In the 1990s a very large research project was carried out in the USA – Project MATCH – to match the most effective interventions for different types of alcohol-dependent clients. Three interventions were considered: Motivational Enhancement Treatment (MET), Cognitive Behavioural Treatment (CBT) and Twelve Step Facilitation (TSF). All three approaches were shown to have particular effectiveness for particular clients; I will consider two of these.

Motivational Interviewing

This is often used in addiction settings, and has five basic principles, but is less a set of techniques than a style of counselling. The first is to Express Empathy since it is found that acceptance facilitates change (in contrast to challenge which often produces denial and resistance). The second principle is to Develop Discrepancy, which means helping the client to become more aware of the negative consequences of their addictive behaviour. Thirdly, Avoid Argumentation, since this will result in defensiveness that inhibits change.

Fourthly, Roll with Resistance. The ambivalence that a client may feel about giving up a drug is understandable and natural, and reluctance is explored with the client who is invited to look at ways to overcome the anticipated problems. Finally, the counsellor Supports (the) Self-efficacy of the client, affirming them as they face their capability to change. A realistically optimistic belief in the possibility of change can be a powerful motivator for change and inspire hope.

Twelve Step Facilitation

This is a completely different approach, not preferred by some professionals, but common in rehabilitation centres and enormously effective as the model used by the Fellowships of Alcoholics / Narcotics / Gamblers Anonymous, etc. The philosophy is of a “disease model” because of an altered brain state, for which modern neurological studies are finding increasing evidence. (As it is put in AA literature, “when you’re a gherkin you can’t go back to being a cucumber!”) As a result, abstinence is considered the only answer since controlled drinking (or drug-taking) is no longer sustainable.

- Step 1, the “addict” acknowledges that their addiction has made life unmanageable and that they are powerless to deal with it. Work on this step is intended to examine any minimisation, denial or resistance as mentioned above.
- Steps 2 and 3 recognise that the person needs help from outside (“a Power greater than ourselves” and “God as we understand him”) since up to now they have been the power in their own lives and need further help.
- Step 4 examines the “anger and resentments”, “guilt, remorse and shame” and “fear” that have caused people to drink addictively.
- Other steps are concerned with facing “character traits” on a daily basis. The Twelve Step programme becomes a way of life which facilitates the changes necessary to “face life on life’s terms.”

Rev Dave Day Manager, Addictions Rehabilitation Centre, Gloucester House, Highworth

Training

One Year Certificate Course in Integrative Christian Counselling - Level 3

Cost
£835 (plus course books and topic workshops)

The is the Basic Practice Course of the ACC Recognised Programme "The Knowledge, Skills and Attitudes Framework for Counselling" fulfilling the criteria of Open College Network

It will be held on Wednesdays, during term time, commencing on 13th September 2006, plus a Myers Briggs Type Indicators day on Saturday 11th November. Participants will also be required to attend three Topic Workshops during the year.

Entrance criteria: Successful completion of a Level 1/2 Introduction Course

Two Year Level 4 Advanced Diploma in Therapeutic Counselling

Cost
£2,030 (plus course books and topic workshops)

This course meets the criteria of the Counselling & Psychotherapy Central Awarding Body (CPCAB), is accredited by the Qualification Curriculum Authority (QCA) and recognised by ACC.

This is a two year day time course which will be held during term time on Thursdays commencing on 7th September 2006. Students will also attend 6 Saturday Topic Workshops and two additional Saturday Study Days over the two year period.

Target Candidate Group: The course is designed for those who have completed a Level 2/3 Certificate Course and wish to progress to be confident and effective agency counsellors. It will also provide a springboard for those who want to further develop their professional practice or who are thinking of moving towards private practice. Completion of the course will provide entrance to CPCAB's Level 5 and 6 Diplomas.

Myers Briggs Type Indicators Topic Workshop

Cost
£30

Saturday 11th November 2006 9.30 am - 4.30 pm

The above courses will be held in Swindon

Saturday Topic Workshop Programme

Jointly organised with The Harnhill Centre of Christian Healing

Venue
The Harnhill Centre, Cirencester, Gloucester

Cost
£18 per Workshop (£50 for 3 Workshops booked together)

13th May
"The Myers-Briggs Shadow Side - Our Crisis or God's Opportunity?"
Linsi Simmons

10th June
"Ritual Abuse Awareness"
Mike Fisher

8th July
"Understanding Personality Disorders"
Dr Chris Andrew

For further details of the above courses, please contact Avril Fray, Training Manager at Willows 01793 706646 E-mail: training@willowscounselling.org.uk

The Willows COUNSELLING SERVICE

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Reg. Charity No: 1037677

pastoral care news

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What is a Personality Disorder?

'Personality Disorder' is a controversial diagnosis, covering a wide range of different attitudes and behaviours and affecting an estimated 10% of the general population.

The term is generally used to describe behaviours that do not fit into any other obvious diagnostic category, but where the person nevertheless has difficulty coping with life and where that behaviour persistently causes distress to themselves or others. Common problems include having difficulty in sustaining relationships and interpreting social cues. At present there is no consensus as to its causes or treatment.

As the name implies a 'personality' disorder is about problems arising from a person's character. In effect who they are and how they behave are at odds with commonly held social and emotional expectations of what is regarded as 'normal'. What is regarded as 'normal', of course varies from culture to culture and the diagnosis has to be made within the context of the rules, obligations and social expectations held within a particular community. For example, behaviours valued in a battleground are not seen as appropriate during peacetime.

There are various different types of personality disorders but all of them share the following features:

- Most of the first signs of a personality disorder appear in late childhood or adolescence and continue during adulthood.
- Personality disorders in children or adolescents are sometimes described as conduct disorders. However, most conduct disorders in children do not necessarily lead to personality disorders in adults.
- Someone with a personality disorder holds attitudes and behaves in ways that can cause considerable problems for themselves and others. For example the way they perceive the world; the way they think; the way they relate to other people; the way they do or don't get upset.
- People diagnosed with personality disorders may be inflexible in that they may have a narrow range of attitudes, behaviours and coping mechanisms.
- These ways of behaving are long standing.

Other key points:

- Most people diagnosed with a personality disorder fit the criteria for at least two different types of personality disorder.
- Most people diagnosed with a personality disorder are not dangerous.
- Being dangerous is most often, but not exclusively, associated with anti-social or psychopathic disorder.
- People diagnosed with borderline or paranoid personality disorder may be at higher risk of self-harm and/or suicide than other people.
- People with personality disorders have multiple needs and vulnerabilities.

Causes of Personality Disorders

To date there has been very little research into the causes of personality disorders. It is generally assumed that there are a number of possible causes including problems in early childhood such as abuse, inadequate parenting, neglect and trauma. Neurological and genetic factors such as brain damage or low levels of serotonin may also play a part.

If you have a personality disorder you may also have other mental health problems, such as depression, anxiety, panic disorders, eating disorders, deliberate self-harm, substance misuse, and manic depression. It is not known if the personality disorder causes these other problems or if they simply exist side by side and are unrelated.

Cont'd on page 2

Inside:

What is Personality Disorder? - Cont'd from page 1

It can be very difficult to diagnose personality disorders because of other mental health problems, which often hide the personality disorder. It is also possible to misdiagnose someone as having a personality disorder if they have a syndrome with similar symptoms, e.g. post-traumatic stress syndrome or Asperger's syndrome.

Specific Types of Personality Disorders

The DSM IV (Diagnostic Statistical Manual) shows three main Clusters of Personality Disorders:-

Cluster A

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder

Cluster B

- Anti Social Personality Disorder - Also known as psychopathy
- Emotionally Unstable Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder

Cluster C

- Anxious Personality Disorder
- Dependant Personality Disorder
- Obsessive Compulsive Personality Disorder

For more information about the individual types of personality disorder please see:

Factsheet. Mental Health Foundation, 2003.
www.mentalhealth.org.uk

Treatments and Self Management Strategies

At present very little is known about the long-term benefits of different forms of treatments for personality disorders. The research that has been undertaken to date suggests that most forms of personality disorder may be treatable or manageable; especially the more moderate forms, but no single treatment or management strategy will be effective in all cases.

Personality disorders may be difficult to treat because they involve lifelong, pervasive attitudes and behaviours and because people with personality disorders often have other mental health problems. When a treatment is seen to fail it is often the patient who is blamed for not fitting the programme rather than the service admitting that it has not met the individual's need.

In the UK treatment for personality disorders varies considerably, depending to a large extent on whether people are in a general NHS setting, an in-patient psychiatric unit, special hospital or in the prison system. The availability of appropriate resources including qualified staff, therapeutic environments and management support for innovative treatments is also a major issue.

Pharmacological Treatments i.e. Medication

Short-term use and long term treatments may prove helpful in some types of Personality Disorders. However, it is possible that the medication is being used to control risk and stress, rather than having any long-term impact on the personality disorder itself.

Psychodynamic Treatment

This treatment emphasises personality structure and development. It aims to provide insight for people allowing them to understand their feelings and to find better coping mechanisms. This approach has had limited success and is likely to be less successful for those with addiction and/or antisocial personality disorder.

Cognitive and Behavioural Therapy

Cognitive and behavioural therapies cover a wide range of treatments such as Cognitive Therapy, Dialectical Behaviour Therapy, Interpersonal Psychotherapy and Cognitive Analytic Therapy. Most cognitive behavioural approaches address specific aspects of thoughts, feelings, behaviour or attitude, and do not claim to treat the entire personality disorder of the person.

This information is taken from a variety of sources including websites and publications, as well as comments from visitors to this website.

www.mentalhealth.org.uk

Willows Capital Appeal

Willows must raise £250,000 before the end of 2006 or risk losing the premises! Could you help Willows achieve its goal?

Willows Counselling Service is working towards purchasing 2a Ferndale Road as the new Resource Centre for all its services - Total cost £650,000.

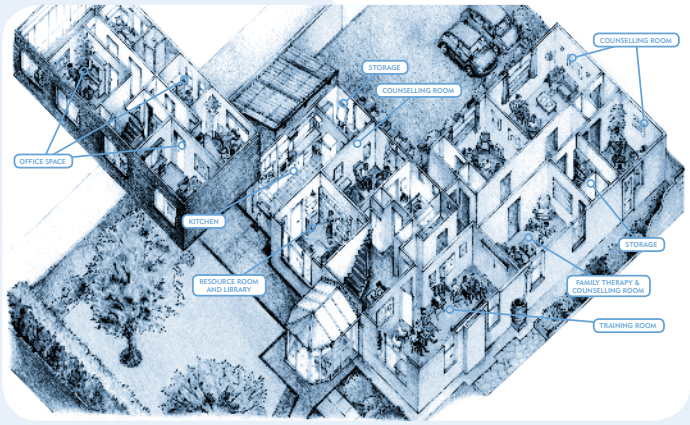
In order to complete this venture, Willows needs to raise the balance of £400,000 before the end of 2007.

Willows will then be able to provide training, Counselling, Therapy, Debt Advice Service, Couples Counselling, Family Therapy, Art Therapy, Counselling Children and Young Adults.

It will enable Willows to continue outreach to the Urban Priority Areas and Swindon.

Can you help with

- Major capital giving
- A Personal Donation
- An Interest Free Loan
- Networking and letting others know about our Capital Appeal
- Accessing grants from Trust Funds
- General fundraising



Gill Food gives a personal reflection of her experience of Chronic Fatigue Syndrome

The reality of living with Chronic Fatigue Syndrome, as expressed in the poem, is a life-draining, energy-zapping illness which plummets you into a parallel existence of normality, where you are an observer of life rather than a participator in the 'normal' life that you can see going on around you. It is often difficult for others to understand this illness and the disabling effects it can have on your life.

I have had CFS for 7 years now. I have been improving slowly bit by bit and still have a long way to go, but am now much better than I was 7 or even 1 year ago. However, throughout this time I have asked the question "Why am I not healed? When will this nightmare end? Will I ever have a 'normal' life again? When will the unending days of brain fog, fatigue, pain and aches stop?" I have felt robbed of a normal existence and robbed of the years of my life that I can never reclaim: a life which has been put on hold because of it.

It has caused me to question many fundamental truths about healing, God's existence, what I believe in, who God is and what is faith? I have wrestled with these questions, and with God, seeking to find the answers. I have been told that I should have more faith, questioned as to whether there is anything stopping my healing, asked if I have any unconfessed sin, the list could go on.

Morning.....

shades of night retreat
and light hurts.
awareness only of another day begun –
the lonely fight continues.
Being alive hurts.
Veins full of lead
hold me down fast to the bed
while dizziness in my head
sends innards spinning

I feel sick.....

How long now have I been awake?
Each movement effort-filled with ache
and sheer determination....
and so I take
one hour – two, or three
to rise and face
my human habitation
Afternoon...time of trial;
head can make no sense nor rhyme
of conversations, dreams or time;
and space is taken up by inner fears
lots of tears, unshed, unbidden, unseen.
This is not a dream...
but some ungainly being that is me
struggling for it's own identity
that has become a vague painful memory.

Evening...

dread the coming night
with all the failures of the day in sight –
But this reality stays:
A limping life, a crawling creature
slug like through endless days
imprisoned in the life turned grey

Whilst I focused on the questions of why I was not healed, and searched my heart for the answers to each of them, I realised this was not the whole picture. It was as if I was asking God to prove himself to me and I had missed what else he might be saying. As I began to ask God 'what are you saying to me in this', my focus changed, and I became assured of God's love, mercy and grace for me, which is not dependent on whether he heals me or not. This was proved to me when God was so desperate to have a relationship with me, that he gave his Son, Jesus who died for me.

When I became a Christian some of the most significant verses for me were Romans 5 v6-8:

'You see just at the right time, when we were still powerless, Christ died for the ungodly. Very rarely will anyone die for a righteous man, though for a good man someone might possibly dare to die. But God demonstrates his own love for us in this: Whilst we were still sinners, Christ died for us.' This is enough!

Sometimes the Christian life can be portrayed as a victorious existence without any problems and I would question whether it is holistic to only see the mountaintop experiences as valid. For by doing this we deny the reality of the shadow side of life, of the experience of suffering and of God meeting us in our pain and anguish and all that that means. God has met me in my darkest times, in my desperation, in the times when I have doubted whether he even hears me, when I have not had the energy to even think straight let alone pray, where I have felt that all hope is gone. Whilst I do believe we are overcomers, for me it is not in the mountaintop experience that this happens but in the grim reality of life in the valley, in the pain, hurt and anguish of life's experiences.

I feel that my life has been turned upside down and inside out over the past few years, I have had to lay down many dreams, vision and hopes, but I can honestly say that on reflection, whether I am ill or well, I am still able to fulfil God's purposes for my life. I now know God at a greater depth. This is more about 'who' God is than anything I have done and I am so thankful for it. He has called me to be faithful and to love him and this is not dependent on my state of health!

Having written this I wonder if it is not just about my own story, but maybe a challenge to us all, whether ill or well. Whatever we are going through, wherever we are at, whatever our situation, to ask God in the moment 'what are you saying to me in this? I now appreciate the things that I so often took for granted – enjoying the sun on my face, having a good nights sleep, being able to walk a little further than I could the day before, spending time with friends and family. I am also hopeful for my future, whatever this brings.

Gill Food