

My name is Gilly Chapell,

Director of Trauma Informed, I run 2 clinics, home to students and developing counsellors.

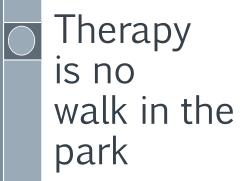
In my spare time I study Neuroscience, write code, analyse data and draft books to publish.

Like all of you here today I'm a professional, with an ethical core, and that makes me question things.

I'm here to talk about improving transparency and accountability in the therapeutic industry with the use of research data.

After I experienced bad therapy myself I started looking at the safety nets that I believed were protecting clients from harmful therapeutic practices and what I found was some really alarming short comings. So I did what any of you would have done in my position, I started asking questions. This led to building a platform with bidirectional feedback loops of data, a Data-Driven Narrative Tool for Real-Time Insights to protect all and improve standards.

I am here to tell you what I discovered and why it is important. It is going to be a hard hitting reality to hear. I have a self-funded collaborative solution and we are ready to widen audience for feedback and fine tuning, I'm really looking forward to hearing your thoughts.

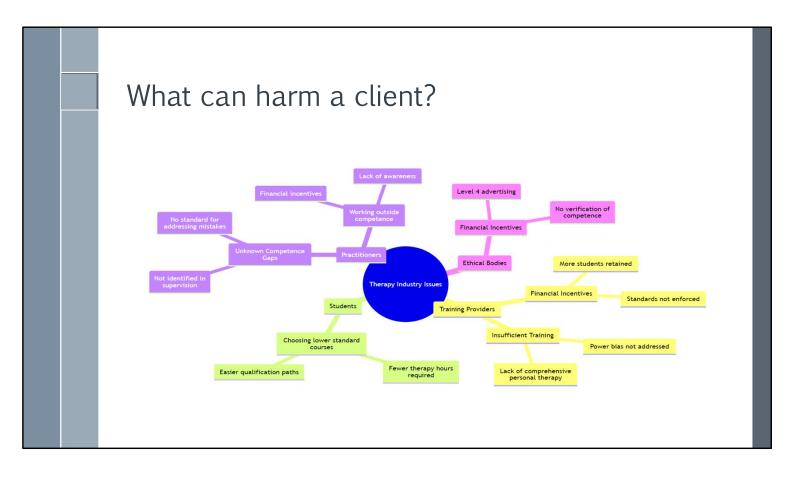




The unregulated industry of therapy has been a subject of scrutiny and debate for a long time.

Yet what struck me was the amount of responsibility that lands on an already dysregulated client to monitor and police their own therapy.

When a client arrives in therapy often their pre-frontal cortex is compromised by the stress of what brings them to therapy. When this happens the blood flow to the thinking brain is diverted by the threat system to ensure the client has sufficient resources to escape a pending threat. When the enter therapy their ability to think, analyse their safety, think logically and make informed decisions about how ethical a therapist is being, is just not available, yet the current system relies on their ability to do this.



In therapy, client safety is paramount and various complications can jeopardize client welfare in therapy:

isolated errors,

Under trained therapists,

Clients inadvertently triggered even by competent therapists,

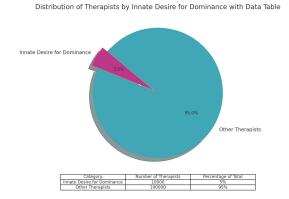
and outright client abuse.

Loads of things can compromise a clients welfare

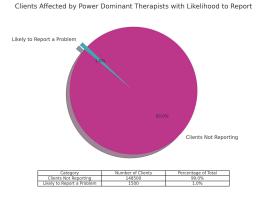
and Ethical bodies are great for those therapists who are committed to best practice and healing clients.

In todays world, ethics alone fall short when vulnerability can be exploited even within respected institutions like the Catholic Church. Without safety nets catching those who are free fall from unethical practices and those who aren't compliant, it's evident our existing systems need significant improvement.

Understanding the Impact of Therapist Dominance in the UK



At least 1 in 20 therapists will have an innate desire for dominance over clients.





Dr. Diane Gehart, Professor of 25 years, author and therapist specialising in victims of abuse, was brought in as the external validator for the investigations into the Catholic Priest scandal. Her research says 5% of individuals have an innate bias towards power and control over others, a trait disproportionately represented in the helping professions.

Whether we like it or not in a pool of 200,000 UK therapists, up to 10,000 will be predisposed to exert power and control over their clients.

A modest case load of 15 would mean 150,000 clients affected at any given time.

But only 1% of those affected by power imbalances are even likely to consider reporting it.

Benefit of Doubt: The Hidden Cost of Gifting Trust in Therapy

Clients who are targeted by therapists will become isolated, withdrawn and will struggle to escape.

It took me personally 7 years to escape the grooming that led therapeutic abuse.

After 3 years of relentless stress it had destroyed my immune system which landed me in ICU. I was not expected to survive.

Even as a qualified and experienced therapist I could not break free of the power and control she held over me. I would even defend her to anyone who questioned her approach in.

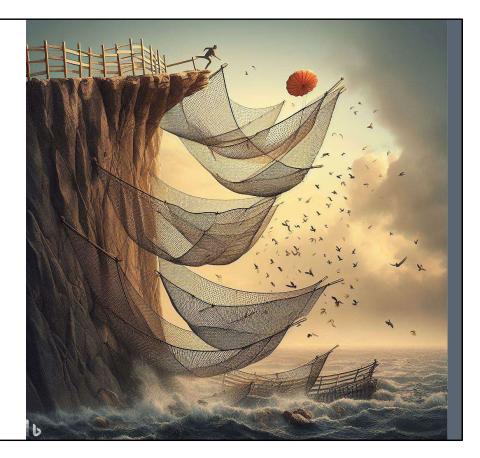
And she wouldn't let me go. After another relentless four years I was hospitalised suffering from shock after another intense episode with her and this time I told the consultant psychiatrist how it really was & I escaped.

But I was left questioning how does this happen and this is what I found.



Perception

- "...Our register is a public record of counselling professionals who meet or exceed our recommended quality standards"
- "... which **meet** the authorities **rigorous standards**."
- "...As an Accredited Register holder we meet the robust and exacting standards set by the Professional Standards Authority with particular emphasis on public safety and assuring that the best interests of the clients are protected."



There is a perception of safety and illusion of trust in how therapy is allowed to be dressed up and presented to the public.



Reality

Level 4's working outside of their training

Varying requirements of therapy/self-awareness

Self-managed growth

Limits to justice

Trust & protection fallacy

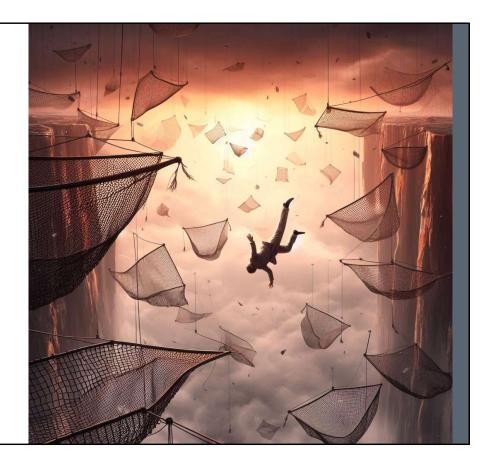
Unverified compliance

Supervision gaps

Misleading titles

Self-managed regulation

Protracted complaints process



But the reality is very different.

The standards and requirements vary greatly but this is not public knowledge.

But the largest problem is the whole process of ethical memberships relies solely on those therapists committing to the ethics and applying best practice.

There is no facility to catch clients who free fall due to unethical practices.

Ethical membership does not address those who hold membership but have no intention of following best practice.



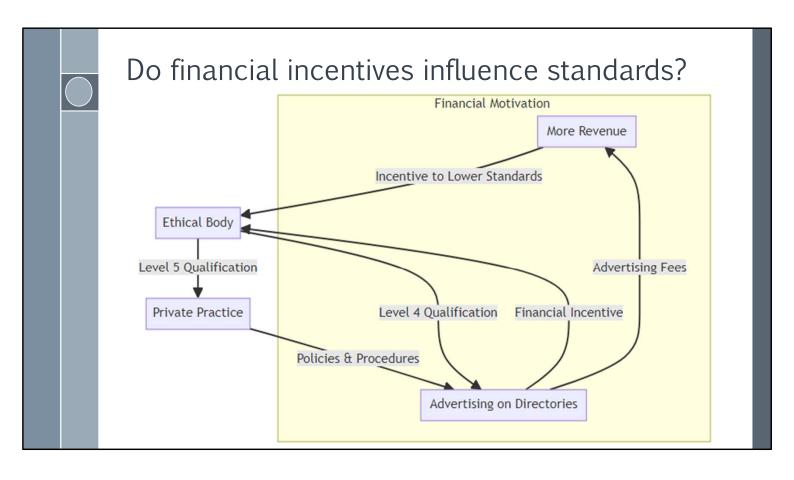
There is a correlation between how long someone has been qualified, length of experience and how competent they are. But Counsellors are not required to state what year they qualify on adverts. Not even on the directories run by the ethical bodies. So how can a client gage who has experienced and is likely to be competent and who is not.?

For clients it's crucial to understand a therapist competence, but currently, Ethical bodies don't expect counsellors to disclose what qualifications they have or what year they qualifies and not even training provider are required to share their syllabus publicly.



So thinking about transparency it turns out that Level 5 training equips counsellors for private practice. In contrast, Level 4 only prepares someone for working for a counselling organisation.

The ethics say you must not work outside of your training and competence.



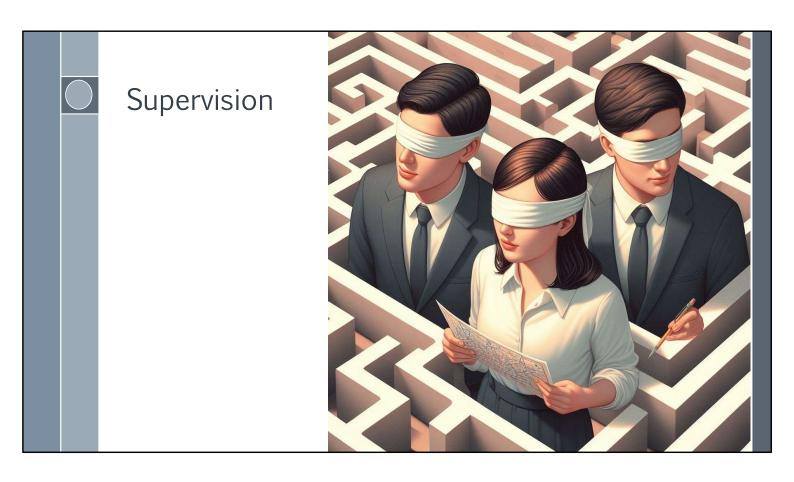
Yet, ethical bodies advertise therapists wanting private clients on their directories who are only fit and qualified to work within an organisation.

Ethical bodies do not inform potential clients of the risk of encountering therapists unsuitable for private practice.

And it turns out there is no process for enforcing a supervisors letter attesting to a therapist readiness for private practice.

Therefore it does not happen and once a therapist is listed on one directory, they can gain access to all the others, as all operate under the false premise that a verification policy is in place.

I wonder how much financial incentives influence the transparency clients deserve?



Therapists are expected to review their client cases in supervision. If a therapist's judgment is clouded by confirmation bias, they may be unaware of underlying problems.

When a therapist opts to change supervisors, it inherently elevates the risk of critical client information being overlooked or omitted.

This situation underscores the necessity for a comprehensive handover process. Yet none exists.

Ethically committed therapists, who are more inclined to persist through challenging cases, are less likely to switch supervisors frequently or when faced with adversity.

Therefore, the instances of supervisor change are particularly crucial moments that demand meticulous attention to ensure continuity and safeguard client welfare. Because the rogue therapist will flee and will lie to avoid being caught.



Leap of Faith Betrayed: The False Promise of Therapy's Safety Measures



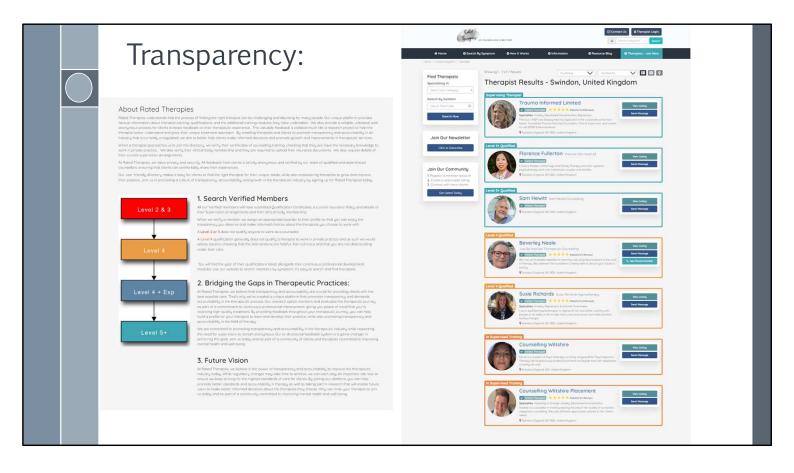
Ethical organizations claim their registers list counselling professionals who adhere to or surpass quality standards. This implies that the therapists on these registers are well-trained, consistently supervised, methodical in their documentation, and ethical in their practice.

The perception ethical bodies create when they say: those listed meet or exceed quality standards undermines transparency and accountability ...when they don't disclose the number of therapists facing for instance, serious sexual assault allegations which could damage public trust, that continue to be listed, without suspension, for years.

This is due to the failure of ethical bodies to effectively manage their own policies and procedures to protect the public.

Moreover, a lack of transparency compounds these issues. There's no warning to clients about the extended duration of the complaints process and the associated risks.

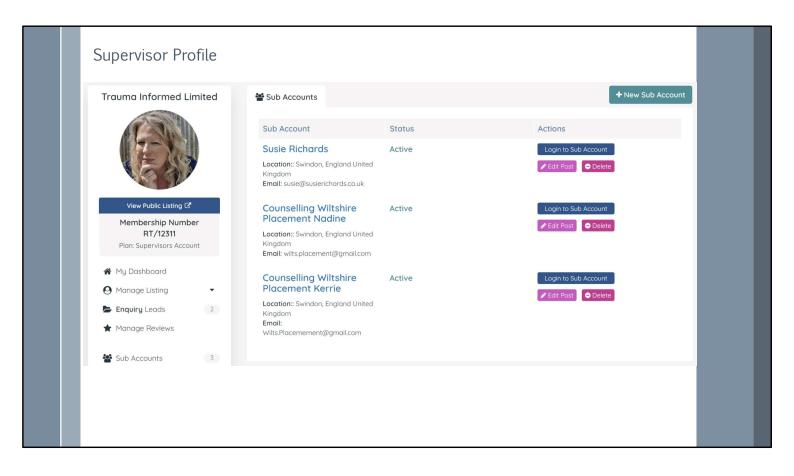
The facts remain that concealing that clients face a 1 in 20 chance of encountering a rogue therapist not only compromises their autonomy and increases their vulnerability, but also erodes trust in the therapy profession, underscoring the urgent need for greater transparency and systemic reform.



So there are some quick fixes that ethical bodies could deploy which would increase transparency.

We chose a traffic light system to help clients make informed decisions. Every therapist lists the year they qualified.

We also request a syllabus or a letter from their supervisor before any therapist can progress out of the amber frame on their profile listing.



We felt that the current role of the supervisor was inhibited greatly by the blind spots of data they can not see.

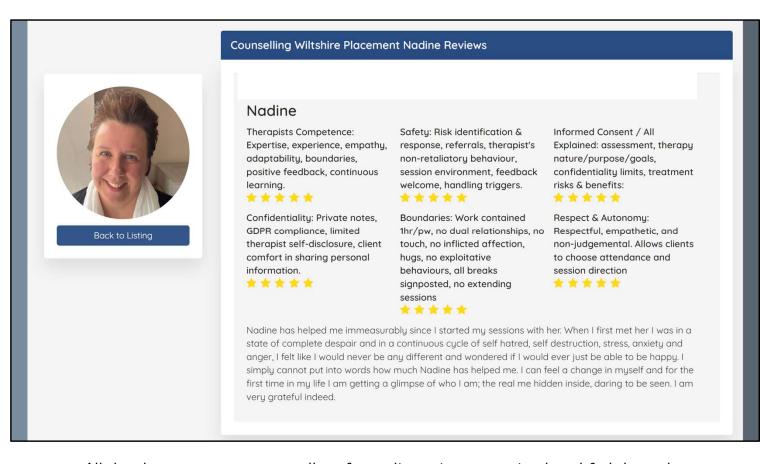
It is already common practice that training providers require the placement managers to discuss new clients with the student's supervisor. We were left questioning why and when this transparency stops.

Our platform has the facility to create increased transparency in a variety of different ways.

Anonymised data can easily be available for the supervisor from the start, and at intervals during the clients journey..

We can also produce a report of current clients for a supervision handover.

Or a supervisor can add their therapists to their team, where they can see, anonymised client progress and client reviews. This is not a new approach, it just doesn't happen in private practice currently because there has never been a system available to achieve it.



All the data we propose to collect from clients is anonymised and fed through a medical grade secure Microsoft server. It is all automated and lands in a secure dashboard.

A Call for Transparency



The client is sent a form which takes 3 minutes to complete capturing their current symptoms.

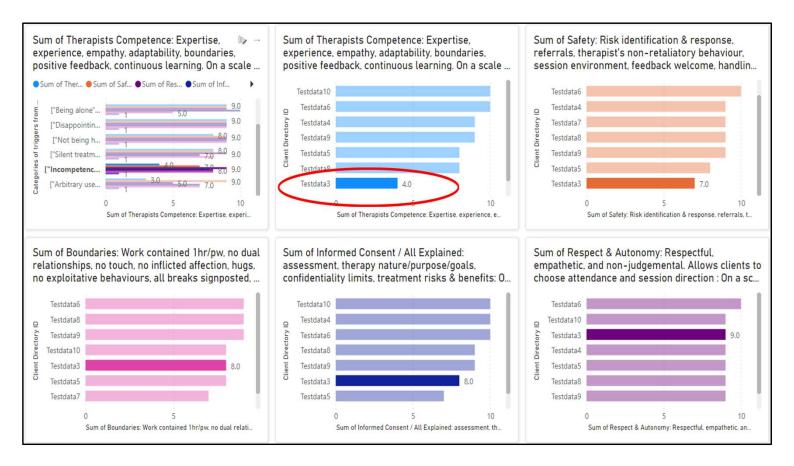
Then at intervals the client completes symptom monitoring forms. We can very easily tailor the forms according to presentations and interventions being used.

Client are also sent an ethical practice feedback which educates client on what good looks. It captures likely false positive reviews and also false negatives.

The data visually tells everyone how they are doing. and can be used to prove unique approaches are effective.

The data doesn't wait for the client to escape or realise there is a problem, it provides real time insights because data wont lie. What's more the data can be fed back to the training providers for post qualifying therapists.

Example of Data for Therapist:



This is an example of the data that's available. Focusing on the data circled it tells us that this test client marked the therapist down as a 4 out of 10 on competence – ouch!

We can see all their other clients have scored them high and also this client has scored high in other areas. So what might be causing this score.

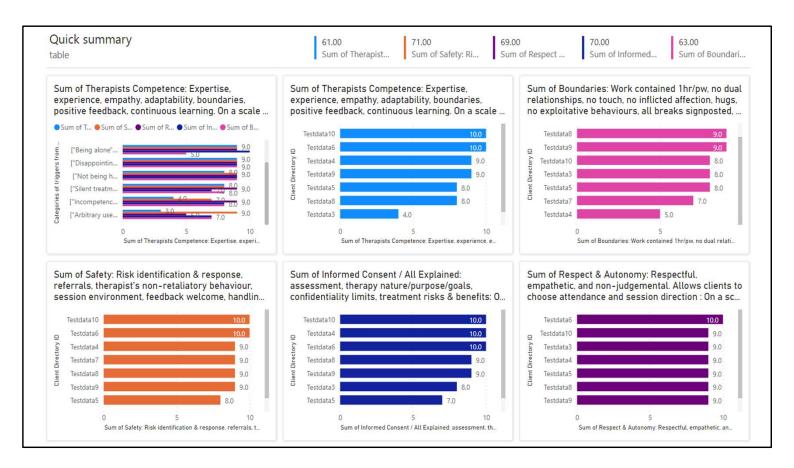


Test data client 3 has told us they are triggered by people in positions of authority or caring roles not doing their job properly and so there is a high chance this is a transference issue occurring.

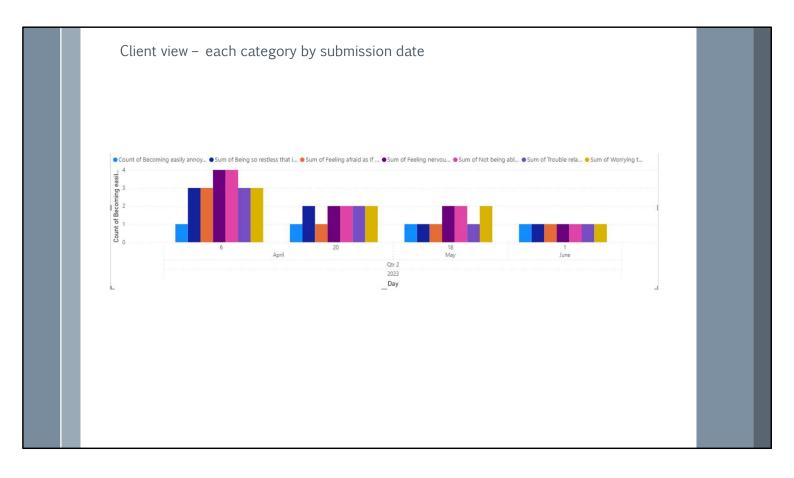
Knowing this equips the supervisor and therapist to address before it manifests into an ethical complaint.

But if a complaint occurs the therapist can demonstrate it's an isolated issue and will be able to evidence this.

A Therapist & Supervisor Data Dashboard



This is a therapist view of each client and their score for that week, which also paints a picture of how many complex cases they are dealing with.



This is 4 fortnightly submissions from a client and we can easily see the decrease in symptoms over time.



This approach serves as a safety net forcing rogue therapists out by turning on the lights in the dark corners where they currently thrive, it doesn't stop them operating.

But to close the gap we need the ethical bodies to disclose:

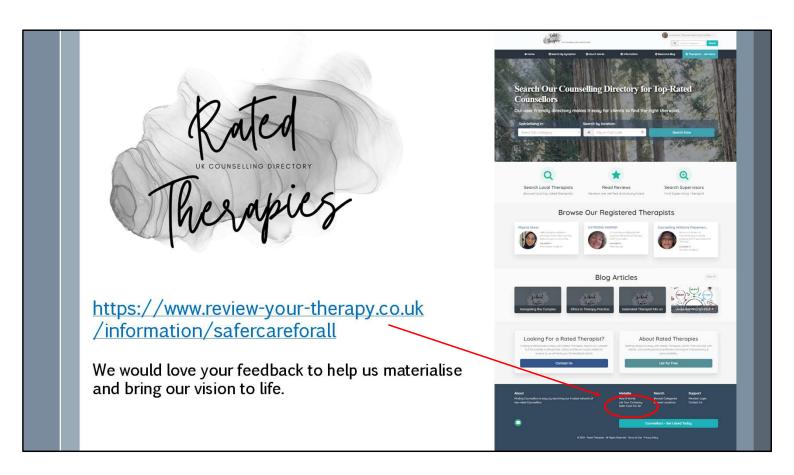
Qualification levels

Address the risks of level 4's advertising for private practice

Insist on supervisor client handovers

And disclose the number of complaints, how long they take to complete, and the nature so clients can assess the risks for themselves.

But it is our opinion that we need a whole new approach that visually tells everyone how we are doing to flush the rogue therapists out all together so they can't hide camouflaged by the illusion of safety which memberships currently provide.



We would love your thoughts, please capture this slide on your phone – this is where you can revisit my presentation – at review -your -therapy and there is a link in the footer. Feel free to share on social media we need to hear from others now to finetune this possibility.