

Christmas 2007



IRISH ASSOCIATION OF ALCOHOL AND ADDICTION COUNSELLORS

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Letter from the Chairperson

Dear Members,

I am taking this opportunity to update you, the members, with some of the main developments within IAAAC over the past year.

I would like to personally congratulate all those members newly accredited this year and welcome new associate members. The membership is the lifeblood of the association and the profile and image of the IAAAC is reflected in the calibre of its members.

The protracted discussions between the various counselling and psychotherapy organisations about the statutory registration and regulation of counsellors and psychotherapists (referred to later on in this issue) has prompted us to look more closely at our own baseline qualifications, accreditation criteria, supervision provision and ongoing training.

The formation of regional sub-committees is an innovation which should help members to engage in a more meaningful way with their peers in the regions and make contributions to the national association. I recently attended a meeting of the Leinster sub-committee and was impressed and encouraged by the positive energy and enthusiasm from individual members.

Office facilities have been upgraded this year and the update of website is currently being tested. It should be 'live' before Christmas and we look forward to your comments and suggestions on any enhancements you may feel are required.

Our fee structure for accredited and associate membership has not been changed for a number of years and the growing demands on this expanding progressive organisation warrants a review and significant increase of the fee structure.

These issues will be more comprehensively analysed in my Chairperson's report for debate and discussion at the next AGM.

I look forward to meeting you all, or as many as can attend, at the AGM in Mullingar on 7th and 8th March 2008. The executive committee needs new members and we hope to have sufficient nominations to elect a full compliment of twelve board members.

I would like to thank Claire, Sharon and Hugh for their work and endeavours on behalf of the Association. Special thanks to my fellow executive members – Eoin, Mara, Mary T., Tony, Mary and Gaye for their ongoing contributions and support.

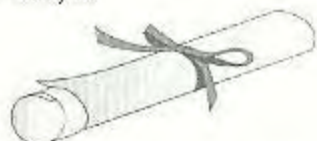
I wish you all a very Happy Christmas and prosperous New Year.

Brendan Moore
Chairperson

Congratulations Recently Accredited

Brid Power.....Co. Dublin
Denyse Harrington.....Co. Donegal
Jacinta Bergin.....Co. Dublin
Veronica R. Mahon.....Dublin 20
Frank Hunt.....Co. Galway
Declan Byrne.....Dublin 3
Pauline Gaughan.....Co. Mayo

Siobhán Murphy.....Co. Cork
Alan Furlong.....Co. Dublin
Seán Flemming.....Co. Kerry
Bil Keating.....Dublin 8
Liam Bambrick.....Dublin 15
Seán Hickey.....Co. Limerick
Maureen Cassidy.....Dublin 15



Marguerite Woods who will be known to many members from her connections with the Anna Liffey Project and latterly as course co-ordinator of the Diploma in Addictions Studies in Trinity College has attained her Ph.D. Congratulations Marguerite.

IAAAC AGM 2008

Date for your Diary...

***Friday 7th & Saturday 8th March
2008***

***Bloomfield House Hotel
Mullingar
Co. Westmeath***

***Come & celebrate our 21st
Anniversary....***

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Case Formulation in Sexual Addiction

By Eoin Stephens

A Cognitive-Developmental Approach

Case formulation (or case conceptualisation), is defined by Persons (1989, p. 37) as '...a hypothesis about the nature of the psychological difficulty (or difficulties) underlying the problems on the patient's problem list'. Persons (1989) suggests that a complete case formulation will explain how current problems are being precipitated, and how they actually make sense in the light of the hypothesised underlying schemas and current triggers. It will also suggest origins of the underlying beliefs in the client's early life. Cognitive therapy is based on an ever-evolving formulation or model of the client and their problems in cognitive terms (J. Beck, 1995). In practice, the case formulation guides and structures the course of treatment by unifying and prioritising symptoms, influencing the choice and timing of interventions, and predicting possible problems. The case formulation process should be shared with the client, but obviously some clients will be more comfortable with a "filtered" version in more familiar language.

At its simplest level it focuses on Negative Automatic Thoughts which are locked into vicious cycles with dysfunctional emotions, behaviours and somatic symptoms. To add a developmental perspective, it can also be expanded to include more ongoing dysfunctional underlying cognitions in the form of Assumptions and Schemas/Core Beliefs. The concept of schemas lies at the heart of a complete case formulation in Cognitive therapy. Segal (1988; quoted in Young, 1999, p. 8) define them as follows: 'organised elements of past reactions and experience that form a relatively cohesive and persistent body of knowledge capable of guiding subsequent perception and appraisals'.

A typical template for cognitive formulation is shown in Figure 1, adapted from Judith Beck (1995), Melanie Fennell (1989) and others:

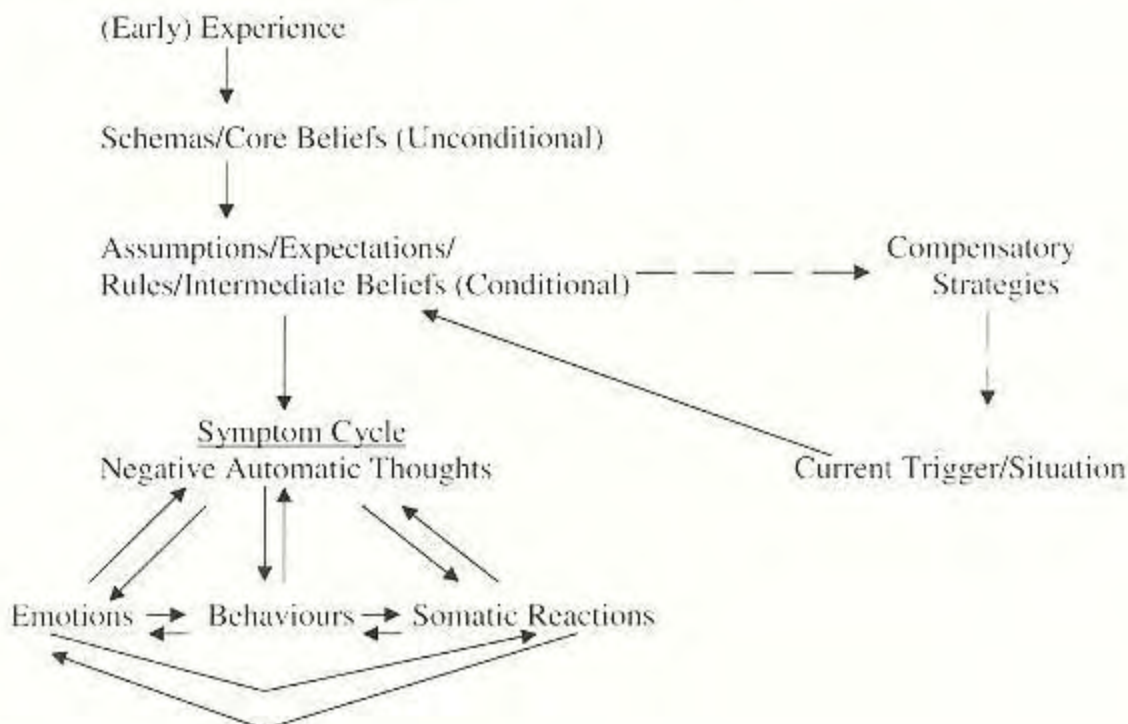


Figure 1. Schema-based case formulation

Negative Automatic Thoughts are seen as arising, in relevant trigger situations, from underlying Assumptions/Rules, which in turn are based on Schemas/Core Beliefs. While cognitions at the level of Assumptions are seen as conditional, taking an 'if-then' form, those at Schema level are seen as absolute and unconditional (J.Beck, 1995; Wills and Sanders, 1997; Young, 1999, 2003).

For instance, a depressed client's negative automatic thoughts could arise out of assumptions such as 'If I try anything, I make a mess of it', triggered by some current situation which is seen as a failure. These assumptions could in turn arise out of a core belief such as 'I'm no good', rooted in the client's early (or later) experience of being treated as no good, or being told that he was no good. His assumptions could lead him to avoid tasks or to try too hard (compensatory strategies), either of which would be likely to increase the chance of failure, thus feeding back to reinforce the assumptions.

For the specific area of sexual addiction, Carnes (2001) also proposes a cognitive formulation to aid understanding, though he doesn't use that term to describe it. This is shown in Figure 2 below, and focuses on specific vicious cycles which characterise the self-perpetuating nature of addictions:

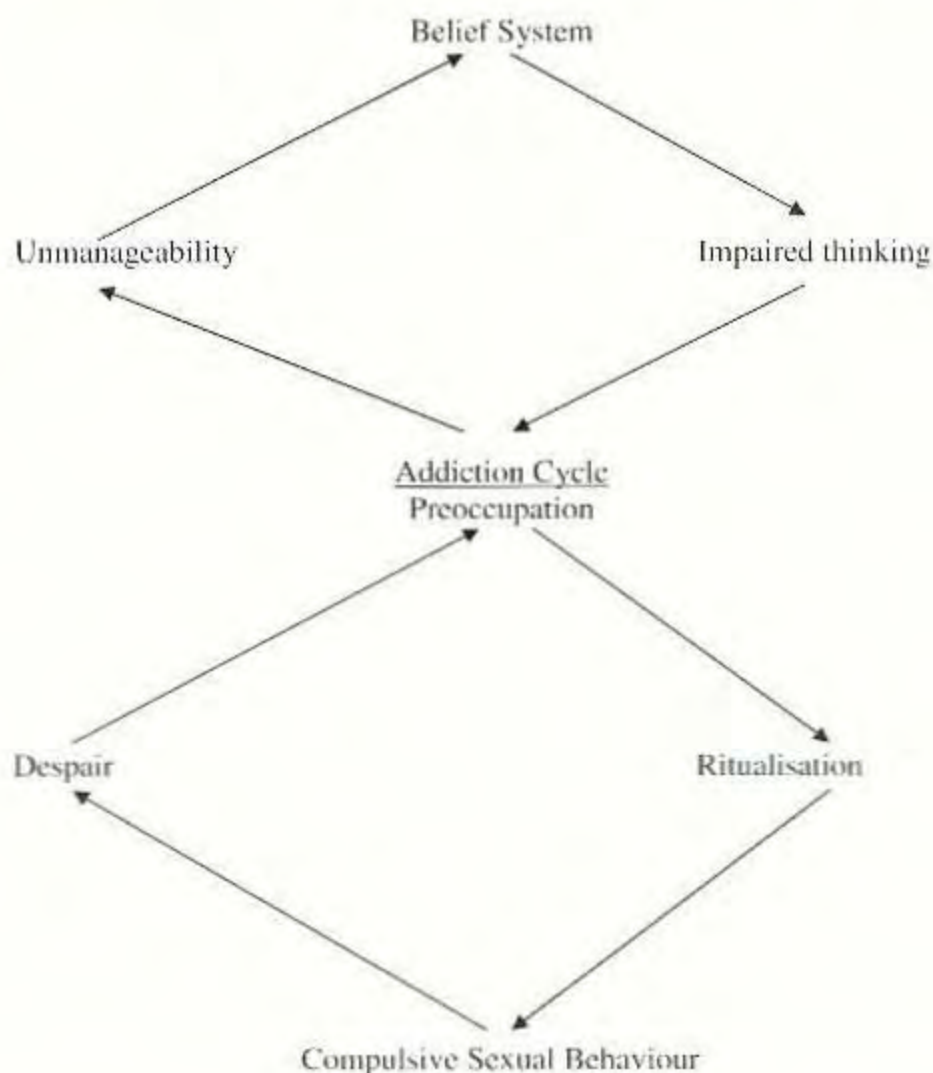


Figure 2: The Addictive System in Sexual Addiction (Carnes, 2001)

As in any cognitive formulation, beliefs and thinking styles are seen as fundamental. Carnes has specifically suggested that the following four core beliefs are held by sexual addicts (1997, p. 107):

1. I am basically a bad, unworthy person.
2. No one could love me as I am.
3. My needs are never going to be met if I have to depend upon others.
4. Sex is my most important need.

Carnes (1997)

Examples of other beliefs that might be held by sex addicts are:

"No one could be attracted to me."

"I don't deserve an intimate relationship."

"I'm disgusting and worthless."

"It's not safe to trust or get close to others."

"If somebody gives me attention, then I'm worth something."

"If I give (money, favours, flattery) then someone will love me."

"If I'm in control in a sexual situation, then I'm safe."

"Sexual fantasy is the only way I can cope with life."

"After a hard day's work, I deserve some pornography."

"The only way I'll ever get sexual satisfaction is by masturbating or paying someone."

"Sex is dirty and disgusting."

"Sexual satisfaction is the only way to be happy."

"Everyone else is doing it."

"I'll never get through the day if I don't masturbate now."

"That girl wouldn't want to talk to me; I'm better off just looking and fantasizing."

"If I switch on the computer, I won't be able to resist looking for Internet porn sites."

Possible typical schemas/core beliefs in sexual addiction can also be looked at from the point of view of Jeffrey Young's (1999, 2003) 'Schema-Focused' approach to cognitive therapy.

Young has proposed a subset of 15-18 schemas called 'Early Maladaptive Schemas' (EMSs), which he defines as 'broad, pervasive themes regarding oneself and one's relationship with others, developed during childhood and elaborated throughout one's lifetime, which are dysfunctional to a significant degree' (McGinn and Young, 1996 p. 188).

The concept of EMS can be looked at under the following headings (Young, 1999; McGinn and Young, 1996; Young et al, 2003):

Schema domains and developmental origins. 18 EMSs are seen as being grouped within 5 domains, each referring to a core childhood developmental need, as follows:

Disconnection/Rejection: EMSs in this domain are Emotional Deprivation, Abandonment, Mistrust/Abuse, Social Isolation/Alienation and Defectiveness/Shame.

Impaired Autonomy/performance: EMSs found here are Failure to Achieve, Functional Dependence/Incompetence, Vulnerability to Harm/Illness and Enmeshment/Undeveloped Self.

Other Directedness: EMSs here are Subjugation, Self-Sacrifice and Approval-Seeking.

Overvigilance/Inhibition: EMSs here are Emotional Inhibition, Unrelenting Standards, Punitiveness and Pessimism.

Impaired Limits: EMSs are Entitlement and Insufficient Self-Control/Self-Discipline.

Carnes' proposed core beliefs, and my own clinical experience, would seem to suggest that sexual addicts would score highly on the EMSs in the *Disconnection/Rejection* domain. The domain of *Disconnection/Rejection* is, according to Young (1999), associated with early family experiences of rejection and abusiveness, and explores themes relating to how one might operate in intimate (especially sexual) relationships.

The results of my own preliminary research (Stephens, 2001) provide some initial support for the hypothesis that sexually addicted men have significantly higher levels of unhealthy core beliefs in this domain than non-sexually-addicted men do.

Schema processes.

Young (ibid.) and McGinn & Young (ibid.) also outline 3 processes which patients use to maintain schemas, in order to avoid threatening disruption of their worldview. In Schema Maintenance, cognitive distortions and dysfunctional behaviour directly reinforce a schema. Schema Avoidance refers to the attempt to avoid triggering the schema. Schema Compensation refers to overcompensation for a schema.

These processes (which were adaptive in childhood and which overlap with the psychoanalytic concepts of resistance and defense mechanisms) later become maladaptive styles of coping used by the individual that are activated by and, in turn, reinforce the schemas (McGinn & Young, 1996 p.191).

Schema modes.

McGinn & Young (1996, p.191-2) define a Schema Mode as '...a group of schemas that are *currently active* for a particular individual' (italics in the original). When activated, these may operate in ways which seem quite separate, even dissociated, from the rest of the personality (like a sub-personality: this is a familiar notion to many addicts, who identify with such metaphors as "Jekyll & Hyde" etc), leading people to think, feel and act in ways which may be relatively disconnected from how they are at other times.

In their discussion of Narcissistic Personality Disorder, McGinn and Young (1996) suggest that clients may alternate between three modes, the "Self-Aggrandizer", the "Lonely Child", and the "Detached Self-Soother". The last of these operates as a form of schema avoidance, which clients use 'to distract or numb themselves to the pain of the Emotional Deprivation and Defectiveness schemas' (ibid., p. 192). McGinn and Young suggest that such self-soothing can take a variety of forms, and they include

compulsive sexual activity along with drug abuse, risk-taking, over-eating and workaholism (the first three are also often found in Borderline Personality Disorder). The Detached Self-Soother sounds like a typical mode for active addicts also, including sexual addicts.

Another possible candidate for a mode in Sexual Addiction is the “Master of the Universe” (Carnes, 1991), which is characterised by patterns of Entitlement, love of power, and using of others as objects.

Figure 3 below (see next page) proposes a schema-focused cognitive/developmental model for sexual addiction based on the above discussion, with the addition of other important predisposing elements (Genes/Temperament, Evolved Human Instinctive Tendencies, Culture), and of course the relevant environmental inputs (Exposure to Addictive Sexual Stimuli).

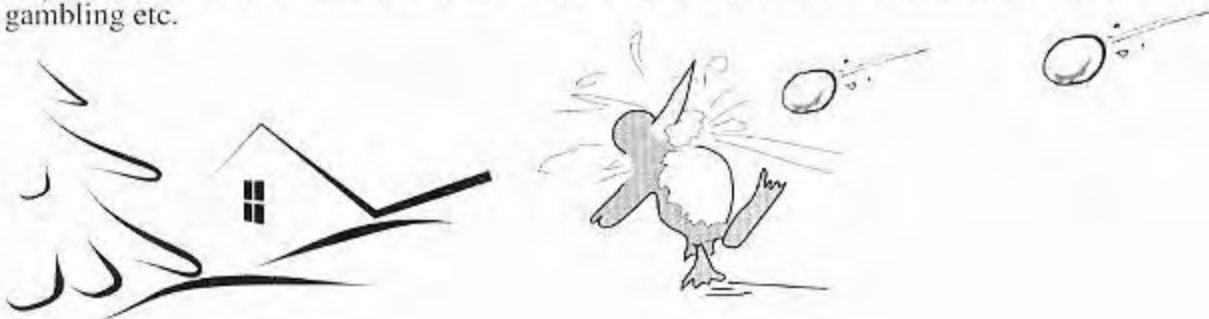
What predisposes anyone to become sexually addicted (or indeed otherwise addicted) is of course a very complex question. For now I am just assuming that experiential learning always has to be rooted to some extent in:

- Individual genetic make-up; in this case, a congenitally anxious, introverted or sensitive temperament might be relevant in terms of increased vulnerability, along with other factors
- The instinctive tendency of all humans to respond strongly to certain appetitive, highly motivational, stimuli; in this case we are talking about sexual stimuli, and more specifically about artificially enhanced sexual stimuli which require minimal social/personal investment (“Supernormal Stimuli” such as pornography, telephone sex, prostitution etc)
- Cultural biases; as with alcohol, individual beliefs regarding sex in general, and the specific pleasurable Supernormal Stimuli above, will develop in the context of the cultural and subcultural beliefs surrounding the individual (e.g. sex is dirty, sex is everything, porn is ordinary, porn is pathetic, porn is harmful, etc)

What is clear is that all addiction, including sexual addiction, involves the gradual takeover of our naturally evolved Motivation Systems (for self-esteem, success, closeness, safety etc), so that particular Compulsive Self-Rewarding behaviours increasingly become central to the addict’s mode(s) of being in the world.

The value of a model such as this lies in its use as a map to help make sense of the seemingly chaotic picture which sexually addicted clients present, and therefore to help guide the course of therapy. Therapeutic work can be focused in different areas as needed: decreasing Ritualisation behaviours, raising awareness of Triggers, understanding Coping Strategies, identifying and working on underlying Schemas, etc.

And, of course, this type of cognitive model/map/formulation can equally be applied to other areas of addictive behaviour such as alcoholism, drug dependency, compulsive overeating, pathological gambling etc.



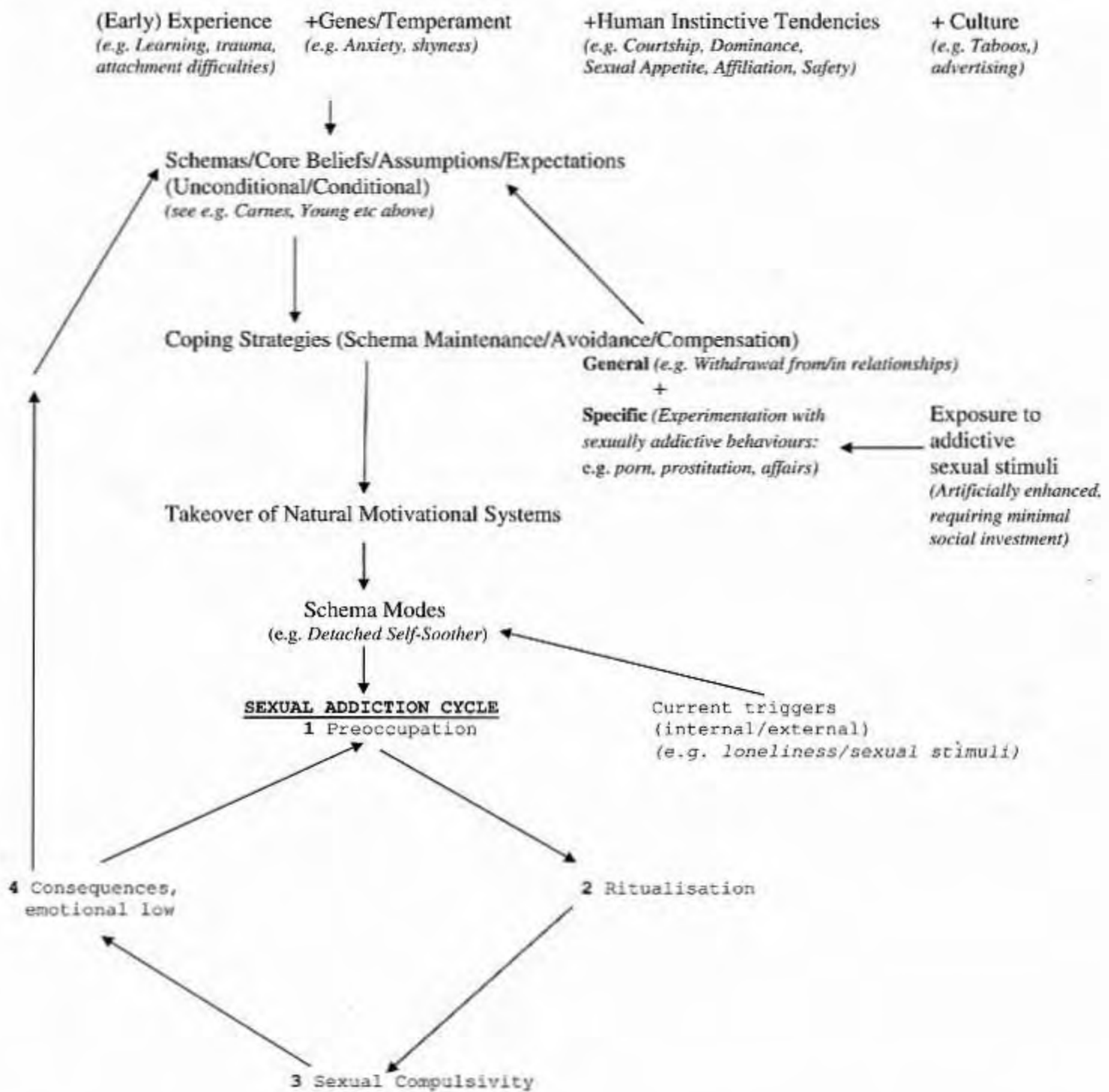


Figure 3: Schema-Focused Cognitive/Developmental Model for Sexual Addiction

Stephens, E. 2004 adapted from Beck, J. (1995), Beck, A.T. et al (1993), Carnes, P. J. (2001), Fennell, M.J.V. (1989), Persons, J.B. (1989), Young, J.E. et al (2003)



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Eoin Stephens is Director of Education & Training at PCI College in Clondalkin. He has been at the leading edge of work with Sexual Addictions in Ireland for the last 10 years, and is founder of the Centre for Sexual Addictions, a network of counsellors addressing sexual addiction problems in Ireland. He previously worked with the Rutland Centre, and is currently Vice-Chairperson of the IAAAC.



Traveller Counselling and Psychotherapy Service

An independent project is being established in the Dublin area to provide a culturally appropriate counselling service to the Traveller community.

This service will provide individual counselling around a range of issues including bereavement, depression and addiction. It will also provide therapeutic services to couples and families.

In addition to this direct service provision this initiative will be evaluated and the learning from of this evaluation will shape the future development of culturally appropriate counselling services to Travellers in Ireland.

The service is now seeking to contact accredited Counsellors/Therapists for sessional work.

*Registered/Accredited Counsellors/Therapists
are invited to contact:*

Thomas McCann, 7 New Cabra Road, Phibsboro, Dublin 7

*for further information.
Email to travcounselling@hotmail.com
Phone 086-3081476.*

The Regions find their voice.

The response to the individuals of foresight who went to the trouble of organising and facilitating the initial discussion meetings has resulted in the formation of four (so far) Regional Committees of IAAAC. The turn out to these meetings was in every case far above what one would normally expect and was an immediate indicator of the interest and the energy that is there in the regions away from the so called "centre of things".

The committees are now up and running and all have had at least two more meetings and have dates for their third. Minutes have been copied to the Executive and the response within the Executive has been one of support and encouragement. Allowing that it is in compliance with our constitution the Executive are eager to co-opt those delegates elected by the Regional Committees to the Executive Committee.

The minutes in circulation so far do reflect the particular concerns and ambitions of members in the Regional Committee's areas.

Accreditation was high on the list with particular queries and ideas around workshops devoted to the process of Accreditation.

Other workshops and training ideas include Bereavement, Sexual abuse, Domestic violence, Heroin, Legal issues in counselling, Eating disorders, Youth and mental health, amongst others.

A questionnaire was mailed out by one of the Committees to ascertain the level of interest in various topics such as a Study group, Book club and Peer support amongst others.

A different Committee has identified areas needing their attention such as Networking, Statutory recognition, Unethical issues in the workplace, An easier communication system with IAAAC in Dublin than currently experienced by people in the Regional areas.

High on the agenda in another Region was the inclusion of other Professionals in Addiction as separate disciplines, other than counsellors, within IAAAC.

All of the above, I think, gives a good indication of the energy being devoted by a large number of enthusiastic members, both Associate and Accredited all over Ireland which will ensure the success and the relevance of IAAAC for a long way into the future. And for that they all deserve our appreciation.

For further information on your Regional Committee you can contact the following:

Leinster: Mary O'Neill, E-Mail mary.oneill11@hse.ie

Next Meeting 28th January '08 Days Hotel, Tullamore 7.30 pm.

Connaught: Trish Mullins, E-mail trishmullins123@yahoo.com

Next Meeting 16th January '08 McWilliams Park Hotel Claremorris, Co. Mayo. 7.30pm.

Munster: Christine Slyne, E-mail christine@slyne.com

At time of going to print the next meeting was 3rd December '07 Arbour House, Cork City. 7.00pm

Dublin: Maria McBride: E-mail mariammcbride@hotmail.com

Next Meeting 13th December '07 Royal Dublin Hotel, O'Connell, Dublin. Street 7.30 pm.



IAAAC Focus Groups

In response to the issuing of the draft document "Submission on the Statutory Registration of Counsellors and Psychotherapists in Ireland" IAAAC held two focus groups consisting of invited participants. The first of these groups was held on the 2nd of August in the Ashling Hotel, Dublin and comprised of recently accredited members and members of long standing. For convenience they were chosen from the greater Dublin area. The second group were all from institutions who were involved in delivering courses of diploma level and upwards in the counselling/addiction arena. They came from all parts of the country. A copy of the document was sent in advance to all of the participants. The Educators group took place on the 15th November, again in the Ashling Hotel in Dublin.

In each instance the Chairperson Brendan Moore and the Development Officer Hugh Sweeney were the facilitating hosts.

The agenda in both cases was simple; to record the comments of those present and to facilitate an open ended discussion. The agenda described the process of the focus group thus; "A focus group is a carefully planned discussion designed to obtain perceptions of a defined area of interest in a permissive, non-threatening environment. The intent of the focus group is to promote self-disclosure among participants. Focus groups are not intended to develop consensus, to arrive at an agreeable plan, or to make decisions about which course of action to take"

The Chairperson gave a brief history of the 'Talking Therapies' group and their work over an eighteen month period culminating in the draft document which is now the focus of these focus groups.

The response in each of the groups was both energetic and rewarding. Overall the comments were enthusiastic and welcoming of the movement forward towards statutory registration. There were doubts and confusions expressed about the detail as well.

The main topics covered were;

1. Separation of Psychotherapists and Counsellors, grading of counsellors by experience, the potential risk of creating a perception of a hierarchy.
2. IAAAC identity, maintaining our right to accredit addiction counselors, relationship with HSE and others.
3. Incorporating Allied Professionals under umbrella of IAAAC.
4. Supervision criteria – external, internal or peer. Ratios in training and post training.
5. IAAAC accreditation process, IAAAC Supervisors accreditation process.
6. Academic criteria and skills training, practice placement.
7. Recognition of courses, course content, HETAC level seven or eight.
8. Grandparenting.

The exercise has been enormously helpful and will inform IAAAC submission to the Talking Therapies' Group and eventually onto Government.

Following the Educators Group the view was unanimously expressed that a forum had been established to facilitate continuing contact among the educators and IAAAC.

IAAAC would like to take this opportunity to sincerely thank every individual and organisation that took the time and trouble to participate in these Focus Groups.

On My Own

You made me laugh you made me cry
Were did you go all I've done is cry
These feelings are flooding me
I just want to die

I watched out the windows
You did not come home
I waited and watched
But you did not come home

What do I say what do I do
My heart is breaking, I'm all
Out of tears, I just don't know
What to do, I keep watching
And Hoping you'll come home

Its getting dark now, and I'm
Know my own I feel scared I don't
No how to deal with this fear it
Grips me and all I can do is cry,
I look wait and listen so scared
On my own.

By Sharon Perry

Does Punctuation Matter?

By: Tony Jordan.

Tony, is a member of our Executive Committee and Chairs the Accreditation Sub-committee.

I received a present some time ago of a book by Lynne Truss entitled, *Eats Shoots and Leaves*, the subtitle of which is "The Zero Tolerance Approach to Punctuation". Who would have guessed that such a book would be included amongst the ten best selling hardbacks in Ireland? The subject matter - punctuation - is treated very seriously, while at the same time, the examples are laced with humour,

In the distant past I had more than a passing interest in the Rule of St. Augustine. This is a book written by St. Augustine of Hippo and followed as a way of religious life by the Augustinian Friars, the Dominicans and many other religious orders and congregations. I think it is in chapter six he exhorts his followers:

"Your flesh tame with fast and abstinence from food and drink, as much as your health will allow". I often wondered what would happen if the translator had altered the punctuation and written: "Your flesh tame with fast and abstinence from food, and drink as much as you like". Even though this query had its origins for me in the 1960's, it is this book which, once again, has raised my interest in this subject.

The author illustrates her point by telling the following story. A panda walks into a café. He orders a sandwich, eats it, draws a gun and fires two shots in the air.

"Why?" asks the confused waiter, as the panda makes towards the exit. The panda produces a badly punctuated wildlife manual and tosses it over his shoulder.

"I'm a panda." he says, at the door. "Look it up." The waiter turns to the relevant entry and, sure enough, finds an explanation.

"**Panda.** Large black-and-white bear-like mammal, native to China. Eats, shoots and leaves."

Its or It's?

Are you, like me, confused as to when it is or is not apostrophe "s". When writing about this the author says that the "confusion of the possessive "its" (no apostrophe) with the contractive "it's (with apostrophe) is an unequivocal sign of illiteracy and sets off a

Pavlovian "kill" in the average stickler".

Here is your chance to get this correct forever more. The rule is; the word "it's" (with apostrophe) stands for "it is" or "it has". If, on the other hand, the word does not stand for "it is" or "it has" then what you require is "its".

It's your turn (it is your turn)
It's got very cold (it has got very cold).

But if you still persist in writing, "Good food at it's best", then it is back to your grammar book again,

Comma

The placing of the simple comma can, according to the author, alter religious text in significant ways. Consider the difference between the following:

"Verily, I say unto thee, this day thou shalt be with me in Paradise."

and:

"Verily I say unto thee this day, thou shalt be with me in Paradise."

The first appears to eliminate Purgatory and the crucified thief goes straight to Heaven. The second quote, on the other hand, promises Paradise at a later date and leaves the existence of Purgatory open as a doctrinal option.

I have chosen some random examples from this book, and hope that should you choose to purchase it, you will enjoy the read.

Tony Jordan



IAAAC Training

Supervision Introduction Model

This will be a six day workshop, in a series of three x two days.

Monday 4th & Tuesday 5th February 2008
Monday 25th & Tuesday 26th February 2008
Monday 21st & Tuesday 22nd April 2008

Facilitator: Val Wosket

Cognitive Behavioural Coping Skills Workshop (CBSC) For treatment of substance misuse and dependence

This will be a four day workshop (2x2 Days) and will cover CBT's theory and research. Basic skills, skill practice and application to case material generated from course participants.

Facilitator: Dr. Gillian Tober, Leeds Addiction Unit
Date of Workshop: 31st March, 1st April 2008
21st April, 22nd April 2008

Venue: All Hallows College, Drumcondra, Dublin 9

Evaluation of Anger Management Workshop

This workshop was run by the IAAAC in September 2007. The course facilitator was John Mulligan from Breakthrough Consultancy. While this course was specifically designed with counsellors in mind, as everyone there was either a qualified or trainee counsellor, I while representing the IAAAC work as an administrator in the office and have no background in the counsellors field. To be honest, I felt a bit intimidated and anxious that everyone there would be all knowledgeable and using esoteric terminology (to me) such as transference, projection etc. but to my delight and relief my worst fears were allayed.

It was a small group of 14 people, facilitated by a very soft spoken John Mulligan. While naturally issues came up about clients, wanting to help them channel their anger positively, we were all asked to look at where we get angry. Lots of soul searching followed by asking oneself such questions as: Why am I getting angry in this situation? Is this tugging at my belief /values point of view? If I create my own emotions, it therefore follows that I make myself angry NOT other people.

Plenty of food for thought.

Anger can tell you what is important to you and can help you find your values. Anger can be seen as a "dirty" word, negative connotations are usually associated with it, But, Anger is an energy form which gives you the impetuous to act and take control of the reins in your life.

I enjoyed this course I found it challenging, stimulating, thought provoking and I would certainly recommend it.

Claire Mc Carthy

14th European Symposium in Group Analysis



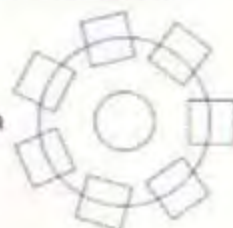
University of Dublin, Trinity College.

18th - 22nd August 2008

www.dublin-gas-symposium.com

Second and Final Call for Abstracts January 15th 2008

Group Analytic Society, London



Despair, Dialogue and Desire:

the transformative power of the analytic group in the movement from despair to desire through dialogue.

This symposium will explore the efficacy of group analysis in rekindling personal engagement in therapeutic work and in the broader context of the social, cultural and political life of the community and its foundation matrix. This will include reference to literature, music and the visual and performing arts. Despair and desire will be addressed theoretically and experientially with opportunities for learning through dialogue in a variety of group settings.

Closing date for Abstract Submission February 22nd 2008

This Symposium with its focus on despair in social, political and clinical settings is of relevance to a wide variety of professionals working with individuals and groups in therapeutic, community and social settings. Our interest in presenting this theme is to highlight the dynamics of despair, how it may manifest in anomie, depression, social and political apathy and how this may translate into depression, suicide, addiction, abusive behaviour and failure to engage socially and politically in the matrix of society.

Participants in the Symposium will have opportunities to attend plenary lectures given by eminent psychoanalysts and group analysts, to engage in dialogue through discussion and then to deepen their learning by engaging in reflective process within analytic settings of daily small or median group and large group meetings. The aim is that participants both reflect on and experience the transformative power of the analytic group in the movement from despair to engagement with life and desire. There will be a variety of sessions showing evidence of this in specialist areas e.g. substance abuse, trauma related to migration, sexual abuse, community development and organizational dynamics.

There will also be a focus on training in psychotherapy which will include reflection on best practice in training, needs within public service, research in psychotherapy and future trends in evidence based practice, and other developments in psychotherapy.

In recognition of the transformative potential of symbolisation and how this may be helped by artistic expression, a number of workshops will offer creative means of exploring the theme through art, poetry, dance and music.

There will also be capacity for a considerable number of papers on the theme and the scientific committee will be pleased to consider work from a diversity of settings which will include group analytic work with adults, adolescents and children in a range of settings and group analytic and related work in organisations and communities.

For Further Information please log on to www.dublin-gas-symposium.com