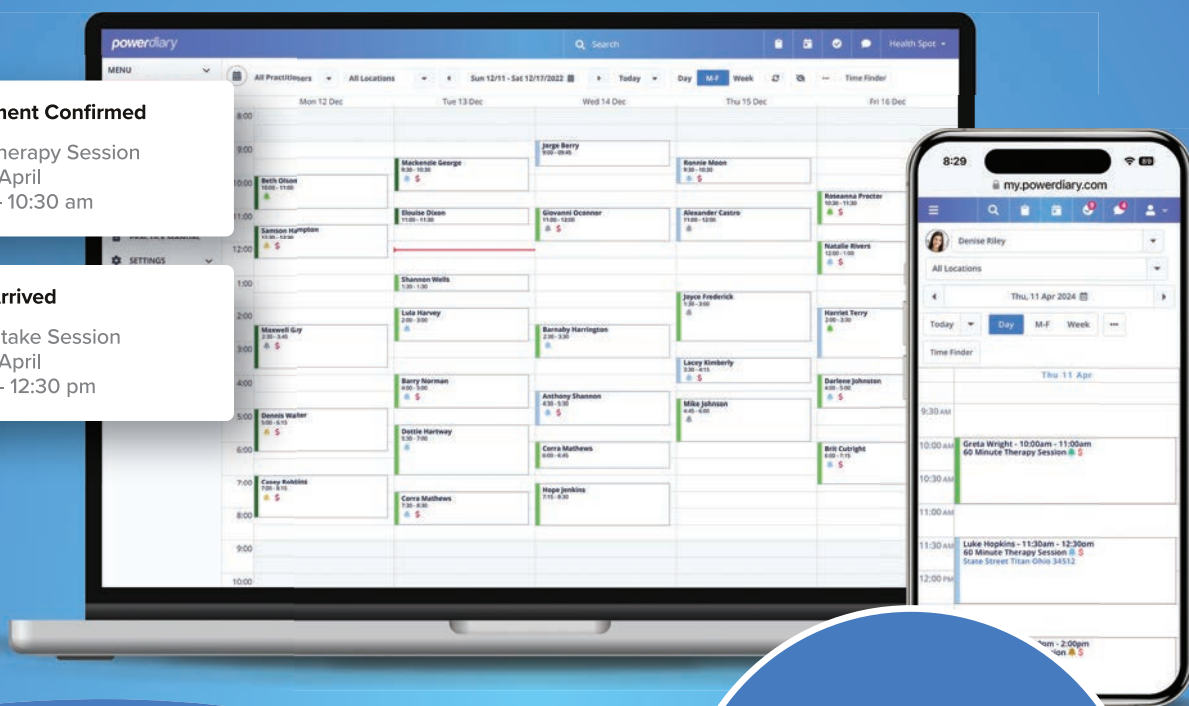
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# NEW PSYCHOTHERAPIST

THE MAGAZINE FOR MEMBERS OF  
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## CONTACTS

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## DIVERSITY AND EQUALITIES STATEMENT

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

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

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## Emma Ledger

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



# Welcome

Welcome to the summer issue of *New Psychotherapist*. This issue explores beginnings, something psychotherapy is replete with, and a pertinent topic as we prepare to deliver a new UKCP strategy and the government has called a general election.

You may notice that this magazine has had something of a fresh start too, with a redesign reflecting the fact that we are working with a new magazine publisher, and content that is informed and guided by our new editorial board, composed entirely of members.

A beginning can feel like a mental boundary; a chance to leave behind what has gone before and look ahead with hope and fresh energy. When we asked our editorial board what aspect of 'new beginnings' they'd like to see explored in this issue, they suggested starting out in clinical work, the process of beginning work with a new client, and embracing something new within a career. You can read about these on page 24, as well as hearing how some members have navigated fresh starts.

In our infant psychotherapy feature on page 18 we go back to

the start of life, speaking to members who work with babies and their parents at that most fundamental stage. Elsewhere we explore working with neurodivergence – whether the client's or therapist's – which can also feel like a new beginning.

Amid the growth in genetic testing, we shine a spotlight on the work done by Rareminds, a charity that specialises in therapy

for people diagnosed with rare genetic disorders. There's also an exclusive interview with psychoanalyst Dr Orna Guralnik, who let BBC cameras film her work for the series *Couples Therapy*.

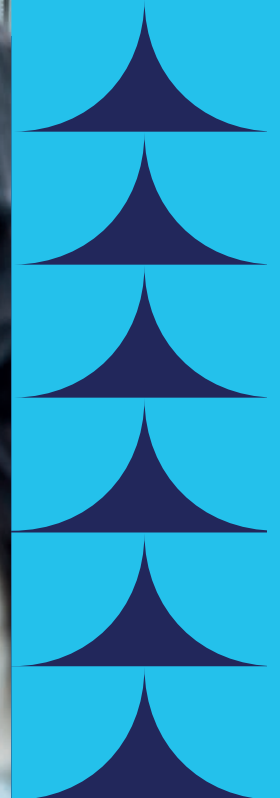
We want *New Psychotherapist* to reflect and represent members from all membership categories and modalities, so if you have an idea or if you would like to contribute, please drop us a line at [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk). We'd love to hear from you. Enjoy the issue.

Emma

**EMMA LEDGER**  
EDITOR

We have been unable to cover UKCP's receipt of a petition calling for a removal election of the Board of Trustees because it was received after the content for this issue had been finalised.





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ISSUE 86 | SUMMER 2024

# Contents

'I was worried I was going to tank my career'



## 37 Community

### Spotlight: Rareminds

Meet the founder of the UK's first rare disease psychotherapy service, Kym Winter

## 40 A new chapter

Trainee Dilshini R Sandhu on being part of the NHS Psychotherapeutic Counselling Programme

## UPFRONT

### 7 Bulletin

News, research and member updates to keep you informed

### 10 Letters

Have your say on the biggest talking points

### 12 Reviews

Recommended books and podcasts

## REGULARS

### 44 Spotlight interview

Dr Orna Guralnik on her reservations about taking part in the BBC's *Couples Therapy*

### 50 Supervision

To regulate or not, that is the question, says Katrina Ashton



## FEATURES

### 18 Baby steps

Exploring how parent-infant psychotherapy helps promote healthy early years development

### 24 In the beginning

Preparing for and managing new starts underpin the psychotherapy profession

### 30 Big report: Neurodiversity

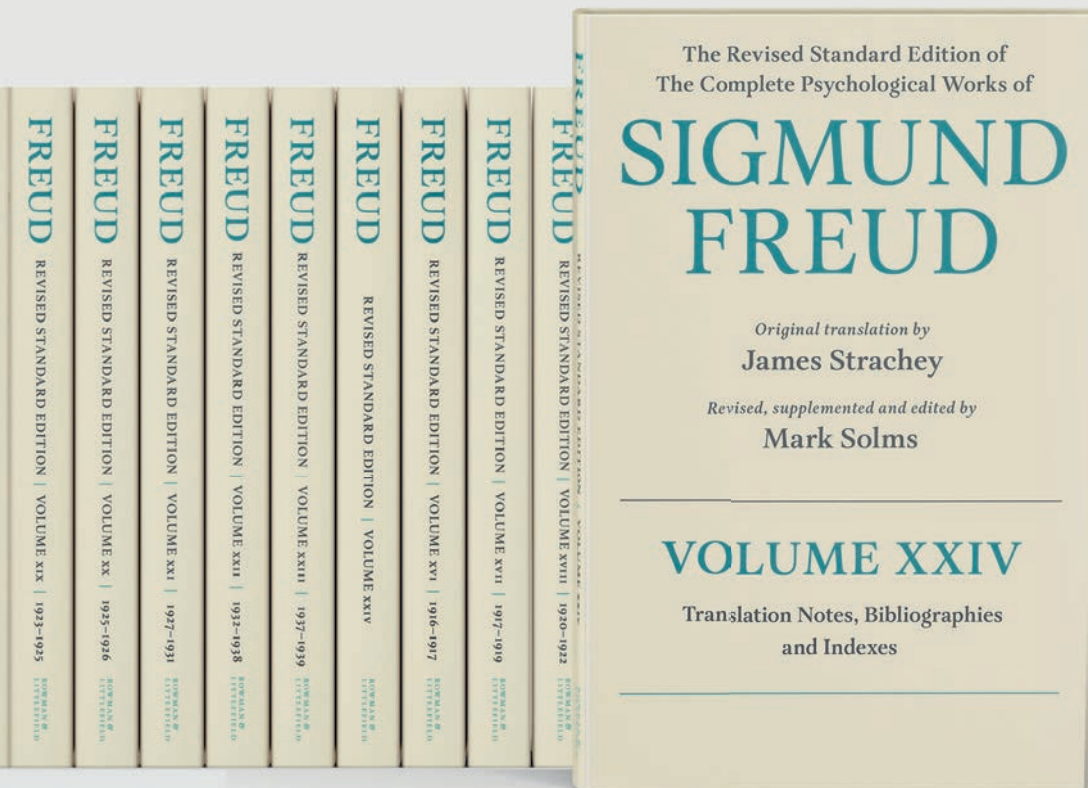
Why therapists need to develop deeper awareness and knowledge of neurodivergence



**On the cover**  
How psychotherapists navigate fresh starts

CONTENTS WHAT'S INSIDE

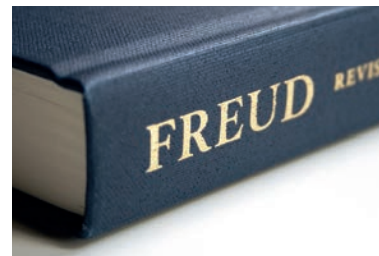
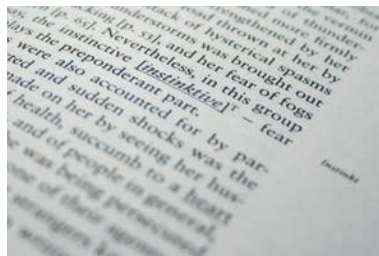
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RESEARCH AND MEMBER NEWS  
TO KEEP YOU INFORMED

# Bulletin



BULLETIN NEWS

## RESEARCH

### Magic mushrooms 'treat depression better in older people'

A *BMJ* study has found that magic mushrooms are more effective at treating depression in pensioners than young people. Oxford scientists found that the active ingredient in the recreational drug, called psilocybin, was more effective than other treatments and placebo.

Analysis revealed that the therapeutic effects were greatest in certain groups, including older patients and those with past use of psychedelics. The results build on findings that suggest the psychedelic could be beneficial in treating depression.

Researchers analysed data from seven different studies, which included 436 participants.

UKCP's policy and research manager Ellen Dunn says: 'Psychedelic-assisted therapy is an emerging area, with lots of new research demonstrating its potential benefits and risks. UKCP is part of a psychedelics coalition and is actively following the development of new research and recommendations about this type of therapy.'



## MEMBERSHIP

### UKCP conference

The first in-person UKCP conference since 2019 will take place on 22 and 23 November in London. Members can expect a dynamic blend of exploration, learning and connection as we share new insights and innovations in psychotherapeutic practice.

The first day of the conference will be dedicated to a General Meeting and UKCP's new strategy. On the second day attendees will enjoy a full day of clinical content exploring the theme of Psychotherapy in a Changing

World. Members will receive a certificate of attendance which can be submitted for consideration towards CPD hours.

The programme is being curated by a working group of psychotherapists and more information will be announced soon, keep an eye out for updates through our regular channels. To find out more information or to secure your ticket please visit [psychotherapy.org.uk/events](https://psychotherapy.org.uk/events)

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## NEWS

# Campaign calls for psychosexual therapy for FGM survivors

A new initiative aims to provide survivors of female genital mutilation or cutting (FGM/C) in the UK with reconstructive surgery alongside psychosexual therapy.

Advocating for research into clitoral reconstruction and psychosexual and emotional support for FGM/C survivors, ACERS-UK is a collective championing holistic services.

The project aims to address the need for research and treatment alongside tailored psychosexual and trauma therapy, and the voices of survivors are central to its mission.

Co-led by Juliet Albert, specialist FGM/C midwife, and Professor Sohier Elneil,

consultant uro-gynaecology and FGM/C expert, ACERS-UK brings together survivors with lived experience and healthcare professionals including UKCP psychosexual psychotherapist Natasha Anderson-Foster.

Reconstruction surgery for FGM/C survivors is available in many countries, including the US, and via some European public systems, but it is not offered in the UK.

After the general election, ACERS-UK will launch a petition calling on government to make funding available for this service and for tailored psychosexual and trauma therapy for FGM/C survivors. For more information, please visit [fgmnetwork.org.uk](https://fgmnetwork.org.uk)

## MEMBERSHIP

# Shaping the future: engaging members

UKCP continues to engage members on a new three-year strategy for the organisation, which will launch this autumn.

We are asking members to let us know what they would like to be included under the four strategic priorities of quality, organisation, voice and membership.

Through a series of webinars and think pieces we have sought members' views on critical aspects, including defining the purpose of UKCP and recommending what UKCP can do better to support members. We have also taken a look at the interrelationship between ethics, regulation and training.

We would like to thank everyone who has already contributed their thoughts and insights. The dialogue is continuing and more feedback is invited to help shape the future direction of UKCP.

In addition to responding at webinar events and to think piece articles, members are encouraged to share thoughts directly by emailing [strategy@ukcp.org.uk](mailto:strategy@ukcp.org.uk)

For more information about the strategy engagement process and how you can get involved, please visit [psychotherapy.org.uk/strategy](https://psychotherapy.org.uk/strategy). You will also be kept up to date with new events and strategy progress via UKCP emails.





## Have you read the research noticeboard?

This is a free space for you to recruit participants for a study, notify members of research projects and find collaborators. Visit [bit.ly/3sqzpw](https://bit.ly/3sqzpw)

### MEMBERSHIP

## UKCP office move

Following consultations with staff, volunteers and members who use our London office, UKCP has recently moved to a new location. Our new address is York House, 221 Pentonville Road, London N1 9UZ. Our telephone number, email addresses and website remain unchanged.

Location was the most important consideration for colleagues using the office. People wanted a space they could access easily.

Viki Calais, UKCP's chief operating officer, said: 'York House [pictured above] is a sustainable timber-fronted workspace and is Disability Discrimination Act compliant. It will enable the team and colleagues to work more efficiently and effectively, improving staff satisfaction, mental health and emotional wellbeing. We cannot wait to welcome colleagues into the space.'



### RESEARCH

## Sharing stories of recovery helps others

A study by the University of Nottingham has found that personal accounts of how people have overcome their struggles with mental illness have been shown to be effective at helping others with similar experiences to improve their quality of life.

The NEON study is the first trial in the world to report findings on an intervention making use of shared mental health recovery narratives. The

method was also found to be a cost-effective treatment option.

Psychotherapist Alasdair Stokeld said: '[The] findings won't be surprising to anyone who has worked in group and community settings. The stories we tell each other, and the stories we tell ourselves, about each other, ourselves and the world can make a big difference to what we do, how we do it and, how we feel about it all.'



### DIARY DATE

## CPJA conference: Whose pandemic?

The Council for Psychoanalysis and Jungian Analysis (CPJA) invite all UKCP members to their upcoming conference on Saturday 14 September 2024. Titled 'Whose pandemic? Analytic reflections on the impact of COVID and COVID measures on children and young people', this will be the first CPJA conference since 2015 and will be held as a hybrid event in London and online.

To find out more and book your place visit [psychotherapy.org.uk/events](https://psychotherapy.org.uk/events)

### MEMBERSHIP

## Survey results

As part of last year's renewals process, we asked members to complete a survey to collect demographic and EDI data. This was the first year we collected such data, and it is already proving useful for our policy and research team, and has been used in recent requests from the PSA.

The survey revealed that at the time it was conducted:

- More than half of members were between 45 and 64 years of age.
- Fewer than 5% were between 18 and 34 years of age.
- 75% of members were white, with 4% Asian/Asian British, just over 3% from multiple ethnic groups and almost 3% were Black/African/Caribbean/Black British.
- 73% identified as women. Fewer than 2% identified as non-binary or another gender identity.
- Over 90% resided in England.
- 13% had a disability as defined by the Disability Act.
- 75% were full clinical members and 16% were trainees.

We will track this information on a yearly basis to better understand who our members are and how best to support them. You can read more about the survey data at [psychotherapy.org.uk](https://psychotherapy.org.uk)



## TALKING POINTS: YOUR CHANCE TO HAVE YOUR SAY

# Letters

## Protecting whom?

Dear Editor,

I am concerned about UKCP's primary function becoming 'to protect the public'. I am passionate about public protection, I was a police officer for over 30 years before training as a psychotherapist. As a detective chief inspector, I chaired numerous multi-agency public protection meetings.

The protection UKCP can afford the public is extremely limited. Within the field of psychotherapy the greatest risk to the public comes from unscrupulous individuals who set themselves up as 'therapists' without the requisite training and supervision. UKCP has no jurisdiction over such individuals.

It is the duty of the government to protect the public from harm, and I fear that when professional bodies take on this responsibility (and get their members to fund it), there is less incentive for the government to introduce more meaningful protection.

Rather than colluding with the government's inaction and abrogation of their responsibility, UKCP (and other professional bodies) should put pressure on them to properly regulate psychotherapy

– for the benefit of its members and the wider public.

**CARL FLYNN, SENIOR LECTURER AND PSYCHOTHERAPIST**

Dear Editor,

I see the role of UKCP as a single regulatory body which upholds and represents the interests of the public primarily. However, it plays an essential role in supporting the development of psychotherapists and the research in which our therapeutic approach is embedded. I personally would not support the organisation separating into two bodies, as I agree that these can become self-serving and lose effectiveness for therapists and the public alike.

**JANET GRIFFITH, FAMILY AND SYSTEMIC PSYCHOTHERAPIST**

### In response

*UKCP is creating a new strategy which will define and steer our work for the next three years. During the first half of this year, we have been engaging with members on key topics including 'What is UKCP's primary purpose'. Thank you to Carl, Janet and everyone who attended our webinars, read our think pieces and responded to our surveys.*



Endings was an excellent article! It reminded me of having a week full of endings just before taking maternity leave.

**EMILY [SURNAME WITHHELD], PSYCHOTHERAPIST, LONDON**

The article on endings was interesting; however I found the suggestion to send a 'warm message, perhaps with the bill' after a sudden ending problematic. To my mind any warmth would be tainted by the financial aspect. Likewise, suggesting that a client 'flooded out' feels unhelpful. They might have had good reason to leave – a difficult re-enactment for example – and acknowledging that sensitively is what sets our work apart.

**PETER EVANS, UKCP TRAINEE MEMBER, NEWCASTLE UPON TYNE**

Lovely to see in the last issue of *New Psychotherapist* how there will be more iteration between members and the organisation.

**RORY WORTHINGTON, PSYCHOTHERAPIST, ESSEX**

### Have your say

Have your say on this issue's letters, tell us what's on your mind or write to us with feedback on this issue by emailing [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)





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# Reviews

## The Heart of Therapy: Developing Compassion, Understanding and Boundaries

Laura Barnett



In this enjoyable, full-hearted book, existential

psychotherapist Laura Barnett writes with warmth and honesty looking back over 20 years working in the NHS as a therapist and supervisor, with a strong interest in trauma.

Amid helpful case vignettes, she weaves in theoretical concepts from both psychotherapy and philosophy. These include existential or 'lived' time, accepting uncertainty and finding meaning. We are invited to consider the physical embodiment of experience, emotions and boundaries within the psychotherapeutic process. In one profound example, Barnett describes helping a client experience hope as a 'heartfelt, meaning-ful [sic], embodied stance'.

Barnett shares specific therapeutic techniques, for example how she uses a box of assorted buttons to help clients express how they see

themselves. She is a therapist who attends to the sociopolitical influences upon the experiences that clients bring to therapy, and deftly moves between individual psychological, relational and broader societal and systemic factors underlying clients' difficulties.

We are invited to examine the constructs and meanings we make according to language and phrases that we commonly use without thinking about their effects. There are vivid examples of how Barnett's questioning helps clients reflect on these broader contexts, developing their use of self-compassion, while never letting them off the hook of personal responsibility.

Barnett includes self-reflection in her writing, such as describing how a client's sense of victimhood had 'pushed buttons' for her, restricting her usual flow of compassion and understanding. I appreciated this modelling of attention to

the therapist's self, illustrating how we can sometimes be potentially affected by clients.

There is an interesting chapter on shame, including its relationship with rage, which is discussed with sensitivity. However, it was noticeable that there are four chapters on mothers and only one on fathers. While it is a valid critique of most psychotherapy traditions that we inequitably privilege the influence of maternal rather than paternal bonding and experience, this was a disappointing imbalance, because in other ways the

book pays good attention to the diversity of human experience and seeks to be inclusive.

Most of all, the reader has the sense of hearing the observations and reflections of a wise listener; someone who has paid close attention to how people live their lives and relationships. We are introduced to client dilemmas in ways that are both intriguing to read and illuminate the ideas discussed. In this way, there is some resonance with Irvin Yalom's *The Gift of Therapy*. Barnett's warm curiosity and belief in human goodness flows through. I enjoyed being in her company and will likely feel her influence on my practice long after reading this book.

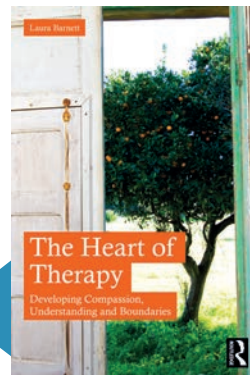
### + Details

**Publisher:** Routledge

**Price:** £24.99

**ISBN:** 1032428277

**Reviewed by:** Naomi Beet, family and systemic psychotherapist, London



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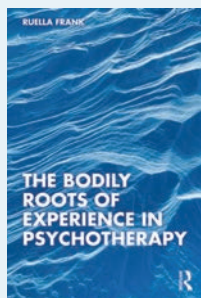
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## The Bodily Roots of Experience in Psychotherapy

Ruella Frank

 US psychotherapist Ruella Frank is the founder and director of the Center for Somatic Studies. Her mission in this book is to restore wonder to therapy and to life. By describing how this can be done, she offers an alternative and important perspective on psychotherapy itself.

Readers are taken



on an experiential journey of discovery that begins by focusing on our capacity to respond in a fluid way, with giving and receiving. The next

section looks at kinesthesia, the feel of our moving. Frank draws on phenomenology to explain body-to-body felt engagement with others which, she says, forms the

background to all experiences. She outlines six fundamental movement patterns, which therapists can work with whatever their modality.

Frank then describes her perspectives on memory and on diagnosis, inviting an aesthetic way of understanding what is happening with our clients. She ends the book with a convention-smashing chapter on working with trauma. Rather than working on the nervous systems of clients, she suggests ways of bringing clients' kinetic-kinesthetic

experience to the fore, with therapist and client exploring together.

Her work should be required reading for anyone hoping to bring more of a relational sensibility to their practice. By the end of the book, this therapist was left wide-eyed with wonder.

### + Details

**Publisher:** Routledge


**Price:** £28.30

**ISBN:** 1032210087

**Reviewed by:** Mark Gawlinski, psychotherapist and supervisor, Cambridge ([cambridgecounselling-service.co.uk](http://cambridgecounselling-service.co.uk))

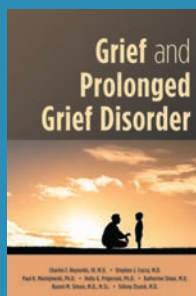
## Grief and Prolonged Grief Disorder

Charles F. Reynolds

 Serving as a handbook for prolonged grief disorder (PGD), this evidence-based book helps clinicians recognise when the grieving process derails and becomes PGD, which without focused intervention can last for years, or even decades.

This is a book of three parts, the first exploring the experience of 'typical' bereavement. Acknowledging the extraordinary loss as a result of the pandemic, it

looks at how grief may be handled in contrasting ways by different age groups, from childhood upwards. The second part is the meatiest, analysing the nuances that distinguish grief from PGD. It outlines the history of PGD, with reference to Freud, Lindemann and Bowlby. This section is rich in practical advice; the 'dos and don'ts' list acknowledges how easy it is to make mistakes when speaking to clients. There's also a list of suggested



phrases, my favourite being 'grief is the form love takes when someone you love dies.'

The final section offers in-depth exploration of treatment options including CBT and psychopharmacology, but largely focusing on the evidence-based approach prolonged grief disorder therapy (PGDT). Clear instructions set out how to use PGDT for a course of 16 sessions, however it doesn't cover the potential benefit of long-term therapeutic approaches.

This book is a helpful resource for clinical practitioners, yet despite case studies sprinkled throughout, I felt the client experience often got lost in the science. Nevertheless it is valuable for anyone wanting to better support someone struggling with grief.

### + Details

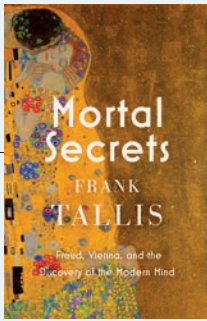
**Publisher:** American Psychiatric Association Publishing

**Price:** £45

**ISBN:** 1615374632

**Reviewed by:** Emma Loker, child and adolescent psychotherapeutic counsellor, Cambridgeshire





## Mortal Secrets: Freud, Vienna and the Discovery of the Modern Mind

Frank Tallis

While all *New Psychotherapist* readers will be familiar with Freud, *Mortal Secrets* is more than just another biography, it's an examination of Freud's life and work at a time when Vienna was at its glittering cultural zenith, and the origins of modernism were shaped inside the city's coffee houses. But beneath the golden shimmer of Gustav Klimt's society portraits, Vienna was tainted with decadence and despair, which drove so many to Freud's consulting rooms to disclose the 'mortal secrets' which would yield to psychoanalysis.

Clinical psychologist Frank Tallis, who is also the author of *The Act of Living* and *The Liebermann Papers* psychoanalytical detective series, reminds us that Freud did not operate in isolation but was influenced by the powerful zeitgeist when Vienna was a melting

pot of intellectual and artistic ideas. His clients included the conductor Bruno Walter and he had an informal session with the composer Gustav Mahler, who confided in Freud about sexual difficulties with his wife, Alma.

It's a minor point, but the illustrations don't do this book justice. *Mortal Secrets* would benefit from high-resolution images with captions, for readers unfamiliar with the leading lights of fin de siècle Vienna. Otherwise, *Mortal Secrets* provides an engaging introduction to Freud's world which will appeal to students, trainees and experienced practitioners with an interest in the history of psychoanalysis.

### + Details

**Publisher:** Abacus

**Price:** £15

**ISBN:** 1408713756

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



## How to Leave a Narcissist... For Good

Dr Sarah Davies

In light of the increase of clients – in both the NHS and private practice – who report experiencing trauma from narcissistic abuse, this is a timely book. Author and counselling psychologist Dr Sarah Davies has extensive experience in working with such clients and thorough knowledge of the area, which is clearly conveyed in this easy-to-read resource. It is not an academic text, rather a guide written in conversational style that offers information and psychoeducation for individuals wishing to escape abusive relationships, or for clinicians working with them.

The book explores how to identify and understand narcissistic abuse, how to manage its impact on wellbeing and self-esteem, and how to move on from toxic relationships towards enjoying more fulfilling, healthier ones. It includes guidance on developing healthy boundaries and improving communication in relationships, promoting improved self-care and self-compassion. Content is

delivered in a good balance of psychoeducation and self-help strategies.

The epilogue recalls the fable of the scorpion and the frog, reminding the reader of the dire possible implications of remaining in a toxic relationship with a narcissist.

As a professional working in trauma in the NHS and private practice, I found this to be an excellent handbook to facilitate understanding of the processes at work within narcissistic abuse. It would be of interest to therapists working with relational trauma and as a self-help resource, catalysing helpful therapeutic discussion in clinical settings. I have recommended it to several friends and clients, and they have found it useful, informative and accessible.

### + Details

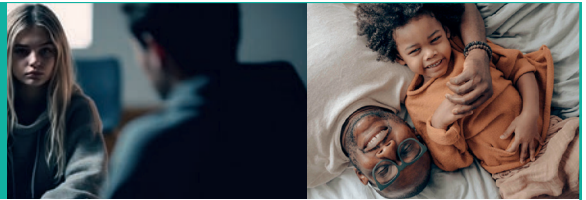
**Publisher:** Souvenir Press

**Price:** £14.99

**ISBN:** 1800818798

**Reviewed by:** Clare Marshall, principal clinical psychologist in the NHS and integrative psychotherapist, Northamptonshire

# Post-Qualifying Certificate in Working Therapeutically with Adopted and Fostered Children and their Families



## Course Aim

This training course will equip qualified therapists and accredited counsellors with key knowledge and skills in undertaking therapeutic work with adopted, fostered, and special guardianship children, and their families. The course can help you become eligible to provide therapeutic support funded by the Adoption Support Fund.

## Course format

<b>Full course</b>	<ul style="list-style-type: none"> <li>• 2 x in-person days, 10am–5pm</li> <li>• 10 x 3-hour live webinars, 5.30–8.45pm</li> <li>• 1 x in-person assessment</li> </ul>
<b>Individual days and webinars</b>	Any of the full days and the 10 webinars can be attended on their own
<b>Timetable</b>	<ul style="list-style-type: none"> <li>• September 2024 – March 2025 (Wednesdays and Thursdays)</li> <li>• Assessment: Saturday 10 May 2025</li> </ul>
<b>Location</b>	Online, and London Art House (London) for in person days and assessment
<b>Certification</b>	IATE will issue a specific certificate re successful completion of the full course, and certificates of attendance for individual days and webinars.

## Outcomes

Full course participants will be able to:

- formulate an initial assessment and intervention plan that is informed by the specific needs of adopted, fostered and special guardianship children, and their families
- use some specific assessment skills for these children and their families
- provide therapeutic interventions specifically tailored to these children and their families
- liaise effectively with the network around these families
- get onto the therapy provider lists of local authorities/fostering agencies, secure funding, and manage evaluations and report writing
- forge relationships with other course participants re potential future peer support

## Course Fees

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Dr Gill Harvey is a Therapeutic Counsellor / Psychotherapist, Supervisor, Researcher and Trainer. She has written several journal articles on this topic, and links to these will be made available to delegates.

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Friday 14th to Sunday 16th March 2025

*'I really enjoyed it, and I think the mark of good training is when you keep returning to it over the ensuing weeks and thinking it through a bit more.'*


*'I enjoyed the seminar tremendously. It was well worth the journey.'*





## Wake Up To Your Dreams: An Exploration of Dreams and Dreaming

Gilly Crow

 Do you feel intrigued by dreams, and wonder whether they hold any significance or purpose? Author and therapist Gilly Crow explores ways to understand and interpret dreams, eloquently describing her experience of facilitating 'dream groups'. Crow demonstrates the benefits of sharing dreams with others, and I found the detail in the case studies inspiring and encouraging, modelling how to listen to and explore our own dreams, as well as the dreams of others.

For practitioners who are curious about how dream work might be a therapeutic resource, this will be a helpful book. It is very readable, and structured in a way that offers a window into Jungian-oriented dream work. It isn't a 'how to' book in terms of facilitating dream

groups, nor does it advise how dream work can be woven into individual therapy. However, it does offer a compelling introduction to dreams' therapeutic potential and reveals that they can be a treasure trove of inner wisdom.

*Wake Up To Your Dreams* is an enthralling read which celebrates the power of dreams. I'd have liked information about further professional training in therapeutic dream work and advice on how to find dream groups. However it can be recommended to clients as a resource because details are explained carefully and it contains a glossary of the terms and Jungian concepts.

### ⊕ Details

**Publisher:** Troubador Press

**Price:** £12.99

**ISBN:** 1805141747

**Reviewed by** Jane Earle, psychotherapist, Cambridge and Lincoln

## PODCASTS

### How Not To F#\*k Up Your Kids

Katie Goldfinch and Kitty Hagenbach



Hosted by documentary maker Katie Goldfinch and psychotherapist Kitty Hagenbach, this podcast mixes experiential evidence with insights from child development theory to equip listeners with the tools to build high-quality relationships with children. Hagenbach has extensive experience in early attachment and bonding issues, and her wealth of understanding acts as the anchor for the engaging conversations with Goldfinch.

Episodes are divided into different stages of childhood, from conception onwards and the tone is never preachy. There are practical take-homes to help support parents-to-be and existing parents, or clinicians working with patients experiencing issues arising from the often stormy world of raising kids.

### ⊕ Details

**Available:** Apple, Android or Spotify  
**hownottofuckupyourkids.co.uk**  
**Reviewed by:** Emma Ledger, trainee counsellor, Kent

### John Paul's Therapy Podcast: This Trusted Place

John Paul Davies



Whether you want lively discussion of topical issues, or relatable explorations of the realities of life as a therapist, there is a wealth of knowledge and experience in this series. The host is psychotherapist and author John Paul Davies, who worked as a solicitor before retraining as a psychotherapist in 2007. You can expect diverse content, including guest interviews with the likes of Annalisa Barbieri, *The Guardian's* agony aunt. Davies is a skilled and

engaging broadcaster, shifting between active discussion and reflective process with ease. He brings great curiosity, insight and energy to the multi-layered dynamics of relationships, and truly embodies the spirit of doing the thing he loves, which can't help but inspire.

### ⊕ Details

**Available:** Apple, Android or Spotify  
**thistrustedplace.co.uk**  
**Reviewed by:** Nikki Kemp, transpersonal psychotherapist, London



FEATURE

# BABY STEPS

Experts are calling for an urgent expansion of parent-infant psychotherapy to give children the best start in life and prevent mental ill health



IMAGE: ISTOCK

**T**

he quality of a child's experiences and relationships in the first few years of life – whether

positive or negative – provide the architecture for all future behaviour and health.

Parent-infant psychotherapy (PIP) is a specialist clinical practice with roots in psychoanalysis and attachment theory which aims to promote a baby's healthy development by strengthening its relationships with its caregivers.

'You cannot overstate the importance of the first two years of a child's life,' says Yvonne Osafo, a UKCP psychotherapist who specialises in parent-infant relationships and infant observation. 'PIP is a powerful intervention, and for it to provide the very best help, you need to get in early.'

Misunderstandings about what PIP is – and what it is not – proliferate. It is not, for example, the preserve of wealthy parents seeking a diagnosis for a challenging infant. Rather PIP psychologically supports the parent-child relationship for those who may often be in difficult situations, to help prevent mental health, social or other problems in the future.

A recent study<sup>1</sup> in the United States found that following even brief PIP there was a strengthening of the parental bond which significantly reduced symptoms of early regulatory disorders in infants, such as persistent excessive crying, sleeping disorders or feeding disorders. >



There are myriad factors and circumstances which may lead to a referral for PIP in order to support the parent-child relationship, from as early as the antenatal period. Dr Stella Acquarone, a pioneer in the PIP field since 1980, says ‘some babies are born into difficulties or with difficult starts and feel pretty much alone, fragile or overwhelmed. Their mothers might be too physically or mentally ill to look after them, they may need specific technology or procedures to survive, or they may have been born in war zones, or in prisons, or have been in intensive neonatal premature units.’

Acquarone founded London’s School of Infant Mental Health in 1990 to provide evidence-based care for children and families, as well offering PIP training. ‘The focus of this work is not the parent

alone, nor the baby alone, it is them together in a positive and rewarding relationship,’ she says. ‘Babies from birth are far more capable/intelligent than people think, but because they can’t speak, it is easy for them sometimes to be ignored and for the

## ‘YOU CANNOT OVERSTATE THE IMPORTANCE OF THE FIRST TWO YEARS OF A CHILD’S LIFE’

**Yvonne Osafo**

focus to be only on the parent.

‘PIP teaches the discipline of infant observation to learn about the development of emotions and subtle as well as open behaviours in the baby and in the parent.

‘It is through observing infants with their parents that we can read the baby’s communication – their gestures, behaviour, body language and transmission of emotions – and translate this to the parent in order to help to bring about greater awareness and understanding.’

Osafo adds ‘It’s different to working dyadically, it’s closer to systemic as it works with the relationship between the child and parent. It is best practice for the father [or other parent] to be there, too. That relationship is the soil in which the baby is nurtured; both parents are equally responsible.

‘The work is in the moment; noticing everything from how the baby is being held, whether the baby looks at the parent, if they are relaxed or tense, and asking “how do I feel in the presence of this parent and baby?”

‘Alongside that observation it is about exploring what we call “the ghosts in the nursery” to find harmful patterns that the parent may have experienced that may be being reenacted in the new relationship with their child.’

UKCP is currently campaigning for PIP to become an accessible intervention in the NHS and is following up on the promises made by the government’s 2021 The Best Start for Life campaign, which sought to increase provision of evidence-based psychological therapies, including PIP.

UKCP’s policy and research manager Ellen Dunn says ‘PIP is a valuable intervention for supporting parent-infant mental health. We’re calling for an increased focus on prevention of mental health issues and access to support. Infancy is an incredibly vital time.’



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Acquarone believes that awareness of PIP is finally growing. 'We have come a long way in the UK,' she says. 'I founded the first training school in 1990, and now there are several. But a great many people still don't know about the significance of this work. There's something about the voice of the baby that is hard to hear.'

The significance of the work in prisons is the specialism of UKCP psychoanalytic psychotherapist Pamela Stewart. For 25 years she worked delivering the intervention as part of the Born Inside project in women's prisons, including the now demolished HMP Holloway.

She recognises the ability of PIP to reach people in this context who may otherwise not be able to access – or commit to – therapy.



**Cost of perinatal  
mental health  
issues: £8 billion  
each year**

'For some women in prison who are going to have a baby, or who have recently had one, it can make them feel open to making positive psychological changes, and the impact of PIP can be transformative,' says Stewart. 'These women might finally be experiencing the absence of an abusive partner. They may feel distressed and deprived, but often the idea of new life is a great motivator for a profound psychological journey where so much good can come.'

'This positive experience doesn't just help the parent and child in therapy, it can prevent future suffering because you're also working with generations to come. By helping a parent develop a good relationship with their baby the hope is it instils a great model for when they become a parent.'



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## 'WE NEED TO HELP CREATE BETTER BEGINNINGS'

**Dr Stella Acquarone**

conditions including ADHD, and UKCP is campaigning to raise awareness of this issue.

The UK government says it is investing more in expanding NHS services, alongside funding programmes designed to support children and caregivers. Yet there is a shortage of trained PIP professionals and it is far from being an accessible intervention in the NHS.

'A bit like all therapy, the people who need [PIP] most can't access it,' says Osafo, who has set up her own training and research centre called Au Milieu, meaning 'in the midst'.

'We work with a lot of NHS perinatal teams, and social care can also refer to us. I set up Au Milieu to spread understanding, to upskill therapists and to campaign to make PIP a universal offer so that people on low incomes can access it. I believe all therapists across the board should know how PIP works; it enriches work with every age group as it illuminates what happens at the very beginning.'

Osafo is part of the executive board of the UKCP College for Child and Adolescent Psychotherapies which recently made recommendations about PIP, and she is now in the process of writing a book about it. Having

travelled extensively to research how other countries use the intervention, Osafo identifies the Scandinavian model as world-leading.

'In Norway there's a cohesive approach, with a government-funded central hub that reproduces expertise in all of the country's hospitals,' says Osafo. 'There's a skilled workforce who feel able to deal with a high level of trauma because they feel supported. In the UK we need to do the same and provide a body of knowledge that can be adopted nationally.'

One fundamental and simple change that Osafo would like to see is in the very name of PIP itself.

'The rest of the world call it infant-parent psychotherapy [IPP], not PIP,' she says. 'Of course they can be used interchangeably, but I feel we must put the baby first. IPP really is a unique chance to be the voice of the baby.'

As for the future, Acquarone remains positive about the development of an improved, integrated system of care for parents and children. 'I am hopeful, because there is at least more awareness and more respect for parent-infant relationships and PIP. It would be marvellous to equip not just therapists but nurses, midwives and health visitors with guidance in order to prevent future mental health issues, fear and despair. We need more harmony in the thinking and care to help create better beginnings.'

### REFERENCES

1. [bit.ly/4bCkMP2](https://bit.ly/4bCkMP2)
2. [bit.ly/3KgMpB0](https://bit.ly/3KgMpB0)
3. [england.nhs.uk/2023/11/one-in-five-children-and-young-people-had-a-probable-mental-disorder-in-2023](https://england.nhs.uk/2023/11/one-in-five-children-and-young-people-had-a-probable-mental-disorder-in-2023)

'I learned at Holloway that the intervention [PIP] should be available across society. In prison, women could refer themselves or be referred by a midwife. Today in the UK there's a massive shortage – it's a mental health desert. Only by intervening early can there be hope for prevention, and prevention is more efficient emotionally and economically than trying to deal with serious mental health problems later on. This benefits not just the individual but our society at large.'

In a report<sup>2</sup> from October 2023, the Royal College of Psychiatrists called for more specialist services to prevent babies and young children developing mental health problems in later life. NHS data<sup>3</sup> estimates that 5% of two to four-year-olds struggle with anxiety, behavioural disorders and neurodevelopmental

Preparation through training is central to the profession, and can go some way to help resolve any anxieties about starting work

FEATURE IN THE BEGINNING



COVER STORY

# IN THE BEGINNING

**Emma Ledger** looks at why new starts can be challenging and catalysing, nerve-racking and necessary

FEATURE  
IN THE BEGINNING

**T**

he beginning is the most important part of the work.' Plato's much-referenced quote emphasises the critical role

that the starting point plays in shaping the outcome of any project or journey, while also asserting the logic that to accomplish anything at all you must make a start.

Beginnings can be challenging, and psychotherapy is a profession replete with them. Preparing for and managing

different beginnings will greatly vary depending on the specific context and one's own values and experience. But feelings that can be common to any new start are uncertainty, apprehension and even anxiety.

Do you remember what it felt like to first sit in front of a patient? After long, rigorous theoretical education, to finally start the 'real work' is a beginning of huge significance for every psychotherapist.

Starting out in clinical work may understandably induce concerns,

even trepidation. In research titled 'Common mistakes made by beginning psychotherapists', Altshuler identifies the four most common types of errors as: pressing the past, pushing the transference, providing inappropriate support and attempting premature over-interpretation.<sup>1</sup>

In *An Introduction to the Therapeutic Frame*, Anne Gray outlines practical tips for setting up the frame while considering the wider social, relational and emotional context.

Yet perhaps Gray's most valuable >





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We are living in urgent times with the ecological crisis threatening all of life on Earth and the rising complexity of the

existential, social, political, economic and cultural realities in our wider world. This has awakened us at to ask searching questions about the role of psychotherapy in meeting these challenges.

The alchemists, the mystics, shamanism, writers from all religious/spiritual traditions have long understood that the human individual is a microcosm of the whole.

Ecopyschology and environmentalism have also long invited us to re-examine the human psyche as an integral part of the web of nature. They have contended that it is not possible to heal our own human psyche and promote a sense of well-being without restoring our connection with the Earth.

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advice for therapists beginning work with a new client is to get out of their own head, 'that way our clients can have an emotional experience rather than an intellectual one'.<sup>2</sup> Therapists should embrace the present and be authentic.

The beginning of clinical work reflects a unique blend of an individual's past influences and future potential, but it is in the present moment that those elements converge and have the greatest impact on the work itself. Being congruent rather than doing or saying 'what you think you should' enhances the therapeutic relationship.

Dr Scott Miller is the founder of the International

Center for Clinical Excellence, an international consortium of clinicians, researchers and educators. 'I remember my very first real client,' says Dr Miller. 'I didn't know much. I was acutely aware of myself – the words I used, how long I spoke, the movement and position of my arms and legs, and how long I held eye contact.'

'Years later, I received a letter from her saying that I had helped her, and [in it] she said, "when I could tell you, too, were struggling, when it seemed like you weren't sure what to say, those were some of the best moments." I kept the letter.'

Even for very experienced therapists, the importance of the >

## Begin again

UKCP members on navigating new starts

**'I started out as a solicitor, which led to great unhappiness. Retraining as a therapist aged 30 was a creative new direction which felt very risky, but I knew it was vital to align my values with my work.'**

**Julia Bueno, psychotherapist and author, London**  
([juliabueno.co.uk](http://juliabueno.co.uk))

**'I offered guidance in an advice column in *The Guardian*, which led to me appearing on podcasts. It took me out of my comfort zone, but it has been rewarding.'**

**Ryan Bennett-Clarke, psychotherapist and supervisor, Nottingham**

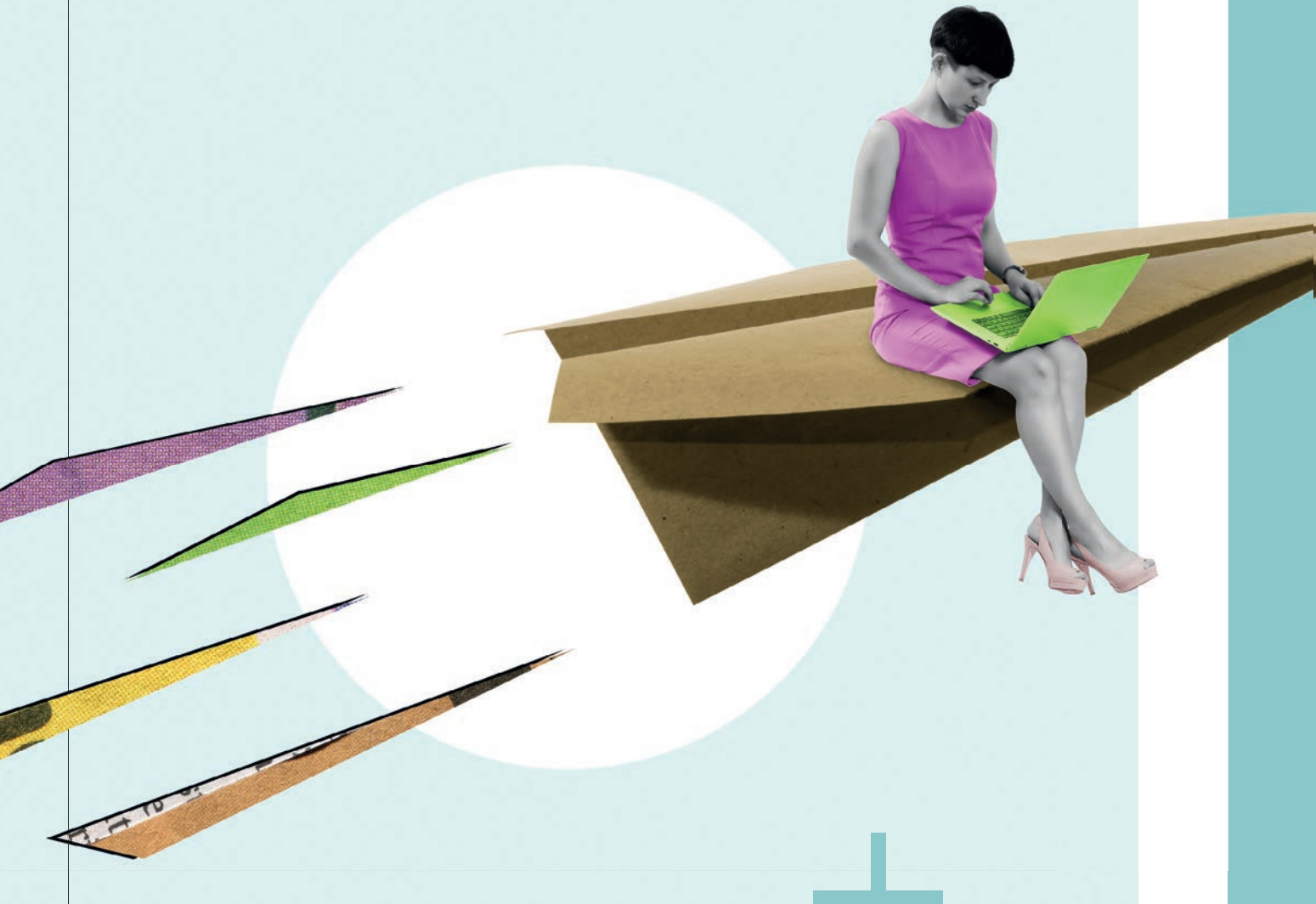
**'During the Black Lives Matter movement I went private and joined the Black, African and Asian Therapy Network (BAATN) because I wanted to contribute to supporting people from those backgrounds amid the trauma.'**

**Sunita Rani, psychotherapist, Manchester**

**'I am a 70-year-old psychotherapist and ever since COVID I've stopped renting therapy rooms and have taken my practice online or via telephone. I love it! I have developed new therapeutic skills and can work with family members who live in different places.'**

**Fiona Jones, systemic family psychotherapist**





initial contracting stage with a new client cannot be overstated. When this stage doesn't go as planned it risks misunderstandings or ruptures. The foundation on which something is built sets the tone for the rest of the process, making it the pivotal moment that determines the trajectory of the entire endeavour.

The initial meeting with a new client might be the first time they've ever experienced therapy and they may feel deeply unsure or nervous about giving voice to how they're feeling. If a first session proves to be too intimidating or anxiety-provoking, there's a danger they won't come back.

For Naomi Beet, a family and systemic psychotherapist in south-east London, ensuring she is emotionally prepared is critical ahead of beginning with a new client. She says 'I find Glenda Fredman's<sup>3</sup> writing on "emotional postures" helpful before

meeting a client for the first time. It helps me consider that when client and therapist meet together, attention should be given to how we as therapists receive and respond to the client, as well as how they might receive us.

'Using these ideas, we can find ways of adopting emotional postures towards clients that are most likely to invite relationships of safety, collaboration and creativity (termed "postures of tranquility"). These postures involve attending to our embodied emotions as well as our thoughts, feelings and assumptions about our new client.'

Life is a succession of new beginnings and during a career in psychotherapy there will be myriad to navigate. For example, setting up in private practice, embracing technology, offering telephone or online sessions, setting up a website, establishing a presence on social media, changing client group or choosing to focus on a particular issue.

**'WE ARE ALL  
CHANGING  
ALL THE TIME,  
AMID LOTS OF  
POTENTIAL  
BEGINNINGS'**



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# Contracts: Learning from complaints

Working with a new client always begins with negotiating and agreeing a contract. Our code of ethics and professional practice outlines that psychotherapists should: 'Explain to a client, or prospective client, your terms, fees and conditions and have information readily available to clarify other related questions such as likely length of therapy, methods of practice to be used, the extent of your own involvement, complaints processes and how to make a complaint, as well as arrangements for referral and termination of therapy' (Code 14).

UKCP does not make it a requirement that this be written, a verbal agreement is a contract. However, 'in the case of any conflict, a clear written contract supports both the client and yourself'. It can also 'help clients to understand the nature of any proposed therapy and its implications, what to expect, the risks involved, what is and is not being offered, and relevant alternative options' (Code 15).

For all of these, due consideration must be given to the impact and implications on you as an individual and on the clinical work.

'We are all changing all the time, amid lots of potential beginnings,' says John Paul Davies, host of podcast *This Trusted Place*.<sup>4</sup> 'One of the most wonderful things is that there are new techniques and ideas coming through all the time...I see it as my responsibility to keep learning from other people, the profession and ideas, and to keep challenging myself.'

Of course, it is well agreed that continuing professional development (CPD) enhances the therapeutic process. Yet a question mark hangs over what choice of CPD.

'A lot of therapists only choose the CPD they're interested in or already fairly comfortable with,' says London-based psychotherapist Noel Bell. 'On some level we're conscious that we're doing that.'

Instead, Bell believes psychotherapists should employ 'deliberate practice', a concept developed by the psychologist Anders Ericsson in relation to sports champions. He found the best performing athletes distinguished themselves from others by embracing deliberate practice, or dedicating time to focusing on their weakness.

"Deliberate practice" is about specifically targeting an area of your performance which needs improvement,' says Bell. 'It is a methodological way of learning what to do and how to do it better.'

'Therapists often believe they're getting better with experience, and it isn't necessarily the case. Over time our behaviour becomes automatised. As a result we lose control over that

behaviour, and at the same time we become confident in our abilities because we're repeating the same patterns.

'For example, we may learn to drive a car, but years of driving doesn't necessarily make us a good driver. We may, for example, have embedded bad practice in our driving. Practice does not make perfect, but it can potentially make permanent. By dedicating time to reaching for objectives that are just above your current ability, for example by choosing CPD that pushes you into a new place, you can evolve and improve your clinical effectiveness. CPD new beginnings can have rich rewards.'

The start may well be the hardest part, but what is beyond doubt is that we are all able to improve. Plato's quote serves as an enduring reminder of the importance of careful preparation and attention to detail, because every moment is a fresh beginning.

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FEATURE

# ***BIG REPORT:*** **Neurodiversity**

# The UK's increase in neurodivergent diagnoses presents opportunities and challenges for therapists to navigate alongside their clients



It is estimated that around one in seven people in the UK (more than 15%) are neurodivergent,<sup>1</sup> yet we are a

long way from a consensus on how neurodivergence might present, or the most effective ways of working with it.

Amid soaring diagnoses, today the conversation around working therapeutically with the neurodivergent community is widening, which necessarily begins with understanding how to speak about it.

'Neurodiversity is the natural range of human neurotypes – we are all neurodiverse!' says Clare Ward, a therapist with Special Networks, a multidisciplinary team offering neuroaffirmative therapy. 'Neurodivergent means any neurotype that diverges from this idea of "normal".'

The broad spectrum that the term 'neurodivergent' covers includes attention deficit hyperactivity disorder (ADHD), autism, Tourette's, dyslexia, dyspraxia and cognitive functioning difficulties. This feature will focus on working with people who present as experiencing ADHD and autism.

A British study found a 787% rise in the number of autism diagnoses

between 1998 and 2018, while current NHS waiting lists for autism assessments have reached unsustainable levels. Moreover, there has been an estimated 400% increase in the number of adults seeking a diagnosis of ADHD since 2020.<sup>2</sup>

These exponential rises come amid myriad headlines about dubious private clinics making diagnoses. Experts remain undecided about whether there may be overdiagnosis or more people are neurodivergent.

What is clear is that the growth in diagnoses underlines the urgent need for all therapists to develop greater knowledge of best practice to adequately support the needs of the neurodivergent community – whether diagnosed or not.

For Ward, a diagnosis is 'not the most important piece of information' when starting therapy. 'In fact, I often forget who has which label – or any label – once the work has begun,' she says. 'Knowing your client has a label is a bit like a tailor knowing that their customer is a size "large". We still need to "measure up", and would never guess exact measurements.

'When you consider the patchy and unequal routes to assessment, it can be misleading if we pay too much attention to diagnostic labels. At the same time we absolutely need to validate the >





experience of “feeling different” that any diagnosis implies, and which can cause so much psychological distress in a world that struggles to accept this.’

Karen Rawden is a psychotherapist with extensive experience working with neurodivergence, especially ADHD, who says that a diagnosis can only ever be a starting point, and that there can be a great deal of work to do both before and after any diagnosis.

‘What we know about how to understand and work with ADHD is evolving,’ says Rawden. ‘No longer is it sufficient to meet clients solely psychodynamically. Instead, we must ensure that additionally we are creating space for neurobiological potentialities and how these might affect the client somatically.’

‘There can be a lot of misunderstanding. For example, ADHD has three main presentations:

predominantly inattentive, predominantly hyperactive and predominantly combined (hyperactivity and inattentive). Yet research shows that a vast combination of symptoms can present in a myriad of ways, and that these alter on any given day.

‘Supporting someone therapeutically requires surrender, not only to the process but of the therapist’s own preconceptions. Being open to the possibility of ADHD being present is challenging as it may call for the therapist to be willing to abandon some aspects of traditional psychotherapy training and the usual approaches in the early days of the therapy. Nurturing the needs of the therapeutic relationship must come first, and be revisited regularly.’

Emotional dysregulation (ED) is not currently included in the diagnostic criteria for ADHD but Rawden says it

‘can be the most debilitating symptom of all’. Psychotherapist and author Marc Andre Bosset agrees, saying ‘there are both challenges and opportunities facing psychotherapists when managing our approach to affect regulation with clients who may display traits of neurodivergence.’

Bosset gives the example of a client called Mike\* who came to him seeking help to manage his anger. ‘I used a mixture of relational, humanistic and somatic psychotherapy, and borrowed from ADHD self-help literature. After several months I introduced the idea that Mike’s main focus of concern – his ED – could be an associated characteristic of ADHD. He was keen to continue our therapeutic work, so I suggested I could accompany Mike on his diagnostic journey.

‘We filled out the DIVA, a semi-structured diagnostic interview<sup>3</sup> which



I included in a mental health report Mike could use for further diagnostics. I also explained that we would need to actively hold in mind the potential neurodevelopmental dimension alongside the psychoanalytical exploration in order to minimise psychopathologising what could be neurodevelopmental, and vice versa. In time, our therapeutic work, alongside the practical ADHD self-help tools, enhanced Mike's self esteem and helped him regain agency over his dysregulation.'

Psychotherapy can play a unique and invaluable role in accompanying a client through a complex diagnostic journey. But while there can be transformative power in attuned, informed, flexible practice, there is the potential for damage to be done by ill-informed therapists. 'If a therapist is not knowledgeable enough or is



## Talking point

How could we help make our profession more inclusive for neurodivergent trainees, therapists and clients? Let us know [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)

insensitive to working with ADHD, the potential for missing an amygdala hijack, common with ADHD, may result in the client ending therapy altogether,' Rawden adds.

Ayhan Alman is an autistic psychotherapist specialising in trauma, primarily supporting clients who are autistic or have ADHD. He says these are 'communities where trauma is notably prevalent' and that extreme care must be taken to avoid compounding problems.

'Trauma in neurodivergent communities often stems from misattunement between different neurotypes, illustrated by the double empathy problem,'<sup>4</sup> which highlights that empathy is expressed and perceived differently between divergent neurotypes. For example, a neurotypical therapist working with a neurodivergent client may face challenges where neurodivergent traits could be misinterpreted resulting in treatment choices that could be ineffective, or worse, harmful.'

The bidirectional relationship of trauma and neurodivergence can add to the complexity. Rawden says 'for

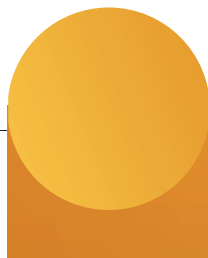
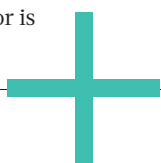
example, one might be forgiven for assuming that with a client presenting with what they call ADHD, it is in fact the presentation of trauma. But this assumption risks the therapist being caught in their own unconscious bias and reductionism.

'Although trauma might once have been considered a cause of ADHD, research consistently points to a very strong genetic link; children with a parent or sibling who has the disorder are more likely to have it. ADHD can be exacerbated by trauma, even if trauma itself is not the cause. However, to hold trauma as the only hypothesis can undermine the therapy.

'The intersection of trauma and ADHD is an area of active debate in the context of providing effective therapy. There is clear evidence that neurodivergent conditions risk an individual's proclivity to be more vulnerable to exposure to traumatic experiences. This intersection cannot be disregarded, and clinicians agree it is important that therapy is not only trauma-informed but also ADHD-informed.'<sup>5</sup>

It is a matter of debate as to whether only a therapist with a diagnosis, for example of autism, can really understand an autistic client. Many therapists now use the label neuroaffirmative, meaning they aim to provide a safe and welcoming environment for neurodivergent people 'I choose to work in a team with a combination of lived and learned experience,' says Ward of Special Networks. 'I think it offers a broader view of both the personal perspective and that of the wider community. >

**'DIAGNOSIS IS  
NOT THE MOST  
IMPORTANT PIECE  
OF INFORMATION'**



# 'Late diagnosis of autism grew my self-acceptance'

Trainee therapist Carolyn Kempster on her late diagnosis of autism

As an undiagnosed autistic child and adult, I could never shake off the sense that there was something different about me. A sense of shame that I was 'wrong' ensured I spent my life working hard to camouflage my difference in an attempt to fit in better.

Two life-changing years of person-centred psychotherapy in my mid-twenties started my process of undoing this shame and accepting myself, although the possibility of my neurodivergence was never raised. Over a decade later, I am studying for my MSc in person-centred and experiential psychotherapy at Sherwood Psychotherapy Training Institute. The course requires 160 hours of personal therapy, and through the relationship with my therapist I began to consider that I was autistic.

Though the threat to my self-concept was great, I found the courage to begin to explore the idea



with her. In doing so, the reality of my neurodivergence became clear. Getting diagnosed as autistic aged 38 was a relief, and caused a shift in my understanding of myself.

When I look back now I can finally make sense of my earlier experiences and accept myself.

Autism for me is value-neutral; neither a disorder nor a superpower. It describes how I experience the world, and in some way, how others experience me. This gives me a framework to make sense of that feeling of 'difference' I always had, granting me greater self-compassion, allowing me to let go of feelings of shame and deficit.

Sharing my diagnosis was a significant moment in my process of unmasking,<sup>1</sup> and moving towards greater congruence between my process of experiencing and what is available to my awareness. I have found the person-centred training I am undertaking to be very neurodiversity affirming, but my Level 4 counselling training didn't cover neurodivergence at all. In general, in the psychotherapy world,

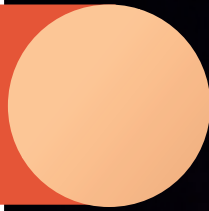
I still think it's not always safe to share your autism diagnosis.

Today my unmasking continues, shaped in large part by the misunderstandings that autistic people don't have theory of mind or the ability to empathise.<sup>2</sup> I worry about the stigma of 'outing myself' as autistic when others believe these myths. In fact, I know that my empathic attunement and skills are part of what makes me a good therapist.

Awareness around what autism really is – and what it is not – is growing, and writing this piece is a commitment to my further unmasking, as well as helping to raise the voices and visibility of neurodivergent psychotherapists.

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Rawden believes that therapists should pursue CPD opportunities to bridge the gaps left by training and to develop a deeper understanding of the complexities of neurodivergence, and to 'most especially keep informed of the advances in research to meet the client work effectively,' she says.

From finding out about symptoms or potential treatments, the online world is saturated with content about neurodivergence. So where's best to look for CPD? 'It's useful to get a good grounding in the different elements of what is essentially still a medical model of difference,' says Ward. 'It's also important to understand concepts, for example interoception, which are central to the processing of emotions and communication. Informally, talking to people with a diagnosis about their experiences of therapy and other therapists working with a similar client group has been invaluable.'

There are challenges and opportunities facing psychotherapists working with neurodivergence. Perhaps the greatest opportunity is to provide structure and support for those 'who are seeking greater clarity and agency in a landscape overflowing with unregulated

clinics taking shortcuts, and a mental health zeitgeist dominated by social media offering "checklist" diagnoses,' says Bosset.

Every client has a unique history, and each client relationship is unique. As Ward concludes 'working with neurodivergence means accepting the natural variety of the human brain, and doing what we would do for any client - understanding the person in the room and adapting the work to suit them.

'This creates a genuine sense of belonging for all people, regardless of how they think, see, feel or interact with the world. Understanding what makes us human means recognising our unity in our diversity.'

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# The Checklist

## Special Networks' Clare Ward on what to keep in mind when working with people who are (or may be) neurodivergent

- ✓ Check your perspective. Are you trying to 'fix' this person or enable them to live the life they want?
- ✓ Don't make assumptions. Try to forget everything you think you know about diagnoses and see your clients as people first.
- ✓ Learn about the Double Empathy gap (when people with very different experiences of the world interact they struggle to empathise with each other) and help people communicate assertively with employers, friends and family.
- ✓ Be flexible. Be open to providing other kinds of support on occasion, such as helping a client make a schedule as part of the 'work'.
- ✓ Understand 'masking' (the act of concealing one's natural personality or emotions to fit in). There may be times when it is necessary, but no-one should have to mask all the time.
- ✓ Be on the look out for uncertainty. Working out what it is that we can't predict in a difficult situation can reduce anxiety and build tolerance.
- ✓ Make it visual. Getting thoughts onto paper or a whiteboard can be really helpful.

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COMMUNITY SPOTLIGHT

# RAREMINDS



The founder of the UK's first rare disease psychotherapy service **Kym Winter** explains why she set it up – and why it's more needed than ever

COMMUNITY SPOTLIGHT

RAREMINDS







There are between 5,000 and 8,000 rare diseases, over 95% of which are incurable. Each disease affects less

than 0.1% of the UK's population, yet together they affect the lives of over 3.5 million people.

Rareminds was established in 2020 by UKCP member Kym Winter to provide therapy for people impacted by rare, genetic and undiagnosed conditions. The charity also provides training and clinical supervision, and advocated at a policy level for the integration of mental health support into rare disease care.

**What led you to set up Rareminds?**

I've been a psychotherapist for nearly 30 years, during which time I've taught and supervised in many different sectors. I'd long been aware of the need for an organisation to represent the mental health needs of those impacted by rare conditions. I have personal experience of a rare genetic condition that affected my late husband, and my two now adult children who were diagnosed in their teens.

In 2013 I began developing an online counselling service for a charity that supports people experiencing a specific rare condition, which unintentionally became the pilot model for Rareminds. It brought together my experiences of managing and developing clinical services, my clinical experience in both the NHS and third sector, and my own lived experience.

The pandemic badly impacted people with rare conditions as access to crucial health and social care lifelines were withdrawn. Yet the new acceptance of online working that was ushered in offered people access to specialist counsellors with an understanding of specific rare conditions. I realised the person who was going to set up the organisation that was needed was

going to have to be me! So, I brought together and trained up a small group of experienced colleagues, and we launched as a service with no funding – but a lot of commitment and drive – at the end of 2020.

**What do you wish every therapist knew about working with clients with a rare disease?**

So much! Fundamentally, to be aware of the isolation, uncertainty and sense of being 'different' that those impacted by rare conditions live with. Differences may be visible or invisible, and may not be articulated straightforwardly within therapy. Some will carry an expectation of being over-pathologised, or fear being seen as a 'difficult patient'.

I have always had a strong conviction that 'a little can go a long way' therapeutically. Should a client disclose that they have a rare condition, treat that as any other aspect of your

Rareminds' founder Kym is passionate about increasing awareness and recently launched an online Wellbeing Hub



**'In three years we have tripled in size, and now deliver group programmes and workshops'**



client or their life experience that you may be unfamiliar with – and take the time to find out more. You do not need to be an expert in it, but having a general awareness of the challenges commonly faced by those living with rare conditions will help support your therapeutic relationship, and inform any formulations you make about their difficulties.

With one in 17 already impacted by rare conditions, and that number only set to increase as genetic and genomic testing increases, we have to all work together to improve knowledge, understanding and provision.

**Rare diseases are diverse and complex – how do you ensure therapists understand a specific disease and its impact?**

We place teams comprising two or three therapists with small rare condition charities to grow understanding in a

# 'WITH ONE IN 17 IMPACTED BY RARE CONDITIONS, AND THAT NUMBER INCREASING, WE HAVE TO WORK TOGETHER TO IMPROVE KNOWLEDGE, UNDERSTANDING AND PROVISION'

particular condition, as well as rare conditions generally. We then share with that partner organisation insights and data from the services we provide. In this way, we learn more together about how best to meet a particular community's psychosocial needs. For example, an organisation that works primarily with older people with a rare neurodegenerative condition is going to need quite different therapeutic input to one that supports parents of young children with a rare condition.

However, common to most people impacted by rare conditions are themes of uncertainty, isolation, lack of treatment options, fears for the future, low trust in healthcare professionals, managing difficult symptoms, and the impact on one's sense of self, and personal or family relationships.

**What is the biggest highlight since setting up the charity?**

Essentially it's that Rareminds exists. The fact that we are now meeting a need that has existed for some time, and that we can champion and promote the value of psychotherapy for those impacted by rare conditions, feels a huge achievement. We believe we are the only mental health charity

in the world working exclusively with those impacted by rare, genetic and undiagnosed conditions.

In three years we have tripled in size, and now deliver group programmes and workshops. We are also developing our training programme to offer CPD to therapists working in the primary and secondary sector, and privately.

**What are the biggest challenges you face?**

Funding is a constant challenge. When we started we included a commitment to use only qualified counsellors who were paid a fair wage, rather than volunteers. We are not able to provide support for all those we would like to, and demand for our services is high. We firmly believe that access to quality 'rare-aware' counselling should be accessible to all who need it. Contributing our own data, research and expertise to inform and influence policy and funders is a core priority for us, but we are keenly aware that the erosion of funding to NHS services over the last decade makes this challenging.

Find out more at [rareminds.org](http://rareminds.org). Follow Rareminds on Instagram and LinkedIn @[raremindsUK](https://www.instagram.com/raremindsUK)





# A NEW CHAPTER

**Dilshini R Sandhu**, a student on the NHS Psychotherapeutic Counselling Programme, talks about navigating a change in direction

**J**oining the NHS Psychotherapeutic Counselling Programme in 2022 marked a significant shift in my professional journey and big leap forward in personal growth. Previously, I worked in diverse roles within the mental health sector, ranging from supporting children aged under 13 in a hospital inpatient unit to working as a psychosocial therapist in medium secure forensic units for adult men.

While these experiences brought fulfilment, I yearned for a deeper grasp of psychotherapeutic approaches and a more direct impact on clients' lives, but I wanted to steer clear of the fiercely competitive clinical doctorate.

I was nudged to apply for the programme by my line manager at the forensic ward who urged me to put myself forward, recognising the potential of the funded pathway.



Despite my initial reservations about the commitment required to maintain a full-time salaried position coupled with rigorous academic study, I applied for the programme because I craved another academic challenge after completing my MSc in Psychology and Neuroscience. I was thrilled to become one of 24 people accepted onto the pilot starting in September 2022.

The programme provides a structured pathway with a specific focus on Person-Centred Experiential Counselling for Depression. Carl Rogers' humanistic approach, emphasising personal growth and the potential for positive change within individuals rather than mere pathology and diagnosis, deeply resonated with my belief in building strong therapeutic relationships and honouring the unique experiences of each client.

Entering the programme marked a profound shift in my life's trajectory. It surpassed mere career advancement,





## 'STARTING WORK WITH "REAL" CLIENTS FELT LIKE A MINEFIELD OF AVOIDING IMPOSTER SYNDROME'

evolving into a deeply personal odyssey of self-discovery and growth.

The combination of in-person sessions at west London's welcoming Metanoia Institute, along with online modules, has fostered a dynamic learning environment that both challenges and invigorates me. In contrast to the stress and understaffing of inpatient units, I have embraced the opportunity to engage in peer-led therapy sessions three times a week.

It has felt like diving into the depths of the ocean, navigating the deep end of self-discovery.

My cohort soon discovered how tiring such therapeutic work can be, yet during long weeks characterised by exhaustion we have found solace in the profound sense of safety and support within the comforting embrace of the programme.

When it was time to start working with 'real' clients it felt like a minefield of avoiding imposter syndrome and being fearful of ruptures within therapeutic relationships.

Through supervision and reflective practice, I quickly learned that a lot of practitioners felt the same as I did during their trainee era. I now know just how empowering group supervision can be and the importance of being honest about my personal experience.

Adapting to the programme's rhythm has required patience and flexibility, especially during its pilot phase when we faced various challenges, including the absence of an assignment handbook in our first year.

The workload, comprising tasks including writing case studies, submitting recordings of client sessions, and crafting reflective essays, were new experiences for me. With deadlines every four weeks, I found that balancing work commitments alongside academic studies demanded unwavering discipline and refined time management skills. However, with the completion of each assignment, a profound sense of accomplishment and purpose illuminated my journey. >



Today, with over 250 client hours under my belt, I feel deep gratitude for the structured and supportive environment. The camaraderie within the cohort, defined by genuine connections and shared experiences, has proved invaluable. We are forming into a community that uplifts and sustains one another.

Our cohort spans diverse ages, from early 20s to 60s, with a gender balance of 25% men and 75% women, including one trans person. My peers come from varied professional backgrounds, including psychological wellbeing practitioners, seasoned mental health professionals and people who volunteer extensively for mental health charities, alongside former educators and people from the financial sector.

However, it's important to acknowledge the lack of diversity within our field. As one of only four ethnic minorities and the sole Asian representative in our cohort, I initially questioned the level of representation and inclusivity. However, I've come to recognise the value of my background and experiences in contributing to the diverse tapestry of perspectives.

Dilshini and the 2022 cohort of the NHS Pathways programme



As I anticipate the remainder of the course, I am enthusiastic about the forthcoming opportunities for continued learning and personal growth. With just one more year remaining until the graduation of our pilot cohort in July 2025, I eagerly await the chance to delve deeper into the intricacies of psychotherapeutic

practice and further refine my counselling skills.

Upon completing the course, I hope to make a meaningful contribution to the field of mental health, particularly within NHS settings. Additionally, I am keen to explore research opportunities that will contribute to the advancement of psychotherapy practices and interventions. Overall, I am optimistic about the journey ahead and the potential impact the cohort can have in supporting individuals to mental wellness, thereby affirming the success of this pathway.

I reflect on the unwavering support my former line manager gave me before I applied for the course with immense gratitude. It is encapsulated in a line from an email he sent me, which is laminated and pinned on the wall in my office. It reads: 'I'm so pleased that you've gained a place on the training, it's a testament to your qualities as a therapist and I know that you will excel and develop further in your new role.'

## What is the NHS Psychotherapeutic Counselling Programme?

This NHS Pathways programme was initiated by the SCoPEd partners and implemented by UKCP to create a new training pathway to expand the mental health workforce and the types of therapeutic modalities in the

NHS. Three pilot courses began in September 2022, delivering postgraduate-level training in person-centred experiential counselling for depression, dynamic interpersonal therapy and couples therapy for depression.





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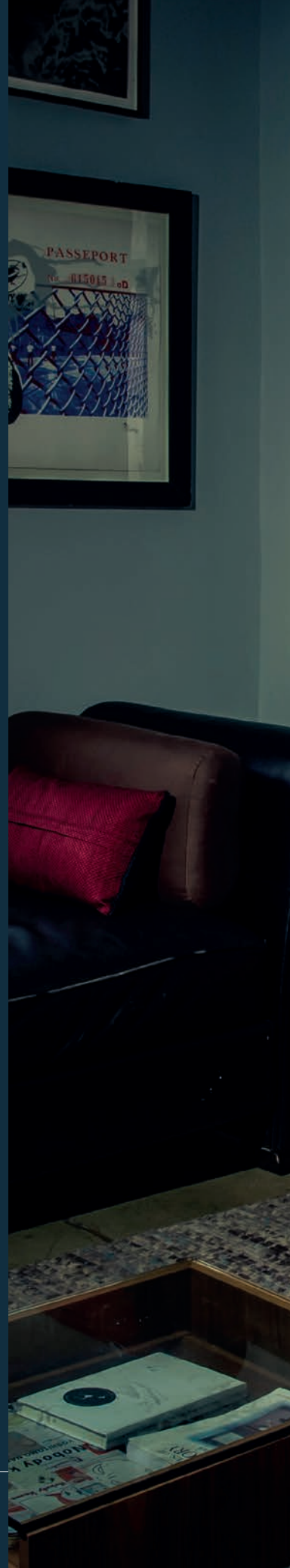
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SPOTLIGHT INTERVIEW

# ‘We all push against change’

Star of TV series *Couples  
Therapy* **Dr Orna Guralnik**  
is a clinical psychologist  
and psychoanalyst  
practising in New York City





sraeli-American therapist Dr Orna Guralnik studied dance and film before training in psychoanalysis. She

has since amassed over a decade's worth of psychoanalytic training focused on couples and runs a private practice. She lectures and publishes on topics including couples' treatment, trauma, dissociation, culture and psychoanalysis. In 2019, Dr Guralnik began working on the BBC docuseries *Couples Therapy*, in which real-life people are filmed having therapy. Currently filming its fourth series, the hugely popular show has been praised for giving viewers a sense of psychoanalysis as a field that looks and sounds like the world it interprets.

Dr Guralnik tells Emma Ledger about demystifying therapy for the masses, adapting her clinical work in response to the pandemic, and her belief in coupledom's transformative ability to radically expand lives.

**Did you have any reservations about taking part in *Couples Therapy*?**

Yes, totally, I did not want to do it in the beginning. The people making the show approached me at the institute I taught at [New York University]. The vision they had for the show was so appealing, and they are so ethical and creative, that they convinced me.

**Were you worried about it?**

I was worried, definitely. People were worried for me. They told me I was going to tank my career by doing it. It's TV! They were expecting a cheap reality show. I've never watched any reality television, not one show. But I remember watching an early edit of an episode [of *Couples Therapy*] and I was totally blown away. The way they

managed to cinematically convey what the feeling of treatment is – it was shocking. It still is, I'm shocked every time I see the show. There's no attempt to influence or intervene, they just let the work unfold and try to capture it.

**How do you deal with the camera gaze?**

The camera doesn't bother me. I do feel it invites me and the couples to be our 'best self' in the sense that we have the knowledge that everything is being documented. It feels like you need to really show up for it, it's sort of a 'now or never' feeling. It's the knowledge that whatever is happening doesn't vanish. People are going to be editing it, watching it.

**Does being filmed have an impact on your clients?**

Yes, I think it has a lot of impact. It definitely has an influence. We are learning more about that impact in every series we make, but people definitely show up in a very real way.

**What do you think is different about these sessions, knowing that they will become public?**

There are certain areas that people don't go to. For example, talking about finances or sex lives. So, it does introduce certain limits. People also don't talk about their kids, that's one thing we don't do because the kids haven't consented to whatever is being filmed.

**You talked to your own child when you filmed in your home during the pandemic, when you had to conduct sessions online. How was that?**

It felt very awkward. In the beginning when we started filming the show, I refused any kind of invasion into my private life.



Dr Guralnik working with a couple in-person in New York



**DR ORNA GURALNIK TIMELINE**

**1964**

born in Washington

**1971**

moved to Tel Aviv

**1981**

undergraduate degree in filmmaking in Tel Aviv

**1990**

moved to New York to study clinical psychology at Yeshiva University

**1995**

postdoctorate at New York University

**2002**

co-founded a consulting firm providing psychological insight for companies including Dell, Xerox and Goldman Sachs

**2005**

began training at New York University postdoctoral programme in psychotherapy and psychoanalysis

**2019**

began filming *Couples Therapy*

There's so much that people gain from being able to not know about me, or from being able to imagine me as one way or another. But when the pandemic hit, everyone was in everyone else's homes via the camera. There was sort of no choice. Life in general felt awkward at that time, and online sessions were part of that.

**Before the pandemic did you do much therapy work online?**

Once in a while, yes, but not frequently. Now my practice is half online. It's ok, it's not great but it's ok. I think the fuller experience is being in the room with patients. On the other hand, [being online] allows for a certain kind of flexibility and informality that is sometimes good for the work. It varies between patients.

**Couples Therapy includes filming you having supervision, was that important to you?**

I asked them to do that. It was my idea to do both individual supervision and group supervision on screen. Because that's what we do as responsible clinicians, to make sure we're not digging down our own tunnels. I wanted the public to know that. We get a lot of feedback on it, people love it. People don't know that we do this, and I think they're relieved to know we do.

**Was your supervisor keen to be part of the show?**

With Virginia [Goldner], I've worked with her for many years and when I first told her she said 'oh my God, that's crazy. I'm never doing that'. But then I sent her some footage, and the moment she saw it she said 'Ah, I'm in'.

**What have you learnt from watching yourself?**

I've learned a lot from doing it, and from talking about it. My work as a couple's therapist has deepened a lot. >





# Are you considering a career in psychotherapy?

Being a psychotherapist or a psychotherapeutic professional can be a rewarding experience.

You may be working with individuals, couples, families or groups. Or specialising in working with children and young people.

You could be using any of the different types of psychotherapy from traditional Freudian analysis to dance or art therapy, or hypno-psychotherapy.

But most importantly, you will be helping people express their feelings, find better ways to cope with the challenges that life can bring, and improve their emotional and mental wellbeing.

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[www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)

From watching myself I now know what I look like when I do therapy. I've realised what things I repeatedly say, and my facial expressions. I know my eyebrows and my sceptical look. I also realise how much I gesticulate – I'm definitely Middle Eastern! So I got to know myself, in a way.

**Is your work online something of a new beginning?**

Yes. And doing this show was definitely something new and a big change. Introducing change into one's life is very important. Even though I talk about patterns, reenactment and repetition, change is incredibly important. We all push against change.

**You studied film initially. Was psychotherapy always calling?**

Thinking in a certain way was always part of my role in the family, with friends, in the community. It was just a certain inclination to think psychologically and want to make things better, or to make meaning. I did not become a therapist immediately. I avoided the path for a long time. I studied film, I danced, I did lots of other things. I sometimes think about being a therapist as a calling, or a curse, that you can try to avoid or surrender. I tried to avoid it for a long time. But now I love what I do. I'm very happy with what I'm doing.

**With a background in the arts, do you ever incorporate creativity into your work?**

As a therapist I'm pretty strictly psychoanalytic, but I refer to other modalities such as EMDR, meditative practices, bodywork and yoga of course. I still dance and do yoga. They're very important aspects of my life, as ways of being expressive.

**What about when you feel you can't help an individual or couple?**



**'I WAS WORRIED I WAS GOING TO TANK MY CAREER'**

It's painful. It's very hard. In training a lot of what we learn to do is dig into our countertransference and see if anything is blocking us. But the most important thing is to find a way to translate my difficulty into information that could be useful for the patient or the couple. Then it's their choice to think about whether they could do something about it, to find out if it's useful or not.

**Do you think every couple could benefit from couples therapy?**

Some people do not function in the

realm of language and dialogue, so they won't find that way of working through things useful. And some people don't necessarily need it! Some people live in arrangements or harmonies that don't need therapy.

**What has been your highlight working on *Couples Therapy*?**

There are two. One is working with the fantastic people on the team. The other is to feel like all the effort is really helping people.

We've been stunned by the success [of the show] and the appreciation. We get hundreds of emails from people thanking us. I read them all. We hope that what we're doing with the show is to address a larger splitting in society. It's just a great feeling to know you've done something to make this world a little better. Falling in love, being in love, learning how to love better and bigger with more responsibilities is an amazing thing.





# Become a UKCP member

UKCP membership is a recognised quality standard. It shows potential clients and employers the calibre of your training and practice.

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Do you have thoughts to share on what's coming up in your supervision practice right now? We'd love to hear your ideas. [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)

## SUPERVISION

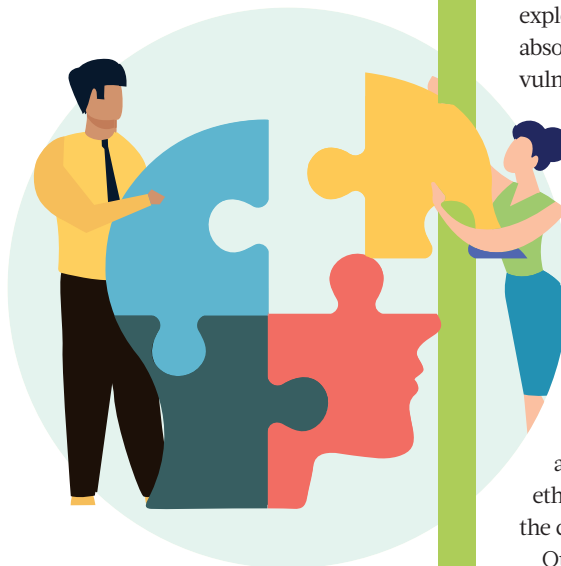
# To regulate or not, that is the question

Katrina Ashton asks what our collective stance is when it comes to the ethics of supervision

**W**hen I was a member of the UKCP ethics committee in 2018, I was asked to consider what ethical framework could be used to regulate supervision. Together with my colleague Barry Christie from the Bowlby Centre, we explored why it is that we, as intrepid explorers of the psychological iceberg, have not asked why we do not recognise supervision as a clinical activity.

American psychoanalyst Robert Joseph Langs presented a groundbreaking approach to the supervision. He advocated a robust structure where the supervisor and supervisee must have no prior contact before entering supervision. He believed there are unconscious pressures to breach boundaries at the centre of the supervision model, and that the supervisor must deal with any boundary-inducing anxiety and fears of entrapment.

Yet among the UKCP's organisational members [OM] there are teachers and lecturers who also supervise and hear complaints against those in training, and indeed hear complaints against other supervisors.



Supervision can therefore be seen as a higher level of assimilation in a giving and receiving cycle, different from therapy in which the patient gives and the therapist receives.

It can then be that supervisors in the supervisory state may feel a release to be more active, especially in the present situation where supervision is not seen as a clinical activity.

Non-clinical members can be supervisors alone with no higher

structural regulation. This can be seen as a truly vicarious experience of making contact with the patient rather than contact with the therapist, and yet not subject to a universal code of ethics.

I believe we are called to think about a collective stance on the ethics of supervision. This collective stance will then identify what supervision is, and more importantly what it is not.

In Nancy McWilliams' book *Psychoanalytic Supervision* she writes that 'supervision should not involve indoctrination, bullying or exploration of an opportunity to absorb the idealisation of the vulnerable.' At present any

complaints of this kind are held within the OM and, if upheld, sanctions remain at that level despite a situation where a supervisor is also a therapist.

We must have a debate about the anomaly of two separate ethical principles applied to supervision: one collective in the UKCP code of ethics and professional practice, and one an OM-identified code of ethics, which must conform only to the college level ethical principles.

Our representatives in the Education and Training Practice Committee and The Professional Regulatory Committee of the Colleges and Faculties are the collective college voice at the table of negotiation concerning the regulation of supervisory activity. An open and honest debate to inform that negotiation is needed.

### More info

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

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