



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Wanting to talk to somebody?

Who to go to and what to expect



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Health Service Executive

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Contents

Introduction :

What are Psychological Therapies and who are they for? Page 4

What are the different types of psychological therapies? Page 6

People who can help Page 8

Treatment Choice : What works for whom Page 9

What can I ask and expect from the
Psychologists/PsychoTherapists Page 11

Making contact with Psychologists,
Psychotherapists and Counsellors in the Region. Page 14

Introduction

This booklet is for anyone who is unhappy or has emotional problems that they would like some help with in sorting out. It tells you about what sorts of professional psychological help is available. It explains what talking therapies are and what they aim to do. It will also help you to identify the right questions to ask your therapist and make the right choices for you. In summary, there are a range of different professionals available, to deal with a range of mental health problems and using a variety of different treatment approaches. Hopefully this booklet will clarify some of the important issues you need to take into consideration when seeking an appropriate means of dealing with your difficulties.

Making contact with Psychologists, Psychotherapists and Counsellors in the Region

Public

To see a mental health professional in the health services please contact your own GP for details and a referral where necessary.

www.mwhb.ie

Private

The following organisations publish national registers of Accredited and Registered members :

The Irish Council for Psychotherapy (www.psychotherapy-ireland.com)

The Psychological Society of Ireland (www.psihq.ie)

Other voluntary and self-help resources and contacts:

| | |
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| Aware | (www.aware.ie) - depression |
| Grow | (www.grow.ie) - mental health |
| Mental Health Ireland | (www.mentalhealthireland.ie) |
| The Samaritans | (www.samaritans.ie) |
| A.A., | (www.AlcoholicsAnonymous.ie) |
| Bodywhys | (www.bodywhys.ie) - eating disorders |
| Barnardos | (www.barnardos.ie) - family support |
| CARI | (www.cari.ie) - children at risk |
| Accord | (www.accord.ie) - marriage |
| CURA | (www.cura.ie) - crisis pregnancy |
| Rape Crisis Centre | (www.rapecrisiscentres.ie) |

Acknowledgements

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What are Psychological or talking therapies ?

People go for psychological or talking therapies for a whole range of reasons. It may be that somebody has died or left, or that you have become depressed or isolated. You may be unable to sleep, or are having panic attacks. Perhaps you have had a specific psychiatric diagnosis. Or you may be simply trying to understand yourself better.

Psychological or Talking therapies involve talking and listening. Most of us want somebody to talk to someone who listens and accepts us, especially when we are going through a bad time. Sometimes it is easier to talk to a stranger than to relatives or friends. Psychotherapists are trained to listen attentively and to help you find your own answers, without judging you. Some psychotherapists will aim to find the root cause of your problem and help you deal with this, some will help you change your behaviour or negative thoughts, while others simply aim to support you.

You may find a supportive counsellor or therapist can help you through a crisis or a difficult patch in your life. Or, you may find it more helpful to talk after the crisis has passed, to think about what happened and why. Some people find talking therapy can help them deal with rarer problems such as high and low mood swings, or to cope with hearing voices. Talking therapy can help you stay well, or help you notice when you are under pressure. It is most likely to help if you want to explore your feelings and change your behaviour.

Talking therapies do not offer magic solutions, it can be hard work and progress can be slow or painful. It may not be the right time for you to talk, or talking about things may make you feel worst at first. What you feel able to cope with is the most important thing, and this can change over time.

There are many kinds of talking therapy, with a lot of overlap between them. Therapists have different types of training, so their approach and way of working will vary. Research has shown that how you get on with the individual therapists is more important than the type of therapy you get. If you and the therapist can work well together, trust and respect each other, it is more likely to work for you.

Therapies of less than eight sessions are unlikely to be optically effective for most moderate to severe mental health problems. Often 16 sessions or more are required for symptom relief and longer therapies may be required to achieve more lasting changes. Uncomplicated anxiety problems can respond to more brief interventions.

If therapy is abusive or damaging for you, you should end it immediately. Otherwise it is not a good idea to end abruptly. Tell your therapist should you want to finish therapy so you can discuss it and have a positive ending. Your therapist should tell you in advance when your sessions will finish or if they are leaving their job. They should take time to help you prepare for ending as this is an important stage in the therapy.

Does psychotherapy work ?

Talking therapies are more likely to work if you feel comfortable and at ease with your counsellor / psychotherapist / psychologist. So finding the right person for you is as important as finding the right type of therapy. Users of talking therapies say that over and above just talking, they need to feel listened to, accepted and understood by their therapist for therapy to be effective. Feeling safe and believed is also important. Talking therapy may not make your problems go away but they can make you feel better able to cope with your life circumstances.

consistently feel unheard, humiliated or used. Remember that therapy is supposed to be for your benefit. You can stop it if it is not helping you or if the approach is not right for you. A good therapist will regularly check that you are getting something out of it and will suggest ending therapy if you are not. Trust your instincts and feelings, and consider ending therapy if you continue to feel worse. Keeping a diary of your thoughts and feelings during therapy can help you to judge your own progress.

What to do if you have concerns

You may feel that your therapist doesn't really understand or listen to you or that you can't work with him or her. Try talking to your therapist – there may be real misunderstandings between you that can be dealt with. If this is not possible, ask your GP to refer you to somebody else.

Most people experience no problems, but there have been a few cases of therapists who take advantage of people emotionally, sexually and financially (for people who pay for therapy).

All professional bodies will have a complaints procedure to deal with professional misconduct issues.

Warning signs

A therapist or counsellor should not

- Be defensive upset or angry when you ask questions or end therapy.
- Try to keep you in therapy against your will.
- Visit you at home uninvited or arrange to meet you socially.
- Make close physical contact without your consent.
- Ask you inappropriate questions about your sex life
- Be unpredictable or threatening in their behaviour.
- Talk frequently or in detail about their personal life.
- Regularly go over their allocated time for therapy sessions.

Ending therapy

Who are they for ?

If you see your GP or a psychiatrist for an emotional or mental health problem you may be prescribed drugs such as anti-depressants to help with the symptoms. But people often say they would like talking therapy as well as or instead of drugs, a chance to talk about yourself and your problems in the context of your life.

You can ask your GP for talking therapy regardless of any diagnosis you have been given or any medication you are on. Say if you want it instead of drugs, or if you want to try a combination of drugs and talking therapy, as appropriate.

People who have been sexually abused can find talking therapy particularly helpful if it is offered at a time when they are ready for it. People who have experienced discrimination or racism can also benefit, especially if the therapist is trained to deal with these issues. Your GP should discuss with you the option of talking therapies regardless of your background or your particular difficulty.

In an ideal world, mental health service users should be offered some form of talking therapy, or simply the opportunity to talk to someone, as a main part of their treatment. You should be given the option of talking therapy regardless of your diagnosis or your age, sex, social class or ethnic group. People with complex and long term mental health problems, and those whose troubles may appear less severe, have an equal need to talk. The more complex the problems, then the more experienced and skillful the therapist needs to be.

There is a stigma around talking therapy, and some people feel it is a sign of weakness to go for this type of help. Seeing a psychotherapist doesn't mean you are self-indulgent or going mad; don't let these sort of prejudices stop you trying it. It can take strength to be prepared to look at yourself and your situation.

An interest in self-exploration and the capacity to tolerate frustration in relationships may be particularly important for success in the interpretive (psychoanalytic and psychodynamic) therapies, compared to the more supportive therapies.

What are the different types of talking therapies ?

Introduction

Sometimes it can be difficult to work out what sort of therapy you are being offered by what sort of therapist. As well as having had different trainings, therapists will develop their own individual style of working. Some will use a mixture of approaches with the same person or change their approach depending on the needs of the person whereas others will specialise in one kind of therapy. Rarely will a practitioner stick rigidly to one single approach without reference to certain other models of intervention as appropriate. For this reason many practitioners will refer to themselves as integrative or eclectic. Below is a brief outline of the major approaches used in psychotherapy.

Cognitive Behaviour Therapy

Cognitive behaviour therapy (CBT) aims to help people change patterns of thinking or behaviour that are causing problems. These patterns of thinking and behaving are felt to be based on beliefs that the person has acquired about themselves and the world. Changing how you think and behave also changes how you feel. It is a structured approach – you agree goals for treatment with your therapists and try things out between sessions. Sessions are usually weekly, and last an hour. An average number of sessions is 10 to 15.

What Is It For?

More research has been done on cognitive behaviour therapy than on other therapies and it has been shown to work for a variety of mental health problems. This evidence doesn't mean it is better than other therapies, but simply that others have not been studied so closely. In particular, it can help with depression, anxiety, panic attacks, phobias, abuse, P.T.S.D., obsessive-compulsive disorder and some eating disorders, especially bulimia. Some studies have shown it can help long-term fatigue or pain. It may also help in coping with schizophrenia, other psychoses and manic-depressive illness.

- Is therapy confidential and when might confidentiality be broken?
- In what circumstances might you refer me to another professional?
- How much do I pay per session, and is there a cancellation fee?

You may have different questions. Always ask if something is unclear. If you feel uncomfortable asking your therapist directly, ask your questions in a letter.

Confidentiality Concerns

You may be worried that you could be labelled as mentally ill in your medical records if you have talking therapy. Or that this information may be passed to a future employer in a medical reference.

Therapists have a duty to keep personal information about you confidential. But they will keep records, and they will share basic information with your GP, and any other professionals involved in your care with your consent. They should ask your permission before giving information to anyone such as family members, or an employer. Otherwise, a therapist will break confidentiality only in very exceptional circumstances where, for example, a child is at risk, or there is an immediate danger to yourself or others.

If you are concerned, check with your therapist exactly what information will be passed to others. If you feel your confidence has been broken you should use the complaints procedures, or contact the relevant professional body.

Risk of talking therapies

There are risks: focusing on your problems can make you feel worse initially, and therapy can sometimes affect your relationships with your friends and family in a negative as well as a positive way. Strong feelings may come up in therapy and you may feel vulnerable or angry. You may become dependent on your therapist and have strong feelings of attachment to him or her. It is the therapist's job to understand these feelings, to help you to deal with them as they arise, and not to take advantage of your vulnerability or neediness.

It is not unusual to feel worse before you feel better. But you should not

What can I ask and expect from the psychological therapists ?

Psychological therapists do vary. Some are simply better at their job than others, or they may be better for some people and some problems than others. If you have severe or complex mental health problems your GP should refer you to a skilled and experienced therapist.

Practitioners ought to be qualified and accredited by a professional body such as the Psychological Society of Ireland (P.S.I.) and the Irish Council for Psychotherapy (I.C.P.). Each of these associations will have its own code of ethics and practice, complaints and disciplinary procedures. Sometimes you may be attending a psychological therapist who will be in training or newly trained – in which case they ought to be under regular supervision. They may be good at their job, but you may want to know about their experience. It is especially important to ask about the training and experience of private therapists as training courses can last anything from a week to several years. It is also important to check which professional body they belong to.

Your first one or two meetings should involve you and the therapist getting to know each other and deciding if you can work together. The more information you have about what to expect, the less likely you are to be disappointed. A good therapist will expect questions and be happy to answer them.

Possible Questions For Your Therapist

- What kind of therapy do you offer and what is it trying to achieve?
- How long is a session and how often are they held?
- How long might therapy last for and how does it end?
- How long before I should expect to feel some benefit from therapy?
- Can I contact you between sessions if I need to?
- What training have you had, how many years have you been practising?
- What professional organisation do you belong to?
- Have you had experience of working with people with similar problems to mine?

Humanistic and Integrative Psychotherapy

This model of therapy evolved out of the human potential movement of the 1960's and is based on a belief in the inherent ability of the individual to overcome and grow through their struggles. Practitioners of this approach will tend to focus clients more on feelings, and help develop clients self-awareness of the underlying factors that may be contributing to these feelings. They will often go on to assist the client work through unresolved and blocked emotions. Sessions are usually on a weekly basis and can go on for up to 30 sessions or more.

What Is It For?

Personal growth and development is the stated goal of this approach. This approach has been shown to be helpful in the treatment of depression, anxiety disorders, trauma and marital problems amongst others.

Psychoanalytical and Psychodynamic Therapies

Psychoanalysis is the original model of psychotherapy as formulated by Sigmund Freud. This approach involves a therapist listening to your experiences, exploring connections between present feelings and actions and past events. It aims to help you understand more about yourself and your relationships. Psychoanalytic and psychodynamic therapy may often continue for a year or more, but can sometimes be short term. While many therapists will be familiar with and have been influenced by psychoanalytic principles, not many will practice this approach in its purist form.

What Is It For?

Psychoanalytic/psychodynamic therapy can help people get to know themselves better, improve their relationships and get more out of life. It can be especially useful in helping people with long term or recurring problems get to the root of their difficulties.

Family Therapy

This approach involves inviting all family members to participate in therapy. Rather than identifying any one member of the family as being the problem, communication patterns within the family network are examined. Here the treatment addresses the family system as the basis for the development of functional and dysfunctional behaviour.

What is it For?

This treatment approach is often recommended in dealing with problems with children and adolescents and has been shown to be effective in the treatment of a wide range of behavioural problems including eating disorders.

Somatic Complaints

Effective psychological treatment such as C.B.T. is available for chronic fatigue and chronic pain.

Psychological intervention should be considered for other somatic complaints with a psychological component, such as irritable bowel syndrome and gynaecological complaints (pre-menstrual syndrome, pelvic pain)

Contraindications – when not to use psychological treatments

Routine debriefing shortly after a traumatic event is unlikely to help prevent posttraumatic stress disorder and is not recommended.

Generic counselling is not recommended as the main intervention for severe and complex mental health problems e.g. schizophrenia, manic depression or personality disorders.

The use of depth psychological therapy has been shown to be contraindicated in conjunction with major tranquilisers.

Alcohol and other substance abuse

Treatment for substance abuse is multifaceted and complex, where the patients own motivation and willingness to address the issue is a primary factor when considering the likely successful outcome of any intervention. The AA model of treatment with its 12 steps has been the tried and tested model of service delivery. A parallel psychological therapy programme in conjunction with this approach, often carried out on an inpatient basis, may improve the likely outcome of success. Addiction counsellors who specialize in treating these problems are widely available within the public service health services.

Eating Disorder

Bulimia nervosa can be treated with psychological therapy, with evidence available for the effectiveness of cognitive behaviour therapy.

Individual psychological therapy for anorexia nervosa may be of benefit. There is little strong evidence on therapy type however, with family therapy also of benefit for this condition. In more severe cases, in patient treatment may need to be considered.

Sexual dysfunctions.

Sexual dysfunctions such as impotence, premature ejaculation and vaginismus can be treated quite successfully using a variety of behavioural and psychotherapeutic interventions. These treatments ought to be considered as a matter of course following a detailed assessment and evaluation of the specific problem.

Personality Disorder

A co-existing diagnosis of personality disorder may make treatment of the presenting mental health problem more difficult and possibly less effective; indications of personality disorder include forensic history, severe relationship difficulties, and recurrent complex problems.

Structured psychological therapies delivered by skilled practitioners can contribute to the longer-term treatment of personality disorders, where there is a willingness by the client to address the problems.

People who can help

Introduction

Listed below are a variety of professionals you may wish to consider meeting should you be experiencing mental health problems. In all cases remember that the key point is to find someone with whom you can get on and relate to, trust and who behaves in a professional manner. These are the range of professionals who can provide a variety of talking therapies and deal with mental health difficulties.

1. Psychologist

Psychologists study the science of human behaviour. A clinical psychologist will also have had post-graduate training in clinical psychology enabling them to assess and treat people with mental health problems. Counselling psychologists will have had a post-graduate degree in counselling psychology. Counselling and clinical psychologists cannot prescribe drugs, but offer a range of psychological treatments including behaviour therapy, cognitive behaviour therapy, counselling and psychotherapy. They are usually based in hospital settings or specialist centres, but some work in general practice and some work privately. For a list of Registered psychologists you may contact the Psychological Society of Ireland.

2. Psychotherapist

Psychotherapy training usually takes at least three years: as part of their training trainee psychotherapists undergo psychotherapy themselves. Psychotherapists do not necessarily have a University degree. There are a number of different schools of psychotherapy – some therapists will stick to one approach and others will use a mixture. Many psychologists will also have had training in psychotherapy. Private psychotherapists often work from home. If you go to a private psychotherapist, make sure they are registered with the Irish Council for Psychotherapy.

3. Counsellor

Counselling training can vary from several weeks to several years. A fully qualified Counsellor should have a counselling Diploma (2 years part time training) and formal counselling experience as defined by the Irish Association for Counselling and Psychotherapy. The term counsellor can very often be used interchangeably with the term Psychotherapist since in many cases their training will have been very similar.

4. Psychiatrist

A psychiatrist is a medically trained doctor, who has had further training in the diagnosis and treatment of mental health problems. You will be referred by your GP for an assessment by a psychiatrist. They may prescribe drugs, or they may refer you to a psychologist or a psychotherapist for talking therapies. Psychiatrists usually work in hospitals, but can be part of community mental health teams. Like all doctors, Psychiatrists must be registered with their professional body, the Medical Council. In some instances, a psychiatrist may also provide a talking therapy.

Others who can help

Within the health services you may also meet with nurses and social workers who can provide you with ongoing emotional support.

Information sheet No. 4

Treatment choice: ~ What works for whom

Introduction

There is ample scientific evidence now available to support the benefits of different psychological treatment approaches for a wide range of psychological problems. Below is a summary of this evidence to date, confirming that psychological intervention ought to be considered as a treatment of choice for many psychological disorders.

Adjustment to Life Events

Patients who are having difficulty adjusting to life events, illness, disabilities or losses (including childbirth and bereavement) may benefit from brief therapies and counselling.

Post Traumatic Stress

Where post-traumatic stress disorder (PTSD) is present, psychological therapy is indicated, such as cognitive-behavioural methods.

Depression

Depressive disorders may be treated effectively with psychological therapy alone, with evidence for effectiveness of cognitive behaviour therapy and interpersonal therapy, and a number of other structured therapies, including short-term psychodynamic therapy.

Anxiety

Anxiety disorders with marked symptomatic anxiety (panic disorder, agoraphobia, social phobia, obsessive compulsive disorders, simple phobias and generalised anxiety disorders) are likely to benefit from psychotherapy including Cognitive Therapy and Humanistic Psychotherapy.