North West Regional Psychotherapy Association

NWRPA Friday Seminars

Compassionate Mind Focused Therapy

Katherine Skaife

Friday 9 June 2017

6.30pm-8.30pm, free to members, £7.50 to non-members

This approach to therapy fosters wellbeing through the understanding and application of compassion. We are able to be compassionate to others, be open to compassion from others, and are compassionate to ourselves.

Compassionate mind therapy was developed by Paul Gilbert, a Professor of Clinical Psychology. He researched evolutionary approaches to psychopathology for over 35 years with a special focus on shame and the treatment of shame based difficulties, for which compassion focused therapy (CFT) was developed. He founded the Compassionate Mind Foundation in 2006. Go to https://compassionatemind.co.uk

Kath Skaife is an experienced clinical psychologist and works in the NHS mental health services in Bolton. She has absorbed both psychodynamic and compassionate mind approaches into her therapeutic work. She is also the chair of our NWRPA Friday seminars.

Three Words in Therapy

Friday 14 July 2017

Venue:
The Manchester Institute for Psychotherapy
454 Barlow Moor Road
Chorlton
Manchester M21 0BQ

Share your sparkle and be a presenter for

Three Words in Therapy

Our speakers in this format have always been well received.
We usually hold these talks twice a year, in summer and winter, and have three speakers at each seminar.

Our next 3 Words is on Friday 14 July 2017.

Most speakers are our own members or regular seminar attenders.
If you have a burning issue you want to share, or want to take the first steps in this kind of public speaking, please let us know.

Email nwrpa2010@ntlworld.com or phone 0161 432 8653 before the end of June 2017

You can speak for around fifteen minutes on any subject of your choice that will be of interest to other counsellors, psychotherapists and trainees.
As the format suggests your talk will have a one word title

CPD certificates

If you would like a CPD certificate for the NWRPA seminars you attend please email Frank Kelley at **nwrpa2010@ntlworld.com**

Contact the Association:
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A long story: impasse and change in therapeutic work

Frank Kelley

Friday 12 May 2017

I am now retired and was a psychodynamic counsellor in the NHS.

It is true that we need to keep faith with our therapeutic approach, particularly at times of pressure and crisis in our work. It is equally true that keeping this faith in our approach can lead us and our clients into an impasse. At these times we may need to ask ourselves about changing our way of working. This is the story of that change. It is a long story and took place over a period of seven years.

I have attached my notes for this talk to the email with this newsletter. These notes have the same structure as my talk. However during the seminar is struck me that I could have organised my talk around Stile's model.

Discussion of this model came in the middle of this seminar and was very interesting to those attending. I think this is because of the way this model gives a picture of the whole process of therapeutic change and a picture which is relevant to all approaches to therapy. This model of therapeutic change also fits the stages in the process of change in my therapeutic approach.

The assimilation model grew out of research by W.B. Stiles and his collaborators into effective therapy. This model integrates theories from the fields of cognition, development and psychotherapy, with the aim of providing a pan-theoretical framework for understanding the essential processes underlying all or most modes of successful psychotherapy. (NB there is an expanded version of this model in the email attachment.)

The stages are:
Warded off. Content is unformed; client is unaware of the problem. An experience is considered as warded off if there is evidence of actively avoiding emotionally disturbing topics.

Unwanted thoughts. Content reflects emergence of thoughts associated with discomfort. Client prefers not to think about the experience; topics are raised by the therapist or external circumstances.

Vague awareness. Client acknowledges the existence of a problematic experience, and describes uncomfortable associated thoughts, but cannot formulate the problem clearly.

Problem statement / clarification. Content includes a clear statement of a problem - something that could be or is being worked on.

Understanding / insight. The problematic experience is placed into a schema, formulated, understood, with clear connective links. Affect may be mixed with some unpleasant recognitions, but with curiosity or even surprise of the "aha" sort.

Application / Working through. The understanding is used to work on a problem; there is reference to specific problem solving efforts, though without complete success. Client may describe considering alternatives or systematically selecting courses of action.

Problem solution. Client achieves a successful solution for a specific problem.

Mastery. Client successfully uses solutions in new situations; this generalising is largely automatic, not salient. Affect is positive when the topic is raised, but otherwise neutral (i.e., this is no longer something to get excited about).

I will now use this model to summarise the process of change in my therapeutic approach and give a summary of my presentation at this seminar.

Warded off.
From the beginning of my counselling career I offered counselling to people who suffered long term depression. From early in my professional life, and with some clients, I had a persistent nagging thought that I had not done a good piece of work. I tried to reassure myself that I had done some good work and generally these clients said they found counselling helpful.

Because I work psychodynamically I thought these doubts were my countertransference to working with depressed clients, and due to absorbing the negativity of their depression.

A long story: Impasse and change in therapeutic work

Unwanted thoughts.
Over several years these obscure doubts continued to nag away as if they had a life of their own.

Vague awareness.
I eventually decided I did not want to ignore these doubts and so kept an eye open for anything that would help me think more clearly.

Problem statement / clarification.
A term I used for myself about my depressed patients was of *shrunken worlds*. When describing melancholia Freud talked about a narcissistic withdrawal. Most people with long term depression have become less sociable. Some become reclusive. Even where they have work, family and friends they may restrict themselves to the few people they know and trust.

Many have a degree of social phobia. They will panic in crowds and avoid bus travel, shopping at supermarkets and going to large gatherings of family or friends. Knowing that their world has shrunk gives them a painful sense of loss and a frustration that they are not the person that they used to be.

I realised that my sense of not having worked well with depressed clients was centred round counselling giving insight and understanding but not leading to change in my clients' shrunken worlds. This understanding finally gave me a name for my malaise which was *insight without change.*

Understanding / insight.
My understanding changed through rethinking ideas I had absorbed over the years. This included ideas from my counselling training.

I had also previously read a paper on impasses in therapeutic work. The impasse can be due to our adherence to our model, to our business as usual.

I remembered a conference on integrative therapy where a psychoanalyst and a Cognitive Behavioural Therapist talked about their work together. What was clear was that each model of therapy had its' strengths but also created limits which may make working with particular clients confusing, stuck and ineffective. What was an impasse in one of these therapies may be an easily soluble problem for a therapist from a different tradition.

Everything fell into place when I read about Stiles' assimilation model. I am a psychodynamic counsellor and it struck me that both the psychodynamic and the person centred aspects of my way of working are very useful in the early stages of the assimilation model. They help with building a therapeutic relationship, working through avoidance and bringing problems into awareness.

My strengths were all the earlier stages of *warded off, unwanted thoughts, vague awareness, problem statement/clarification* and *understanding/insight.*

My trouble with both strands of psychodynamic counselling is in the later stages of *application/working through, problem solution* and *mastery.* This was clearly the source of my impasse.

Application / Working through.
Understanding Stiles' model pointed to a solution. I wanted a more explicit way of helping clients with change where this was not happening spontaneously through my usual psychodynamic counselling.

I discussed this with my colleagues and managers and then went on short training courses in solution focused therapy and cognitive behavioural therapy. These courses seemed to offer a helpful complement to psychodynamic counselling and a way out of my impasse.

When writing about this stage Stiles' refers to *problem solving efforts, though without complete success.* While I found these courses really helpful, I realised that I was temperamentally unsuited to practising approaches that are structured and focused.

Problem solution.
Being a psychodynamic counsellor I translated these structured and focused approaches into terms more familiar to me and now think of this as the *search for good objects; the recovery of the old self,* and the the way in which depressive anger can change into constructive frustration which leads to action and change rather than depression and lack of motivation.

A long story: Impasse and change in therapeutic work

Since regaining my confidence in a person centred attitude I noticed something worthy of remark. I think of this as my clients inventing cognitive behavioural therapy.

After these changes to my way of working I had a greater trust that my clients would find their own solutions and have often explicitly said this to them. I have also found over recent years that counselling has a structure that emerges spontaneously even if I and my client do not organise it. Hence while I am not intentionally structuring my work, I trust a structure will emerge from the spontaneity of sessions.

Mastery

It had long been my practice to offer my clients two assessment session followed by fifteen or twenty weekly sessions of counselling. After completing counselling I would offer a follow up appointment after two or three months. This would usually be followed by discharge.

By the end of this long story I arrived at a different format for counselling sessions. After assessment I would see a client for twenty sessions of weekly counselling. We would then have a break of between one and three months. When we met after the break we would then have a review of counselling. If the client wanted to consider further counselling then we would meet the following week to discuss this.

I always insisted that we have a clear sense of purpose for the second course of counselling. Usually this would have emerged during the first course of counselling.

For the second course of counselling I offered a set number of sessions, usually between six and twelve. The time between sessions would vary between one week and a month, with the next appointment being made at the end of each session.

Clients often opted to have the early sessions close together and the later ones more spaced out. They used the longer gaps to take time to think about things themselves and it gave them more time to think about and carry out changes in their life. They then discussed these plans and changes in our sessions. Hence much of this later work was at the further end of Stiles' model.

I still wondered if I should refer my clients for CBT for more structured and focused change oriented work. As I have always worked in the NHS I had been used to referring people I had seen for counselling for CBT with my colleagues in the Department of Clinical Psychology.

After assimilating these changes in my way of working my CBT colleagues wondering why I was making these referrals. When my colleagues saw my clients they said already come up with the kind of solutions to their problems which a CBT therapist would work on with them. I think of this as my clients inventing Cognitive Behavioural Therapy. From that time I made significantly fewer referrals for CBT.

By the time I had been through this long story I felt a sense of achievement after working through some of the impasses of my therapeutic approach. In absorbing these changes I had assimilated other ways of thinking and working.

I could combine exploratory work and a more change oriented approach without changing my approach to my work and retaining my identity as a psychodynamic counsellor. I had a sense of accomplishment after these changes and a renewed enjoyment of my counselling work.

Stiles said of **mastery** *this is no longer something to get excited about,* but I think I just might.

I really enjoyed giving this talk and being part of a lively discussion. So thank you to everyone present

Frank Kelley