

Psychologists and Psychiatrists ... KNOWING *the* DIFFERENCE

Dr Jack White and Dr Ken O'Brien

"The decision as to who is the more appropriate person to ask will depend on the nature of the questions asked"

Frequently solicitors and barristers ask the question: "What is the difference between a psychologist and psychiatrist?" Does it really matter whether a psychologist or psychiatrist is asked to provide 'expert' evidence? The following provides some clarification from the perspective of both psychologist and psychiatrist about the respective similarities and differences.

A clinical **psychologist** usually requires a minimum of six years University education that includes a four year undergraduate honours degree plus a two year Masters qualification or three year doctorate (Ph.D). A further two years specialist training in the field is required before the **psychologist** is eligible for membership of the Forensic Psychologist Board within the Australian Psychological Society.

A **psychiatrist** is educated at University in medicine (six year degree) and then completes an internship of at least twelve months. Specialist training in psychiatry is regulated by the Royal Australian and New Zealand College of Psychiatrists and fellowship is granted after the successful completion of five years post-graduate training.

Orientation

A **psychologist** is concerned with the scientific study of human behaviour. The **psychologist** uses scientific methods (eg psychological tests) to assess aspects of human behaviour and may comment on the **functioning** of a person. Common areas of function assessed by psychologists include intelligence, mood (eg 'depression', 'anxiety'), personality and behaviour.

A **psychiatrist** is a qualified medical practitioner who subsequently specialises in the diagnosis, treatment and prevention of mental illness and emotional disorders.

By virtue of their training, **psychiatrists** view illness in an integrated way, taking into account related aspects of body and mind. The primary methods of assessment used by the **psychiatrist** are the physical examination, clinical interview and mental status evaluation

complemented by the use of laboratory and radiological investigations.

A **psychologist** aims to provide a treatment intervention that is behaviourally and/or cognitively focused. For example, a person who may suffer from "a fear of being alone" may respond to a 'cognitive-behavioural' intervention, such that the therapist aims to change the person's dysfunctional thinking strategies and 'recondition' more functional behaviours.

A psychiatrist utilises several treatment



modalities, both pharmacological and non-pharmacological. Frequently a combination of medication and psychotherapy (insight-orientated, supportive, behavioural) is used.

Both **psychologists** and **psychiatrists** use psychotherapy and counselling interventions as part of their standard treatment modes.

Clinical Issues

In many civil and criminal matters **psychologists** and **psychiatrists** are asked to provide 'expert' opinions. Some of the areas of professional 'expertise' overlap, but there are recognised boundaries where each profession has distinct knowledge or training.

For example, the following are more the province of **psychologists**:

- Assessment of intellectual ability
- Assessment of cognitive & memory functioning
- Assessment of functional disability
- Assessment of behavioural disorders
- Assessment of learning disorders
- Cognitive & Behavioural Treatment programmes
- Rehabilitation programmes.

Psychiatrists are more appropriate for providing expert opinion in such areas as:

- Assessment of major mental illness
- Psychological issues related to medical illness
- Assessment of 'psychotic' behaviour
- Psychoanalytic and psychotherapeutic approaches to assessment and treatment
- Issues associated with medication
- Issues associated with physical methods of treatment including Electro-convulsive therapy (E.C.T.).

There appears no obvious 'expert' distinction between **psychologists** and **psychiatrists** in the following areas, although the respective professionals utilise different assessment and treatment approaches:

- Assessment and treatment of some mood disorders (eg non-psychotic depression)
- The non-pharmacological assessment and treatment of anxiety related disorders
- Assessment and treatment of personality disorders.

Legal Issues

In South Australia, only **psychiatrists** have the legal power to detain a patient to a hospital and subsequently apply for a treatment order. Both **psychologists** and **psychiatrists** provide psychological defences in the court room setting. Each provides opinions on matters related to a person's 'fitness to plea', 'competency to stand trial', 'criminal responsibility' and 'sentencing issues'.

When a lawyer wishes to obtain a mental health opinion about a client, he or she may call upon the services of either a **psychologist** or **psychiatrist**. The decision as to who is the more appropriate person to ask may depend on the nature of the questions asked. The **psychologist** is likely to be the most suitable person to provide quantitative measures of the person's functioning (eg intelligence, anxiety, stress, etc) in the context of either a crime or an accident. The **psychiatrist** is more appropriately trained to comment on a person's medical diagnostic status and treatment, including medication. The essential difference in training between the two professional groups often will influence the assessment and treatment techniques used by each.

The **psychologist**, trained as a scientist, will apply the scientific method, attempt to measure all the relevant variables and make conclusions on the basis of statistical norms. The **psychiatrist**, trained as a medical practitioner, will assess the patient symptomatology and relate this to likely diagnosis and prognosis and ultimately determine the treatment course accordingly.

Sometimes the **psychologist** and **psychiatrist** will be asked the same questions and offer similar answers. Usually the **psychologist** and **psychiatrist** will apply different processes of deduction to reach the conclusions. Depending on the nature of the referral, the **psychologist** and **psychiatrist** may well complement each other in providing a more complete picture of the client's circumstances.

Dr Jack White is currently senior forensic psychologist at James Nash House in Adelaide. He has worked as a forensic

psychologist in both Canada and Australia, and has an extensive research and teaching background at the University of Adelaide and the University of South Australia. He is a member of the Board of Forensic Psychology within the Australian Psychological Society and is presently secretary of state Forensic Psychology Section and treasurer of the South Australian Branch of the Australian Psychological Society. He is married to **Helen Cox**, a lawyer with the Norwood Community Legal Service.

Dr Ken O'Brien is the Director of James Nash House (the State Security Hospital) Adelaide and is one of the state's most experienced forensic psychiatrists. After graduating from University College, Cork (National University of Ireland) in 1970 Dr O'Brien completed his general and psychiatric training at the University of Birmingham (England) and subsequently at Dalhousie University, Halifax, Nova Scotia, Canada. He has written and taught extensively on topics related to forensic psychiatry. Currently he is Clinical Senior Lecturer, Department of Psychiatry, University of Adelaide and Adjunct Professor of Law, Bond University, Queensland.

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