

NWRPA Spring Seminars**Paula Gillespie-Fotheringham: On Self-Care: A Creative Approach**

Friday 11 April, 6.30pm-8.30pm, free to members, £7.50 to non-members

As therapists we focus on the needs and wellness of our clients. Our role can sometimes lead to a depletion of our own energy. This seminar will give attention to how we can both care for ourselves and consider our clients. There will be an experiential element to the evening, no experience of art making is needed - just an openness take part in image-making and discussion.

Paula Gillespie-Fotheringham founded Manchester Art Psychotherapy early in 2011. She has worked extensively with children and young people, particularly around issues of attachment, trauma and self-harm, together with adult work focusing on BPD, DID and attachment based difficulties. Paula worked for over 10 years in mental health settings, including the NHS and Social Services. Prior to building her private practice, Paula held the post of Head of Therapy at a private psychiatric hospital. She is an Art Psychotherapist registered with the Health & Care Professionals Council (HCPC) and accredited by the British Association

As always these seminars are free to members and £7.50 for non-members. We meet at our regular venue the Manchester Institute for Psychotherapy, 454 Barlow Moor Road, Chorlton, Manchester M21 0BQ from 6.30 to 8.30 pm.

Frank Kelley: How to do Structured and Focused Therapy without being Structured and Focused

Friday 9 May, 6.30pm-8.30pm, free to members, £7.50 to non-members

Membership for 2014

If you enjoy our seminars you may want to become a member of the Association. If you would like to join for the calendar year 2014 you can:

- Apply to join using the form on our website at www.nwrpa.org.uk
- Pay your membership fee at a monthly meeting
- Send a cheque made out to "NWRPA" to the address at the end of the newsletter
- Pay online. Please email nwrpa2010@ntlworld.com and I will give you our bank details
- Our membership fee for the calendar year 2014 is £25.00 waged and £20.00 unwaged
- Membership gives you free entrance to all our seminars in 2014

**Frank Denning: An Introduction To Transference-Focused Psychotherapy
A Treatment for Borderline and Other Severe Personality Disorders
Friday, 14 March 2014**

Comments from people who attended this seminar were that Frank Denning was a really interesting and informative speaker and that he spoke about his work in a very human way.

Transference Focused Psychotherapy (TFP) is a psychoanalytic psychotherapy developed from the Kleinian and Object Relations schools of Psychoanalysis. It is aimed as a therapy for people with borderline personality disorder. The key figure here is Otto Kernberg a psychoanalyst and professor of psychiatry at Weill Cornell Medical College in New York. Frank Denning is one of the first psychotherapists in the UK to adopt this approach and was greatly and generously helped by Frank Yeoman from Weill Cornell.

Strictly speaking there is no qualification for this approach; partly because the TFP founders believe they have no way of knowing whether a therapist would be adhering to the TFP manual Frank Yeoman saw Frank Denning on a visit to the UK and went through an audiotape and videotape of his therapy sessions. In an unusual twist Frank Denning was then asked to comment on a taped session from a therapy session at Weill Cornell.

The National Institute for Health and Clinical Excellence (NICE) guidelines say that TFP is one of the psychotherapies which are effective at reducing core BPD symptoms and associated

mental health problems. Other therapies are Dialectical Behaviour Therapy, Mentalisation based treatment and Schema Focused Therapy.

TFP begins in a very distinct way and contracting is very important. The therapist agrees a risk recommendation with the client *which the client is expected to follow*. As every therapist will know clients may possibly ignore a recommendation like going to A & E if they are at risk of self harm. What a TFP therapist will do is be quite insistent on exploring why the client did not follow the recommendation. Did they act impulsively, ignore the recommendation or had never really agreed with in the first place.

In a similar way the TFP therapist will contract with the client, even those who are agoraphobic, to get out in the world and meet people. This is to counter the possibility of secondary gain and to ensure that the client has real life material to bring to the session. As with risk recommendations the client will be challenged if they are not out in the world.

What was quite clear in listening to Frank using examples from his therapeutic work was how focused and emphatic he was in doing this. While he does this in a very human way it was clear how resolute he was in challenging his clients. It did make the rest of us sound like softies. He said this is a very containing approach and he has had very few missed sessions when using a TFP approach.

You might ask why a transference based approach is concerned about clients getting out in the world when a classical analytic approach would be focused on a client's internal world. TFP centres on the idea that where there is an affect expressed there is a self - object dyad activated. The work is focused on this dyad. This dyad will be found in the clients relationship with the people in his world and, in a very live way, with the transference relationship with the therapist.

The work proceeds in sequence. Most of the work is clarifying what the client is saying, in asking the client to help with this clarification and then by confrontation. The confrontation is to overcome resistance to the expression of the dyad. The final stage is the transference interpretation which links the dyad to to the live transference, to what happens in the consulting room.

The dyad is not simply an internalised and possibly unconscious self object relation it is a conflicted self object relation. Kernberg attempted a synthesis of drive and object relations. Hence an understanding of the dyad involves the conflict between the libidinal and aggressive drives.

Frank is very keen on therapeutic neutrality. By this he means not only the traditional analytical keeping to boundaries and being a blank screen but also a neutrality towards the dyad. For example a classic Kleinian approach would see a client being late as an aggressive relating to the therapist.

The TFP therapist is neutral to both aggression and libidinal drives. Hence the therapist would interpret both the aggression of lateness and the libidinal drive which brings the client to the session on search of connectedness and health. The counter transference is also thought about in a dyadic way. The therapist will consider both their aggressive and affectionate feelings to the client.

In a different sense of dyad those who attended this seminar responded to Frank with the same warmth, involvement and curiosity that characterised his presentation.

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