

Private Practice conference 2018

Loss: what does life mean for me now?

29 September 2018 - London

Programme

Programme

8.30 - 9.15am Registration

9.15 - 9.30am Chair's welcome

**9.30 -
10.30am**

Keynote speaker: Julia Samuel

The experience of loss in the 21st century - our capacity to manage both the successes and losses of our age.

**10.30 -
11.00am**

Refreshments

**11.00am -
12.30pm**

Morning workshops (see next page)

**12.30 -
1.30pm**

Lunch

1.30 - 3.00pm

Afternoon workshops (see next page)

3.00 - 3.30pm Refreshments including Sage book launch

3.30 - 4.30pm

Keynote speaker: Jonny Benjamin

4.30 - 4.45pm Conference close

Morning workshops

11.00am - 12.30pm	Losing my baby: losing part of myself	Josephine Naylor	Room TBC
	Therapy for grief resolution: accepted theories and new developments	John Wilson	Room TBC
	Supporting and working with families experiencing loss of child through addiction/ eating disorders.	Dee Johnson	Room TBC
	Title TBC	Rachel Curtis	Room TBC
	Secret and Death: The loss of a loved one and the loss of self: when there is no answers.	Silva Neves	Room TBC
	Learning for all from the death of a young man in private practice	Andy Williams	Room TBC
	Who am I? The loss of the sense of self following brain injury	Diane Aronson	Room TBC
	Title TBC	Paula Hall	Room TBC
	Working with End-of-Life Clients	Michael O'Rourke	Room TBC

Afternoon workshops

1.30 - 3.00pm	Losing my baby: losing part of myself	Josephine Naylor	Room TBC
	Therapy for grief resolution: accepted theories and new developments	John Wilson	Room TBC
	Supporting and working with families experiencing loss of child through addiction/	Dee Johnson	Room TBC
	Title TBC	Rachel Curtis	Room TBC
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Session précis and presenter biographies

Keynote presentations

Julia Samuel

The experience of loss in the 21st century - our capacity to manage both the successes and losses of our age

Session information

TBC

Biography

TBC

Jonny Benjamin

Title TBC

Session information

TBC

Biography

TBC

Workshop presentations

Josephine Naylor

Losing my baby: losing part of myself

Session information

This session aims to provide an opportunity to explore the impact that pregnancy loss through stillbirth and the neonatal death of a baby can have on the family. This session will enable you to:

- become familiar with issues that arise in bereavement counselling for parents who have experienced a stillbirth or neonatal loss through case studies, professional insights and research
- gain insight in identifying the factors that can lead to a complicated grief reaction
- identify the potential impact of the loss on a couple's relationship
- gain insight into different beliefs and cultures with regard to pregnancy and baby loss
- recognize physical and emotional reactions including gender differences to pregnancy and baby loss

Biography

Josephine specialises in counselling bereaved individuals who have experienced miscarriage, stillbirth, neonatal death, ectopic pregnancy, termination and termination for foetal abnormality. Through volunteer work, Josephine became interested in supporting women through pregnancy counselling recognising that women can feel quite vulnerable during pregnancy. Following training she set up a counselling charity which has grown to meet the demand for counselling in this area.

Josephine recognises that the impact of baby loss is far reaching, and affects mental and physical health, relationships and employment. She has seen firsthand the difference counselling can make for parents who have experienced stillbirth or neonatal death.

John Wilson

Therapy for grief resolution: accepted theories and new developments

Session information

The bereaved client is at the heart of this session. Not every client experiencing loss is helped by therapeutic intervention, and to work inappropriately with such clients is unethical. This session aims to make private practitioners aware of the latest research in the field, and to point you towards the knowledge and skills to become effective bereavement practitioners.

Biography

As a former science teacher, John identified many years ago, the similarities between the way young children learn and the way bereaved clients assimilate and accommodate their post-loss world. In 2011, he formalised curiosity about this phenomenon with research for a PhD, which he completed early in 2017: 'Moments of Assimilation and Accommodation in the Bereavement Counselling Process'.

John is Director of Bereavement Services at York St John University Counselling & Mental Health Clinic, where he is also an Honorary Research Fellow conducting research on the relationship between grief trajectories and attachment style in bereaved clients. He also authored 'Supporting People in Loss and Grief' (2014), Jessica Kingsley Publishers.



Dee Johnson

Supporting and working with families experiencing loss of child through addiction/eating disorders

Session information

This session aims to be an informative and enjoyable exploration of the effects and impacts to the individual and family of such losses. Dee shares experiences of her own journey through eating disorders and the effect it had on her family members, as well as of working with this client base, focussing on the multiple losses involved, judgment and prejudices (even the practitioners own ones), dealing with shame and embarrassment, working with blame (themselves or others i.e. dealers, partners etc.), and coping strategies. The session will explore the importance of staying focused on the client during therapy, as Dee's experience indicates that it is surprisingly easy to get caught up in the person who is no longer with us.

Biography

Dee's years of working directly in this area has enhanced her awareness of being on both sides of these issues and how complex they can be, as well as the necessity to work with complex grief and shame but keep the focus in the session on the client, not the person who has passed. Dee has worked directly with both addiction and eating disorders for several years, and in particular as a specialist for the Priory Hospital Group in the Addiction unit. Her work also includes family members/partners/ close friends running support groups and family therapy sessions. In her private practice she often see the relatives / loved ones of the patients. She also worked specifically in bereavement for a few years with Cruse.

Rachel Curtis

Title TBC

Session information

The session aims are:

- To discuss the impact of life limiting illness and death, accounting for clients and colleagues process. How do we be open without damaging the therapeutic process or is this an inevitable consequence of disclosure?
- To minimize harm to clients whilst modelling a "good death" process
- Forming a clinical will – what do we need to include and the importance of organisation and communication.
- Acting as executor of a clinical will – what do we need to know and how to deal with the loss of a colleague, managing their caseload and assisting their clients.

Biography

Rachel has lived with a life limiting illness since 2009. Last year her condition changed and her cancer is now incurable. She is fascinated and touched by how this impacts her clients, the relational space between them and the nature of the work that takes place between them. She has undertaken a lot of work professionally and personally about the impact of life ending, and the importance of planning for this and accounting for our own vulnerability.

Rachel has worked in private and public healthcare whilst coping with her illness and notes that it's been an interesting, emotional and meaningful journey where there is little accounting for the therapist's vulnerability and death in the therapy room.

Silva Neves

Complex Grief: Secret and Death: The loss of a loved one and the loss of self: when there is no answers

Session information

This session will cover an area of grief that is seldom discussed: when traumatic secrets emerge after the death of a loved one. Silva will be illustrating this area of complex grief with two case studies (whose identity will be disguised): Helen finding out that her father was a paedophile immediately after his death, and Paul experiencing the sudden death of his partner dying of a heart attack, to find out that it happened during a drug-filled sex party.

Grieving the loss of a loved one is complex when there is a combined traumatic betrayal: sudden loss of reality which precipitates a loss of self. It's too late to find answers to crucial questions that never needed to be asked before. The session will focus on how we can help clients make meaning of such traumatic events when there are no answers to find.

Biography

Silva is an accredited integrative psychotherapist and accredited psychosexual and relationship therapist. She is a clinical traumatologist and also specialises in grief. Over the past 10 years, she has helped clients coming to accept what is the non-tangible and the unspeakable part of grieving a loved one: the person they mourn is a different person to the one that lived.

Silva is passionate about this topic and often hears clients say that they struggled to find a suitable therapist to help them with these issues because they are seldom talked about. This topic is hardly considered in clinical training.

Andy Williams

Learning for all from the death of a young man in private practice

Session information

In the summer of 2010, Andy learnt of the suicide of Mark, a 24 year old client with whom he had been working intensively for the previous eight months. He then attempted to make sense of this potent experience over the following months. This workshop will focus on the outcome of these learnings using this lived experience, as well as a strong underpinning of theory.

Outcomes from the workshop will include:

- the presenter's key understanding of what might have been missed in his clinical thinking.
- models of risk assessment that lend themselves well to private practice.
- a consideration of the psychodynamics of the male suicidal act.
- a checklist of mature, informed thinking and action points to help the private practice therapist.

Biography

In 2010, Andy experienced first hand the death of one of his clients in private practice. The following year was spent understanding this experience in terms of supervision, attending the funeral, attending coroner's court, participating in NHS review, and riding the rollercoaster of having "lost one of my clients". He now has a strong theoretical framework from which to perhaps understand the suicidal act as well as being very interested in practical and pragmatic risk assessment that is appropriate to the private practice setting.

Andy has been a psychotherapist for over 20 years and run a psychotherapy centre in Leeds called The Horsforth Centre for Psychotherapy. He is a supervisor of many practitioners in private practice and the Director of Training for the TA Training Organisation – a training company that offers Level 7 psychotherapy training all the way to UKCP accreditation. He has a busy private practice of private clients and many supervisees. Andy is also an accredited CBT therapist and EMDR trauma therapist.

Diane Aronson

Who am I? The loss of the sense of self following brain injury

Session information

The session will look at ambiguous loss – loss without understanding and acceptance. This is in relation to an individual having experienced a brain injury which, in some ways, alters their concept of self.

The workshop will cover

- what is a brain injury?

- the emotional and psychological impact on the individual.
- the emotional and psychological impact on relationships.
- the adjustment process and how counselling can help.

Diane will provide some theoretical background and case studies, providing you with the opportunity to consider how you might work with the individuals.

Biography

Diane has worked with this specific client group for many years. She worked with other brain injury professionals, including neuropsychologists and feels very strongly that counselling/psychotherapy is an essential part of the process for people to explore how they have changed and adapt to their new selves. Too often therapies are focused on physical recovery whilst the individual is still struggling with the meaning to them in their lives.

Diane worked for 14 years as the counsellor within an interdisciplinary team in an NHS Neurorehabilitation Unit for people with complex needs following brain injury. The unit was closed and she has continued to work with this client group as an independent practitioner. Much of the work is via personal injury solicitors when there has been a catastrophic injury.

Paula Hall

Title TBC

Session information

TBC

Biography

TBC

Michael O'Rourke

Working with End-of-Life Clients

Session information

The session will aim to provide an overview of how work with end-of-life clients is different from other work; an understanding of death competence and cultural sensibilities for the dying. Denial can play a major part in the lives of those with terminal illness, so how this is handled is central to the work. A theme that will be explored in the workshop is one common to many clients with terminal illnesses – the fear that they may die before they have had the chance to live the life they had planned. This reconciliation will be discussed in detail.

Finally, considering working with this client group within the context of age; how might working with a 25 year old be different to working with an 85 year old? The target audience is those practitioners working with end-of-life clients in hospices, care facilities and private counsellors.

Biography

Michael has found work with end-of-life clients to be life-affirming. The acceptance, fear, existential review and understanding of 'what's next', if anything, makes this work humbling and rewarding. There can be no greater 'review' of the life we have lived than when we are dying, and to be a witness to that review is an honour. To hear clients' life stories and their end-of-life stories provides a complete account of the life they have lived. Further, this is quite different to working with grieving clients, because the idea of death is abstract in a way and that can present barriers in the work.

Michael worked for two years with clients who were living with a chronic but manageable medical condition (HIV+), and that really moved him to work with those who have a more acute relationship with a life-limiting condition and the restrictions that such conditions can impose. He has been working with The Sara Lee Trust for five months, but it is something which he has found rewarding and about which he is very passionate. Deciding to work with those who are not going to live for more than three to six months, and to develop his professional experience in this area, was a thoughtful and natural progression.





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