

sanitising, but instead to stay true to ourselves, to look critically at the ways in which we practice and to support each other, acceptingly, critically and compassionately when we make mistakes. On

those occasions, we can acknowledge our part in the furtherance of a client's distress, apologise, and continue with that person until we both are freed from that shame that can bind us.

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## ***The Independent Therapists Network Founding Conference: A Personal View***

*Nick Totton*

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For me, the founding conference of the Independent Therapists Network was an enormous success — which also, necessarily, left a huge number of unanswered questions. Finding answers to them is going to be a lot of fun! But whatever happens, I think we have registered that there are many therapists and counsellors who do not consent to the programme of UKCP and BAC. I feel very grateful to everyone who responded to my original initiative; and a lot less lonely.

One of the most striking things for me was how many times I heard people say something about home — about feeling that perhaps they had found a home that they had been looking for, a home for their therapeutic identity. Other words that came up a lot were 'soul' and 'heart', and also the sense of life and death struggle.

It was a huge relief for me, and I think also for a high proportion of the sixty-odd people present, simply to be with like-minded, and highly competent, people, and to hear so many of my own feelings expressed by others: especially about the

desire to move away from the fear-filled atmosphere in which accreditation issues have been discussed for so long now: to move into a culture where trust and support — and confrontation that is based on trust and support — are central values.

It was also clear that turning these feelings into a viable network will take a good deal of work and thought. There seemed to me to be widespread agreement that structure needs to be as simple as possible, compatible with the goals of accountability and mutual visibility; also widespread agreement that the unit of membership should be a peer-accrediting group of five or more people, who are prepared to stand by each others' work in its successes and its failures; and that each group needs to have cross-links of mutual recognition with other such groups. I think it's right to say that these are now bottom line positions of the Network.

So now people have gone away to try to form such groups, or to talk about bringing groups that they already belong to into the Network. There is going to be

a long shaking-out process, in which a great deal will hopefully be learnt (and I think this would make it worthwhile even if no network emerged at the end). Three working parties were set up, to look at administrative structure; at starting a newsletter; and at a possible public face for the network. Three meetings were also

agreed for the future: a London get-together on January 8th, a national meeting in Birmingham on March 11th, and a residential weekend on June 17th-18th. All these, and all the working parties, are open to anyone, and people who weren't at the founding conference are extremely welcome to get involved now.

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The contact address for information on all activities is currently: ITN, 326 Burley Road, Leeds LS4 2NZ, phone 0532 755984. If you want to receive the discussion documents from the conference, please send £2.

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## ***Can One Session Really Be Enough?***

*John Rowan*

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People in search of therapy have been known to attend for one session and never come back. Usually they are lumped with people who leave therapy suddenly at later times, and classified as failures. But Robert Rosenbaum, working at a medical centre in California, decided to check up and see what their experience of therapy had actually meant to them.

First he looked at the literature, and found to his surprise that clients who had been for a single session showed a high degree of satisfaction with the therapy they had received, and nearly 80% of them reported that the problems which brought them to the mental health centre had been resolved.

So he did some research of his own. He introduced into the first session with all

his clients a statement that some people found one session enough. Then at the end of the session he asked them whether what they had done was enough for them, or whether they would like to come back for more. He found that 58% of the first sixty or so clients seen at the outpatient clinic chose not to come back for more sessions. When followed up, they did not differ on standard outcome measures from those who did continue. No less than 88% of the single-session clients rated the presenting problem as much improved or improved. An additional 65% of the single-session clients reported other areas of their life, beyond the presenting problem, had also improved in a sort of ripple effect.

Rosenbaum accounts for this by means