

NWRPA Friday Evening Seminars

Marie Naughton: If I Knew Where Poems Came From, I'd Go There.....'

Friday 13 June 2014, 6.30pm-8.30pm, free to members, £7.50 to non-members

So says the Irish poet Michael Longley. But even if we can't actually get to that place, we can instead be attentive to the poems when they come to us.

In this talk I'll share the significance of poetry for me, both personally and in my professional life. I'll say a little about how I understand creativity from a Transactional Analysis perspective, and offer some views on poetry's role which I find helpful and enriching in my work.

I've selected some poems for close reading with you which I hope will open up conversations about poetry's potential as a transformational force in our lives.

Marie Naughton is a psychotherapist and TA trainer and supervisor. She has practised in Manchester since 1996. She counsels students in an inner-city high school. Her poems have appeared in a range of magazines and have been placed in national and international competitions. She offers writing workshops and was recently awarded a Distinction for an MA in Creative Writing at the Centre for New Writing at Manchester University.

Hayley Marshall: Eco-Psychotherapy –Therapeutic Practice in Outdoor Natural Spaces

Friday 11 July 2014, 6.30pm-8.30pm

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 on the second Friday evening of the month from 6.30 to 8.30 pm. A map is on our website. at www.nwrpa.org.uk

NWRPA Membership

Our membership fee for the calendar year 2014 is £25.00 waged and £20.00 unwaged. This gives you free entrance to all our seminars in 2014

For more information about the NWRPA and how to be a member go to our website at www.nwrpa.org.uk

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

Friday 9 May 2014

My talk is a case study. I am following NWRPA custom in not including confidential material in this summary.

Over time therapists adopt theories and techniques from other therapeutic approaches and integrate these into their way of working. I trained as a psychodynamic counsellor with an exploratory approach which, as the title suggests, is the antithesis of a structured and focused therapy.

This case study was for a client I had seen before. As we ended our previous course of counselling I thought the key to her maintaining her health was overcoming her agoraphobia. There is no evidence that a psychodynamic exploratory approach is effective for agoraphobia and so I referred her to another NHS service for cognitive behavioural therapy. After she completed this therapy my colleague referred her back to me for further exploratory work.

Meeting my client again I was convinced that she still needed help for her agoraphobia. I was frustrated that we could have another course of counselling and end up in the same place. That counselling could be helpful again but then undermined by her agoraphobia.

Beginning counselling again took my mind ten years. My frustration then was that I was not being as helpful to my clients as I wished but could not see why. My thoughts about my counselling approach crystallised when I read about the Assimilation Model of W.B. Stiles and his research collaborators.

They identified the following predictable stages of successful therapies. What was useful in the earlier stages of therapy was helping clients to express warded off thoughts and feelings, bring them to first to vague awareness and then to a clear statement of their problems. From this develops increasing understanding and insight. Working through these understandings then leads to the later stages of problem solution and mastery.

It struck me that the more exploratory approaches, like mine, are better at the earlier of these stages and structured and focused approaches, such as cognitive behavioural therapy, are better at the later stages.

I am not by nature and training suited to being a structured focused therapist. I talked about this to William Davies, a teacher of CBT. He planted the idea that it is possible to do CBT in a person centred way. This fit in with the counselling part of my psychodynamic counselling approach. Developing this idea it struck me that a psychodynamic approach is good at recognising what is obscure. I thought I could use this to be better able to recognise when clients are offering me solutions to their problems. Hence this involves using a therapeutic approach more suited to the early stages to carry out the later stage task of problem solution and mastery.

Another consequence of the tension between the psychodynamic and counselling parts of my therapeutic approach is a continual tension between maintaining therapeutic neutrality and being open and genuine with clients. In this case I had a conflict about my frustration about my client being referred for the wrong kind of therapy. It was hard to conceal this frustration and I had a wish to be genuine. I also trusted a hunch that being open would be helpful. So I shared this belief with her early in our counselling.

Now neither I nor my client were particularly suited to a structured and focused therapeutic approach. However her family had a wonderful combination of being caring, logical, organised and capable of the tough love. This combination is suited to this kind of therapy. I have worked in the NHS for a long time and had spent time with cognitive behavioural therapists and got to know some of the basic principles of the systematic desensitisation approach to agoraphobia.

Part of sharing my concerns was to point out how different my way of working was from a CBT approach. What happened then was that my client took up my basic description of this approach to agoraphobia. She shared this with her family who refined these basic ideas into a fully realised and continually developing plan for overcoming her agoraphobia.

I have found over the years that counselling has an emergent structure even if you do not consciously organise it. (My alternative title for this talk is CBT for lazy therapists.) Most times you do not have to structure these features of a course of counselling; they will emerge spontaneously. The point is to recognise them as they emerge as they may be obscure. For example I realised that whenever my client expressed a fear of a particular activity outside her house, and confidently declared this was impossible, that this was the starting point for the next step in the work of systematic desensitisation.

Another way I have of thinking about this is that I do not work in a structured focused way but some of my clients do. When I adapted my approach in this way I carried on referring some of my clients for CBT after they completed counselling, believing they needed this different approach. I was then surprised by my CBT colleagues asking why I had done this as my clients seemed to have already worked out what my colleagues would have encouraged them to do.

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