

**Making sense of**  
talking treatments –  
counselling and  
psychotherapy



# making sense



talking treatments

## **Making sense of talking treatments**

This booklet explains the most common types of talking treatment available in the UK. It looks at the kind of problems they are used for and who they can help. It is designed to help you make an informed choice about what kind of treatment you want.

Note: This booklet only covers treatments for individuals; it does not cover talking treatments for groups, couples or families. It covers both face-to-face and telephone options, but not treatments available via internet or computer programmes.

## Contents

What are talking treatments?	4
How do we talk about talking treatments?	4
What can talking treatments help with?	5
What are the different types of talking treatments?	6
Which talking treatment is right for me?	12
How can I access talking treatments?	14
How long does therapy usually last?	17
How much does it usually cost?	18
Is it confidential?	19
How do I know if a practitioner is properly qualified?	20
What if I want a therapist with a particular background?	22
Can I have therapy if I'm addicted to alcohol or drugs?	23
Is there evidence that therapy works?	23
Will I feel better straight away?	24
What should I do if I am not happy with the therapy?	24
Useful contacts	26

### What are talking treatments?

Talking treatments provide a regular time and space for you to talk about your troubles and explore difficult feelings with a trained professional. This can help you to deal with specific problems, cope with a crisis, improve your relationships, or develop better ways of living.

The purpose of talking treatments is not, usually, to give advice, but to help you understand your feelings and behaviour better and, if you want to, to change your behaviour or the way you think about things.

You should expect your therapist to be respectful, dependable, and to provide an environment that is confidential and free from intrusion.

Sessions usually take place once a week, and making this regular commitment gives you a better chance of finding out why you are having difficulties.

There is a vast range of treatments available and sometimes a lot of confusing terms are used.

---

### How do we talk about talking treatments?

You may hear the terms 'talking treatment' or 'talking therapy' or 'psychological therapy'. These terms have the same meaning and all cover treatments that you may know as:

- psychotherapy
- counselling
- therapy.

Some people may choose one of the terms – psychotherapy, counselling or therapy – to describe a particular talking treatment. This can be

confusing, as others may use another one of these terms to describe the same talking treatment.

We use the terms 'talking treatment' and 'therapy' in this booklet, and not 'counselling' or 'psychotherapy' – although this is, essentially, what we are describing.

Therapy can be practised by different types of specially trained mental health professional. In this booklet, we use the words 'therapist' and 'practitioner' to describe the mental health professionals who provide each therapy. A therapist may be a:

- counsellor
- psychotherapist
- psychologist
- psychiatrist.

---

## What can talking treatments help with?

👏👏 *Sometimes, when trying to explain what I've been thinking or feeling... a mishmash of words... falls out of my mouth. But my therapist always seems to make sense of it, and he can even translate it back to me to, so I can understand myself better.* 🗨️🗨️

Talking treatments can help with difficult experiences or feelings you've been going through such as:

- the breakdown of a relationship
- a bereavement
- redundancy
- low self-esteem
- anger
- fear
- sadness
- guilt.

## Making sense of talking treatments

They can also help with common mental disorders such as:

- depression
- anxiety.

Some disorders may require more specialist treatment, for example:

- phobias
- obsessive compulsive disorder
- post-traumatic stress disorder
- eating disorders
- psychotic disorders e.g. schizophrenia or bipolar disorder
- personality disorders.

Talking treatments can also help you cope or come to terms with the symptoms and mental distress of an ongoing physical problem, illness or disability.

---

## What are the different types of talking treatments?

There are several types of talking treatment and each has its own theory of human development and its own way of working. Some therapists prefer to use one type over another. You may also hear the terms 'eclectic' or 'integrative' when a therapist describes how they work. This means that the therapist combines different types of therapy or uses elements from a number of different therapies in their work.

Some therapies are particularly helpful for certain types of problem. And some have been recommended specifically by the National Institute for health and Clinical Excellence (NICE).

### Client-centred or person-centred therapy

This therapy has been recommended for depression, but can also help with other issues.

Client-centred therapy is based on the principle that the therapist provides three 'core conditions' that are, in themselves, therapeutic. These are:

- **empathy** (the ability to imagine oneself in another person's position)
- **unconditional positive regard** (warm, positive feelings, regardless of their client's behaviour)
- **congruence** (honesty and openness).

The theory suggests that if these three core conditions are in place, the relationship between you and your therapist will help to you to feel differently about yourself and your life. This can then help you to make changes in your life, if you decide you want to do so.

Many therapists will use aspects of the person-centred approach in combination with other therapies, for example, CBT (see below).

### **Cognitive analytic therapy (CAT)**

Cognitive analytic therapy is particularly designed to deal with damage if you have had long-term experiences of trauma and deprivation. It is also recommended by NICE for treatment of eating disorders. It can help with other issues too.

Cognitive analytic therapy combines the practical methods of cognitive behaviour therapy (see below) with more attention to the relationship between you and your therapist – the relationship you have with your therapist is likely to reflect how you relate to people generally. You will explore how your relationship patterns might have developed in unhelpful ways, including how you relate to yourself.

### **Cognitive behaviour therapy (CBT)**

CBT is recommended by NICE for a variety of disorders, including depression, anxiety, phobias and obsessive compulsive disorder (OCD), schizophrenia and bipolar disorder.

## Making sense of talking treatments

CBT combines cognitive therapy and behaviour therapy. It focuses on how you think about the things going on in your life – your thoughts, images, beliefs and attitudes (your cognitive processes) – and how this impacts on the way you behave and deal with emotional problems. It then looks at how you can change any negative patterns of thinking or behaviour that may be causing you difficulties. In turn, this can change the way you feel.

Together with the therapist, you will explore what your problems are and develop a plan for tackling them. You will learn a set of principles that you can apply whenever you need to. You may find them useful long after you have left therapy.

CBT may focus on what is going on in the present rather than the past. However, the therapist may also look at how your past experiences impact on how you interpret the world now. (See Mind's booklet *Making sense of cognitive behaviour therapy* for information.)

●● *Being encouraged to challenged my automatic negative thoughts surrounding distressing or stressful situations, has helped to reduce the amount of worry I associate with them, and has even increased my self-esteem.* ●●

### Dynamic interpersonal therapy (DIT)

This is a new form of psychodynamic therapy (see p.11) that has been developed for the treatment of depression. (It is offered on the NHS via some IAPT services, see p.14).

The therapy aims to help you:

- understand the connection between what is happening in your relationships and the depressive symptoms you are experiencing, by identifying your unconscious and repetitive patterns of relating to others.
- better manage how you relate and get on with others, by encouraging you to reflect on what is going on in your mind.

### Eye movement desensitisation and reprocessing (EMDR)

EMDR is recommended by NICE for treatment of post-traumatic stress disorder (PTSD). It can help you deal with traumatic experiences; for example, if you have experienced a serious accident or event, such as a car crash or sexual assault, or if you have witnessed a serious incident. EMDR suggests that if you have experienced a distressing event, you may feel overwhelmed and your brain may not be able to process the event like a normal memory.

The therapist will use alternating left-right stimulation of the brain while you are talking. They will do this by encouraging you to make specific eye-movements, or they may use sounds or finger taps. This seems to help your brain process memories that appear frozen or blocked.

### Existential therapy

This helps you to think about and understand life, so that you can live it well. It encourages you to focus on the basic assumptions you make about it, and about yourself, so you can come to terms with life as it is. It allows you to make sense of your existence.

The therapy helps you focus on how much you already take charge of your life, and not on what you are doing wrong. At the same time, it takes note of any real limitations, so that you can make choices based on a true view of the options available.

### Gestalt therapy

This therapy focus on 'gestalten' – patterns of thought, feeling and activity. It encourages you to have an active awareness of your present situation, and uses communication that goes beyond words. A key part of gestalt therapy is the dramatisation, or acting out, of important conflicts in your life. This could involve using two or more chairs, for instance, so that you can physically take up different positions to represent different aspects of yourself.

### Interpersonal psychotherapy (IPT)

This is a new time-limited therapy that is recommended by NICE for the treatment of depression.

The therapy has two key aims:

- to reduce symptoms of depression
- to improve how you relate to others and deal with social situations.

The therapy is likely to focus on issues such as:

- conflicts you have with another person
- the impact of major life changes e.g. divorce or redundancy
- how you feel about yourself and others
- grief and loss
- difficulties you may have in starting or keeping a relationship going.

IPT suggests that if the distress you experience is relieved by learning how to resolve a current issue, then you may feel less depressed and more confident that you can resolve other difficult issues in the future.

### Personal construct therapy

This therapy suggests that we all construct our own idea of the truth from our own experiences, and this affects the way we see the world. This means we can get stuck with a view of things that prevents us from living life to the full – with no alternative ways of seeing things. Personal construct therapy helps you to look at different ways of behaving that may be useful in changing the way you see the world.

### Psychoanalysis

This therapy is based on the work of Freud. It suggests that because so much of what goes on in your mind is hidden and unconscious, it can be difficult to understand your own reactions and behaviours. It also suggests that early experiences of love, loss, sexuality and death can all contribute to emotional conflicts and determine how you relate to others later in life.

Psychoanalysis aims to help you become more aware of what goes on in your unconscious mind, so that you will be better able to choose how to live your life and feel better about yourself. This form of therapy can be lengthy and many people find it very intense.

### **Psychodynamic therapy**

Short-term psychodynamic therapy is recommended by NICE for treatment of depression, but it can also help with other disorders. This is based on the idea that the past has an impact on your experiences and feelings in the present. This theory also suggests that important relationships, perhaps from your early childhood, set a pattern for how you relate to other people later in life.

The therapist usually aims to be as neutral as possible, giving little information about themselves. This makes it more likely that important relationships (past or present) will be reflected in the relationship between you and the therapist. This gives an important insight for you and the therapist to help you to work through your difficulties.

Developing a trusting and reliable relationship with your therapist is essential for this work, especially as the therapist may offer you long-term therapy.

### **Rational-emotive behavioural therapy (REBT)**

This takes the view that you have two main goals in life: to stay alive and to be happy. It aims to remove the obstacles that you place in your own way, and to achieve a healthy balance between short-term and long-term goals.

### **Transactional analysis therapy (TA)**

Transactional analysis therapy emphasises your personal responsibility for your feelings, thoughts and behaviour. It believes you can change, if you actively decide to replace your usual patterns of behaviour with new ones.

## Making sense of talking treatments

The therapist offers:

- **'permission'** (for new messages about yourself and the world)
- **'protection'** (when changing behaviour and thoughts feels risky)
- **'potency'** (to deliver what he or she promised).

Planning the goals of the therapy is part of the process. The focus is on uncovering the 'life scripts' (life plans) that reflect the messages you were given as a child. The therapy teaches you to identify in which of the following modes you are operating, at any given time:

- **the 'child'** (replaying your childhood)
- **the 'parent'** (copied from parents or parent-figures)
- **the 'adult'** (appropriate to the present situation).

## Transpersonal therapy

This therapy assumes that there is a spiritual dimension to life and human nature, and that everyone is connected in some way with a higher spiritual power.

Transpersonal therapy emphasises personal empowerment. It takes account of your past experiences, but also looks to the future and what is likely to unfold for you, the challenges you may face and the qualities that you will need to meet those challenges. Its basic belief is that whatever the hardships of human experience, your core essence, or soul, remains undamaged.

---

## Which talking treatment is right for me?

You need to experience talking treatment before it can begin to fully make sense to you. But this makes it very hard to take a decision, in advance, about what type of therapy would suit you best. And, because there is not very much evidence about who might benefit from what, it is still very much up to you to decide which therapy approach to try.

If you are paying for private therapy, you could see several practitioners for an introductory appointment, if you wanted to, before making a choice. If you are seeing someone at a GP surgery, this is not usually possible. In many places, especially in rural areas or small towns, there is a limited choice of therapy and practitioners. You may have to travel to find something suitable (see 'How can I access talking treatments?' on p.14).

The most important thing is that you are sure of the practitioner's credentials (see p.20) and that you feel comfortable enough to work with them.

👩👩 *I have engaged with a number of different approaches. What has been most helpful for me is having a counsellor or therapist that does not have any preconceived ideas about my diagnoses, and thus has treated me as an individual.* 👩👩

When they first meet you, most practitioners will try to assess whether their kind of therapy would suit you. They do this by listening to your reasons for wanting therapy and the difficulties you are having. They may also regard the first session as a chance to see how you respond to their way of working. You may want to ask them about the differences between the types of therapies, and what they feel would help you. If you are assessed by an organisation providing talking treatments, you may be considered for a wide range of therapies.

👩👩 *My tip would be, if you're sceptical, say so. My therapist talked through why I was sceptical about CBT, what had been unhelpful about a previous counselling experience, and what I was worried about in the new relationship. It helped clear the air in the first session: she was non-judgemental about me and the previous therapist, but took on board what I was saying.* 👩👩

## Making sense of talking treatments

There are a few organisations that provide therapy specifically for people who have been through a particular experience, such as bereavement. Some provide free or low-cost therapy to people (often women only) who have been raped or sexually abused, either recently or in the past, or who are suffering domestic violence. There are also telephone-counselling services with this focus. Refuges for women and children escaping domestic violence sometimes offer therapy (visit [womensaid.org.uk](http://womensaid.org.uk)).

Talking treatments can also be combined with other kinds of help, including prescribed medication. And this is something you may want to consider when looking at the options available to you.

---

## How can I access talking treatments?

### The NHS

What help you can get may depend on where you live. Types of services and the availability of them vary enormously across the country.

### IAPT

The NHS is increasing the availability of talking treatments through their Improved Access to Psychological therapies (IAPT) programme. You can access these services via your GP, although many IAPT services allow you to self-refer (see 'Useful contacts').

All of these services will offer CBT (see p.7), most will also offer other models of therapy, in particular those therapies recommended by NICE e.g. interpersonal psychotherapy, psychodynamic therapy and EDMR (see pp.9-11).

### GP surgeries

Many GP surgeries provide a counselling and/or psychotherapy service. These are free of charge and you can access the service via your GP. Some services will allow you to self-refer.

### Psychiatric services

If you are already receiving help from the NHS for a mental health problem, such as ongoing depression or anxiety, or a psychotic illness, such as schizophrenia, you have the same access to therapy as anyone else, but you may also have additional sources of therapy available to you. You can talk to your GP, psychiatrist, community psychiatric nurse (CPN) or care coordinator about having therapy. They will discuss with you whether they think it would be a good idea. When you meet the therapist, it will be helpful for them if you tell them about your involvement with psychiatric services, so that he or she can judge, accurately, whether they will be able to help you.

Your day hospital or day centre, if you attend one, may employ a therapist. Your care coordinator or named worker may be able to give you more information about this. Your Community Mental Health Team will usually be able to refer you to a therapist.

Other mental health professionals you come across may use the word 'counselling' for the kind of talking-based support they offer. It is quite common for the word to be used in this way. Even if the person is not a professional counsellor, they might be using counselling skills as part of their own role (as a nurse, for instance). They should be able to clarify this with you, if need be.

### Educational institutes

Many colleges and universities also provide talking treatments free of charge for their students. You can access these via your college or university student counselling services.

### Voluntary organisations

Many voluntary organisations, including Mind, offer free or low-cost talking treatments. Voluntary organisations are charities, which rely heavily on donations and grants to help subsidise their work. Most voluntary-sector talking treatment services operate a 'sliding scale' of fees (usually

## **Making sense of talking treatments**

dependent on your financial situation) or offer 'affordable' therapy. Some voluntary organisations may focus on a particular issue, such as domestic violence. Call the Mind Infoline to find out about local services.

### **Employers**

Some workplaces offer therapy, either in-house or by referral to an employee assistance programme (EAP). EAPs employ their own practitioners, who usually have their own consulting rooms. As a rule, the therapy is free to clients because their workplace pays the EAP. It usually runs to 6 or 12 sessions. If you want more sessions, you can ask the person you are seeing to refer you to another practitioner. Many EAPs also offer therapy over the phone.

### **Private practitioners**

Private practitioners may advertise through business or telephone directories, GP practices, alternative health clinics, libraries, or on the internet. Most will clearly state their professional credentials, and you should not be reluctant to ask about these or verify them with the professional body concerned (see pp.20-22). There are also umbrella organisations which list accredited therapists (see 'Useful contacts' on p.26).

### **Counselling over the phone**

There are several telephone counselling or listening services – usually free. The Samaritans is probably the best-known service. They are open 24 hours a day and take calls from people distressed or anxious for any reason at all. (See 'Useful contacts' for more information.)

Other phone lines may specialise in bereavement, problems with addiction, serious mental health problems, domestic violence or the aftermath of rape. They can offer you anonymity, and may be a good source of information about other services that would help you. Calls may be one-off, but you may be able to speak to one particular therapist, regularly, by phone, if you wish. For some people, this feels safer than having therapy face to face.

Larger employers often offer support by phone (see 'Employers' opposite).

●● *I was impressed with talking therapy – we did it all by phone, so it was really easy to slot in around my other commitments. The therapist was warm and friendly and never made me feel silly.* ●●

Some practitioners may offer therapy via the internet and/or Skype. This can be particularly useful if you live in an area where it is difficult to access talking treatments. As with therapy via phone lines, this can feel safer. However, some may find therapy via Skype impersonal and less safe. If you choose therapy via Skype it might be particularly important to check out what training and background the therapist has and agree how much you should pay and how you make the payments.

Mind Infoline can provide information about what kind of talking treatments services are available in your area. (See 'Useful contacts' on p.26.)

---

## How long does therapy usually last?

Therapy can be either open-ended or time-limited, depending on where you go and who you see. Most therapists at a GP practice are funded to offer a maximum of 12 sessions, sometimes 6 or 8, while most private therapists will take clients on for open-ended work.

If you are already using mental health services, you may find that open-ended therapy or more specialist or intensive therapy is what you need; for example if you have a diagnosis of severe or long-term depression, schizophrenia or a similar problem. This is something your psychiatrist can advise you about.

It can be very helpful to discuss a focus for the therapy and work towards a specific ending – this may help decide the length of the 'contract'. Most therapists will assess this when they first meet you. During the first few sessions, the therapist should make it clear whether or not the work is to be open-ended.

In open-ended therapy, it will be up to you and your therapist to decide when to stop. There may be a practical reason that brings it to a close, such as moving to a new area. Otherwise, your therapist will try to decide with you about an ending, based on what you originally wanted to achieve and your current state of mind.

If you have time-limited therapy, you can ask to be referred for longer-term therapy when the original therapy comes to an end.

You may feel that you have become quite dependent on your therapist, and this can make you anxious about ending the therapy. Therapists should never exploit these feelings (most professional codes of ethics state this clearly), rather, they are trained to help you to deal with the often difficult feelings that come up when facing endings. This may be the most crucial part of your work together.

---

## How much does it usually cost?

Therapy on the NHS, in a GP practice for instance, will be free.

At a voluntary organisation, you should be able to negotiate a manageable fee, probably within a certain range. Typically, a full fee for someone working full-time would be around £35-40 per session. These organisations vary in how much they can accept as a low fee, but some will charge an unemployed person just a few pounds.

Private therapists may also be happy to negotiate a fee with you, again depending on your circumstances. Fees vary, usually somewhere between £40-100 per session, although some may charge more. A reduced fee is unlikely to be less than £15-20.

It can be useful to discuss fees with your therapist at the start so that you can make a realistic assessment of what you can afford to pay. Your

therapist may ask that you pay for any sessions you miss (except when he or she is on holiday), and this means your session time can be kept open for you. It may therefore be useful for you to think through what you are willing to commit to before you meet.

---

## Is it confidential?

Therapy is always confidential, and this is an important part of the contract between you and the therapist, making it safe for you. However, there are some exceptions, which allow the therapist to work responsibly.

- **Supervisions** – therapists always discuss clients regularly with a supervisor (an experienced therapist who is qualified to provide supervision), who also has to maintain confidentiality. Supervision is an essential part of the work and it is seen as unethical for a therapist to work without it.
- **Safety** – if, under any circumstances, the therapist is concerned that you are at serious risk of harming yourself or someone else, it may be necessary for them to inform your GP, psychiatrist (if applicable) or someone else. Most therapists will have a policy of informing you beforehand of any action they intend to take in such circumstances.
- **Organisational confidentiality** – many organisations, e.g. a GP practice or a private therapy service, have a policy of confidentiality within the organisation, so that no information goes outside it, but the therapists are free to discuss your case with the manager, when necessary. If your therapist is working as part of a GP practice, confidentiality may apply to the practice as a whole, rather than to the individual therapist, and this may mean that information is available to your GP. If this is the case, they should make it clear to you at the start.

The therapist should always be happy to tell you their policy on confidentiality before therapy begins.

## How do I know if a practitioner is properly qualified?

Anyone can call themselves a counsellor, a psychotherapist or a psychologist, even if they have only done a short weekend training course – or have no training at all. However, if you are seeing someone working for the NHS or a university, they are likely to be a qualified practitioner, unless they are trainees. If they are trainees, they should tell you when you first see them.

Many practitioners have their own website. Those who do, will usually give information about their training, their professional membership, how they work and their fees etc.

If you find a practitioner through your GP or through personal recommendation, you may already feel confident about them. It's never wrong, though, to ask about their professional membership or training. Even if you are seeing someone on the NHS, you may want to check this out.

### Counsellors and psychotherapists

- The British Association for Counselling and Psychotherapy (BACP) is the umbrella organisation for counselling and psychotherapy.
- The UK Council for Psychotherapy (UKCP) is an umbrella organisation for psychotherapy.
- The British Association for Behavioural and Cognitive Psychotherapies (BABCP) is an interest group for people involved in the practice and theory of behavioural and cognitive psychotherapy.

Most counsellors and psychotherapists are registered with one, and sometimes two, of these organisations. At present, accreditation by the BACP and registration with UKCP is a guarantee that a therapist has had thorough training and has many hours of therapy experience.

Accreditation with BABCP is a guarantee that the therapist is fully qualified to practice CBT or other cognitive or behavioural therapies. All three organisations can provide you with a list of qualified practitioners in your local area. (See 'Useful contacts' on p.26.)

Therapists who are not members of these organisations may have done a reputable training and be very experienced, but it's important to check this out with them, particularly if you look for a therapist through an advertisement. Check the professional body they belong to and ask about their qualifications. Most adverts will state which type of therapy they practise and the range of fees they usually charge.

### Protected titles

Anyone calling themselves an art psychotherapist, art therapist, drama therapist, music therapist, practitioner psychologist, registered psychologist, clinical psychologist, counselling psychologist, educational psychologist, forensic psychologist, health psychologist, occupational psychologist, or sport and exercise psychologist, must be registered with the Health and Care Professions Council (HCPC). If anyone uses one of these titles and they are not registered with HCPC, they may be subject to prosecution and a fine of up to £5,000.

### Chartered Psychologists

Qualified psychologists are often members of the British Psychological Society (BPS). The BPS awards the titles chartered psychologist, chartered counselling psychologist or chartered clinical psychologist. Only practitioners, who meet BPS' criteria for these titles, can use them.

### Psychiatrists

Psychiatrists are medically qualified doctors who have specialised in the treatment of mental disorders. All doctors, including psychiatrists, must be registered with a licence to practise with the General Medical Council (GMC) to practise medicine in the UK. If they have the letters MRCPsych

(Member of the Royal College of Psychiatrists) or FRCPsych (Fellow of the Royal College of Psychiatrists) after their name, they are a current member of the Royal College of Psychiatrists (RCPsych). Membership of these organisations means the psychiatrist is fully qualified and meets strict professional criteria set by the member organisations.

### Protection against bad practice

Each professional body has its own code of ethics or ethical framework, and complaints procedure. Codes of ethics vary in their details, but all of them make it clear that a therapist should never exploit a client financially, emotionally or sexually. They should also endorse a commitment to equal opportunities. The professional body your practitioner belongs to can provide you with a copy of its ethical framework. Any counsellor and therapist should be happy to tell you about the ethics they abide by and the complaints procedure of their own professional body.

---

## What if I want a therapist with a particular background?

Well-qualified therapists are trained to work with people from a wide range of ethnic or cultural backgrounds and with a wide range of difficulties. Professional ethical frameworks invariably include a commitment to equal opportunities, and therapists are mindful about not discriminating on the grounds of ethnic group, gender or sexual orientation.

You may have a strong preference for finding a therapist who you can identify with in some way, because you feel more confident of being respected and understood. And there are some organisations that provide services which are only for women, gay men, lesbians, or people from a particular ethnic group. But even those without a special focus may still be able to respond to a request for a therapist from a particular group. However, other organisations stress that what is most helpful is to share your concerns about this with the therapist you find or are allocated,

especially as most practitioners believe in not sharing their personal information with their clients, in order to maintain professional boundaries.

---

## Can I have therapy if I'm addicted to alcohol or drugs?

If you want therapy and you are addicted to alcohol or drugs, you are likely to need help from a service specifically focused on this kind of problem. Many therapists believe that it is not helpful to offer someone a talking treatment if they are using alcohol or drugs heavily, or if they are dependent on them. This is because the treatment involves thinking as well as feeling, and you may not be in a position to benefit from it.

You can seek addiction therapy through your GP or through a voluntary organisation such as Alcoholics Anonymous. (See 'Useful contacts'.) Once you have regained control over your drinking or drug-taking, you will be better able to take advantage of a talking treatment to address any issues causing this behaviour.

---

## Is there evidence that therapy works?

It is difficult to assess exactly how effective talking treatments are compared with other services, as there has been relatively little research into talking treatments until recently. This is partly due to lack of funding – it's very expensive to follow up on a client's progress over a long period of time.

This explains, to some extent, why therapy can be difficult to find on the NHS. The NHS is concerned with delivering services that have an 'evidence base', where scientific studies have established that the services or treatments work well. Standard scientific methods are used to show, for example, how well a drug works for a particular illness. Practitioners providing talking treatments often feel that this is not a good way of judging the type of work they do.

There is very clear evidence, however, that the quality of the relationship between the client and the therapist is very important. This does not mean that there should be no conflict or difficulty in the relationship, but that client and practitioner should agree on the basic goals of the therapy and feel committed to working together, in spite of any difficulties.

---

### Will I feel better straight away?

You may feel an immediate sense of relief when you begin therapy, maybe because you are being listened to for the first time, or because you have been struggling for a long time. However, you may feel more anxious or distressed when you start, because you have to pay attention to difficult feelings that, in some way, you would prefer to ignore. In this situation, you may feel worse before you start to feel better. You may find it helpful to discuss with the therapist any concerns you have about how you are reacting to the therapy – at any stage.

---

### What should I do if I am not happy with the therapy?

One option is to talk about how you are feeling as honestly as possible. Therapists are trained to work with difficult feelings, including anger. If you are feeling angry with him or her, it can be very important to say so.

●● *Remember that they're there for you – it's your time, and you've every right to question what's happening or say if you're uncomfortable or unhappy with the therapy.* ●●

If you are still not happy, particularly if you feel that the therapist has breached a professional boundary, for instance, by encouraging social contact outside of sessions or sexual contact at any time, then it is possible to make a complaint to their professional body. Your therapist

## What should I do if I am not happy with the therapy?

should tell you the name of their professional body and how to pursue a complaint, if you wish to do so. You may also want to consider contacting The Clinic for Boundaries Studies, an organisation that specialises in tackling abuse by health and social care professionals (see 'Useful contacts').

## Useful contacts

---

### Mind

Mind Infoline: 0300 123 3393  
(Monday to Friday 9am to 6pm)  
email: [info@mind.org.uk](mailto:info@mind.org.uk)  
web: [www.mind.org.uk](http://www.mind.org.uk)  
Details of local Minds and other local services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

---

### British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel. 0161 705 4304  
web: [babcp.com](http://babcp.com)  
Provides details of accredited cognitive behaviour therapists.

---

### British Association for Counselling and Psychotherapy (BACP)

tel. 01455 883 300  
web: [itsgoodtotalk.org.uk](http://itsgoodtotalk.org.uk)  
Information and details of accredited practitioners.

---

### British Psychological Society (BPS)

tel: 0116 254 9568  
web: [bps.org.uk](http://bps.org.uk)  
Provides a list of chartered psychologists.

---

### Carers UK

helpline: 0808 808 7777  
web: [carersuk.org](http://carersuk.org)  
Information and advice on all aspects of caring.

---

### Cruse Bereavement Care

helpline: 0844 477 9400  
web: [crusebereavementcare.org.uk](http://crusebereavementcare.org.uk)  
For anyone affected by a death.

---

### Foundation for Psychotherapy and Counselling (FPC)

referral service: 0845 603 1960  
web: [thefpc.org.uk](http://thefpc.org.uk)  
National referral network of 700 counsellors and psychotherapists.

---

### General Medical Council (GMC)

web: [gmc-uk.org](http://gmc-uk.org)  
Provides online information about doctor's registration status.

---

### Health and Care Professions Council (HCPC)

tel: 0845 300 6184  
web: [hpc-uk.org](http://hpc-uk.org)  
Check online if a practitioner is registered with them.

---

### IAPT (Improved Access to Psychological Therapies)

web: [iapt.nhs.uk/services](http://iapt.nhs.uk/services)  
Information about your local NHS services.

---

### PACE

tel. 020 7700 1323  
web: [pacehealth.org.uk](http://pacehealth.org.uk)  
Counselling for gay, bisexual and transgender people.

---

### Relate

tel. 0300 100 1234  
web: [relate.org.uk](http://relate.org.uk)  
Relationship counselling.

---

### Royal College of Psychiatrists

web: [rcpsych.ac.uk](http://rcpsych.ac.uk)  
Information about treatments for  
mental disorders.

---

### Samaritans

helpline: 08457 90 90 90  
email: [jo@samaritans.org](mailto:jo@samaritans.org)  
web: [samaritans.org](http://samaritans.org)  
24-hour emergency telephone  
helpline.

---

### The Clinic for Boundaries Studies

helpline: 0203 468 4194  
web: [professionalboundaries.org.uk](http://professionalboundaries.org.uk)  
Support services for those harmed  
by a professional in a position of trust.

---

### United Kingdom Council for Psychotherapy (UKCP)

tel. 020 7014 9955  
web: [psychotherapy.org.uk](http://psychotherapy.org.uk)  
List of registered practitioners.

---

### WPF Therapy

tel. 020 7378 2000  
web: [wfp.org.uk](http://wfp.org.uk)  
Networks of counselling centres in  
local communities.

---

## Further information

To read or print Mind's information booklets for free, visit [mind.org.uk](http://mind.org.uk)  
or contact Mind infoline on 0300 123 3393 or at [info@mind.org.uk](mailto:info@mind.org.uk)

To buy copies of Mind's information booklets, visit [mind.org.uk](http://mind.org.uk)  
phone 0844 448 4448 or email [publications@mind.org.uk](mailto:publications@mind.org.uk)

This booklet was written by Inger Hatloy

First published by Mind 2012 © Mind 2012

ISBN 978-1-906759-49-0

No reproduction without permission  
Mind is a registered charity No. 219830

Mind  
(National Association for Mental Health)  
15-19 Broadway  
London E15 4BQ  
tel. 020 8519 2122  
fax: 020 8522 1725  
web: [mind.org.uk](http://mind.org.uk)

# Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

**Mind Infoline: 0300 123 3393**  
**info@mind.org.uk**  
**mind.org.uk**

