ANZAP 2025
ANNUAL CONFERENCE

Working with Complex Trauma in Relationship: The Conversational Model of Psychotherapy

Koru Mosaic by ANZAP Member Ursula Klein (NZ).
The Koru (Māori for coil) is one of the most important symbols of Māori traditions, representing new life, spiritual growth, and progress.

Conference Program

Sunday, 26 October 2025
Bealey Rooms 4 & 5
Te Pae Christchurch Convention Centre
188 Oxford Terrace
Christchurch | New Zealand

2025 ANNUAL CONFERENCE

Meeting Room - Bealey B4

8:30 am	Welcome - Ngāi Tūāhuriri Conference Opening **Assoc Prof Anthony Korner**, ANZAP President
9:00-10:00 am	*Remembering, repeating, and working through the Conversational Model* **Dr Joan Haliburn** /Chair: Assoc Prof Anthony Korner
10:00-11:00 am	*Dissociation in Aotearoa New Zealand: The Haunting Ghosts of our Collective Psychic Histories* **Dr John O'Connor** /Chair: Dianne Hendey
11:00-11:30 am	***Morning Tea***
11:30-12:30 pm	*Identity and the Private Self* ***Assoc Prof Anthony Korner/****Chair: Dr Jamie Rickcord*
12:30-1:30 pm	***Lunch – followed by concurrent sessions***

Meeting Room - Bealey B4/Chair: Dianne Hendey

1:30-2:20 pm	*Tāwharautia te Wairua, Tautokona te Mamae: Shelter the Spirit, Support the Pain - An Exploration of Post-Colonial Traumatic Stress in Aotearoa* **Verity Armstrong**
2:20-3:10 pm	*Leaving Gloriavale: challenges for therapists working with women leavers in addressing trauma impacts and building self-identity* **Dr Kath McPhillips & Charlotte Cummings**

Meeting Room - Bealey B5/Chair: Kim Hopkirk

1:30-2:20 pm	*The Body in Conversation* **Carolyn Crawford**
2:20-3:10 pm	*Intuition in Psychotherapy: A Relational Compass in the Treatment of Complex Trauma* **Twané Chéze-Gower**

3:10-3:40 pm ***Afternoon Tea***

Meeting Room - Bealey B4/Chair: Hannah Gunning

3:40-4:30 pm *Complex pain and complex systems. Applying the Conversational Model of Psychotherapy within the General Hospital setting*
Dr Matthew Pols

4:30-5:20 pm *The Journey from General Practitioner to CM psychotherapist*
Dr Gwenyth Francis

Meeting Room - Bealey B5/Chair: Jo Blakemore

3:40-4:30 pm *Conversations with Sensations - Interoceptively attuned psychotherapy as a pathway to a feeling self for those with high levels of dissociation*
Jen Holmes-Beamer

4:30-5:20 pm *Introduction to Training in the Conversational Model of Psychotherapy*
Dr Nick Bendit & Dianne Hendey

All guests gather in Bealey B4

5:30 - 5:45 pm Conference Close
Assoc Prof Anthony Korner

6:00 pm Drinks & Canapes

We're running a paperless conference, so please download the program to your device or bring a printed copy with you.

REGISTRATION

SUNDAY - CONFERENCE REGISTRATION

(incl drinks/canapes)

Cost is for online or in-person attendance

ANZAP Members	$A300
Non-Members	$A350
ANZAP/Westmead Trainees	$80
All other Trainees	$150

To register and pay using *TryBooking:
Please click on this link - **https://www.trybooking.com/DEFBF**
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When making your payment please use your ***surname*** as identifier and indicate **"Conf"** and email Anne Malecki (info@anzap.com.au) to confirm whether you will be attending in-person or online.

SATURDAY - CONFERENCE DINNER

Our conference dinner will be held at the same venue on Saturday night at 7 p.m. prior to the conference. We would love to have you join us. Please find further information and payment details at this link - https://www.trybooking.com/DEBOA

ACCOMMODATION

For Conference attendees ANZAP has secured special accommodation rates at the Novotel Christchurch Cathedral Square (offering a 15% discount) and the Ibis Christchurch (offering a 12% discount). Both hotels are offering the discount on the flexible room-only public rate. You have the option to add breakfast when making your reservation. These discounted rates are available for stays between 24–27 October. Please use the booking link below.

https://accorevents.com/offers/anzap/2025/annual/conference

Enquiries:
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Cancellation Policy:
No refunds for cancellations received after Friday, 17 October as final numbers will have been advised to the venue.

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Abstracts & Speaker Profiles

Koru Mosaic by ANZAP Member Ursula Klein (NZ).
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Dr Joan Haliburn

Remembering, repeating, and working through - the Conversational Model

This keynote address is dedicated to the memory of Professor Russell Meares who passed away last year, leaving us a legacy of work to remember, to repeat, each in our own way and contribute further to this evolving theory that has enabled our clinical practises of psychodynamic psychotherapy, since 1982. I will present my experience of the CM in training and illustrate how this model meets the needs of any individual with mental health difficulties. It changed the way I worked as a Psychiatry trainee and forever left a lasting imprint on my mind.

I propose to highlight how the CM shares with and differs from, other models – a process model that enables even the novice therapist to work safely - form a trusting therapeutic relationship, help the emergence of self the central task of therapy, to process trauma and help the patient heal.

I will summarize what is essential to the Conversational Model. As an integrated, relational model Meares has disregarded the drives/defenses/conflicts of early psychoanalytic theory and instead paid attention to the fact that self is born in relationship, and early trauma that affects so many, is often a product of the "early relational kind". In doing so he was talking about what Bowlby referred to as "Attachment" emphasising the importance of the early parent-infant relationship and elaborated further at a time when trauma was not talked about.

We are indebted to Russell Meares who was a man before his time in ever so many ways.

Joan Haliburn is a child, adolescent and family psychiatrist, having trained at Westmead Hospital in the 1980'a, both in Psychiatry and Psychotherapy in the Conversational Model. She is a Fellow of the Australia & New Zealand College of Psychiatry, an International Fellow of the American Psychiatric Association and has been a founding member of ANZAP and its Director of Training for over 10 years and President for 3 years, and on the Board of Directors, ISSTD and member of ISSPD. CM - training was invaluable in working with Juvenile Justice, Family Law, Family & community Services, and other areas of child psychiatry. She has presented widely both internationally and in Australia papers and workshops and in 2019 published a book on short term dynamic psychotherapy based on the Conversational Model.

Dr John O'Connor

Dissociation in Aotearoa New Zealand: The Haunting Ghosts of our Collective Psychic Histories

"Loss of goodness is intolerable to the rigidly organised psyche. … The consequent denial of harming … becomes organised by the imaginary battle of "only one can live". (Jessica Benjamin, 2018, p. 247)

In Aotearoa New Zealand, our cultural histories lie dissociated in our wake. In response to the devastation of colonialism, and the painful losses of migration, New Zealanders of British European origin have often responded with denial, dissociated avoidance, and unconscious hatred of otherness, sometimes manifesting as idealisation, sometimes as denigration. Abraham and Torok (1994) suggest that transgenerational trauma is encapsulated through entombment via silence, "the words that cannot be uttered, the scenes that cannot be recalled, the tears that cannot be shared, everything will be swallowed along with the trauma that led to the loss. Swallowed and preserved" (p. 130). In this paper I will suggest that these histories emerge painfully and vigorously in cross cultural encounters in the clinical office, no matter what our cultural, migrant, or indigenous backgrounds might be. Working with the dissociated pain of such unremembered losses is thus, I will suggest, central to our clinical work in this country, as we seek to remember that which has been unremembered, within both patient and therapist. I will illuminate my paper with clinical vignettes as I seek to explore how we might think about, feel into, and remember, all that has been unremembered.

Dr John O'Connor John O'Connor (PhD) is a Registered Psychotherapist (PBANZ), and Accredited Jungian Analyst with the Australia New Zealand Society of Jungian Analysts (ANZSJA). He is the current President of the Association of Psychotherapists Aotearoa New Zealand (APANZ). John has worked in clinical practice for over 37 years and has extensive clinical experience, particularly in working with patients with relational trauma histories, in providing group psychotherapy, clinical supervision, psychotherapy education, and in a working cross culturally. He is a former Director of Youthline Counselling Service (Auckland) and the Human Development and Training Institute (HDT). He also formerly worked at Segar House (which is part of ADHB Mental Health Services) and was a founding member of the therapeutic team at Segar which developed a residential treatment service (currently operating as a day programme) for patients with personality disorder diagnoses. He worked as a lecturer at the Auckland University of Technology (AUT) within the Psychotherapy Discipline between 1999, and 2019 and was formally Program Leader of the Master of Psychotherapy (adult programme) at AUT. He is a former Chair of the APANZ Advanced Clinical Practice (ACP) psychotherapy training pathway and co-editor of ATA: Journal of Psychotherapy Aotearoa New Zealand. John currently conducts a private practice in Managere Bridge, Auckland. He completed his PhD analysing the discourses underpinning the making possible of psychotherapy as a clinical practice in Aotearoa New Zealand.

References

Abraham, N. & Torok, M. (1994). *The shell and the kernal.* [Edited, translated and with an Introduction by N. Rand]. University of Chicago Press

Benjamin, J. (2018). *Beyond doer and done to: Recognition theory, intersubjectivity and the third.* Routledge

Assoc Prof Anthony Korner

Identity and the Private Self

A central tenet of Meares' work and the Conversational Model (CM) is the recognition of the private nature of self, relating to the sense of a lively innerness and the sense of ownership of thought. Identity, for Meares, is seen as the public aspect of personality – appearance, behavioural patterns and roles which can be observed. Change in therapy depends upon the development of an intimate third, creating the conditions for growth of self.

The CM is a flexible, person-centered approach which involves knowing the person, rather than being limited to identity. It has transdiagnostic application. It is also an evolving approach and an open model. As practitioners we need to take account of social changes in our environment. In this paper, the concepts of intersectionality and diversity will be explored. These concepts have been influential within psychodynamic literature and also more widely in terms of social change and clinical expectations. This can be challenging for therapists.

The therapeutic path will generally involve the facilitation of self-definition and agency, going beyond the issue of identity. Towards the end of Russell Meares life, he was focused on writing a book on William James. In particular, he felt that James' last work, *A Pluralistic Universe*, was important. Fostering the plurality of self leads to the conclusion that CM supports the flowering of human diversity.

Assoc Prof Anthony Korner works in Sydney as a psychiatrist and psychotherapist, primarily in public practice. He is Director of the Master of Medicine (Trauma-Informed Psychotherapy) Program at the University of Sydney and is active in teaching and research as well as clinical practice. He is also currently President of the Australian and New Zealand Association for Psychotherapy and a serving Vice-President of the World Council for Psychotherapy. His research interests are in psychodynamic psychotherapy, linguistics and philosophy. He has published over 50 papers in journals and books. He completed a PhD on psychotherapy process in 2015. He is author of a recent book on psychotherapy, Communicative Exchange, Psychotherapy and the Resonant Self (Routledge, 2021).

Verity Armstrong

Tāwharautia te Wairua, Tautokona te Mamae: Shelter the Spirit, Support the Pain - An Exploration of Post-Colonial Traumatic Stress in Aotearoa

Complex trauma refers to the experience of multiple, often prolonged and interpersonal traumatic events, typically occurring during childhood or adolescence. These experiences can have widespread and lasting impacts. Complex trauma often involves threats to safety and well-being at times when individuals are most vulnerable and dependent on others for care.

In the context of Aotearoa**,** it is not possible to speak meaningfully about complex trauma without acknowledging the impact of colonisation**.** The legacy of colonisation continues to shape the lives of many of the people we work with who present with complex trauma. While indigenous societies undoubtedly experienced trauma, they also had communal and culturally embedded practices that supported healing and recovery.

However, the colonial history of Aotearoa brought significant and far-reaching loss for Māori. This includes the loss of land, language, sovereignty, and traditional ways of living within iwi, hapū, and whānau. Māori have also endured marginalisation and discrimination in their own homeland. These deep and systemic losses have not only affected individuals but have also been passed down through generations—a process now understood as the intergenerational transmission of trauma**.**

When we speak about working relationally with people who have experienced complex trauma—particularly in the context of Aotearoa—we must acknowledge the historical and cultural landscape we are working within. Verity Armstrong will explore the historical context of this land, traditional indigenous approaches to trauma, and how she integrates an indigenous, trauma-informed, relational approach in her practice.

Verity Armstrong is a wahine from Kāi Tahu, a Mama and relational psychotherapist. She is informed by the increasing body of kaupapa Māori research done by indigenous psychotherapists. In her psychotherapeutic practice within Aotearoa, she is also inspired by feminist, anti-racist, and queer movements for social justice. She is developing her spiritual beliefs based on te ao Māori and a sense of our place and interconnection with te ao mārama. An experience that resonates for Verity within her whakapapa is disconnection and reconnection. She relates to this in her work, exploring with clients and in her reflections, ways to reconnect to self, others, and the natural and supernatural world.

While Verity's whakapapa is from Te Waipounamu, she lives in Titirangi, her kainga aroha, in Tamaki Makaurau. She has worked as a social worker and now as a psychotherapist in a kaupapa Māori psychotherapy, art therapy and counselling practice, called Awatea, based in Panmure.

Dr Kathleen McPhillips & Charlotte Cummings

Leaving Gloriavale: A case study of women leavers from the Gloriavale community with attention to CM therapeutic responses to psychological injuries and complex trauma impacting self-identity, self-worth and (re)building reality.

Gloriavale is a closed fundamentalist Christian community located near Greymouth, on the West Coast of the South Island of New Zealand. It has been in operation since 1969 when it was founded by an Australian evangelist, Neville Cooper. Over the last 25 years legal cases, government inquiries and media coverage have revealed a wide range of abuses that occur within the community including physical and sexual abuse, unsafe working conditions, enslavement, spiritual abuse, and human rights breaches. More recently, it was the subject of two independent documentaries *Gloriavale* (2022) and *Escaping Utopia* (2024) which highlighted the challenges people face within Gloriavale, and upon leaving.

This presentation explores the types of complex traumata experienced by women who were born into life at Gloriavale, and who have since left the community. The central task for leavers – psychologically and socially – is adapting to a new external reality that is almost wholly unknown and addressing impacts of abuse. Therapists report that CPTSD and depression are the central affect systems that leavers experience typically identifying with a strong sense of 'I don't know'. Leavers are desperate to build a reliable sense of both internal and external reality. The needs of leavers are complex and may involve court cases, family disruption, housing and employment needs as well as internal disintegration. For therapists this presents significant challenges.

The Conversational Model understands childhood trauma as a *disruption* to the development of self-in-relation and focuses on therapeutic healing by (re)building the inner self and identifying healthy forms of attachment and relationality. But what happens when the experience of the self is premised on an external reality that is no longer safe or accessible and is left behind in the process of leaving the community? How is the self rebuilt in a new, largely unknown social and symbolic reality that has, up until leaving, been considered immoral and sinful?

The presentation will focus on how the Conversational Model might address productive therapeutic interventions for women leavers by encouraging the building of self through feeling validation, amplification and mirroring to build self-worth, reflective capacity, and most importantly, agency as the central form of building a new life.

Dr Kathleen McPhillips is a CM trained psychotherapist in Newcastle, Australia. She is a research member of ANZAP and has extensive experience in analysing and reporting on the impacts of child and adult sexual abuse in religious organisations both in Australia and globally.

Charlotte Cummings is a counsellor, based in Christchurch, New Zealand. She is a full member of the New Zealand Association of Counsellors. In addition to practising as a counsellor, Charlotte is a Licensed Private Investigator who specialises in responding to harm in faith-based institutions. As part of a PhD programme through the University of Newcastle, she is currently undertaking research examining the experiences of female Gloriavale leavers and the professionals who support them.

Carolyn Crawford

The Body in Conversation

The Conversational Model, has a strong linguistic focus. Attuning to the 'minute particulars', the subtle nuances of conversation, are seen as key to understanding clients' experiences and guiding therapist responses. The aim is a shared 'feeling language', a mutual understanding and relationship marked by a deep sense of interpersonal connectedness, intimacy, and safety. This experience of being both separate and 'at-one' with the other, called 'aloneness-togetherness' supports the growth and maintenance of a healthy sense of self. A sense so often missing in those with a history of trauma.

In their comprehensive outline on the treatment of complex trauma-related dissociation, Steele, Boon and Van Der Hart (2017), state, 'the task of every good therapist is to seamlessly interweave a coherent combination of cognitive, emotional, and somatic interventions….with the relational experience in the moment between two human beings.' Furthermore, they maintain that highly traumatized patients often live in an overwhelming inner world in which words have lost their meaning and language is not possible. Thus, there is a need to develop skills of communicating what is not communicable with words. They speak of the importance of 'non-verbal, implicit, unconscious and intersubjective' communications and highlight somatic interventions, as being helpful when words fail or are not sufficient.

This presentation will look at the myriad ways in which the Conversational Model is able to interweave somatic elements within the linguistic focus. After a brief review of the history of mind-body approaches within Western thought and psychoanalysis, the bulk of the presentation will focus on both why and how we might work somatically, and how

this aligns with CM concepts. Brief vignettes from work with a dissociative, somatically oriented and often nonverbal client (anonymised) will be used to illustrate concepts.

Carolyn Crawford is a registered psychotherapist with a full-time practice in Ngamotu/New Plymouth, Aotearoa/New Zealand. Her background includes nursing, a Social Science Degree (Psychology & philosophy) 2 years as an addiction's counsellor, 7 years as a midwife in Taranaki and a 20+year practice in Somatic Therapies (Structural Integration and Aquatic Therapy.) She certified as a Hakomi Therapist (2018) and trained in the Conversational Model 2021-23. She has a long-standing interest in optimal body use and wellness, as explored though martial arts, tai ji, yoga and life on a 2-acre lifestyle block. Working in a wide variety of health settings, has fostered her appreciation of the interaction between physical, emotional, mental and spiritual aspects of well-being. This inspires her work, personal explorations and ongoing study.

Twané Chéze-Gower

Intuition in Psychotherapy: A Relational Compass in the Treatment of Complex Trauma

This presentation explores the nuanced role of intuition within the Conversational Model (CM) and its contribution to therapeutic progress in work with complex trauma. Framed through a detailed case study and enriched by personal reflection, it considers how intuition—understood as an embodied, right-brain-driven process—emerges within the relational field to guide attuned clinical responses.

The case of "Morwen," a client with a history of relational trauma, is used to illustrate how moments of intuitive insight—whether arising as somatic resonance, affective shifts, or micro-observations—can enhance empathic attunement and support the unfolding of the self in therapy. These intuitive moments often precede cognitive formulation, yet prove central to rupture repair, affect regulation, and the re-establishment of safety in the therapeutic relationship.

Drawing on the work of Schore, Marks-Tarlow, Hobson, and Meares, this work situates intuition as a vital—though often ineffable—component of intersubjective connection. While not a standalone mechanism of change, clinical intuition, when grounded in mindfulness and theoretical understanding, can function as a compass for therapists navigating the implicit terrain of trauma.

Twané Chéze-Gower is a registered psychotherapist in full-time practice based in the Manawatū-Whanganui region of Aotearoa New Zealand. After a successful career in the corporate sector, Twané felt drawn to more meaningful work—one that would allow her to use her own lived experience of trauma to support others in a compassionate, enriching, and transformative way.

She holds a particular interest in holistic approaches to psychotherapy, integrating both somatic and narrative modalities. Twané has completed professional and advanced clinical skills training in the Hakomi method, a mindfulness-centered somatic psychotherapy, and completed her training in the Conversational Model in 2023. She is also trained in Eye Movement Desensitisation and Reprocessing (EMDR), an evidence-based approach particularly effective for trauma processing.

Her practice is grounded in a deep appreciation for the interconnectedness of mental, emotional, physical, social, and spiritual dimensions of wellbeing. She brings a respectful curiosity and sensitivity to each client, honoring the uniqueness of their personal journey and fostering a therapeutic space that is both supportive and attuned.

Dr Matthew Pols

Complex pain and complex systems. Applying the Conversational Model of Psychotherapy within the General Hospital setting

People experiencing chronic pain are more likely to experience multimorbidity, have a history of complex trauma, and are high users of healthcare. When there is an adverse health outcome, as healthcare providers, it can be challenging to respond in a helpful way. A negative co-transference may develop, resulting in abnormal treatment behaviour, abnormal illness behaviour, and a therapeutic impasse. Consultation-Liaison psychiatry is uniquely placed to understand this complexity and help to find a way forward for both the patient and the treating team. This presentation will focus on aspects of complexity within the therapeutic relationship, within medical systems, and in understanding symptoms of bodily distress. The clinical case of Nelly (pseudonym), a 58-year-old woman who was an inpatient in a general hospital for the majority of 1 year will be presented, highlighting the utility of the Conversational Model within the general hospital setting.

Dr Matthew Pols is a Consultation-Liaison psychiatrist who has an interest in chronic pain. He has worked with the Hunter Integrated Pain Service (HIPS) in Newcastle NSW since 2010. Matthew is a graduate of the University of Sydney Master of Medicine (Trauma-Informed Psychotherapy) program and he joined the Faculty this year. He also works part-time in private practice.

Dr Gwenyth Francis

The Journey from General Practitioner to CM Psychotherapist

The Journey from Being a Questioning, Probing, Solution Focussed GP to Becoming a Careful, Deep Listening, Non-Intrusive, Person-Focussed Psychotherapist.

I have realised I began this journey to being a CM psychotherapist as a young girl. My mother suffered a severe and, at times, destructive and disabling mental illness. Later in my life, my father told me he took her from doctor to doctor and always met the same answer, that nothing could be done. There was no help for her mental torment and nor for the suffering this placed on her young family.

Years later I am working as a GP and I am seeing the same story repeated. I see people with personality disorders, treatment resistant depression and intractable addictions and all are unable to be helped in a way that is meaningful, that changes the trajectory of their lives. Instead, they have a revolving door of in and out of A&E, or hospital or rehab. There is no useful help for them.

I chose to study Contemporary Somatic psychotherapy and now the Conversational Model. These have given me the capacity to help improve the lives of these individuals.

Dr Gwenyth Francis has worked as a general practitioner in her own practice for over thirty years and thoroughly enjoyed that role and all it has to offer in terms of wholistic family care. She became very interested in mental health as the years progressed, as it was a common presentation. She was particularly interested in the care of those patients who were not responding to the usual psychiatric and psychological management.

These were the people experiencing treatment resistant depression, treatment resistant addictions, somatization disorders and personality disorders, especially borderline personality disorder. In fact, she became aware of how marginalized some of these people were, how they were demeaned and dismissed, even by the health services that were supposed to look after them. In working with these people, she realized they had all suffered early childhood neglect, loss, trauma and/or abuse.

Gwenyth decided to do further studies to assist these people as she could see that many of them were worthwhile people who could not function well in life. Her further studies in Contemporary Somatic Psychotherapy, Babette Rothschild Trauma Training, EMDR and more recently the Conversational Model have enabled her to work more effectively with these individuals. These people have had the trajectory of the development of a sense of self and of being able to create a good life profoundly changed by early childhood experiences.

Jen Holmes-Beamer

Interoceptively attuned psychotherapy as a pathway to a feeling self for those with high levels of dissociation

Leading research in trauma healing repeatedly finds that we have to invite the body into the conversation. For those with significant trauma histories and high levels of dissociation, bodily signals can be numbed as a way to survive what is unbearable to feel. When a sense of self is based on not feeling, interoception seems to be an antidote to dissociation and a pivotal pathway towards a feeling self. It is through this lens that I investigate how the body speaks and begin to engage in conversations with sensations.

To the extent that bodily signal perception is pivotal to a sense of self, the Conversational Model provides an intuitive and gentle pathway towards an embodied self, without directly confronting the body (as body oriented or somatic therapies do). Traversing the inner landscape of a visually impaired woman diagnosed with Dissociative Identity Disorder (DID) who's body memory of safety was missing, the heart of our therapeutic conversations included the unspoken; of co-regulation, attunement and relational safety.

I explore how we can invite interoceptive experiences into the conversation and attend and befriend to the way the body speaks. CM's focus on the unseen, the minute particulars, use of metaphor and symbolism, and its method of titrating and amplifying affect naturally guides us to interoceptively attuned forms of feeling. From interoceptive aloneness to togetherness, our therapeutic journey breathes new life into an inner landscape previously hidden, cultivating pathways to know and experience self.

Jen Holmes-Beamer Alongside her early professional life as an occupational therapist, and her yoga practice as a source of personal healing, Jen trained as a yoga teacher and yoga therapist. As a recent graduate of ANZAP, she weaves conversations in the sensory realm within her psychotherapy practice in Nelson Aotearoa. Alongside her one-to-one work, Jen facilitates TC-TSY (trauma sensitive yoga) group programs for survivors of sexual abuse to support healing through cultivating interoception and compassionate attention towards body signals.

Dr Nick Bendit & Dianne Hendey

An Introduction to Training in the Conversational Model of Psychotherapy

The Conversational Model incorporates contemporary outcome research, affect theory, neuroscience, infant research, trauma research, developmental psychology, cognitive theory and attachment theory. The Model has been developed for a range of chronic psychiatric syndromes that are difficult to treat, particularly borderline personality disorder, dissociative disorders, other personality disorders, treatment resistant depression and somatic disorders.

It is an evidence-based treatment, with positive randomised controlled trials for the treatment of depression, deliberate self-harm, complex somatic disorders and borderline personality disorder.

There is an increasing body of clinical experience that the Conversational Model can help borderline individuals reduce their suicidal tendencies and self-harming behaviour, develop a secure sense of self, and enrich their interpersonal relationships.

The dynamics of early relatedness in our opinion and its transformation in the therapeutic relationship is of vital importance in psychotherapy.

In this talk Nick and Dianne will outline the nuts and bolts of training in the Conversational Model. This will cover:

- a brief historical background to the model
- brief review of the evidence base behind this model of psychotherapy
- brief introduction to some of the basic and more advanced skills
- an outline of the structure and cost of the training

Dr Nick Bendit has worked at the Centre for Psychotherapy for the past 20 years, a publicly funded outpatient psychotherapy unit, treating patients with borderline personality disorder (using both Conversational Model, an adapted psychodynamic psychotherapy, and dialectical behaviour therapy, an adapted cognitive behavioural psychotherapy) and patients with dissociative identity disorder (using Conversational Model).

Nick is the current Director of Training of ANZAP. He has published articles on mechanisms of change in psychotherapy, reviewing the effectiveness of DBT in borderline personality disorder, and mechanisms of chronic suicidal thoughts in patients with borderline personality disorder.

Nick has been a co-author on the most recent Australian Clinical Practice Guidelines on deliberate self-harm in borderline personality disorder (RANZCP, 2016). He is the co-author of the second-largest randomised clinical trial of the effectiveness of psychotherapy in BPD, comparing DBT and the Conversational Model (Walton et al, 2020).

Dianne Hendey is a New Zealand psychotherapist working in the Conversational Model. She is a member of ANZAP faculty.

She is an Industrial Organisational Psychologist who worked in Official Development Assistance in the South Pacific and Asia. Prior to that Dianne was a teacher of the deaf.

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