

# Counsellor or Psychotherapist?

Our careers guide helps those wanting to train as a Psychotherapist or Counsellor understand key definitions

**Psychiatrist** – Medically-qualified doctor who specializes in mental illness. Uses diagnoses (eg 'schizophrenia') and most often medication. Some are also psychotherapists who use non-medication ways of improving mental health, in addition to their medical practice. "Psychiatrist" title is professionally restricted which means it's illegal for anyone not properly qualified to call themselves a psychiatrist.

**Psychologist** – Trained in the workings of the mind, often from an experimental basis. Clinical or Counselling Psychologists specialise in treating diagnostic conditions with a variety of therapies but most often CBT. They tend to specialise in particular areas such as adult or child mental health, neuropsychology, or older adults. "Clinical" or "Counselling Psychologist" title is professionally restricted which means it's illegal for anyone not properly qualified to call themselves a Clinical or Counselling Psychologist.

**Psychotherapist** – A blanket term given to anyone who treats psychological distress through some kind of non-medicine therapy. They don't have to be psychiatrists or psychologists and may have done long, thorough trainings as at Tavistock Relationships, or short, more cursory ones. Anyone can call themselves a "psychotherapist" but we have a particular definition and training that meets specific Professional Body standards.

**Counsellor** – A blanket term given to anyone who treats emotional or life distress through some kind of non-medicine intervention. They tend to be lighter-touch than psychotherapists and their training tends to be shorter but can be either thorough still or more cursory. Anyone can call themselves a "counsellor" but Tavistock Relationships has a particular definition and training that meets specific Professional Body standards.

## Tavistock Relationships' Clinicians:

**Couple Psychotherapists** – Name used for clinicians who have done our flagship 4-year post-graduate **couple psychoanalytic psychotherapy training**. They usually have substantial clinical experience before coming to us. They tend to see the more challenging couples and may work with another therapist in the room with them ('co-therapy'). They only see couples.

**Couple Counsellors** – Name used for clinicians who have done our excellent 3-year **post-graduate couple & individual psychodynamic counselling and therapy training**. They may have very little or no previous clinical experience before training. They tend to see the less challenging couples, work on their own, and see individuals with relationship difficulties as well as couples.

**Psychosexual & Relationship Therapists** – Name used for clinicians who have done Tavistock Relationships' further **top-up training for already qualified couple counsellors**. They specialise in sexual problems and aim to see the couple but may also see individuals. They work behaviourally as well as psychodynamically (see below).

**Group Workers** – Name used for clinicians who are part of the **Parents as Partners Project**, specializing in a particular model of couples' groups developed by Phil and Carolyn Cowan in California and now trialled in the UK by us. They are often qualified as group or family therapists and are not part of the general clinical here.

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## Names Used in Tavistock Relationships' Therapies:

### Psychoanalytic/Psychodynamic –

Name used for clinicians who have done our flagship 4-year post-graduate couple psychoanalytic psychotherapy based on the idea that we all have an unconscious that influences what we perceive, think, feel, and behave and that it has more of an influence in those areas of life where we have difficult or unresolved issues from childhood. Our couple relationships are chosen from a mix of conscious and unconscious reasons, and problems arise when our internal expectations of what a relationship should be comes up against a different reality. Couple relationships are a place where early conflicts can be re-experienced and 'healthy' couples aim to become aware of this and find a way of maturing; 'defensive' couples have got together to prevent becoming aware of their difficulties. These different positions have an impact on the family and on their children. Therapy helps couples become aware of these dynamics and so do things differently.

**Mentalization** – Based on an idea that couples in unresolved conflict have a particular difficulty in seeing the other's point of view when angry or distressed, such that they are convinced that the other person is full of malign intent towards them and are unable to manage the increasing fury and chaos that this makes them feel. The capacity to mentalize is the capacity to have both thoughts and feelings at the same time, and to be curious about other people's thoughts and feelings. The **Parents in Dispute Project** works to increase mentalizing with divorced couples who have got stuck in fights in the Family Courts so that they can make better decisions between them for their children.

### Couple Therapy for Depression –

A specific couple treatment for depression in the NHS (Improving Access to Psychological Therapies – IAPT – Services). It is an 'evidence-based' therapy that draws on a range of different couple therapies that have been tested in RCTs as treatments for depression and proved to work quantitatively. It integrates behavioural, cognitive, emotion-focused, systemic, and psychodynamic techniques. We don't currently offer this therapy at Tavistock Relationships but we train and supervise people across the country to deliver it for the NHS. We are trying to get commissioned to deliver it and we want to do an RCT to explore its effectiveness.

**Psychosexual Therapy** – A branch of psychotherapy centred around the sexual nature of the individual and the couple. This requires specialist training, which we offer.

## Names of other therapies used outside of Tavistock Relationships:

**Behavioural** – We get into patterns of behaviour or habits that are not good for us (eg not going outside because it's too scary). Behavioural therapy aims at gradually changing behaviour so that life is more manageable, usually by doing a little bit more of the avoided thing each day and doing breathing exercises to manage the panic. Eventually there's no panic and they can go out and about.

**Cognitive** – We get into patterns of thinking that aren't helpful to us (eg "I'm worthless"). Cognitive therapy aims at questioning these patterns of thinking and replacing them with better ones. As the thoughts change, so people are more able to do the things they need to and are happier.

**Cognitive-Behavioural** – Combines therapy for behaviour with that for patterns of thinking – "I think I'm worthless, so if I go outside I'll be laughed-at; it's not safe to go outside, so I'll not leave the house". CBT works on both the thoughts and the behaviour, and how they interact, to help both change for the better.

**Humanistic/person-centred** – As people we all have potentials that need the right environment to flourish. Life does not automatically give us this, so therapy aims at freeing our imagination so that we can do and be more. This means a focus on a person's goals and potentials, as well as the ways they feel stunted by bad experiences.

**Systemic/family therapy** – We are all parts of systems that have influences and roles for us. Families, for example, work in particular ways (often implicitly) to maintain roles and relationships such that individuals within the system are not free to behave differently. This can be good: eg sisters are not allowed to kill brothers, so they don't; or not so good: fathers are not to be seen as not coping, so another member of the family system will become seriously ill as a way of drawing attention away from father and from the implicit rule. There is often a focus on power relationships across generations such as gender roles.

**Emotionally-focused therapy** – This looks at couples who get into difficulties with each other because they are reacting to early emotional hurts that happened with their primary caregiver when very young that have been re-stimulated in the adult couple. The re-stimulation happens because both parent-child and partner-partner relationships are attachment relationships in which people are dependent on another. Emotions expressing vulnerability, such as loss, get covered over by emotions expressing non-vulnerability, such as anger, and couples get into unresolvable rows. The aim is to try to build empathy between the couple by exploring vulnerable feelings behind the row.