

Clinical Psychology

For people whose medical conditions affect their reproductive or sexual development

This leaflet has been prepared for people who have a medical condition that affects their reproductive system or sexual development and who are considering consulting a clinical psychologist. It provides the answers to some of the most commonly asked questions about clinical psychology.

Who are clinical psychologists?

Clinical psychologists work with people of all ages, most commonly in health centres, clinics and hospitals. Clinical psychologists use their knowledge of behaviour, emotions and thinking, to help people with psychological problems. They are not medical doctors and do not prescribe drugs.

All clinical psychologists have to study for a general degree in psychology first. Once graduated they are usually required to get work experience in research or clinical settings before being considered for clinical training. If selected for an accredited training programme, they go through another three years of clinical psychology training leading to a professional doctorate.

Nowadays most trainee psychologists are salaried employees of a health authority. They are taught on a recognised training course and see clients under regular supervision by a qualified and experienced psychologist.

What does a clinical psychologist do?

Clinical psychologists may simply, but importantly, provide an opportunity to talk and think about things that are confusing and worrying. They would also discuss with you different ways of understanding or interpreting your problems or situations. Clinical psychologists are trained to use a range of different approaches aimed to help you become more expert about yourself, and more able to overcome or cope with life problems. The types of work that they do and the approaches that they use depend on the specialty they work in.

What are the main clinical psychology specialties?

At the moment most clinical psychologists work in one or more of the following services: adult mental health, child and adolescent, older adults, learning difficulties, primary care, long term mental health, health psychology (general medicine), substance misuse, neuropsychology and forensic psychology.

What will happen when you first see a clinical psychologist?

At your first meeting you will have the opportunity to talk about your difficulties and to ask questions. The clinical psychologist will also ask about other aspects of your life so

as to get a more complete picture of you as a person and your situation, and not just your medical and psychological problems.

After one or two meetings, the clinical psychologist will discuss with you whether or not further psychology sessions are likely to be useful. If further sessions are agreed, the clinical psychologist will recommend a particular type of approach or therapy based on your individual needs, and this will be discussed with you. Some psychologists who specialise in work with children would routinely see the whole family. In adult services this tends only to happen with prior agreement. In services you may be offered the opportunity to take part in a group for people with similar problems.

A clinical psychology session usually lasts between 40-60 minutes. This could take place on a weekly, fortnightly or monthly basis but often the intervals vary. The sessions usually extend over weeks or months rather than years. Early on you would discuss with the clinical psychologist roughly how long the sessions would continue for and you may agree a 'contract', for example for 10 sessions with a review in the middle. However you are free to end the sessions at any time if you wish.

What about confidentiality?

The information that you provide is confidential. However a clinical psychologist would routinely write to your GP and/or the person who referred you to summarise the outcome of your contact with the service. If you have queries about confidentiality do discuss this with the clinical psychologist. Your clinical psychologists would take action if there was a serious risk of harm either to yourself or other people. If this was the case you would, if at all possible, be notified that confidentiality was to be broken.

What special approaches could potentially be helpful?

As well as tackling the more commonly presented psychological problems such as depressed mood, anxiety, stress, bereavement, psychological approaches can be used to address the following areas which may be particularly relevant for people who have conditions affecting their reproductive or sexual development:

- Communication (e.g. increase effectiveness in social situations)
- Self-identity (e.g. improve self-esteem and body image, explore sexuality)
- Relationships (e.g. identify and deal with relationship or sexual difficulties)
- Self management (e.g. develop healthier eating or activity patterns for optimal health, increase personal independence)
- Work with couples, families or groups

A clinical psychologist who is unfamiliar with your condition could still offer valuable support. It could help if you were to send in some information about your condition, or a medical report, before the initial appointment.

So what's the down side?

There are no quick fixes and this can be disappointing.

Certain things in life cannot be changed, and sometimes it is other people or society that should change. In the mean time, it is possible to learn to live more comfortably with yourself, and to make the most of what **can** be changed.

The truth can be unpleasant, even though increased awareness of ourselves can lead to a greater sense of control over aspects of our lives. Furthermore, learning something new about ourselves could mean not being able to behave in the same old ways, so alternatives would have to be contemplated. Or, you may become more uncomfortable about avoiding aspects of life and need to tolerate new experiences.

In order to change the way you think, feel and behave, you may be asked to do some work between sessions. Tasks are always agreed beforehand so you are in control of the timing and the nature of them.

Above all, bear in mind that important personal changes take time and effort and sometimes sacrifice. Finally, it is sometimes only possible to partially address the problems in therapy, and the process may need to continue throughout life.

Is it helping?

Don't expect to feel dramatically better right away. Some people do, because being listened to and being understood can bring a huge sense of relief. If that happens don't be surprised when the dramatic effect does not continue, it may simply mean that you are beginning to get into the nuts and bolts of the difficulties.

However, you should expect to:

- feel comfortable with the therapy situation soon, if not right away;
- have confidence in your therapist;
- feel that, in time, you are gaining new insight into your past experiences and your current ways of thinking and behaving;
- begin to solve problems taking a step at a time;
- feel more in control of aspects of your life.

If you don't feel as if you are getting much out of your therapy, don't assume it's your fault. Try and talk it over with your therapist and if things don't change, perhaps the timing is not right or perhaps you need to see someone else. If you have not had a good experience with a therapist in the past, don't be put off from trying again.

How does clinical psychology differ from other therapy disciplines?

Clinical psychology training is characterised by certain philosophies, to what extent these are important at a practical level is for the service user to decide.

All clinical psychologists start off by studying normal development and functions before they can specialise in problem areas, while professionals such as psychiatrists, psychotherapists and counsellors tend to focus on clinical problems right away.

All clinical psychologists are trained to use a scientific approach to ask questions about human experience, and to develop general principles about our thinking, feeling and ways of behaving. They must also learn methods to evaluate to what extent these principles apply to any particular person or situation. This aspect of training is at the moment more variable in other professions.

Clinical psychologists are taught not to just practise techniques. Instead their work should be driven by clear hypotheses about the problems and explicit goals. This is again more variable in other professions.

Most therapists are trained to work with the adult population. Clinical psychologists are trained to work with people across the lifespan and at the moment this is still fairly unique.

Clinical psychology training – as opposed to therapy training – aims to enable practitioners to work not only with the individual but also to teach and train others, to develop systems, and to test things out in research. For these reasons, psychologists would seldom identify themselves as a therapist - the idea is that they also do other things. However, being trained in a variety of methods may be at the expense of more in-depth training in a particular type of therapy. Thus an accredited and experienced psychotherapist or counsellor trained exclusively in, say long-term psychoanalytic therapy, would be more grounded in that particular way of working. And indeed clinical psychologists sometimes refer clients to other health professionals.

How to access psychological help?

There are tremendous local variations but in general, most NHS services are accessed through the GP. Some GPs refer directly to clinical psychologists working in primary care, while others refer patients to the community mental health teams which are made up of psychiatrists, psychiatric nurses, social workers, occupational therapists, psychologists and others. If you are referred to a team, it is possible to request help from a specific practitioner.

There is usually a delay between referral and the first appointment, so don't leave it to the last minute to get referred. In some areas it may be easier to access a counsellor or another type of therapist. Do consider having psychological support from other practitioners. Try and see an accredited and experienced therapist – the complexity of your medical condition justifies this. Don't forget that you are entitled to ask your psychologist or other practitioner for their credentials.

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