

CONTENTS

From the Office 2

Letters to the Editor

UKCP and its Discontents

Adrian Blake3

Pat Steel 5

Response from Jane Watson.5-7

UKCP Section listing problems!

Sue Washington7-8

Members' Articles

Mindfulness and Meditation?

Penny Moon..... 9-11

Bullying

Barbara Butcher..... 11-12

Integrated health and post modern medicine

HRH The Prince of Wales

suggested by Leslie Williams..... 13-17

CPD suggestion, The Entrepreneur Monk.....17

Advertisements

NLP/Hypnotherapy Books for Sale 18

Liverpool Psychotherapy Club18

The views communicated in articles published in this Newsletter are those of the individual authors and are not necessarily the views of the NRHP. The NRHP accepts no responsibility for any goods or services advertised by individuals or other organisations in this Newsletter.

E&OE

From the Office

Thanks, as ever, to the contributors to this issue of News and Views - Ghislaine Adams, Adrian Blake, Barbara Butcher, Penny Moon, Jane Watson, Sue Washington and Leslie Williams. The next issue's last submission date will be 10th January 2014.

Advertising - what works?

A member recently asked if we could put something in this issue about advertising. As advertising can be very expensive, she wondered if other members could recommend any advertising they had used which they found to be cost effective. Any suggestions would be most welcome.

Renewals and Five-Yearly Reviews

We will be sending out 2014 renewal paperwork in November, and would be grateful for return by the end of the year. If you haven't received anything from us by December, please let us know and we will send again. Please remember, you can send your CPD/Supervision records for this year at the same time as your renewal form, so that when your five-yearly audit comes up, we already have the majority of the required documentation.

Psychotherapy Club

As you will see on page 23, the UKCP have started promoting small, regional group meetings of UKCP therapists, students, and other mental health specialists. I know that, in the past, some of you have belonged to such groups involving NRHP members. If you would like to augment your numbers or start a group of your own, please let me know so that I can circulate an invitation to your local colleagues.

Julie Young and Susan Dixon

UKCP and Its Discontents

Albeit a long time ago, I served for two years on NRHP's old Governing Council, several times a year making the long trek up from Kent to Nelson for Council meetings. For four years I also served on BACP's national policy advisory body.

I did recently relinquish my membership of UKCP, not through any particular dissatisfaction, rather because after 28 years in practice and now being in my sixties and seeing fewer clients it became a luxury to belong to two regulatory bodies and I have been a member of BACP for even longer than UKCP.

Among other recent letters criticising UKCP Tony Alexander maintains in this Summer's News and Views "so many regulatory bodies consist of people who justify their salaries by continually creating pointless and unnecessary tasks for other people to do".

I think it is fair comment that we live in an increasingly regulated world. There are, however, significant differences between government appointed regulators and our own profession's regulatory bodies. One is that UKCP/BACP members have the freedom to elect people to many of the more significant posts. The other big difference between state regulators and our own regulators is that the latter rely heavily on volunteers to fill various positions. This means there is the opportunity for members to have more influence in decisions by being more involved. In the government arena there is a gap between the regulators and the regulated. With UKCP and BACP this doesn't have to be the case.

But volunteers, these days especially, are thin on the ground. Yet, as I found, it can be an invaluable experience and perhaps even more so for those who are dissatisfied and feel things could be done better. You get to see things from a different perspective and are a participant in what is happening in the therapy world rather than being an onlooker. You are engaged in something from the inside and this is the only place from where you can hope to change and improve things.

Whether salaried staff or volunteers, and contrary to what may be implied by some of the letters in News And Views, there is no glory in the job, and because you have to carry the membership with you in any decision there is really only limited power. Not much of an ego trip, not much recognition for the work you do. I did it, and others still do it, because the

rewards lie in a sense of being involved, in being closer up to the world that provides so much meaning to our lives, in being better informed of what's really going on, and in sometimes making a small difference.

Whether occupying a salaried or unpaid position you also, inevitably, experience the frustration of being on the receiving end of the world's legions of armchair critics who are always full of 'shoulds' and 'oughts' as to how things should be done better. How many times has someone approached me with the opening remark "What you should do is..." How often have I inwardly sighed and thought "Yes, if we had the resources and more people we could implement so much more than we do and, true, we could probably do it better".

On a few occasions I have ventured the response "That's a great idea you have, why don't you come and help us put it into practice?" This latter was usually met with a quick tactical retreat and words along the lines of "I would but I just don't have time" or the immortal "I'll think about it".

Surely if we decide to be an armchair critic then we are no less at fault than those we accuse of not doing well enough? Is it not true, as the old saying goes, that if we are not part of the solution we are part of the problem?

Over the years I worked with so many people in the organisations I've mentioned, on committees, working parties, steering groups, governing councils, with salaried staff and volunteers. There could be animated discussions, passionate disagreements, sometimes a lengthy period before there could be any reconciliation between divergent views. Sometimes I felt frustrated by some of them as they did with me but I found them to be mostly hardworking and dedicated people who devoted their time and effort in the taxing endeavour to find the best way forward for our profession.

And what a challenge this can be. Trying to get agreement from just a dozen therapists on almost anything can be daunting. Getting a generally agreed consensus from hundreds or thousands of therapists is a herculean, exhausting and infinitely time consuming task. Sometimes the job seems as close to impossible as you can get. But, often grindingly slowly, still progress does happen.

Yes, our regulatory bodies, like our profession in general, can be riven by dissent. The eternal difficulty lies in what is both the wonderful thing and,

as far as reaching agreement impossible as you can get. But, often grindingly slowly, still progress does happen.

Yes, our regulatory bodies, like our profession in general, can be riven by dissent. The eternal difficulty lies in what is both the wonderful thing and, as far as reaching agreement is concerned, the curse of our profession and that is that most therapists identify very closely with their work, the way they practise is a reflection of their 'core values', what they personally hold dear. To that extent therapy is not something we do, it is something we are.

For those who feel UKCP's best is not good enough the only way to make things better is by being involved and to discover at first hand both the rewards and the demanding complexities of that task.

Adrian Blake MNRHP
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UKCP and its Central Complaints Procedure (CCP)

In September, we received an e-mail from one of our long-standing members:

Dear Julie

In UKCP bulletin 21 reference is made to the necessity of being covered by the CCP as part of their application for accreditation under the PSA. Are we, as members of NRHP and NCH, covered by this? The whole thing seems, in part, to be some kind of political exercise and, of course, we will end up paying the increased membership fees! Please advise.

Thank you and best wishes.

Pat Steel

It was thought that other UKCP/NRHP members might also have such a query, so Jane Watson has written the following:

As UKCP members will have read in communications from David Pink and Janet Weisz, the lack of a UKCP-wide complaints procedure is a barrier to UKCP being recognised by the Professional Standards Authority (PSA)*. BACP, and others who already had central complaints processes, were

'first past the post' when the PSA began 'recognising' the voluntary regulators. For a majority of self-employed therapists, UKCP gaining PSA approval, or having a 'kite mark', may seem irrelevant (whereas a significant increase in fees is highly relevant). And perhaps few NRHP members are employed by the NHS, or other bodies that require them to be UKCP or BACP registered.

I suspect most of us aimed for UKCP as an 'end point' in our initial psychotherapy training. We knew, and most members still know, very little about UKCP as an organisation. UKCP has traditionally been an ~~umbrella for diverse 'schools' of psychotherapy with each school~~ *maintaining considerable independence within UKCP. Schools consist of different organisations which are again diverse, many being privately owned companies or Charities. Most are involved in training, whilst NRHP is a 'Listing' reaccrediting organisation. Each organisational member (OM) has, until now, held responsibility for all its own members, both UKCP and non-UKCP, via its own complaints procedure. UKCP is taking away an OMs 'right' to deal with complaints against its members if they are UKCP registered.*

NRHP is a member-owned Ltd Company, run for and by its members. It is not a Charity, like UKCP, or a business owned by one or two individuals. The board are elected from the membership on a temporary basis and volunteer their time and efforts; costs and fees are deliberately kept low. The interests of members outweigh most other considerations and members must be consulted before any changes can be made to the constitution. NRHP staff offer an excellent personal service to members and have a wealth of experience. But our strengths may be viewed as our weaknesses... the NRHP approach to complaints has always been one of 'least harm'. By responding immediately, in a sympathetic and responsible manner, we aim to reach a solution acceptable to client and therapist with minimal trauma to everyone concerned (and no publicity).

We believe, and made this point very strongly to UKCP, that the initial response to a complaint is crucial; the knowledge and experience of the person first 'hearing' a complaint makes a pivotal difference. Most complainants want to make a statement about their lack of satisfaction with a particular therapist; they need to be taken seriously, and they want the therapist concerned to pay attention, reflect on their practice, and perhaps make amends in some way. Very few NRHP members experience its complaints process but those who do know how carefully and sympathetically it operates.

Staff turnover is a big problem at UKCP; personnel rarely linger and few are in post long enough to become familiar faces. None, currently, is properly qualified to deal with psychotherapy complaints. As a result, the UKCP complaints process is to be largely 'outsourced' and professional mediators employed. The potential expense is enormous, hence the hike in fees, but UKCP is positioning itself to be 'seen' protecting the public (as befits its charitable status). It could be argued that the long-term interests of UKCP, as an organisation, outweigh the interests of its members, or it could be said that therapists will benefit from UKCP advertising its regulatory function. Much has been said, and more will be, it is for individual practitioners to weigh the pros and cons of UKCP membership in their own particular circumstances.

For non-UKCP members of NRHP there will be no change to current complaints procedures. We remain well positioned to support and protect both NRHP members and members of the public by communicating effectively and knowledgeably with and between our members and their clients. Thankfully, we have experienced and capable staff and we have willing members with knowledge and understanding to serve as the Ethics Committee. We hope you never need us.

Jane Watson

**Information on the PSA, taken from their website
www.professionalstandards.org.uk/about-us*

"The Professional Standards Authority for Health and Social Care oversees statutory bodies that regulate health and social care professionals in the UK. We assess their performance, conduct audits, scrutinise their decisions and report to Parliament. We also set standards for organisations holding voluntary registers for health and social care occupations and accredit those that meet them. We were previously known as the Council for Healthcare Regulatory Excellence (CHRE)."

UKCP Section listing problems!

I suppose by now I should be used to things going wrong with both UKCP and Hypno-Psychotherapy Section.

It was several years ago I approached Shaun Brookhouse to put me on the practitioner list. I wrote to him on at least two occasions, but never got on the list!

Perhaps some 18 months ago I thought I needed to leap through Section grand-parenting process to become legitimised by Section. I wanted this legitimisation as I wanted my supervisees' sessions to "count" both for UKCP entry and continued membership. I was wonderfully facilitated by Rosemary Dossett, one of our members. When I was accepted, I asked Shaun to put me on the list. This time he did put me on the Supervisors list (not the practitioners) and called me Susan. Who is this Susan Washington? Does anybody know? I'm sure I don't! After a protest Shaun altered my entry to the name I am known by and I wrote and thanked him.

The next thing that happened was that I considered de-registering from UKCP in September 2012. When it got to January I couldn't remember whether I had done so or not (senior moment) and checked my Membership Certificate and was much reassured to see that it said that I was a member until September 2013. Good! Things swam along nicely until early June 2013. I was on the Section/College website and realised that I had been removed from the Supervisors list. I wrote to Shaun sending him a colour copy of my registration certificate ending September 2013 and saying that there must be a mistake somewhere.

I called UKCP to see if they had me down as a member (since I had the correct paperwork!) and they said I had not renewed. They could not explain my 2013 Certificate but understood my confusion ... Sultana in the office was helpful and let me through the on-line renewing process which of course I immediately did. I called Shaun (who was in Egypt) then e-mailed him the above account. He did not put me on the list. I e-mailed again 10 days or so later and he still did not. (We USED to be colleagues and share an office. He USED to call me anything up to 3 or 4 times a day. WHAT was going on here??)

Last week I decided to make contact with Fiona Biddle, Section chair and called three separate days and times to an answering machine message. Not wanting to leave a message, eventually I e-mailed and she sent me back a nice reply saying it would be done!! This was not the way we were 'meant' to do it, but wonder of wonders!!

Later on I got this message ... "Dear Sue, In the haste to add your details to the Accredited Hypno-Psychotherapists' list on the H-PC website, your name is misspelt and your e-mail address has a superfluous space after the first 's'. If you click on your website address there is no hyperlink to your website.

Se Washington

Tel: 01772617663 Email: sue@suewashington.com

Also, on your listing on the Register of Approved Hypno-Psychotherapy Supervisors, if you click on your website address, the NCHP in Australia's website comes up. Your address hasn't been correctly hyperlinked - it is picking up Alan Patching's website, the chap above you on the list".

Hey. You can't expect everything, especially when I am pretty sure who the technician is!

I e-mailed Fiona again who says it will be done. I believe her too. I will look in a couple of days ...

I now have 2 x UKCP Membership Certificates ending September 2013 ...

Sue Washington

www.suewashington.com July 2013

Mindfulness and meditation?

What is mindfulness?

There is some controversy as to whether mindfulness is meditation or something completely different.

This debate in a way typifies western tradition which always has to be in a state of 'either/or', this or that, here or there.....

We would need to define meditation in order to decide for ourselves exactly what it is...if you really want to of course!

Feel free to use the Meditation book in A Quiet Place and decide for yourself.

<http://www.aquietplace.co.uk/67.html>

I am also recommending a couple of classics to start you off, bearing in mind these have been around a while, a bit like myself and without doubt there will be more up to date books from new experts appropriate for this cycle of interest in the concept:

1. The Miracle of Mindfulness –a manual on meditation....Thich Nhat Hanh

Above all he has probably done more to bring the concept to Western attention.

2. Mindfulness Meditation for everyday life – Jon Kabat Zinn

Meditation

Patanjali's Yoga Sutras-The 8 Limbs of Yoga

In yoga practices, yoga being a way of connecting the mind and body rather than a religion in itself!

There is the flower of yoga represented so beautifully by Ianthe Hoskins (see right)

Why, you might ask do you need to know this...you don't but it is always enriching to have a context within which to make a sense of concepts.

The Lotus flower is used as a symbol of yoga, it grows from the mud and through the water of our emotions finally flowering in the light.

The roots are:

1. Dedication
2. Self-discipline
3. Self study

For the flower to grow strong and true it is important that the roots are deep and can feed from the elemental energies of the earth. From the stem various leaves grow.

1. The first are the Yamas and Niyamas, these are not unlike the 10 commandments in the Judeo Christian tradition

Yamas

- > Ahimsa - Non violence
- > Satya – Truthfulness
- > Asteya – Non stealing
- > Brahmacharya – Non excess
- > Aparigraha - Non possessiveness

Niyamas

- > Saucha – Purity
- > Santosha – Contentment surrender
- > Tapas – Self Discipline

> Svadhyaya – Self study

> Ishvara Pranidhana – Surrender

2. The Asanas

The physical postures that most today think of as yoga

3. Pranayama

Breath control

4. Pratyahara

Control of the senses

Using a tree as an example

5. Dharana - concentration and focus of the mind

At first you focus on the tree in front of you, when other thoughts come in you notice and bring the thoughts back again to that tree.

6. Dhyana - meditation

Let your thoughts wander to all trees then back to that one, then to parts of tree, then back to the one, then to forests of trees, then back, then to the patterns of the branches like to patterns of the brain cells, dendrites and so on and so forth always controlling your thoughts as you think about or meditate upon trees.

7. Samadhi – bliss, becoming one -As you focus on the tree, you let yourself become the tree

Samsara means the ongoing journey of life and rebirth and need not concern us at this moment.

And Mindfulness? Is this to do with being or beeeeeeing in the present moment aware of your senses and your breath, escaping from your head and its idle chatterings. It is not moving into blissful states of Samadhi, only occasionally when you gasp at the stars or a sunset or die the little death in an orgasm with someone you love. It is experiencing the present without judgement and the truth of that present, all be it wrapped in the rainbow cloak of your emotional past. It is the acceptance of your life in its ordinariness as well as its extraordinariness.

Be here now said Ram Dass. That is enough.

Penny Moon

www.aquietplace.co.uk

A Case of Bullying

The boy's mother brought "James" to see me and during the initial interview she told me that her son was not sleeping well, had become uncommunicative and spent hours shut in his room. James was nearly 14, had good grades at school, no friends and did not want to participate in any extracurricular activities. Trying to engage James in the discussion was impossible as he kept his head down and only nodded when spoken to by name. In his reports his teachers said he was a bright boy, shy, but with no obvious problems.

During his sessions with me James gradually opened up, having been assured that everything was confidential and that if I thought his parents should be informed I would discuss it with him first. I did not share with him the caveat that if I thought there was any danger to him I would then have to tell him that I needed to share the information. I did not want to put any ideas into his head.

Physically James was tall and very thin, he wore horn rimmed glasses and had slightly protruding teeth. He gradually told me that he was being bullied at school and could not tell his parents as he thought he should be able to stick up for himself. He did not feel safe to confide in his teachers either in case it made things worse. He also hated his glasses.

We worked on his self-esteem issues and used hypnotherapy to give him a cloak of protection and also the imagery of a sliding patio door that he could close between himself and his tormentors which stopped him being emotionally hurt by them.

The most interesting thing for me, and in fact the turning point, was when I asked him to write down what he thought would help him. His cogent replies would I believe alleviate much of the problem for many children and although some schools adopt some of the procedures, in my experience with many children who are victims of bullying they feel that they have no autonomy.

James' Suggestions.

1. Have a specific person to whom the pupil can go in confidence without having to get permission from teacher. This person could be called Pupil Carer, as children do not like the term Counsellor.
2. The school should have a monthly meeting with the Pupil Carer, a member of staff and a rotating panel of pupils, co-opted from each class,

under the guidance of staff. During this meeting the types of bullying and its consequences should be discussed between pupils and staff. The motives and personality of bullies should also be discussed without naming anyone. The whole class should then be informed as to the matters discussed and a member of the panel from each class should oversee the actions of pupils during the following month. All pupils to take their turn so that no-one is labelled a "dobber".

I was amazed at the mature nature of James' ideas and he said the main problem with bullying was the feeling of helplessness and not knowing where to turn. He felt that by involving the pupils there would be a safe place to talk.

It was not within my remit to contact the school although if James' ideas were adopted throughout the country there may be some alleviation of pain for boys like him.

We finished our sessions with some hypnotherapy involving a scenario with James being the co-ordinator of the first Panel meeting.

James' mother contacted me a month after his last session and said he was coping much better. I saw him once for a top up and was pleased to see that he was wearing some glasses which suited him and, although this may be subjective, his deportment showed that he is much happier with his appearance too and his eye contact and ready smile confirmed the change.

Barbara Butcher MSc

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Leslie Williams thought that the following might provoke thought and discussion. It is an article, written by HRH The Prince of Wales, published by the Journal of the Royal Society of Medicine in 2012.

Integrated health and post modern medicine

For many years, I have advocated an integrated approach to medicine and health. By integrated medicine, I mean the kind of care that integrates the best of new technology and current knowledge with ancient wisdom. More specifically, perhaps, it is an approach to care of the patient which includes mind, body and spirit and which maximises the potential of conventional, lifestyle and complementary approaches in the process of healing. Integrated health, on the other hand, represents an approach to individual and population health which respects and includes all health-