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## **The clinical psychologist's view: Dr Marion Bates**

*Dr Marion Bates*

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# The clinical psychologist's view: Dr Marion Bates

## Context

I'm a clinical psychologist. Service users might also refer to me as their psychologist, or as their therapist, or psychotherapist. I'm chartered with the British Psychological Society. I'm also a practitioner psychologist, registered with the Health Care Professions Council. It's very important to be registered with both of those bodies. One of them, the British Psychological Society is our professional body and the Health Care Professions Council registers a whole range of health care professionals including psychologists. And it's important because there are certain protected titles that some types of psychologists can use, and service users need to know that they can trust the therapist that they are seeing, and also that they would have a body to complain to if something goes wrong.

Clinical psychologists do a range of things to help people who experience mental health difficulties. One of things is provide really, really, comprehensive psychological assessment of their difficulties, which covers their entire lifespan, so we would help clients come to an understanding of their difficulties. We also work alongside service users, so it's a collaborative effort between the psychologist and the service user. Other things that we do which is a very important part of our role is to consult other professionals and provide supervision, so we work to help other professionals understand their roles, and the parts that they play in working with service users. And the main part of a clinical psychologist's approach is really based in a firm grounding in formulation; so trying to understand a client as a whole person from the biological, psychological and social side. We also provide different types of psychotherapy, which can then be used to treat, or to help a person change their behaviour, with the hope of changing their thoughts and their emotions.

## Formulation

As a clinical psychologist, we come from a different perspective, which is seeking not to label people, so we would seek not to necessarily diagnose somebody. When we would stray into diagnosis, would be in order to help Mandy access services. I'd be very loath to give her a diagnosis this early on. Maybe I would say if we were talking about treatment, I would consult a psychiatrist to see her, to work out what the best medication she would recommend. Then I would treat her with psychological intervention as well. Cognitive behavioural therapy, for example, would be a treatment recommended by the NICE guidelines, for example. And you wouldn't have to have a diagnosis for that.

As a clinical psychologist, I would veer away from giving somebody a diagnostic label. I would be looking to construct a psychological formulation, which is really a story of Mandy's life, and how she's come to be here today. So I'd be looking at early experiences in terms of whether she's had any traumatic experiences, what was her childhood like? What was her experience of school? Her upbringing? And then I'd be looking at what are really the presenting triggers to her problems? So what are the triggers that have sparked this off? So what's happening to her right now that has meant that she's come to services? Because she hasn't been in services before as far as we know.

I'd also be looking at the maintenance factors. So what are the things that are keeping her problems going? And in terms of constructing a formulation, it would be very much consulting Mandy to find out what she thought her problems were, because it may be that the voices are not the major problem for her. It could be that she's actually feeling very suspicious, and that's why she's withdrawing. That she's got some other difficulties going on that we don't know about. So we would want to know from her what she needs to work on, and use that to construct formulation around that, that would help to put together a plan of action really, for the best way to help her. That would involve a multi-disciplinary approach including medical input, nursing input and social work input because there may be difficulties around her finances, other social factors that are causing her to deteriorate in this way.

I think I would say that she's experiencing something. So she's having unusual experiences, or that there are voices that are disturbing to her, and we would try and present it in terms of a formulation, that at the moment she's experiencing X, Y and Z, and perhaps how we can help her. I would try not to label her, and it's almost a political aspect to psychology that we would seek to find out what Mandy wanted to call it.

First of all, a clinical psychologist would carry out a full assessment with Mandy, investigating the origins of the voices, and linking that to her early experiences. And we would construct together a psychological formulation, which would really explore the meanings of the voices, the triggers to her voices and how she made sense of them, and her behaviour and emotions that result from those experiences. We would then use that psychological formulation to determine a plan of intervention. Now one of the main recommended approaches is cognitive behavioural therapy for psychosis, and that very much looks at helping the service user. So I would be helping Mandy understand her relationship with the voices, and maybe challenging some of those beliefs. And working to construct a different relationship with the voices, so that she felt more in control of the voices, and how she might manage them, as opposed to getting rid of them altogether.

So it may be that voices are very often construed by people as actually a product of their own thoughts, so we'd want to explore whether these voices in her opinion are actually coming from outside of her head, or inside her head. If she believes that the voices are a product of her mind, or they've been planted from somewhere else? So for example I'd be asking questions like if she died, where would the voices go? And she might say

they might go in someone else's head, or they might go with her, and that might open up a way to help her reduce the power of these voices.

I'd be very loathe to give her any personality disorder diagnosis on the basis of what we've got. I would hope that we could help her access some services that could help her, without having to give her a label that might happen if she ended up in a more acute state, where she needed admission to hospital, for example.

In terms of a psychologist, I would want to conduct a full assessment with her, finding out about her past, so her early experiences. I would be interested to explore with her, the fact that she's adopted and what that means to her. It may not be important to her, but it may be important to her sense of identity. So I'd want to explore that. I'd want to explore her upbringing, her childhood, and thinking about the coping strategies that she's developed to deal with her difficulties as a child, and how they've developed as an adult, and what coping strategies she's using now. So I would have a comprehensive assessment, and I'd also be asking her about her relationships, her past relationships, her current relationships. I'd also maybe be wanting to explore her cultural background, and her faith. Whether she has any spiritual beliefs that could be contributing to her experiences, and I'd really like to understand from her, what is the meaning of her voices. So, are the voices, or the voice, is it a product of her own mind in her view? Or does it come from outside? What is the nature of this voice? Is it male or female? What does she think it reminds her of? Is it linked to any abuse she may have suffered?

I think a psychological assessment would be looking to really assess what the function of the voices are, what the meaning of the voices are. Who the voice is, whether it has a name, it's a particular figure in her life. I'd be really looking at how she can make sense of that voice, and then I'd be looking to in some way, examine the power that that voice has with her, and working out how she could redress some of the balance. It seems like she feels quite weak at the moment, and the voice maybe is controlling her. And maybe thinking about how we could through the therapy, through cognitive behavioural therapy, think about understanding the meaning of it, and how she might be able to manage the voices, whether or not they disappear or not.

One of the things we haven't mentioned... is that when we do an assessment with a client, we do a sort of standardised assessment. But we would also focus on risk, so I think that would be a major part with Mandy that she seems to have isolated herself. She's not working. She may not have money to, as you say, buy food even, and her risk of harm to herself may be quite great, so we would definitely be focusing on that as a priority, to work out how we can put some support in place to reduce that risk.

## Contributing factors

I think her main difficulties at the moment certainly seem to be that she's become isolated, and the voice has become much more powerful for her, and it's preventing her from continuing with her daily life. I would also be

concerned about risk, because if she is isolating herself she's not able to go to work, she's not able to access maybe the support networks she's had before, in terms of her partner. I'd want to find out about her risk to herself, if she's deteriorating.

I would be looking to establish the causes in terms of thinking about her in a kind of vulnerability model, so I'd be thinking 'what are the things that have happened to her in the past, that may have meant that she's not so able to cope with stress at the current time'. So, whether she's experienced some kind of trauma in terms of a psychological formulation. I'd be looking at what her early experiences have taught her about developing skills to cope with distress, and I'd be looking at what are the current triggers to the experiences she's having and what are things that are keeping this going for her? So what's keeping the cycle of withdrawing from people, and what may be prompting these voices?

I'd be quite interested to find out what she's using to cope at the moment, so does she have coping strategies? Has she actually been coping for a long time? And what are the positive factors in her life? So are there any protective factors in terms of family support? Does she practice any meditation for example, or what are the things that have kept her away from services this far? And we'd be thinking about how we could maximise those to help her in her recovery.

One of the drivers in psychology is really not to ask what is wrong with somebody, but what is right with somebody. So what are things that are right with Mandy that can help her think about how she might work on what's going on for her right now? And use the positive factors in her life, so I'd think what's right with Mandy is that she's obviously used her creative life to help her in the past. So I'd want to be looking at how can we strengthen those things? And sometimes giving somebody a diagnosis may be more describing what is wrong with Mandy than what's right, and what we can work on to help her on her journey to recovery.

Mental health teams don't necessarily have to be the ones that provide the support for Mandy. So it may be that normalising her experiences would help her, so there's a vast majority of people who have heard voices, and maybe by accessing the Hearing Voices Network she might be able to work on her recovery, alongside support from the mental health teams.