

Chris Hart

Welcome!

Good to see so many counsellors and psychologists under one roof, because:

This is an exciting time for psychology and counselling, we're lucky to be alive at a time when therapy is coming of age: (think back to the rather sterile approach of both the early behaviourists and cognitive psychology - not that they were 'wrong' exactly, but that like the elephant in a dark room, they were only seeing a tiny part of the whole).

Look at history:

Psychology is a very young discipline. Philosophy goes back 1000's of years, physics and chemistry 500 years, psychology only 100. Hard for us to imagine how people as little as 150 years ago conceptualised the mind (still less the brain - one theory had it that it was for cooling the body!). So we must admire the earliest psychologists, and forgiving of some of their theories and therapies - they didn't work, but they were a tepee in the right direction...

eg Freud's profound insights into the importance of the subconscious (but he lacked a good theoretical basis for how the subconscious operated) and the heyday of psychoanalysis in the 1950's, when it was appreciated that the 'talking cure' has enormous potential (but the profession lacked tools to measure outcomes)...

So the heyday was followed by the...

Disenchantment in the 60's, 70's, challenge by the pharma industry and 'neuro-psychology', and the belief that a pill could cure, or that all mental distress was ultimately chemical...

Development of better models in the 80's - cognitive approach to the impact of negative thinking pattern, 'practical' behaviouralism, Rational Emotive Behavioural Therapy, the evolutionary model, linkage to genetics and biochemistry, the developing understanding that the mind has a great deal more control over our bodies than we previously understood (behaviour leads to emotions / negative thoughts can be managed / terrible memories can be reframed...)

Demand for evidence based therapy

Leading to the point where Cognitive Behavioural Therapy is now 'prescribed' in the UK NHS as being more effective than drug treatment, for example for phobias, anxiety, depression etc

So where does that take us to here?

We're seeing an explosion of interest in psychological treatments among the general public in urban Kenya, alongside the use of counselling in more specific areas such as HIV and abuse.

People are becoming aware of the potential of counselling in relationship issues, substance abuse, anxiety, social phobias and so on...

... and the coaching model for career development, management skills development and so on...

But the demand vastly exceeds supply...

And the ability to fund such treatments is limited outside the well heeled...

So we face some interesting challenges!

Delighted to see the wide range of topics in this conference:

Cultural Adaptation Of Cognitive Behavioural Therapy

Husband Abuse

Emotional and Mental Well-Being of Children and Parents

Workplace issues

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Would like to leave you with some thoughts as you spend the next 3 days together:

Are we using approaches that are supported by evidence of their efficacy?

Do these approaches translate here (culture, expectations...?)

Can we reduce the cost of supplying counselling (brief therapy, phone, on-line, groups, drop-in...)?

Are we being sufficiently rigorous in examining whether our therapeutic approaches are in practice meeting these criteria?

And lastly, are we keeping sufficiently up to date with developments? Doing enough evaluation of our outcomes? CPD (eg here!)

eg Kibera clinics and ineffective prescribing...

Well, all that remains is for me to welcome you again, to wish you a most enjoyable and productive conference, and to hope that I'll get the chance to meet with some of you in the tea break!