

Complaining to Brick Walls

By Lisa Blakemore-Brown

BFMS members whose teenage or adult child attended therapy then suddenly recalled terrible abuse which never happened, carry three additional burdens if they try to make complaints about the practice of the counsellor/ psychotherapist:

1. Psychotherapists and counsellors are not regulated in the UK and successive governments over more than two decades have resisted calls for regulation, including a Private Members Bill put forward in 1999 by Lord Alderdice. In 2007, eight years after the Bill failed, with the assistance of the Health Professions Council (HPC) the government set up a working group to look at regulation and a public consultation followed. Four years later, in February 2011 it was decided that statutory regulation would not go ahead. Instead, the coalition government published *Enabling Excellence*, setting out their position on the matter. An assured voluntary registration system was to be set up overseen by the newly named Professional Standards Authority (PSA), formerly CHRE, which was tasked with forming a voluntary Accreditation register for the member organisations and creating a set of Standards. At the time, the government stated that statutory regulation would only be considered in the future if there was a compelling case and where voluntary registers were not considered sufficient to manage risk.

Multiple endeavours by the BFMS to engage with politicians resulted in a rejection of an inquiry within the Health Select Committee and a short letter from Dame Sally Davies, Chief Medical Officer and Chief Scientific Adviser, to Stephen Dorrell, MP, Chair of the Health Select Committee, dated 25th February 2013: 'the Department has no plans to statutorily regulate psychotherapists'. Reiterating that policy of using voluntary registration, she also wrote, 'Although we are not ruling out the extension of compulsory statutory regulation to any group, any decision to do so would need to be based on a solid body of evidence. The evidence would have to demonstrate that the level of risks posed to people who use services is such that accredited voluntary registration and existing employer responsibility are not sufficient to manage those risks. Whilst we would of course consider any evidence provided by (BFMS members) we would want to assess effectiveness of assured voluntary registration in mitigating risks, before taking any decisions.'

Seven years later, in a House of Lords debate (February 2020), some nine years after that public government statement, and twenty years after Lord Alderdice put his private Members bill forward, and who also spoke in this debate, speakers were unanimous and passionate in their view that the risk of harms was too great; the PSA system was unable to prevent risks described by the peers, and therefore regulation was required. Lord Bethel, for the government, echoed the words of Dame Sally Davies seven years ago, and told the plainly shocked peers that there were 'no plans' to regulate. Therefore, for a family whose family member's mind has been harmed by developing false beliefs/delusions in therapy, their family destroyed, their only option has been and continues to be, to make a third-party complaint to the therapist's membership organisation.

2. Psychotherapy and counselling membership organisations on the Accreditation Register, were asked by the PSA, following BFMS engagement, if their form of therapy could risk creating memories of events which never happened in the minds of their clients. If they felt it was possible, they had to say how they could mitigate those risks. The PSA has been satisfied with the reassurances and has continued to accredit the organisations. However, there is no training for their members to understand the phenomenon or explore alternative methods, and many proceed to use methods which 'do cause harm', described by the peers in various examples in 2020. The PSA representatives stated in the House of Commons in 2016 that it was not in a position to tell organisations how to conduct their therapy. As a consequence, BFMS members who are concerned about methods used in therapy, for example forms of breathing methods / hypnosis which can increase a client's suggestibility, find themselves complaining to brick walls if they expect an organisation to admit the methods used by their members are causing harm. Confirmation bias/ cognitive dissonance will prevent these organisations from ever changing unless faced by the potential sanctions of regulation. Professor Paul McHugh was deeply concerned about the damage caused by 'recovered' memory therapies and wrote *Try to Remember: Psychiatry's clash over Meaning, Memory and Mind* (2008)

'I was someone with a front row seat in American psychiatry, who witnessed the injuries to people it exacted, and who, in protesting against it, came upon the power of this discipline to protect itself from criticism...reform had to come not from the profession itself but from the civil government, which intervened to preserve social justice in the face of vicious abuse of authority and licence.'

Regulation resulted in reform in the US as litigation focused minds. This has not happened in the UK.

3. If psychotherapists and counsellors subscribe to Freudian thinking about repressed memories; apply 'affirmation' therapy; 'believe' the patient and speak of different 'truths', then whatever the client says, even if they have never said it before therapy, will be accepted and validated. If the main focus and purpose of the psychotherapist is to be 'non-judgmental' and to help the client manage emerging emotions, they must accept that some of these 'feelings' may be derived from thinking about terrible 'truths' which 'never happened to them'. At this point in our history, astonishingly, this is not recognised by therapists who use particular methods which are never challenged by their organisations.

Such organisations never accept the parent's 'version' of the 'truth' in their complaint, over the client's. Without proper scrutiny and regulation, the third-party complaint process puts desperate family members on an arduous road leading to multiple brick walls and leaves their family member in danger of permanently losing their mind.

In a lengthy academic paper, Rogers, Anne (2013), on the matter of 3rd party complaints, Ms Rogers found 'It was not so easy to ascertain the policy of all the Organisation Members but in a trawl of all websites only seven organisations declared that they would accept third party complaints, two definitely would not accept them, while on 65 sites there was no mention of third party complaints. Of those that will accept them it is usually only parents or guardians of children or of adults unable to speak for themselves and identified as responsible carers at the beginning of the therapy that can make such complaint.'

Specifically, in terms of who can make a complaint, the BACP Guidelines at 1.2d stated, 'A third party who can demonstrate sufficient interest and who has been directly affected by the actions of the practitioner, subject to the protocol on third party complaints.' Appendix 15 3rd Party Complaints. Ethical complaints. Towards a best practice for psychotherapy and counselling organisations. Rogers, Anne (2013) Middlesex University and Metanoia Institute

Whilst attempts have been made to improve the handling of third party complaints, or at least be seen to do so, since this paper was written in 2013, the following anonymised BFMS case study indicates that third party complainants, usually parents, continue to hit brick wall after brick wall in 2020.