

# Editorial

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Brief therapy, as the standard delivery model in the NHS, seems to bring us all together as practitioners whatever our modality. This issue of *HCPJ* reflects this: contributors write from the perspective of a wide range of models, with person-centred, psychodynamic, cognitive behaviour therapy (CBT), cognitive analytic therapy (CAT), interpersonal psychotherapy (IPT) and solution-focused approaches all represented. Interestingly, many authors write about the need to be flexible – a quality that is increasingly required when it comes to meeting the needs of a diverse and complex client group. With this notion of flexibility comes debate about how to deliver brief therapy using certain therapeutic models, whether there is a need to adapt and, if so, how?

Michael Barkham leads by considering brief therapy from a research perspective – considering the paucity of evidence relating to decisions about treatment length, and the issue of therapy duration vs effect. Frank Wills' article takes up the theme of session numbers and research by looking at research into the effectiveness of therapy length, which reveals interesting results. Wills uses his personal experience as a CBT practitioner to put the case for flexible therapy; for him, this means making more flexible arrangements with clients than the traditional one-hour-a-week agreement. The catalyst for change, he says, comes from being more prepared to negotiate with client needs.

Continuing the theme, Steve Potter writes from a CAT perspective about versatility in brief therapy by exploring pivotal moments of transformation in therapy, so-called therapeutic moments. Versatility, he argues, is one response to coping with the increasingly hard task of predicting or regulating the variety and complexity of client needs in brief therapy in the NHS. His hopes for a practitioner-led phase in the history of therapy, where versatility is valued whatever the therapeutic model, will strike a chord with many.

Isabel Gibbard's article on brief person-centred counselling points up the ongoing debate among person-centred practitioners about working with the model in brief therapy, and outlines the challenges of providing the core conditions in limited time. Gibbard explains how learning from experiential developments could help us reach faster resolution and accommodate those with relatively complex and severe problems within a brief counselling contract: essential reading for person-centred counsellors.

The same debate is touched on again by Peter Jenkins in his 'Topics in training' article. Noting the rise of applications for CBT training/continuing professional development from counsellors from other modalities, Jenkins addresses an issue at the forefront of many minds – after CBT, what future for person-centred counsellors in health services? Will the demand for a more flexible or integratively trained workplace have direct implications for training counsellors in the future? Jenkins argues that the future may lie with a research-based and increasingly flexible form of person-centred practice that is confident about working effectively within time limits and is not shy about adopting the proven benefits of other models when these fit with the underpinning philosophy of the approach.

Those practitioners trained in modalities currently given scant mention in the NICE guidelines will be interested and perhaps inspired to read Sandra Stock-Jackson's article on IPT, an evidence-based therapy, which, she argues, may be relatively easy to embrace as an additional tool while retaining one's original therapeutic stance. As well as giving an overview of IPT, the author helpfully directs the reader towards where to find training and what to expect. In her own service, IPT has enabled the delivery of evidence-based therapies, given counsellors more employability, and, most importantly, increased client choice within the IAPT programme.

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