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The Brief Individual Psychotherapy Process

Regional Department of
Psychotherapy

Patient Information Leaflet

Shining a light on the future



What if I have a comment, suggestion, compliment or complaint about the service?

If you want to make a comment, suggestion, compliment or complaint you can:

- talk to the people directly involved in your care or the Team Manager at the Centre for Specialist Psychological Therapies: Telephone 0191 287 6100
- ask a member of staff for a feedback form, or complete a form on the Trust website www.ntw.nhs.uk (click on the 'Contact Us' tab)
- telephone the Complaints Department Tel: 0191 245 6672
- We are always looking at ways to improve services. Your feedback allows us to monitor the quality of our services and act upon issues that you bring to our attention.
 - **Points of You** - available on wards or from staff. Some areas of the Trust have electronic feedback touch screens, staff can help you to use these.
 - **Friends and Family Test** - available from staff or online at www.ntw.nhs.uk/fft

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Introduction

This aim of this leaflet is to provide information about the Brief Individual Psychotherapy Process at the Regional Department of Psychotherapy. If you are not sure about anything in this leaflet please ask a member of staff.

What is psychoanalytic psychotherapy?

There are many different types of therapy, based on different traditions and schools of thought. Benfield House specialises in psychoanalytic psychotherapy.

Psychoanalytic psychotherapy is a type of therapy which aims to help identify your problem, to understand its underlying meaning, how it has come about and to work it through.

Your problem could involve a range of difficulties, such as

- symptoms
- feelings
- behaviours and relationship difficulties

The therapy involves talking as openly as possible to the therapist, working together to try and understand the problem and looking at any difficulties that arise in your relationship with the therapist. This process helps to increase your understanding of yourself, helping you to see how your problems interfere with how you relate to others.

Psychoanalytic psychotherapy originates in the work of Sigmund Freud and the developments of later psychoanalysts working in this tradition.

Psychoanalytic psychotherapy has been adapted from this and applied to work within the NHS.

What are the basic principles of psychoanalytic psychotherapy?

- All psychiatric symptoms have a meaning, in terms of the life of the person experiencing them.
- Mental health difficulties and symptoms are linked to the presence of emotional conflicts between different parts of the personality. These conflicts and difficulties are linked both to inborn biological factors, like temperament, and to actual experience, particularly early experience and relationships.
- These conflicts are often unconscious, and are played out in relations between different parts of the self, and in relation to other people, and the world more generally – sometimes including the system of care

What are the aims of psychoanalytic psychotherapy?

- The aim of psychotherapy is to create a setting where difficulties can be relived and better understood, so that there becomes more choice and flexibility in the person's life. The aim is not considered to be complete "cure", which is not realistic, or removal of painful emotion and conflict, which are part of life, but increased self knowledge, and a degree of change.
- Change does not come easily. Though there might be a conscious striving to do things differently, there are often other parts of the personality working against, and resisting this change. Psychoanalytic psychotherapy is an attempt to provide a setting where intellectual understanding and emotional experience can come together, in a way that can help the person move on with their life.

Useful contacts

- **United Kingdom Council for Psychotherapy UKCP**
Website: www.psychotherapy.org.uk
- **British Psychoanalytic Council** - Information, news and debate about psychoanalytic and psychodynamic psychotherapies
Website: www.pschoanalytic-council.org
- **Royal College of Psychiatrists**
Website: www.rcpsych.ac.uk
- **PALS**
The Patient Advice and Liaison Service can be contacted on freephone 0800 032 02 02, or email northoftynepals@nhct.nhs.uk, for advice and support.

Risk management

- On occasions you may feel overwhelmed by the feelings stirred up by the psychotherapy and this can result in a risk of harm to you and possibly others. Should this be the case, you will be encouraged to return and to talk about your experiences we will try to help you understand what has happened. The aim is to develop a capacity to bear feelings, put words to them and in understanding their origins, reduce risk over time. However, in some situations where risk increases or if you are in an acute crisis, we may need to involve other agencies to provide more immediate support. We will discuss this with you and would hope that the psychotherapy will continue.
- It is important to note that this is not a common occurrence and will be negotiated on an individual basis as and when required.

In general

We hope you have found this information useful and encourage you to discuss any issues arising from what is written here in your psychotherapy sessions.

Our contact details are:

Regional Department of Psychotherapy
Benfield House
Walkergate Park
Benfield Road
Newcastle upon Tyne
NE6 4PF
Tel: 0191 287 6100
Fax: 0191 287 6101
Email: cspt@ntw.nhs.uk

Please note that information sent to the Trust via email is sent at your own risk.

Brief individual psychotherapy

- This might be between 4 and 20 sessions, sometimes once weekly, at other times fortnightly or three weekly.
- Unlike longer term psychotherapy which focuses on more global personality and emotional problems and patterns, here there is a specific focus on a particular problem, or set of problems. These problems are usually present in your current life.

What happens in treatment?

- Brief psychotherapy may well be with the psychotherapist you have seen for the consultation. However there are also clinicians on placement and in training at the department, under supervision by senior psychotherapists here, and it is possible that you will be offered a vacancy with one of these clinicians.
- There is a basic attention at Benfield House to the provision of a consistent uninterrupted treatment setting, a private and comfortable room, and to the provision, once beyond the consultation process, of a regular and consistent time frame. This means that you will normally meet the same therapist at the same time in the same place, at regularly agreed intervals, and that there will not be contact outside of these times.
- Whilst the psychotherapist needs to be “real” and genuine in how they are with you, they will stay relatively in the background as a person. This is not because they want to remain personally aloof, but with the aim of creating the conditions where it might be more possible to bring your core difficulties and conflicts to the treatment setting.

- When you come into the session the psychotherapist will normally wait for you to start the session with whatever you want to talk about. Sometimes people get very anxious about what they “should” say. One of the very few basic instructions of this type of psychotherapy is that of encouraging you to, as far as possible, say what comes to your mind and to try to avoid trying too hard to prepare, control and order this in advance.
- During the therapy there will normally be an exploration of what is happening in your current life, practically and emotionally, and on the areas of difficulty you have decided to focus on. There will be also be a consideration of how these difficulties may relate to earlier life experiences and conflicts.
- The “dynamics” between yourself and the therapist may also be clarified, explored and interpreted. This is because what you may be feeling in relation to the therapist may echo how you might feel in situations outside of the treatment, and in past relationships. If these feelings can be experienced, and thought about, and links made to other situations, past and present, then a greater degree of choice and flexibility can become more possible.
- It is important to realise that psychoanalytic psychotherapy is not like a normal social situation, or, for example, discussing things with a Doctor. The therapist may not immediately answer a question, or offer reassurance/guidance if this is requested. This is to better allow the key difficulties to emerge, where they can be experienced, and better understood in the “here and now” of the treatment setting. If difficult feelings and anxieties can be tolerated there is an opportunity for some development.

- The working towards an ending is an important part of psychotherapy. Often this can feel very difficult, and older problems can resurface, so that you can feel “back at the beginning” again. This is usually part of the process, and to be expected, and it is often towards the ending of a therapy that some of the most significant insights and opportunities for change can occur. If the psychotherapy has been well established then there will be a continuation of these processes after the therapy has finished.

Communication with third parties

During the time that you are in brief individual psychotherapy there are various ways that communication is shared with third parties. These include;

- An electronic record of sessions and any relevant information which other clinicians will need to access. This information is accessible only to clinicians working with you and who are employed by the Trust, for example, your CPN, or Psychiatrist or Care Coordinator. This record enables up to date communication to take place between professionals involved in the system of care.
- Personal information that is not relevant for others to know will be held in confidence between you and your psychotherapist. You can discuss confidentiality and the limits of it with your psychotherapist.
- At times there can be a need for contact with other third parties external to the Trust (e.g. crisis services, social services or your GP), usually where there is a concern about risk, either to you or to a vulnerable adult or child.