

Inner Nerd Issue Six

July 2009

The nice thing about Irish Summers and Irish life is that for a clinician, which I am primarily, Summer means a higher rate of cancellations and DNA's as patients (I work in a hospital and clients think it absurd that they are called clients, they retort that they are not here to buy insurance or take out a loan) increase their likelihood of choosing the sun over my cherubic presence more frequently than on a dreary December day. So, given my love of factoids, I reach during these vacuumic moments for the abstracts of the American Psychological Association's Psych Scan.

And so it is. This issue of the IN will focus on some pretty groundbreaking papers, which have been released over the last number of months. Groundbreaking is operationally defined as 'papers which the Inner Nerd might have liked to have penned himself; should he have an infinite amount of time'.

1. The first paper is not really a paper at all, but an Amicus Curie brief from the American Psychological Association, which was one out of 45, submitted by various organisations to the Californian courts. The court found that same sex couples had a right under the constitution to not be restricted in marrying. The APA addressed the psychological evidence in relation to well-being, stigmatisation, the pros of marriage to same sex partnerships and the similarities between lesbian and gay parents and their heterosexual counterparts. They suggested that the stress of being a minority was significant and that stigmatisation was pervasive. The brief remarked that marriage in itself appears to have benefits in relation to physical and mental health above and beyond that of a cohabiting relationship. Research could not find differences between gay and lesbian parents' parenting skills and the skills of their heterosexual counterparts and that the children of these parents were not found to have shown any deficits when compared to the children of heterosexual parents. In summary, the APA resolved that they "believe that it is unfair and discriminatory to deny same sex couples legal access to civil marriage and to all its attendant benefits, rights and privileges". Secondly, the APA recognised that "there is not scientific evidence that parenting effectiveness is related to parental sexual orientation".

For some reason Adam Philips, the child psychoanalytic psychotherapist's quote that "no amount of research or evidence will convince the unamused that a joke is funny" springs to mind. I recall sitting in dinner parties with a number of psychologists who are

supposedly ‘scientists’ who have pontificated the most prejudiced statements to the contrary of the review of the evidence as found by the APA. The IN is not only essential, but is also a document which you should bring in your inside pocket to dinner parties to dip in the soup and throw at bigots. (You can find a link to the amicus by entering www.apa.org/psychlaw in your web browser).

2. The second paper is one that I would have liked to complete myself when I was a Director of Counselling in a counselling service for adult survivors of childhood abuse or neglect. The RCSI completed a study in the early noughties on Survivors’ Experiences of the NCS. They found that a substantial minority of their sample studied had some difficulty with being first assessed for counselling, or ‘opened-up’ and then left to wait for another therapist to start therapy with them a number of weeks or months later. Many psychotherapeutic organisations and clinical psychologists have the same approach in their clinical practices, despite the obvious intuitive ridiculousness of the approach.

Nielson, S. L., Okiishi, J., Nielson, D. L., Hawkins, E. J. et al. (2009). Termination, appointment use, and outcome patters associated with Intake therapist discontinuity. Professional Psychology, Research and Practice, 40, 272-278.

Michael Lambert being one of the 15 other authors making up the ‘et. al.’ As psychologists we should be best placed in understanding that patients detest more than most things having to visit a different clinician at each clinic. They often report feeling both dehumanised and insignificant by such a process. I recall having a similar experience myself when a locum GP had taken the place of my usual GP (who I felt knew me inside out; ‘literally’). I lost some trust in the judgement of the clinician and superstitiously in the possible benefit of her intervention.

These authors examined a sample of approximately 15,000 patients and addressed the differential effect of starting therapy with the same therapist who completed their intake versus another therapist who did not complete their intake. Those patients who were given a second appointment with a different therapist were twice as likely not to attend the first appointment following intake as those appointed the same therapist. Those who had a different therapist following intake tended to cost the system nearly a fifth more in session attendances, with no better outcomes than their counterparts who started with the same therapist as the one who assessed them at intake. One does not need to be an expert

in attachment theory to hypothesise what might be happening here; maybe respect of patients' wishes should be one of our primary tenets!

3. Speaking of attachment theory, the following article attempts to help you to understand how the attachment process in therapy develops across a number of stages at a cognitive, behavioural, emotional and physiological level.

Obegi, J. H. (2008). The development of the client-therapist bond through the lens of attachment theory. Psychotherapy: Theory, Research, Practice, and Training. 45, 431-446.

4. When it comes to phobic behaviour, or anxiety in general, I am a big believer in the person 'getting back on the horse that bucked them'. Many clinicians fail to schedule sessions that are long enough to allow the patient to expose themselves to their fear and also then to have enough time to allow a desensitisation or reduction in fear to take place. Failing to prepare enough time, above and beyond the traditional therapeutic hour can result in the further strengthening of the initial fear. The patient will then be unlikely to cross your clinic door again. I will often complete essentially a once-off exposure treatment over a 90 minute or 120 minute session, depending on the nature of the phobia and then focus on supportive psychotherapy in relation to other maintaining and predisposing factors, across about six to eight normal length sessions. I have had patients who have attended me who have tried to overcome phobias by 'talking cure' alone and they have attended for up to two years therapy with other therapists without any clinically significant outcome bar knowing themselves better, having better relationships with other people, but still remaining phobic!!!! The following article espouses how one-session treatments are best done:

Ollendick, T. H. Öst, L. G.; Reuterskiöld, L. et al. (2009). One-session treatment of specific phobias in youth: A randomized clinical trial in the United States and Sweden. Journal of Consulting and Clinical Psychology, 77, 504-516.

5. The next article was chosen simply because it appealed to me at an intuitive level. The authors present how well-being therapy helps a person improve across six dimensions: autonomy, personal growth, environmental mastery, purpose in life, positive relations, and self-acceptance. These categories seem to me to be quite palatable for patients, rather than other clinical taxonomies.

Ruini, C. & Fava, G. A. (2009). Well-being therapy for generalized anxiety disorder. Journal of Clinical Psychology, 65, 510-519.

6. Finally, readers of the IN will know that I have a bias towards self-care amongst psychologists. The last paper of Issue Six will focus on how work-family spillover can have an effect on you as a clinical psychologist. In this article, of 485 psychologists assessed, the vast majority reported feeling significant personal accomplishment from their work, for some however, emotional exhaustion at work was associated with more family stressors, which appeared to lead to less family support and life satisfaction. I found the same association with Prof Alan Carr in our study of female trauma therapists in the National Counselling Service, which we presented at the PSI annual conference in Derry in 2005:

Stevanovic, P. & Rupert, P. A. (2009). Work-family spillover and life satisfaction among professional psychologists. Professional Psychology: Research and Practice, 40, 62-68.

And so it is, the end of Issue six of the Inner Nerd.

I would like to separately thank those psychologists who filled out research questionnaires for Ms. Ailbhe Booth who was looking at body-centred countertransference. I am sure you are all looking forward to discovering whether it has construct validity. In addition, I would be obliged if you would all support Dr. Julie Meehan's (TCD) future research on burnout and work engagement in psychologists. She will be contacting many of you in the future to complete a web-based questionnaire.

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