

## Working it out together:

### Tips on preparing children and their families for psychological services



Many young people attending psychological services for the first time may have little understanding of why they are there, what might happen, and how it might be helpful. To address this issue, the Psychological Society of Ireland Special Interest Group in Child and Adolescent Psychology (SIGCAP) consulted with children, young people, and professionals about how best to describe the role of a psychologist to children and what to expect on a first visit. This sheet includes a number of practical suggestions for psychologists based on these consultations. Some tips may reflect your current practice and others may provide points for reflection. Their utility is likely to depend on your own experiences and practice, the child's characteristics (i.e. age, gender, abilities, previous experiences), the family, as well as the timing, setting, and referral pathway. Therefore, they are not intended as a 'one-size-fits-all' approach. Rather we hope that they can add to your toolbox of practices for introducing yourself to and engaging with children and their families. As time may be limited, we have listed some resources that may be of help in providing families with relevant and reliable information.

#### INTRODUCING YOURSELF

Children may be confused about who you are, what you do, and may think (or may have been told) that you are a **psychiatrist**; a **social worker**; a **dentist**; an **eye doctor**; a **teacher**; a **friend**; **the lady**; or **mummy's yoga teacher**. They may also have concerns about whether they can trust you, based on worries about not knowing you, who you will talk to, whether you will take sides, and whether you will judge/criticise them.

- Children recommended providing information on who the psychologist is and their role in helping children. Similarly, psychologists indicated the need to demystify their role by explaining who they are, how they differ from other practitioners, their role in understanding and helping children, who they work with, and their practices around confidentiality and impartiality: **I help like a doctor, except I don't have needles or medicine**; **I'm like a detective**; **I can't read people's minds**; **My job is to understand what your life is like and help children with things they may be finding hard or upsetting**; **We'll put our heads together to come up with a solution**; **I work with teachers and families**; **We will figure out who the best person to help might be**; **Explain the limits of confidentiality**; **Explain who I'd be talking to**.
- Psychologists also recommended checking in with children's own level of understanding: **Exploring their understanding of who I am and why I am there to see them, this way I can unravel what they already know, get to understand and address their fears and concerns and explain exactly why I am working with them**.

#### REASSURING CHILDREN THAT IT'S OK TO VISIT A PSYCHOLOGIST

Children and young people may feel nervous, uncertain, and/or reluctant to attend a psychologist. They may feel that they are the only one, or worry that seeing a psychologist means that they are **bold**, **mad**, **weird**, **crazy**, **psycho**, and/or that they will be judged by others.

- To help normalise the experience of attending a psychologist, children asked for facts and figures on mental health – you'll find some on the back of this sheet.
- Children and young people also stressed the importance of psychologists being encouraging and reassuring. Psychologists recommended empathising with children and reassuring them that they see lots of different children for a variety of reasons: **Empathise and try to convey to the adolescent an understanding of the difficulty in being here, taking the pressure off the 'fear' perhaps in feeling that they have to talk**; **I meet lots of people, boys and girls, each day that are perhaps not doing as well as they would like or someone who cares about them is worried about them**.

#### EXPLAINING THE PROCESS

Children and young people may have concerns and misconceptions about what will happen when they attend a psychologist such as: having to talk about the hard stuff, being tested/having to perform, how long the visits will be, the use of invasive procedures (e.g., injections), the role of medication, having to lie on couches, and being brainwashed.

- Children and young people asked for information about what will happen when they attend a psychologist. Psychologists' suggestions about possible explanations covered a variety of different areas: **Explain what we are going to do, the types of assessment, where the toilets are, breaks etc: In the beginning I might need to ask lots of questions**; **My job is to talk to you and get to know what's going on for you**; **We typically talk and sometimes use other approaches (e.g., inviting you to draw)**.

#### EXPLORING EXPECTATIONS ABOUT POSSIBLE OUTCOMES

Some children and young people may have worries about the impact that seeing a psychologist will have on their lives, including missing/being moved from their class/school, being rejected by friends, disruptions to their family life, having to attend forever; expecting little improvement, or having unrealistic expectations about changes to their wellbeing.

- Many children and young people expected that attending a psychologist could bring positive changes or allow them to 'let go', feel supported, hopeful, and optimistic. Psychologists indicated a need to take time to talk about the changes children can expect, how long they will need to attend, and why and how psychologists work with families, teachers and other practitioners: **I can talk to you and your teachers and parents so that everyone understands better, then they will know how to help and support you and it can make school easier for you**.
- Some psychologists also recommended exploring and addressing children's concerns about undesirable or unlikely changes: **a child once thought he was being sent to live in the centre**.

## BACKGROUND TO THE CONSULTATIONS

### CHILD CONSULTATION

- 25 children and young people (who had not previously attended a psychologist), from two primary and two secondary schools, took part in participatory consultations.
- A variety of consultation techniques were used, including vignettes of characters with different psychological profiles, a word association task with life-size “good” and “bad” psychologist figures, an activity matching characters displaying different affective states to the various stages involved in attending a psychologist, and the creation of a mock resource for children and young people.
- Thematic analysis was used to analyse the transcripts and other outputs.
- The results were presented at the PSI Annual Conference in Salthill, 2011.



### PSYCHOLOGIST CONSULTATION

- 80 psychologists working with children and young people participated in an online survey. The sample included clinical (n = 34), educational (n = 22), counselling (n = 15) and other psychologists (n = 11).
- The survey was based on the findings from the child consultation, a review of the literature, and feedback from a pilot involving a number of researchers and practicing psychologists.
- Data were analysed descriptively and using thematic analysis.
- The results were presented at the PSI Annual Conference in Cork, 2012.

## FACTS AND FIGURES

- Across all of Europe, a third of visits to doctors (GPs) are about mental health problems (WHO, 2003).
- The number 1 health issue for young people is mental health (McGorry, 2005).
- Research from the US estimates that between 1 in 10 and 1 in 7 children under the age of 5 years experience emotional or behavioural disturbances (Brauner & Stephens, 2006).
- As many as 1 in 4 young people are experiencing some kind of personal, emotional, behavioural, or mental health difficulty, but many of these may not receive help (see Cannon, Coughlan, Clarke, Harley & Kelleher, 2013; Lynch, Mills, Daly & Fitzpatrick, 2005; Martine, Carr, Burke, Caroll & Byrne, 2006; Sullivan, Arensman, Keely, Corcoran & Perry, 2004).
- The My World Survey is the biggest survey of young people’s mental health in Ireland and it asked 14,000 young people aged 12-25 years across the country about their mental health. It found that many young people experience some mental health problems. For example, over a third had mild to severe depression or anxiety (Dooley & Fitzgerald, 2012).

## RESOURCES

Here are some general online support services where you can direct young people or their parents to find information about mental health practitioners, services, and support on issues affecting them. This is not a comprehensive list of services, but is an indication of resources available online.

- [www.reachout.com](http://www.reachout.com) Detailed information on mental health including information on professionals, services, and mental health issues.
- [www.headstrong.ie](http://www.headstrong.ie) Information about mental health and the Jigsaw service; an extensive list of links to relevant services that children or parents may need.
- [www.jigsaw.ie](http://www.jigsaw.ie) Information about their work in the community related to the mental health and wellbeing needs of young people aged 12-25.
- [www.spunout.ie](http://www.spunout.ie) Information and advice with the goal of promoting the wellbeing of young people between the ages of 16 and 25.
- [www.childline.ie](http://www.childline.ie) Information on issues that can affect children and details of the different ways of contacting the organisation.

## SPECIAL INTEREST GROUP IN CHILD AND ADOLESCENT PSYCHOLOGY (SIGCAP)

- The SIGCAP is a Special Interest Group in Child and Adolescent Psychology of the Psychological Society of Ireland (PSI). Find us on the PSI webpage, facebook, or email us [sigcap09@gmail.com](mailto:sigcap09@gmail.com) to continue the conversation.