

## Ruth Elijah, Clinical Psychologist - Transcript

**Denise:** Alright, today I'm talking to Ruth Elijah. She is a Clinical Psychologist working as part of a suicide prevention team for mental community health. She also has some of her own private practice. Ruth has a Masters and PhD in clinical psychology and I'm very excited she's agreed to talk with me today. Hi, Ruth.

**Ruth:** Hi, I'm glad to be here.

**Denise:** Thank you so much for being here. Let's get right into your job, what do you actually do as a clinical psychologist, what is it like?

**Ruth:** Well, in my current role, I'm currently sort of working in an acute care team, so it's quite high stakes, you know, we're sort of the front point of entry into the community mental health system. And specifically, in terms of suicide prevention, you know specifically focusing on those people who have presented with a sort of suicidal crisis or self-harm crisis in some sort of way, and the point is to kind of get them quickly coming into the system. My role as the as a clinical psychologist is providing some short term therapeutic intervention and trying to really get them well-supported and linked in to further ongoing support for mental health recovery. So that's what my current job looks like.

**Denise:** Yeah, could you maybe give a little detail about what that's like on a day-to-day basis?

**Ruth:** Yeah, well I guess a little bit of context to this job and the team, it's actually quite a new team that's been implemented in community mental health. So, it's part of this broader initiative of towards zero suicides. So, you know, the government's just injected some money into suicide prevention. So, coming into this role, it was actually a lot about shaping the service and what the service would look like and one of the great sort of aspects of this service is working alongside people with lived experience of suicidal crisis. So, it's sort of a small team of clinicians and peer workers who are trying to, you know, really engage clients that are experiencing suicidal distress and supporting them in their recovery journey. Understandably, it is quite tough. You know, you're talking to people who are going through, you know, really hard things in their life where they've really gotten to that point of hopelessness and despair. And I guess, you know, your job is to really hold that hopelessness, and that hope for them, and sort of encourage them, that they can get through this sort of dark period, that they're in and move towards something. That things will change, that their life can improve in some way, and they can sort of reach, you know, some goals in their life. You know, that life will become worth living again. So, it's a lot of pressure really. It's a lot of pressure, and a lot of your own sort of emotion regulation and, yeah, a lot of containing yourself and making sure that you're a calm presence, you know, when you're working with people in that sort of space as well. So, it can be really tough.

**Denise:** I believe that. I'm sure your training helped you with this, as well as helping you learn how to help people in this way, I'm sure you're training also helped you with those kinds of tools to self-regulate and take care of yourself in that process? Is there anything you've learned or something you've developed along the way that you can share, that's a good way to help take care of yourself while spending so much time taking care of others?

**Ruth:** It's interesting that you say that sort of assumption that we're trained to deal with everything through our training. I think that's sort of actually a false assumption. I guess, the Masters is really sort

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of bare bones. These are the skills that you need to survive as a clinical psychologist. If you have these base skills, you'll be able to adapt and sort of manage in in various different situations, but in terms of developing very specific or specialized skill set, that that's really sort of the post-Masters training where you really sort of develop, and you have to do some more professional development. You know, invest in some more specific training that you know supports you in particular spaces that you go in. And the talk of like your own self-care and managing your emotions in sessions, I think you know, you know we're always encouraged to have continual sort of clinical supervision with sort of a senior psychologist so you can talk about those things in your supervision. But I think there's a lot of personal, you know your own biases, your own sort of experiences, your own emotionality.... It's sort of, you know, the generic, make sure you have time actually go for walks, you know, that sort of general sort of self-care mantra. But, I think you really have to introspect and really know what your needs are and sort of, you know, sometimes even see your own psychologist to work through some of those issues, yeah.

**Denise:** Yeah, that that is interesting that I made that assumption about training. I'd love to ask about that then. So, Ruth could you help me understand what the training is actually like when you go through a Masters of Clinical Psych?

**Ruth:** Yeah, well, first of all, every training program, like they're all set standardized. You're always gonna come out with, you know, good skills to use in practice, but I can only really speak about the training program that I went through. And these courses are always evolving and changing with feedback with, you know the evolving nature of psychology and things like that. It feels like a bit of time ago since my Masters, but I guess you it has to start with the basics because undergrad is very theoretical. It's very research-focused, basic principles, so it really is focused on those bare bones skills and building your competencies on things like ethical and professional issues. So really trying to model how a clinical psychologist should behave. Boundaries, ethical dilemma.... So, that's a big focus, but then also just you know, developing those assessment and therapeutic skills and it's very you know, general. You know, children, adolescents, adults, neuropsychology as well. Formulation was a really big focus at UNSW which is an ever-helpful skill to have as a psychologist.

**Denise:** Can you describe what formulation is for people who don't know?

**Ruth:** So, formulation is basically what you do, so once you get all the data from the assessment, it's actually like what does this mean and how do we identify some treatment targets to actually focus on. So it's sort of putting the pieces together to give an impression to identify like what are the maintaining cycles, the maintaining factors that's perpetuating this cycle? What're the things that you know we can intervene on behaviorally, cognitively, emotionally in our therapy to actually target those drivers of what's causing this cycle to maintain. So that's you know, that's actually what I guess the bread and butter of clinical psychology is, is developing those formulation skills to then deliver that intervention. And then, UNSW is very focused on CBT. Of course, great evidence base for CBT. You know it's probably the most researched, it's you know, being trialed in various different populations so there was a lot of focus on upskilling that, with the idea that that's you know the foundation, and then from there you can build on other therapeutic techniques outside of the structure of a Masters program.

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**Denise:** So, you also did a PhD, Ruth. Do most people practicing as a clinical psychologist also have the PhD?

**Ruth:** Oh no, not really. I think in the cohort that I went through at UNSW, maybe about half the students were doing a combined Masters/ PhD, half weren't, but the mixes sort of change. At UNSW they kind of incentivise the PhD a little bit, like you get your masters paid for, you know you get the scholarship something a bit more research, (it's a lot more research). But yeah, it's not necessary to practise as a clinical psychologist at all, but it was fun. It was a fun experience to do a PhD.

**Denise:** I've met several people in my life who have a PhD and I believe you're the first one to say that it was fun.

**Ruth:** I can say that because I'm several years after the PhD and I'm not doing research anymore, so I can say it was fun now.

**Denise:** That might be it. Do you find that having done the PhD helps inform your practice and your work now? Is that something you'd recommend for people who really know they want to focus on becoming a clinical psychologist and maybe not doing further research?

**Ruth:** Yeah, UM. Does it inform my practice? Probably not directly. Especially in this specific area that I did research in, I think. Other people might do research that's actually a lot more clinical focused and I can imagine that that would have a lot of implications for their practice and what they do. And to have that specialized knowledge in a particular area. I noticed, so my research sort of had some implications for schizophrenia, so often when I see clients with schizophrenia and they mention things that sort of might correlate with the research I did, I'm a bit like, 'oh, I know something about this.' But yeah, it doesn't necessarily inform my practice. I don't regret doing a PhD. I don't know how you can really regret learning, but it was in an area that I was really quite interested in and I always sort of wanted to have, like, a publication or some contribution to science and the literature because I come from a very like science sort of background. So, it sort of ticked some boxes in terms of other sort of values, and at that stage I had no idea what I wanted to do anyway. I had no idea really what clinical psychology looked like. I know you talked to people, but in practice I didn't actually really know what it looked like and you sort of get an idea of what research looks like through your Honors, and you're just weighing up your options, really.

**Denise:** I think that's a really valid point. Can you try and help paint a picture for other people, other psychology students who think they might be interested in pursuing work as a clinical psychologist? Can you paint a picture for them of what it's actually like, in a way that might be different from what they think it will be like. I'm gonna re-ask that question because it was really convoluted. What I was really asking was, I think a lot of psychology students are interested in a career in clinical psychology, but a lot of us might not actually have a clear understanding of what it is. So, what would you say is something that people might be surprised to learn is the reality of working as a clinical psychologist?

**Ruth:** Yeah, I think they might be surprised at how draining it can be, especially if you don't manage your day with how many people you are seeing based on your own sort of, your own self. I think that that's often a point that I guess you just wouldn't really consider at that stage or think about. Like, how easy it

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is sort of to absorb the emotions that are happening in the room. Absorb like the hopelessness, the despair, like, you know these real heavy emotions. And even sometimes take on a little bit of the trauma that people are talking about as well. Like, people have gone through some real hardships in their life. Some real suffering. Some, you know, things that you might not even imagine and that can be really hard to take on and work with. And sometimes they're coming at you with this, you know, like, 'help me like, fix me.' And you really feel that, and that that sense of responsibility, that sense of pressure can be quite difficult and it can be really easy to take that outside of session and for that to really kind of affect you, your mentality. And I guess another point is that you don't really come out of the program thinking that that you're gonna not be as confident as you think you should be after like doing specific studies in clinical psychology. I know a few people where we've come out of this training and feel we're looking at colleagues in different areas, or fields like social work, OT, and they seem so much more confident and like this sort of thing, but I think in our training we're very much told to question. We're very much told to reflect. We're very much told that there are multiple hypotheses consider. And that can really sort of affect your confidence and your ability to think, 'okay, am I really getting it?' You can get very confused sometimes. So yeah, there's I think a few aspects that you don't really think about.

**Denise:** That's interesting, that last point. Sounds in some ways, the study of psychology the way that we do it being so scientific and hypothetical, make us feel we need to be in our own heads a lot....

**Ruth:** Yes!

**Denise:** And then suddenly your job is to be in someone else's head, but you're still very much in your own head.

**Ruth:** Yes, yes, and I think also the selection process for clinical psychologist is very much this sort of anxious-y achiever-y types where you're constantly reflecting and thinking, second-guessing, so then it carries on in your practice.

**Denise:** That makes sense. OK, so top of mind, what's the best thing and the worst thing about your job as a clinical psychologist?

**Ruth:** Well, I guess the best thing, especially in a public health setting is working in a team. Having that sort of multidisciplinary approach, just different perspectives, different people. You know you can sort of share around I guess what you're going through with particular clients, or particular presentations. Get that sort of incidental peer supervision, so that that's really nice working in a team environment. And it can be rewarding as a psychologist, like when you're helping people on their journeys and you can see that they're benefiting and that their lives are changing. That's really good. That's really rewarding. And especially when you've had some challenges in the relationship and you've managed to kind of stay with the with the therapeutic relationship, and both parties have sort of overcome those obstacles, and you get to a place where things have changed. That's really, really rewarding. I think the worst aspect is just that that that absorption effect of all the emotions and how that that can just affect you and drain you a little bit. You know, you have to be a bit selective with the people you hang out with to make sure that they're not gonna dump all their problems if you've had a long day of therapy.

**Denise:** Do you find that friends and family come to you for therapy? Do they expect free there?

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**Ruth:** [laughing] Yeah, people are sort of aware of your psychology role and a bit like, 'oh listen to my day,' and you have to be like, nah.

**Denise:** What you were just saying about the absorption and feeling that has come up a few times. So, I imagine that empathy is a very useful, helpful, probably necessary skill to have as psychologist...

**Ruth:** Definitely.

**Denise:** But I wonder if you if you could let me know... is it is there a limit to how much empathy is helpful? Is there a place at which too much empathy becomes too big of a problem for a therapist?

**Ruth:** Definitely. Oh, definitely. Like, I think you have to be so aware of how emotionally involved you're becoming with the client, because of course that could lead to boundary crossing, doing so much more for say, one client in neglect of other clients, or you know not really empowering the client. It might actually lead up to over-fragilising the person that you're working with. So, I think it's really important to sort of be aware of that and with your own introspection and reflection, being aware and being able to be like, 'okay, you know we need to put the brakes on here, what do I need to sort of detach a little bit?' Or, you know, 'is this person maybe too much that I actually need to refer on,' like too much of my own stuff is coming into play here. And you know, being aware of that and being able to manage that appropriately.

**Denise:** So, if you could give any advice to someone who is just starting out in psychology. They know they're interested in psychology, they may or may not be interested in going down the route of becoming a clinical psychologist. What advice would you give them?

**Ruth:** Good question. You know, if I was given this advice I would be like, 'oh no.' But, don't be scared to go for it. Like, I think when I was in undergraduate there was so much fear around this clinical program. It's so hard to get in, only the top students get in.... You know, they give you statistics, like 'everyone in this room, only this many people will get in.' Just go for it. Who's to say that won't be you? You know, if you love the study of it, if you enjoy it, if that's what you wanna do, there'll always be ways to get in. It's not as high stakes as everyone makes it out to be. You will always find a way in if that's what you want. I think if you don't know what you wanna do, there's so many options available. Like, explore the research thing, explore what forensics does, org psych. I don't know that that side of things but your videos will highlight more of that.

**Denise:** Well, thank you so much for talking to me today, Ruth. This was extremely valuable.

**Ruth:** No, that's OK. Thank you for inviting me along. It's been good.