

In this Spotlight series, Tourettes Action speaks with professionals across the health and education sector about their role in supporting someone with TS

SPOTLIGHT

ON... CLINICAL PSYCHOLOGISTS



Q&A with clinical psychologists: **Dr Alesia Moulton-Perkins and Dr Tara Murphy**



Tourettes Action interviewed Dr Alesia Moulton Perkins and Dr Tara Murphy, to find out how a clinical psychologist can be of support to someone with Tourette Syndrome.

What is clinical psychology?

As clinical psychologists, the depth and breadth of our training gives us a scientific understanding of the human mind and knowledge of evidence-based treatments to promote psychological well-being and reduce distress in people. We work with people across the lifespan, and a broad range of problems which impact on an individual's function. This could include helping someone to manage pain, develop more meaningful relationships, engage in leisure activities, or find greater satisfaction in their work or study. In the case of individuals with Tourettes Syndrome (TS) this might include helping someone to manage their tics so they don't interfere with their ability to concentrate in a lesson, get in the way of making friends, or meeting a romantic partner.

Clinical psychologists study psychological theories, treatment models and research methods to doctoral level. We are trained to conduct detailed psychological assessments which may include consideration of

someone's cognitive (thinking skills), emotional or social functioning in different contexts, and across different times in their life. We then use these multiple sources of information to draw up a 'formulation' collaboratively with the client. This is a shared understanding (often written down and/or drawn in a diagram) of a person's strengths, past experiences and current difficulties. With a better and shared understanding of what causes and maintains their difficulties, the clinical psychologist can structure treatment most effectively.

Our clients may have mental health difficulties, ranging from mild to severe; or they may be struggling to adapt to a physical health problem, a cognitive difficulty like dementia or learning disability, or a neurobehavioural condition like Tourettes, Autism or Attention Deficit Hyperactivity Disorder.

Training to be a clinical psychologist entails a minimum of 6 years of study – an undergraduate psychology degree plus a three-year doctorate. As

such, we have some of the highest standards of training in treating mental health conditions available. This broad, varied and thorough understanding of human psychology is what places clinical psychologists in a unique position to understand peoples' difficulties through multiple lenses, not limited by one particular model or approach.

What is the difference between a psychologist and a clinical psychologist?

A 'psychologist' is a generic term and does not describe a profession per se. It could refer to a range of individuals who come from an academic or an applied psychology background. In theory, anyone who has done a psychology degree could call themselves 'a psychologist'. Academic psychologists tend to conduct research in universities. They typically have a PhD but won't be trained to work with patients with clinical problems. Applied psychologists, for example clinical psychologists, on the other hand have completed postgraduate training specifically designed to equip them with the skills to help clients solve their practical or emotional problems. They tend to work in real world settings such as hospitals, schools, prisons, businesses or in social care. The Health and Social Care Professions Council regulates the training and registration of applied psychologists, with the titles of 'Registered Psychologist' or 'Practitioner Psychologist' being legally protected. Depending on their training, applied psychologists may also use one of the 7 domain-specific titles: clinical, counselling, forensic, occupational, educational, sports and exercise, or health. Because the title 'clinical psychologist' is protected by law, members of the public can have greater confidence in their skills and knowledge. Other therapy or psychology professions with titles such as 'psychologist', 'therapist', 'counsellor', or 'psychotherapist' are not regulated and therefore it is harder for members of the public to assure themselves of the quality or training of the professional concerned.

How could clinical psychology help someone with TS?

Clinical psychologists help people with TS by using their psychological knowledge to conduct a detailed assessment of the nature and severity of the tics, and

the context in which they occur. Their assessment may include establishing a diagnosis if one has not already been given by a medical doctor. They use the information gathered during the assessment to build a formulation. This provides a plan for psychological treatment. Assessment and treatment may involve direct (seeing them face to face) or indirect (e.g. contacting their school, meeting with their parents separately) contact with the client.

Direct work would involve the psychologist teaching the person with TS different ways of managing their symptoms. However, sometimes with younger clients it is most effective if the clinical psychologist also works indirectly with parents or teachers. Here they would work with the adult to advise them on how best to support the young person with tics. The psychologist can teach the adult caring for the child how to implement particular psychological strategies with the young person.

What therapies might a clinical psychologist use in treating someone with tics?

Both direct and indirect psychological treatments feature variants of behavioural therapy. Behaviour therapy seeks to help the person tolerate the urge to tic, and thus reduces the frequency and severity of the tics themselves. A cycle has built up between the urge, the tic and the sense of transient relief that follows when a tic is expressed. Behavioural therapy seeks to disrupt this cycle and teach the person to tolerate their urge and control their tics. The most widely researched approach is called Habit Reversal Therapy (HRT). In treatment, the person is helped to identify a 'competing response' or 'tic blocker'. This is a replacement behaviour they can do until the urge to tic reduces or does not bother them anymore. The competing response has to be an action which the person can do without drawing attention to themselves and simple enough that they can use it anywhere and at any time. An approach which integrates HRT alongside other strategies, and has been shown to be effective in reducing tics, is called Comprehensive Behavioural Intervention for Tics (CBIT). In addition to HRT's 'competing responses', CBIT seeks ways of changing the environment around the person with tics, to reduce the tic triggers and reinforcers. Exposure and Response Prevention is another treatment which has had fewer

studies to date but shows strong potential. Here the person with tics is helped to stay in situations which trigger the urge to tic, and to resist responding to that urge. Essentially the psychologist teaches the patient to control the tic which then becomes a habit in itself.

Depending on whether the person with TS (usually an adult) has additional psychological difficulties, a clinical psychologist may also use cognitive strategies to help them deal with negative thoughts and emotions. When cognitive and behavioural strategies are both used, the therapy is called 'CBT'. While nurses and other non-psychologists can safely and effectively administer behavioural therapies, if the person with tics has other problems like Obsessive Compulsive Disorder (OCD), ADHD, anxiety or depression alongside TS, then a clinical psychologist is the best equipped to help them as they have further specialist training in psychological treatments for a range of disorders.

Where do clinical psychologists work?

Clinical psychologists may work in community mental health outpatient clinics, child development centres, specialist services called 'neurobehavioural clinics', in private practice or in university research clinics. These settings may be in children's or adult's services. Some clinical psychologists deliver 'telemedicine', i.e. using video conferencing software like Skype or zoom to conduct therapy live over the internet with their clients. Evidence suggests this is as effective as face to face therapy. Other forms of treatment that have been developed include online treatment (via a website) and group based interventions. Geographical location is then no restriction. Unfortunately, few NHS services offer telemedicine as yet, and generally clients turn to clinical psychologists in private practice if they are unable to access an NHS clinic.

How would someone with TS access a clinical psychologist?

Generally, it is best to start by asking the GP. They will know whether there is a local NHS service for people with TS and if there is, they will make the referral. Unfortunately, however, there is a shortage of neuro-behavioural services across the country and a low number of clinical psychologists who have the specialist training in behavioural therapy for tics. If

this is the case, you could request what is called 'an out of area' referral. This is where your GP applies for special funding so you can get treatment from another team outside your NHS Trust. Alternatively, you can seek help privately. Tourettes Action holds a list of professionals who are trained in behavioural therapy for tics which includes people who work in NHS settings as well as privately.

Do clinical psychologists work alongside other health professionals involved in someone's care, i.e. a neurologist or social worker?

Clinical psychologists working in NHS settings nearly always work in a multidisciplinary team. In private practice, it is more likely the clinical psychologist will be working alone delivering behavioural therapy. They may or may not have formal links with local private doctors or psychiatrists. In NHS settings, clinical psychologists typically work alongside a psychiatrist or paediatrician who may have first diagnosed the TS. Sometimes, it is a neurologist outside the mental health team who has first diagnosed the TS and referred the patient for behavioural therapy. The clinical psychologist then may work alone with the patient for a while, liaising with the doctor if any issues around medication arise.

If the clinical psychologist was the first person to spot TS, they may conduct a diagnostic interview to confirm this. If the patient is considering medication, then the clinical psychologist will refer them to a doctor, as clinical psychologists do not prescribe medication. If the person's problems are particularly complicated, and tics are occurring alongside other complex physical or mental health concerns, a psychiatrist and clinical psychologist may work together to form a diagnosis and to determine if the person might benefit from behavioural therapy for tics. Other psychological or pharmacological therapies may be recommended based on their problems.

Other members of the multidisciplinary team, such as nurses, occupational therapists or social workers, may work alongside the clinical psychologist. If they have been trained in behavioural therapy for tics and the client is not experiencing other mental health problems, they may deliver the behavioural therapy themselves directly. Nurses may be involved in the

person's care by monitoring their physical health or medication, liaising with the clinical psychologist if any change in circumstances arise that might need specialist help. Social workers or occupational therapists may assist the client with access to benefits, adapting their work or home environment to their needs, and liaising with or advocating on their behalf when dealing with outside agencies such as social care services. Physiotherapists in physical health settings such as hospitals or community clinics may work alongside a clinical psychologist if the person with TS has pain associated with tics.

About Dr Alesia Moulton-Perkins

Alesia is a clinical psychologist and CBT therapist working at the University of Surrey and in private practice. In her private practice www.onlinepsychologyandcounselling.com she specialises in delivering CBT to people with neurobehavioral conditions and long term physical health conditions. Her particular passion is delivering therapy remotely via videoconferencing, something she researches at the University of Surrey and offers via her private practice.

About Dr Tara Murphy

Tara is a consultant clinical psychologist and paediatric neuropsychologist who works in clinical services and research for children and adults with tic disorders. She has written a couple of books and scientific papers on Tourette syndrome. Tara is currently working on the ORBIT research study at Great Ormond Street Hospital NHS Foundation Trust

Dr Moulton-Perkins and Dr Murphy are on Tourettes Action's list of behavioural therapists which is an informal list of psychological therapists in the UK offering behavioural therapy and cognitive behavioural therapy for the treatment of tics & Tourette Syndrome.

USEFUL ORGANISATIONS/ FURTHER READING

The British Psychological Society – representative body for psychology and psychologists in the UK
www.bps.org.uk

Please contact the helpdesk for a copy of our behavioural therapist list which features Dr Moulton-Perkins and Dr Murphy.

Helpdesk phone: 0300 777 8427

Helpdesk email: help@tourettes-action.org.uk