

# My Psychotherapy Career: Becoming a trauma-informed psychotherapist

With UKCP psychotherapist Lou Lebentz

Jenna:

Hello and welcome to My Psychotherapy Career, a podcast where we explore the different therapeutic settings our members work in and how they came into their career. I'm Jenna Rachid, the digital engagement officer at UKCP. Our host Helen Willingham is the head of content and engagement at UKCP, overseeing all our communications to members and the public, as well as our policy and research work. In this episode, Helen speaks to UKCP psychotherapist Lou Lebentz. After overcoming her past mental health problems and trauma, Lou began training as a psychotherapist specialising in addiction and trauma. Lou has since worked in the Priory Hospital in London, as well as in private practice. Lou now runs trainings and her Trauma Thrivers Facebook group, as well as giving talks. She has also created an online trauma healing programme entitled The Voyage, which seeks to provide psychological professionals, clinicians and coaches and also the general public with an affordable and accessible option to help address trauma and psychological distress. In this episode, Lou talks to Helen about her transition into the psychotherapeutic profession and what drew her from fashion and radio into psychotherapy.

Helen:

I just want to start by saying thank you for joining me today, Lou.

Lou:

Absolute pleasure. Thank you for asking me to be here.

Helen:

No problem. Yeah. Looking forward to talking to you. My first question for you, why did you become a psychotherapist?

Lou:

Oh, that's a big question, isn't it? I thought about becoming a therapist for many, many years before I trained. In fact, I remember signing up for a psychology degree at the Open University in my 20s. And unfortunately, never completing it or even starting it. So, it was obviously in my stratosphere or head in my 20s. And I think it was really because I had been in two careers before I trained as a therapist. One was in the fashion industry, which I did as soon as I left school. And then I worked in radio for quite a long time and loved it. But I hit 30 and I thought, I don't know whether media or fashion is really for me. And I ended up - I'll tell you this story very briefly - but up a mountain in Italy, nursing an alcoholic stepfather and trying to get him into treatment. And I think that, coupled with my own admission to a psychiatric hospital in my early 20s, really got me interested in psychology, in mental health, in the brain, in addiction. So, when I came back from my stint up a mountain, I decided to start training in something called NLP, which stands for Neuro

Linguistic Programming. And I also did a hypnotherapy training, really because I was trying to work out what was going on for my family and my stepfather, but also what really had happened to me in my early 20s. And it was at that point that I thought, actually, I really want to do more work in addictions. And so, I did a six-month psychotherapy training as an addiction specialist at the Priory. They were running courses in those days. And my first placement, luckily, was at Priory in London, and I got a job off the back of that training.

Helen:

Oh wow. So straight in.

Lou:

Yeah, straight in really at about 34. And then I spent the first decade of my psychotherapy career at the Priory in Roehampton. And I added to this advanced diploma that I'd done over the course of six months full-time. And I started adding in other trainings. And I did a three- or four-year training in something called contemporary psychotherapy, and it's in the constructivist section. Contemporary psychotherapy really mixes together a bit of neuroscience, some NLP, some family systems theory, some Gestalt. It's got lots of different parts to it, and it really added to my addiction therapy. And then after that and getting an Advanced Diploma in that, which is what gave me my UKCP registration, I then kept going with the trainings, as we do, and added in more things like EMDR, or parts training, and focusing really more on trauma, latterly, rather than addiction. I also did a really brilliant training on eating disorders run by the National Centre for eating disorders and Deanne Jade, who I know very well. So, over the last 15 years, I think there's been lots of different tools that we tend to add to our toolbox as therapists.

Helen:

That's great. Thanks, Lou. And I've got another big question for you.

Lou:

Okay, great.

Helen:

Who's your psychotherapy or counselling hero?

Lou:

Oh, wow. There's quite a few people that I believe have been integral parts of my thinking of where I'm at now. Janina Fisher is a big favourite of mine and some of her work on trauma. I love an NLP hypnotherapy coach, trainer, in America called Stephen Gilligan. In the UK, I've been inspired by a lady called Christiane Sanderson, who does a lot of work on sexual trauma. Gabor Maté, who's not a therapist as such, he's an ex-doctor and more medical, but I love his work. And somebody called Richard Schwartz has done some brilliant stuff with Internal Family Systems, it's called, and his work around parts. And I would say, all of those people, really, have been instrumental in how I now work with people. And I also like Stephen Porges, Polyvagal Theory, which I know in some therapeutic settings or clinical settings is maybe, frowned upon is too harsh a word I think - is not empirically, scientifically, by some validated. But I find that whatever works with clients and helps them to understand themselves more has got to be good from where I'm standing. So, I love what Stephen Porges is model has done to make the nervous system and the explanation around all of that more accessible to more people.

Helen:

There were a few there, that's great.

Lou:

Just a few, yeah. I can't think of one person, you know, because I think it's all the other therapists that I've worked with over the years and the different managers that I've had at the Priory, or the supervisors that I've had, and the colleagues. And, you know, we always say that the best teachers are actually our clients. You know, and I think that they've been very inspirational for me on my journey, all of those people.

Helen:

What does being a UKCP member mean to you?

Lou:

I think it's very important when we're working in this industry, to feel that we have a collective. I think it's really important to have a community and to be part of an association. For me, the UKCP I know is always there as a collective that's kind of looks out for therapists and is a governing body that also supports us and supports our needs. So, I wouldn't feel as comfortable being a therapist - which sometimes can feel a little bit if I'm honest with you, like a solitary process - without having an association or a body like UKCP. You guys have always supported me when I've emailed or phoned up. So, I'm grateful. And also, you're brilliant at promoting therapists and giving us opportunities like the one today to get our voice across and be heard. And that's an important part and piece of what you do.

Helen:

Thanks, Lou. And that's great to hear. And I know we were talking before about meeting different people in the organisation and the different areas you've worked with. So yeah, that's really nice to hear.

Lou:

Ah, thank you.

Helen:

And I want to talk a bit more about your specific therapeutic work. And then you talked about why you became a psychotherapist. But I want to ask you a bit more about what drew you to working with addiction and with trauma?

Lou:

Well, they always say, healer has to heal thyself, right. So, I wonder what leads many of us into the profession. If we are perfectly honest about it, I think it's partly the want to help other people and do good. But I think it's also sometimes hoping to understand ourselves and who we are in the world a little bit more. And addiction was always at the forefront of my mind, because I guess it had been so much in my family system and what I'd struggled with myself. So, I think naturally, I was going to end up starting in addiction and, you know, working with alcoholism and drug addiction and food and everything else. And then really recognising, I guess, in the first three or four years there, that actually we treated addiction primarily in those days as the main issue. And I remember, another therapist coming back from a treatment centre in America with something called a trauma egg. And a trauma egg in those days was you draw a big egg on the whiteboard and you'd fill it in with somebody's different traumas and they present it to the group in

treatment. And we would - dare I say embarrassingly now, and I'm almost cringing as I say it - we would pull some people out of the main addiction group, and say, 'you go and do the trauma egg, because you've got trauma,' and the other people, 'you go and do the addiction work, because your trauma isn't significant enough.' And I'm sure we didn't use the words 'your trauma isn't significant enough'. But maybe that's what I imagined that some of them must have felt. And I guess after three or four years in the addiction field, I started to recognise - not only in the clients that I was seeing and things like the trauma egg, but also very much within myself - that actually, everybody was traumatised. I never sat in the 10 years that I spent at the Priory, in a session with anybody, or a life story presentation to the group, with anybody that hadn't had a significant amount of trauma. And it made me start to realise that maybe Gabor Maté is actually right and that underneath addiction and underneath everything else is some sort of manifestation or unprocessed unmetabolise trauma going on. And if that was the case, I really needed to understand more about trauma. Not just for my clients, but also for myself, and what I was teaching or saying to them, and unconscious still about.

Helen:

And looking back. Now, with all of your experience, how important is that understanding in the psychotherapeutic profession?

Lou:

I think it is absolutely essential. And I think that being untrauma-informed does more harm potentially than good. Because I do believe after 20 odd years in this profession that some form of trauma – and even if I say chronic stress or a dysregulated nervous system, because I think, and maybe we can go back to this, that trauma is much misunderstood as a term – I would say that almost all mental health conditions and what show up in our practices are some manifestations of trauma or a dysregulated nervous system. And so, if we are untrauma informed and we don't recognise that, I think that we're doing a disservice to our clients.

Helen:

And you mentioned there about going back to it, but can we pick up on that point about that misunderstanding?

Lou:

Yeah, I think trauma is a difficult word for some people and I'm curious about this. Really curious about it. And people either minimise it or maybe they think that it's overplayed and that trauma is used for everything. And maybe there's some truth in that too. But trauma is not what happens outside of us. It's not the event. It's what happens inside of us that we deem ourselves or feel is traumatic. So, what is one person's experience of a trauma is not going to be traumatic for another person. And that's because we're all unique. And we're all different. And we all feel different ways about things that happened to us. So, I think that's the first thing to say. And then I think the misconception about trauma is that it has to be one big, one-off event or it's a single incident trauma - it's a rape, or it's a tsunami, or it's a car accident, or it's something that happens to you. But it's a big event. And that's simply not true, because there are four different aspects of trauma. So yes, that is a one-off event or a single incident trauma, and it's huge. But there are also aspect two, three and four traumas. So, an aspect two trauma is basically a lack of relational holding or attachment or mirroring when we are young as a baby up to three, our first few years. If we have a disembodied or a non-regulated caregiver, it is impossible for them to be able to attune to our nervous system and be the co-regulator or the soother of that infant child system. Because as babies and young children, obviously we

can't regulate ourselves, we need somebody else to do that for us. So, if that doesn't happen in our early years, we have that absence of attachment, we have that developmental or attachment-trauma, because we're not soothed and we're not regulated with and therefore the right hemisphere of our brain gets laid down differently. So that's an aspect two and most people are unaware that that is what we would call trauma. Then we have an aspect three trauma, and no aspect is greater or lesser than any other aspect. But an aspect three trauma would be the interjects, as we call it, of our primary caregivers, of our parent's stuff, their unmetabolised stuff, what they've not worked through. Their beliefs, their fears, that unfortunately get projected into the child. And then an aspect four is the intergenerational elements. So, what comes down from the grandparents and beyond, but also it's the, if you like the soup that we grow up in, it's the environment around us, it's the collective trauma, it's the poverty or the racism, or the sexism, or the genderism, or the homophobia, or whatever else it is that we get kind of born into. That is an aspect four trauma. And so, I think when we're talking about trauma, we have to be cognisant and aware that some of our clients may have just an aspect one, but many of them will have an aspect two, three, and four going on as well. And all of that together makes somebody, I believe, more dysregulated or more disrupted, and therefore it's got to be called out to that person. And they've got to understand that it's trauma that's going on within their system.

Helen:

Wow, thank you Lou. A lot to take in there. But really good to have that overview, I think, even though there's lots of elements to it.

Lou:

Maybe the question is 'what's not trauma'. You know, what isn't trauma? Because if trauma were to be the fundamental dysregulation, or lack of safety if you like, within our system – because maybe we haven't been co-regulated with – maybe we've made that mean certain things about ourselves or I'd Identity growing up, then really what we're looking for in healing or our journey of wellness is we're looking for that mirroring, that attachment, that co-regulation, that understanding, that safety that was missed out when we were younger. Or maybe even that was missed out at the time of our traumatic experience. Because we know that if there is a safe community and collective around you when you go through trauma, the incidence of PTSD afterwards are vastly reduced. But complex PTSD, which for me is the developmental trauma plus, plus, plus, is not really still widely recognised. So, I think that there is still much unawareness about what trauma actually creates, and how much of it underpins where we are with our mental health.

Helen:

I want to talk a bit now about the different settings that you've worked in. Because you talked about working in the Priory, but then you set up in private practice.

Lou:

I did.

Helen:

How did you find the process of setting up on your own, especially following working in the Priory?

Lou:

I think quite terrifying, to be honest with you, to begin with, because when you've worked in an organisation,

and you've had a salary as a therapist for a while, going out and branching out on your own, you don't know whether you're going to be full, you don't know whether you're going to get referrals. So, I think, in the first couple of years, it's a bit scary, because obviously, we all need a certain amount of clients, right, to pay the bills, and pay the mortgages, and put bread on the table. So, I do think if anyone's listening to this, that is contemplating, maybe they're in the NHS, or they're in a hospital, or an organisation where they do have a salary. For me, it was a brilliant start to building my confidence, to learning more, to working in a team with other clinicians, to expanding my own knowledge. I probably wouldn't have trained and gone immediately into private practice myself, because I needed that launch pad for me. And I think that the first couple of years were more tough ie, you've got to network, put yourself out there, do quite a bit of marketing, try and do PR, leafleting, speak to other therapists, go on some of the portals and websites, and really start to get a little bit more known that you are a private one-to-one therapist. And then after that, once you do start to get referrals from GPs, or psychiatrists, or other clinicians, I was just delighted, really, that I did it. And it's a wonderful thing, because in a way, you become your own boss. And you're there for autonomous, and you can pick your own hours, and you haven't got anybody telling you what to do, which was always slightly challenging for me, I must admit. So, you know, there are some joys of doing it, too. And your practice and business does start to grow, it does start to develop.

Helen:

You're now moving more away from one-to-one work as well. What does your practice consist of now?

Lou:

Well, I think I have slightly wanted to move away from one-to-ones for the past few years if I'm honest with you. And I've been doing it. I mean, I've loved my first 10 years, I really enjoyed the next five, the next five, slightly less. I had my own health issues that I needed to look at a few years ago. I believe that in our profession, you can expand and grow it in whatever way works best for you. So, I've always wanted to be a little bit more out there as a speaker and doing workshops and trainings and holding events. And I enjoy it. And I think that what we do as a profession needs to get out there and be heard by more people. So, I've always enjoyed group processes. So, I am still doing one-to-ones, I haven't completely stopped doing them. I started a Facebook group a few years ago called Trauma Thrivers. And that takes a bit of my time. And that is a community, I would say, partly of survivors or thrivers, and also has an awful lot of clinicians in it. And I've grown that group, and we do things in Trauma Thrivers, like a podcast, and interviews, and lives with other clinicians in the industry. And then I've written a process in the last few months called The Voyage. And The Voyage is an online trauma healing journey. And it's got two, kind of, forks to it at the moment. And one fork, which I started last year with some American recovery coaches is trauma-informed training for coaches, counsellors, clinicians, really, and talking about specifically trauma. And The Voyage is a metaphorical sea journey that works through a foundation, and then an intermediate process. So, the foundation is talking about how to stabilise clients, how to ground them, all of the psychoeducation stuff. And then we move in a little bit into the body and helping people to titrate and pendulate with the body properly, so that we're learning to stay with the nervous system really, in the somatic. So, there's lots of somatic practices in it. And it went really well, I taught it over 16 weeks last year, and did a whole eight-day process. And this year, I've done what's really, really close to my heart, which is my dream, Helen, as you know, has always been to try and make therapy affordable or accessible. So, I've started testing The Voyage with the general public, and will do this year, maybe not quite as affordable yet as I would like it to be. But by next year, what I'd like to develop is a programme that can be done online by people who are - either in one-to-one therapy so that they can do it alongside and they've got a group process and a group format to work through - or, for us



therapists that have people that we know can't afford therapy, and can't afford one-to-one work because mental health treatment in this country at the moment, and provision for it, as we know, we are very strapped for cash. And so, I'd like The Voyage, at some point in the not-too-distant future, to be an option for those that can't afford treatment any other way. And to help lots of people on very long waiting lists at the moment get some sort of support and help until they are able to go into treatment, or therapy, or other forms of help.

Helen:

And what advice would you give to a fellow psychological professional looking to change how they work?

Lou:

Well, I think we're always looking to change how we work. If I go back over the last two decades, I mean, God, if you'd said to me at 35 what I'd be doing at 55, I would never have believed it. And I would never probably have believed what I believe now, 20 years ago. And I think that's the beauty of our industry, and our job, and our work is that we are always changing. That's the wonderful thing about therapy. We are changing our views, and our filters, and our beliefs about the world and ourselves, I would say pretty consistently. And it's this ever-growing evolution of who we are. And am I who I really want to be in my highest realms at 55? No. Have I changed and adapted who I am and maybe worked through some of my fears in the last couple of decades? Yes. And what would I say to anybody that's coming into the profession, is in the profession, is looking to evolve - keep doing the reading and the work, keep changing. I'm not saying that we need to be on this endless merry-go-round of doing courses after courses, never quite feeling good enough. Because I mean, I've been there too. But I think that always being open, and always wanting to be relational, and know that most of our work is about repairing ruptures in relationships that we have, not just with our clients, but also with our friends and family and those around us. So, be open, and keep reading, and keep writing, and keep studying, and keep learning because, you know, I haven't got all the answers yet. That's for sure.

Helen:

And the world's going to keep on changing and asking us new questions, I'm sure.

Lou:

Isn't it?

Helen

Thanks, Lou, I think that's a really good point to end that section on. And I want to talk now, thinking back to training, and I know we've talked about that kind of continuous training, if you like. But looking back now, is there anything you wish you knew before you started psychotherapeutic training?

Lou:

I think at the very beginning, I wish that I'd known that some courses are more professionally regulated and lead to UKCP registration, whereas there are many trainings out there that don't. So, I would say to people, always make sure that you do a training with a provider that is a member organisation of the UKCP.

Helen:

And how did you manage the logistics of training?

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Lou:

So, I was really lucky in that I started with my NLP and hypnotherapy training, which I actually did at the same time as I was working. And then when I did my six months full-time addictions therapy training at the Priory, I was really lucky at that point that I had a little bit of money saved up to keep me going over those six months. And then as I got my job at the Priory, I then went on and did my three or four years. In fact, it might have taken me five years to complete mine. And that training that I did was really great, because it was one weekend a month. And that's how I managed to do it whilst I was already working in a job in the business. So, I know that I was grateful for that.

Helen:

And what advice would you give to someone thinking about training as a psychotherapist or a psychotherapeutic counsellor?

Lou:

I would say jump at it. Jump, jump, jump at it. It's the best job you will ever do to learn not only about other people, which gives you such a sense of understanding and an outlook on the world, that you would never be lucky enough to have if you hadn't done the training. Just understanding why humans behave the way that we do. And having the empathy for others that comes with our profession. It changes your whole outlook on the whole of your life. So, I think it's really valuable from that point of view. And I also think that once you're a therapist, you can choose to go into so many different realms of therapy and specialisms. And like me go on to do other things with your therapy training, or maybe diversify into coaching or diversify into supervision. The possibilities are endless. And you also get to do all the work on your own beliefs and your own self. So, as you heal others' trauma - you know, and you're doing all the studying and doing the therapeutic work on yourself - so you start to heal your own. I don't think that needs to be the reason why you're choosing this as a profession. But as part of the reason why. Absolutely. It's amazing when I think about where I was 25 years ago compared to where I am now.

Helen:

Thank you, Lou. That was my last question and I think that's a really important point to end on, actually. So, I just didn't say thank you very much for joining me today.

Lou:

Thank you, Helen. And thank you for anybody that's listening today, and I really hope it's helpful. And if you need anything else, please don't hesitate to reach out to me. I'm sure you can find me on the UKCP website, I hope.

Helen:

Thank you, Lou.

Lou:

Thank you, Helen

Jenna:

That was UKCP psychotherapist Lou Lebentz speaking to Helen Willingham, our head of content and  
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