

**National Register of Hypnotherapists and Psychotherapists**

**Spring Newsletter 2012**

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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.

## **From the Office**

Enclosed with this Newsletter are:

AGM application form - 21st April 2012

Voting paper

Nominee statements

Stamped addressed envelope (for return of ballot only, please)

## **UKCP News**

The new Chair of UKCP has recently been announced as Janet Weisz. Please see page 6 for Professor Andrew Samuels's UKCP Chair's farewell address.

## **Stop Smoking UK**

Some of you have already added your details to Stop Smoking UK's 'National Directory' further to my e-mail last month.

According to their website: [www.stopsmokinguk.org](http://www.stopsmokinguk.org) this is a non-commercial service - therapists do not pay for a listing, and will not be asked to do so in the future. Therapists cannot pay for 'enhanced' listings. NRHP members can join their Directory - NRHP appears in their list of Hypnotherapy bodies.

If, after having a look at their website, you wish to have a listing, you can then click on 'The National Therapist Directory' and click on 'add your practice' on the right hand side.

**Julie Young & Susan Dixon**

### **Testimonials**

Below, please find an e-mail (5th March 2012) from Jane Watson to Ian McLeod, Chair of the Ethics Committee of the UKCP.

Can I please object to the inclusion of clause 11.5: *You must not include testimonials from clients in any advertising material.*

I am current Chair of NRHP (National Register of Hypnotherapists and Psychotherapists) which is a Ltd Co (est. 1985) owned by its small (approx 450\*) membership. I derive no financial benefit from NRHP, but have undertaken to protect and promote members' interests. (A majority of NRHP members are not members of UKCP so not subject to the testimonial clause). The NRHP office has received numerous queries and written objections to the clause since it entered the Code in 2009.

There is copious past correspondence on this subject (mostly from me); my objections are as follows:

- 1) This is an unnecessary and unwarranted infringement of members' rights. Self-employed psychotherapists in private practice must attract new customers to survive, and testimonials are a legitimate and increasingly common tool in online advertising. (Psychotherapists employed, by the NHS or others, are in a different position, as are psychotherapists in Europe, as are 'trainers' and those who work in education and/or the voluntary sector).
- 2) UKCP puts its members at a disadvantage by restricting their advertising. Less-qualified and/or less experienced practitioners, sometimes operating from the same premises, can present themselves as more 'effective' to potential clients.
- 3) The general public is largely unfamiliar with distinctions between 'therapists' and it is in no-one's interest to make psychotherapists less 'user-friendly' than hypnotherapists, counsellors etc.
- 4) The training organisations who asked for clause 11.5 to be inserted make copious use of testimonials in their own advertising. If the argument against testimonials is that they are potentially 'coerced', then students and trainees (working towards 'accreditation') are more vulnerable in this regard. A trainee is often in a complex long-term relationship with a TO, being both client and supervisee.
- 5) Psychotherapists in private practice may be 'more-than' psychotherapists. NRHP has members working as 'life-coaches' and 'mentors' and others who offer advice and services to large organisations. Those specialising in a particular field find a pertinent endorsement invaluable. Actual examples include: an appreciation from a school, for someone working as a

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school counsellor; from an actor who was helped with performance anxiety; from a mother after 'hypno-birthing'.

6) Further to point 5, personal recommendations are prized by all who offer services to the public. A letter of thanks, like a personal recommendation, is normally received after a course of therapy, when a client is no longer in a relationship with the therapist (or 'beholden' to them). Also, a client may resist giving personal recommendations, thus identifying themselves as a former client, preferring to write a testimonial which can be made 'anonymous' (ie Ms JW of Preston). The ASA is comfortable with this, providing the original testimonial can be produced.

7) A 'testimonial' is akin to a 'reference' which, in many circumstances, would be required by any future 'employer'. One psychotherapist is unlikely to make a referral to another psychotherapist unless they 'know' their work; testimonials are a means for clients to access the opinions of their peers.

8) The testimonial clause is discriminatory in that it shows clear prejudice against psychotherapists who work in 'real-world' settings with the general public and 'working-class' clients, favouring those in more privileged situations (see point 1). Many NRHP members have backgrounds in other professions, some becoming self-employed specifically to offer their services more widely. They can only do this if their businesses are financially viable and they are able to be 'competitive'.

9) Some psychotherapists may not 'like' the idea of testimonials, but this does not mean they are necessarily 'unethical' in all circumstances; similarly, some think advertising itself is distasteful. Psychotherapists from a different modality can be surprised by what is 'normal practice' in another and may often not know what other practitioners do. It is normal practice, for psychotherapists using hypnosis, to see a client on one or two occasions only (ie to help them stop smoking) and potential clients for 'behavioural interventions' invariably ask how successful this is likely to be. Hypno-psychotherapists may also sell their own self-hypnosis CDs to clients, whereas 'selling' anything to a client is considered shocking by some. There is no justification for those from one 'school' imposing their preferences on those from another.

Sorry this is so long, there are probably many areas of overlap, but I have tried to include my own and others' opinions.

\*should read approx 300

## **UKCP CHAIR'S FAREWELL ADDRESS**

### **Professor Andrew Samuels**

It's a sign of the importance I attach to what we are doing today that I've written my farewell address down, not speaking from notes as I usually do.

I've divided it into sections: (i) Taking stock; (ii) Evidence of change; (iii) External and public affairs; (iii) Internal transitions; and (iv) a Farewell.

### **TAKING STOCK**

I have been involved in the UKCP since the early '80s. More than ever, these days Psychotherapists and psychotherapeutic counsellors *need* to belong to UKCP. This is true whether you are in an Organisational Member or have become a Direct Member. In my view, anyone contemplating direct membership – that is, leaving their OM and joining UKCP through a College - should think very carefully about it. Don't we all need a tribal or home organisation, the family, the container? Shouldn't it be a carefully reflected upon decision to exercise your right to leave?

But I think we all need to belong to something larger than an OM or a College. As I review my time as Chair with you today, you will hear me saying – often and sometimes in a challenging manner – that UKCP has done and is doing things that its actual size permits it to do – and which OMs probably cannot do. These are the 'pride' things. These are the true 'membership benefits' of belonging to UKCP. The pride things that make it worthwhile belonging and paying the money.

There is much not yet sorted at UKCP. We can sometimes be unresponsive to members' needs, a tad bureaucratic and over-cautious. But, given where we started from in 2009, we have achieved much, so a surprising and gratifyingly large number of members say in emails or personally. Messages from the leaderships of other large organisations, expressing appreciation for what has been achieved, also include concern that new patterns of joint working might cease. That won't happen, if I know Janet.

The membership is more energised and better informed thanks to the 15 e-bulletins issued in the 28 months I've been chair. In the bulletins, which we know have a high rate of readership, David and I faced you with bad news and open admission of failure at times. Above all, we faced you, I think, with what it means to belong to a 7,500 strong members' organisation in which everyone has a vote.

We have conducted an extensive survey of members' views of what they get from UKCP and how the organisation is doing. In overall terms, the results of the survey are encouraging. To

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begin with, 23% responded, which we are told is really high for something like this (as was the 24% who voted in the election for chair that we've just had). About 95% said membership of UKCP was important or very important to them. Around 75% said they were satisfied or very satisfied with UKCP's offerings. Of course, one can argue endlessly about what such results mean, but it is clear that many of the membership at large (if not all) have noticed our efforts to improve UKCP.

Because, against opposition at times, UKCP is different now. It has *not* been more difficult than I thought it would be. I had a list of things I wanted to get done or started sufficiently that they could not be stopped. It's because most of the list is ticked that I felt able to step down eight months early.

I must pause here to chide some of those who are rubbishing UKCP in public. I do not think my successor will avoid the distorted perspectives and misinformation being leaked to our enemies on the web and other organisations elsewhere. I am a difficult person with a complicated history (as I said in my 2009 election statement – I mean, I'm a therapist after all, and have been for almost 40 years), and I have an extensive political background. So I have not been surprised at the extent of the personal malice. Though painful, it comes with the territory. But when students in a large OM are told by their trainers to consider not bothering with UKCP membership because we are on the point of actual collapse or of imploding, the lack of integrity causes rising disquiet in me.

### **EVIDENCE OF CHANGE**

Returning now to what we've managed to do, I'd like to mention the following as evidence of change in this organisation. It is of course an incomplete list and doesn't refer to much ongoing regular, business, for example to our research endeavours or (to pick a different kind of item) our radically improved membership renewal system.

We have established a culture wherein general voting for as many posts as practicable could gradually become the norm. I hope other Colleges follow HIPC in introducing voting for the main officers. It is important to recognise that the symbolism and ritual of elections, carried out fairly and properly, is in and of itself enhancing and empowering to an organisation. Democracy can release the latent potential in UKCP, as in other organisations, not to mention for cities and nations.

Today's gathering shows that there is now a pattern of Open Forum meetings plus webconferencing (almost 300 people are involved today either here or on-line). This is essential preparation for more formal large general meetings.

## **EXTERNAL AND PUBLIC AFFAIRS**

Moving on to discuss external affairs, one of the most significant things I have to report is that UKCP has emerged as a serious campaigning organisation in the psychotherapy field – for example, the quite extensive and sophisticated campaign to change the NICE guidelines, involving our entire membership being invited to write to their MP. We have got the door open, dear colleagues, and David is beginning to squeeze us through it. And it is UKCP in the lead.

We have also taken the lead in fighting the closure of UKCP courses at the Universities of Kent and of Roehampton - and the associated staff cuts they plan. It is a terrible situation.

We have been participating in and on occasion organising campaigns against cuts in five NHS psychotherapy services. Hence, we initiated the first steps in the formation of a national campaign to protect and extend psychotherapy and counselling in the NHS. (Here and in other respects, as David Pink has often noted, we've emerged as the leading body. Yesterday, there was a historic meeting at UKCP, attended by all the national psychotherapy and counselling bodies, plus Unite the Union, to kick-start the campaign. (You see, many OMs would want to do this kind of thing, but their size and financial situations make it very difficult.)

In general, we are ending UKCP's insularity. We are making our recognition of the European Certificate of Psychotherapy a reality. We have publicised the fact that psychotherapists who did not train with our OMs but who have trained to the level of our standards may apply to become members. We've established a new connection with the Division of Counselling Psychology of the British Psychological Society. We may experiment with mutual fee reduction schemes where our members belong to other registering bodies.

We wanted to end the exclusivity and elitism of our profession. We have not done this work very well and mistakes were made. But, in terms of diversity, equalities and social responsibility, UKCP is establishing as effective a programme as we can manage (again, show me where a large organisation in this closeted field is doing better?):

- the Climate Change Policy document is out for consultation,
- the guidance document regarding reparative/conversion therapy for homosexuals was accepted and published and, as I said, we remain leaders in the fight against this pernicious and prejudicial distortion of psychotherapy,
- we have support groups up and running for Black and Asian, gender and sexual minority, and disabled members,
- we are establishing student support groups for members of minorities,
- a workgroup is devising a diversity module for OM trainings,

--we have held the first in a series of public meetings under the banner of Black Men on the Couch.

We retain links to national and international campaigns on torture, child detention, asylum/immigration, and climate change.

None of these things I've referred to is happening in a vacuum. We now have an overall strategic vision – and it's written down! It's been in *The Psychotherapist*. A good deal of thinking has gone on, and is going on, so as to key the strategic vision to realistic financial and time frames.

### **INTERNAL TRANSITIONS**

I'd like to turn now to internal regulation. We wanted to bring to fruition the projects for new registers, especially the child register, and for new colleges and new faculties. Very soon, we will have done it all. None of the new regulatory and register developments can now be stopped – for example, the fact that people may enhance their standing and their qualifications by adding to their professional portfolios. We've learned how important such changes are. We mustn't ossify as a regulator, for CHRE (and the public) expect us to be the best regulator we can be. Responsibility for regulation of psychotherapy and psychotherapeutic counselling has come home.

On our internal responses to the Government's plans for external regulation, I want to say that I appreciate it has been hard for some to properly grieve HPC statutory regulation. And it is true that HPC statutory regulation, which won't happen now, did have some important and unique features; these are now lost. But we haven't cut off from with HPC, so we are ready, if they remain a player. But the way in which CHRE is going about its work, involving us to a considerable degree, bodes well for the future. They have cottoned on to our employment issues, believe me.

This brings me nicely to complaints, ethics, professional conduct. As you've heard, we are now committed to extending the Central Complaints Process to all individual members by the end of 2013. This is really a revolutionary step for UKCP and David and I have been heartened at the degree of support, especially from quarters that have resisted centralisation in the past.

On a more down-to-earth level, we have a really strong financial situation. We lost no members at all because of the fee rise. We have got the structure of a special development budget in place so that we can draw on our extensive reserves whilst balancing the regular budget. We've recovered from the mysterious hole in the finances of £100,000 that we inherited. College and faculty funding is finally agreed.

Whilst I don't think we should rush to change the constitution again, there is no doubt that what we inherited from the previous administration isn't 100% satisfactory. Relations between the individual members, the organisational members, the colleges, the committees and the Board are labyrinthine and difficult to hold in one's mind. There are too many centres

of power: Board, Psychotherapy Council, Colleges and Faculties Committee... At its worst, the result is an overly bureaucratic organisation, obsessed with legalisms and procedural niceties, expending energy on in-fighting and manoeuvring.

What we need is a facilitating constitution that uses its structures, systems and processes to enable people to respect, applaud and put into action the creativity of the Other, thereby gaining support for their own work. We definitely do not have such an environment at present. It is good that we've committed to reviewing the new 'shape' soon.

#### **FAREWELL**

Coming to the end of this farewell address, I think that, when I reflect on my life, this period of running for office, building a leadership team and participating in the transformation of UKCP will have been important for me as a person. I would like to thank my colleagues up here on the platform and throughout the organisation, including the office staff and particularly my mate, the incomparable David Pink, for their hard work and inspiring dialogue, feedback and challenge. What we've done, we've done together. I also want to apologise to all I have hurt, offended or simply appalled, whether wittingly or unwittingly. I don't think I've made many new enemies but I know have found quite a few new friends.

Thank you.

**Therapy in the Press****The doctors who think conquering hot flushes may be all in the mind****Daily Mail, 20th February 2012, by Chloe Lambert**

The article centres around a menopausal woman who had been suffering from hot flushes and night sweats which affected every aspect of her life. She read that doctors at King's College London were trialling a novel treatment for the menopause - counselling - and asked if she could be involved.

"Last week the much-anticipated results of that trial were published in the journal *Menopause*.

CBT aims to replace negative thoughts with more balanced ones.

For instance, the women were helped to replace thoughts such as 'I can't cope with this hot flush' and 'I look ridiculous' with ones such as 'Lots of women have flushes', 'I know this will pass' and 'I've always managed before'.

After just four sessions, 65 per cent of women reported reductions in the numbers and severity of their flushes and night sweats - compared with 12 per cent in a control group who had not treatment.

Follow-up research found the women who had the therapy continued to experience fewer symptoms six months after they finished the treatment.

Another study, published last week in the *Lancet*, found that women with menopausal symptoms as a result of breast cancer treatment also benefit from CBT."

To see the full article, please see: [www.dailymail.co.uk/health/article-2103946/The-doctors-think-conquering-hot-flushes-mind](http://www.dailymail.co.uk/health/article-2103946/The-doctors-think-conquering-hot-flushes-mind)

**RATIONAL & RELEVANT**

*(Final Response to "Beyond the Rational Mind" and subsequent correspondence in previous Newsletters.)*

I thank Tony Cawley for his final response. It is my preference to make this my last contribution to the debate he asked for.

In summary:

Recovery from anxiety, anger, and depression made with knowledge and understanding is rational and akin to saying "you can feed a person for a day or teach them how to hunt for the rest of their lives".

I am leading my British Psychological Society Accredited seminar for CPD purposes; Rational Emotive Behaviour Therapy (REBT) its Theory and Practice with Hypnotherapy which has helped thousands of my clients. The environment, parents and the government will not be blamed and relevant aspects of the mind and nervous system will be addressed.

**Robin Thorburn**

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