

## **Psychological Services at the Applied Psychology Centre: Initial Considerations for Clients**



Prospective clients, either adults or parents seeking help for their children, usually have a good idea of the kind of problem(s) they or their children are facing, but often have questions about how these problems will be addressed in the context of a psychology clinic. This document discusses some initial considerations for clients who must decide on assessment and intervention for themselves or their children.

### **Private Psychological Services**

An important consideration for clients is that psychological services are not covered under the Ontario Health Insurance Plan (OHIP). Most psychological services are private, and so need to be paid for out of pocket or with the help of an extended health insurance policy. Sometimes psychological services are provided by psychologists in hospitals or other agencies that are independently funded, typically by the government. Normally these services are available only through admission as a patient to a special hospital clinic or department of psychiatry.

### **Psychologists & Psychiatrists**

Mental-health services covered by OHIP are typically provided by psychiatrists, who are mental-health practitioners with medical degrees. Although there are exceptions, psychiatry is a discipline with a specific model of mental-health problems and treatments, often called the *medical model*. In this model, psychological problems are often viewed as “illnesses” or disorders like illnesses, and are thus often considered best treated using some form of medication.

Psychologists, on the other hand, are trained in a different academic and clinical tradition than psychiatrists, and thus view human behaviour and experience in somewhat different terms. They usually subscribe to a *behavioural* or *cognitive-behavioural* model of mental health, which give a major role to learning, training, beliefs, and experience in the causes and treatments of psychological problems. An important advantage of teaching, training, and behavioural approaches is that change is related to *increased inner competence and skill*. Thus, a person is more likely to *retain* those changes when treatment is stopped.

It is important for people to realize that, in choosing a mental-health practitioner—psychologist or psychiatrist—it is not just OHIP coverage that defines the difference. There are also critical differences in assessment and treatment philosophy and intervention techniques.

### **The Assessment Process**

After an initial consultation with the psychologist, the first step in any program of intervention is assessment. Psychologists are strong believers in assessment, and the discipline of psychology is at the forefront of the field of scientific inquiry called “tests and measurement.” Psychologists use psychological tests, called psychometrics, to measure skills, traits, tendencies, interests, and preferences, which provide objective data on which to base diagnoses and interventions. Psychometrics measure many factors, including developmental levels, intelligence, language, brain function, social skills, personality, behavioural tendencies, and emotions. The results of these tests are combined by the clinician with the client’s history—familial, developmental, educational, and vocational—to formulate an understanding of the client’s difficulties, to make diagnoses, and to offer recommendations for intervention.

Psychometrics have two purposes. First, they help a clinician understand what strengths and weaknesses a person has—to develop a *profile* of that person, which might include diagnosis or other types of categorization. Second, psychometrics are used to evaluate *progress* in treatment—how far someone has progressed in treatment or training since their first or previous assessment, and how far someone has progressed relative to the long-term goals of treatment.

### **The Screening versus the Full Assessment**

How much assessment is necessary? This depends on a number of factors, including how serious and widespread a person’s problems are; how likely is it that some specialized intervention will be needed to help the person; how critical is it to have a “diagnosis” for purposes of schooling or other medical or educational programs; how much the client can afford; or, how much information a client or guardian would like to have about the nature of their own, or their child’s, psychological difficulties.

We define two levels of assessment: one driven by considerations of breadth and economy of coverage, and the other by considerations of depth and thoroughness. At one end of the continuum is the *screening*, which seeks to evaluate a broad range of issues in a cost-effective way. A screening includes a review of the client’s background—family, school, behavioural, and social history—as well as the administration of behavioural and personality questionnaires and inventories, and a number of short performance tests. Screening is typically used in conjunction with on-going intervention, and also allows clients with limited financial resources to put most of those resources into intervention rather than assessment *per se*.

At the other end of the continuum is the *full psychological* assessment. The full assessment includes in-depth evaluation of performance, cognition, attention, memory, achievement, or other specialized areas of functioning. This assessment gives an enormous amount of psychological information about a person’s make-up. Such an assessment may be required for certain conditions and purposes, like learning disabilities, severe or pervasive behavioural problems, long-standing adjustment issues, drug or alcohol abuse, or injury due to motor vehicle accident.

If you are wondering whether to request a screening or a full psychological assessment, normally Dr. Maxwell will make a recommendation based on the first consultation and other information about severity of the condition, need for diagnostic clarity, etc.

### **Intervention—the normal reason for assessment**

For the most part, assessments define a program of intervention for change, renewal, and growth: they determine the need and focus of change and evaluate the magnitude of change. Some assessments, on the other hand, focus solely on determining if someone qualifies for a particular program or benefit from an institution, like a gifted student assessment or a learning disability assessment.

*Specialized interventions.* It is the purpose of the assessment to identify possible and preferable interventions that are compatible with a person’s strengths and weaknesses. This is especially true for specialized profiles and their corresponding interventions—for example, educational strategies are partly determined by the nature of a learning disability. There may also be targeted interventions for psychological problems like anxiety, phobias, depression, or behavioural difficulties, which may include behaviour modification, cognitive-behavioural therapy, desensitization, counselling, etc.

*General interventions.* While many psychological interventions can be thought of as “specific” to certain problems a person might have, some issues that people face are virtually universal—and the corresponding

solutions are also universal. All people experience stress, and the inability to successfully cope with stress is at the core of many mental-health problems. A general form of psychological intervention to address this universal need is self-regulation training. Self-regulation training typically uses biofeedback to develop a person's capacity to adapt their psychological responses to the varied demands of the environment. Physical exercise is another example of a universal form of intervention, which is helpful for mental health no matter who does it.

### **Training the core mental-health skill: Self-regulation**

Good stress coping and adaptive skills are part of a general set of competences called *self-regulation skills*. Self-regulation is the capacity to maintain mental and physical systems in balance for optimal adaptive functioning. Many problems that people face represent failures of self-regulation, including general motivational problems, depression, anxiety, attentional deficits, and performance and behavioural problems. A common, well-known “formal” disorder of self-regulation is attention deficit/hyperactivity disorder (AD/HD or ADD), which includes difficulty regulating attention, emotion, motivation, planning, and organization.

In the past 30 years, there have been enormous advances in the practice and technology of self-regulation training. Many advances have emerged from an area of psychology called *applied psychophysiology and biofeedback*. In biofeedback, a person learns to control and modulate a physiological variable that *underlies* poor performance or adjustment. The current pinnacle of biofeedback training is *neurofeedback* or brain-wave biofeedback. Neurofeedback is a unique conjunction of learning theory, neuroscience, and computer and physiological technology that focuses on training optimal brain-wave patterns. We invite you to enquire about this important area of intervention. Virtually all problems we see in the clinic are profoundly improved by training of self-regulation skills. Training in these skills provides a child or adult with the inner skills to manage stress and be self-directed, and is a core intervention that we recommend to all clients—children and adults alike.

### **A note on psychiatric medications**

A high proportion of our clients come to us on psychiatric medications, and in our extensive work with these clients on self-regulation skills, we find that in general they progressively require less medication as their intrinsic capacity to self-regulate increases. Virtually all of these clients find this a satisfying outcome of their therapeutic experience. From a general social and medical point of view, there is a surprisingly widespread and unquestioned view that psychoactive medications—those used to treat psychological problems—are necessary for successful clinical outcome and benign in their impact on the neurological system. It is perhaps worth emphasizing that this general social consensus is in part conditioned by the enormous power and influence of the pharmaceutical industry—one of the most financially successful industries in history. Bear in mind as well that psychoactive medications have an enormous appeal in their ease of administration, apparently powerful impact on certain “stubborn” psychological problems (like depression or psychotic conditions), and the fact that their use is often seen to eliminate the need for active and time-consuming participation in a life-changing therapeutic program.

### **Conclusion**

In summary, if you have any questions about our services, financial policies, assessment or intervention options, or overall emphasis in our work, please ask. We look forward to working with you.

