

'The work elicits a strange mixture of emotions'

Fiona McClean



Some psychologists find the topic, application, approach or syndrome that fascinates them at the start of their career or training. Others take some time to identify their core interest. After training, and several different jobs, **Fiona McClean** has become a passionate advocate for adults on the autistic spectrum. Here, she talks to Ian Florance.

The daughter of a Scottish father and Northern Irish mother, Fiona spent her childhood in several locations in the Scottish Highlands, with the family settling in Inverness when she was 11. She obtained her undergraduate degree from Dundee University. 'I loved languages and combined French with psychology and geography in my first year. In my second year, I discovered I couldn't take both French and psychology together due to timetable restrictions, but by that time I was enjoying psychology so much I said goodbye to French. I thought at the time – and still think – that psychology suited me because it stands at the midpoint between art and science. That reflects my approach to life.'

Fiona worked as a Psychology Technician (the term that pre-dates Assistant Psychologists) between the third and fourth years of her degree and 'that experience of real psychological work ultimately set me on my clinical psychology career path'. After several years, she returned to her Northern Irish roots and undertook her DClinPsych training at Queen's University, Belfast. 'I really enjoyed both the course and my time in Belfast, and the six of us in our year formed a close bond. It was tiring to have every aspect of your personal and professional life on show during clinical training – to be encouraged to critically reflect on all aspects of your life. By the end of the training we were all exhausted.'

'It was interesting being a Scot in Northern Ireland and viewing the situation as something of an outsider. Cultural identity runs deep. I remember the workmen in my house being baffled when they asked male members of my family which football team they supported, obviously expecting either Rangers or Celtic so they could figure out which side of the "divide" we were on... their response was "Inverness Caledonian Thistle!" I did wonder about my sanity a few occasions whilst driving around South Armagh past the "Snipers at Work" signs! Bizarrely, the scariest experience was nothing to do with the politics – I was followed home from my Dublin placement by two men in dark suits. Turns out they were customs officers who thought I must have imported my British-registered car illegally!'

Soon after qualification in 1996 Fiona worked in the northeast of Scotland in adult mental health for four years before returning to Northern Ireland.

‘I think I got a bit burnt out. My psychological knowledge felt like common sense. I seemed to be sitting in my ivory tower talking to my clients about real life, rather than living it!’ At that point, Fiona decided psychology wasn’t for her. She took the plunge, working in private practice for a while and then, for the next few years, clocked up a varied number of roles: from a store manager for a chain of Northern Irish off-licences, to a sales and marketing executive in an IT company selling accounting software to churches and charities. ‘That was the point at which I started to wonder what on earth I was doing, being anything but financially and religious-minded! I found myself dispensing guidance and advice on issues such as post-natal depression and behavioural problems in children to friends and colleagues, and realised at that point that perhaps the knowledge I had was not all common sense.’

By then the Health and Care Professions Council had taken over registration of practitioner psychologists, and Fiona realised the option of returning to her profession would become more complicated if she did not do it soon. ‘I really did value this time outside psychology, however, as I acquired skills and experiences I never otherwise would have done. Search engine optimisation anyone? Marketing? The ins and outs of wine-making?’

Seeking a fresh challenge through a different client group, she took a job in a children and adolescent mental health service in 2010. ‘It was a steep learning curve but I was working with an excellent team.’ It was also through this work that she had her first clinical exposure to autistic children and their families. It wasn’t an interest at this point, however. Towards the end of her time there, she attended a course by Lynne Moxon, an educational psychologist working within a college for young adults on the autistic spectrum in the north of England. ‘Lynne’s stories of the young autistic adults fascinated me and fitted with my hybrid background of both adult mental health and children’s autism. I was hooked.’

The pull back to her native Scotland and the appeal of living and working in the beautiful rural area of Argyll and Bute eventually led her to a post back in adult mental health, as a Community Mental Health Team Psychologist. It quickly became apparent that there was no established pathway for the diagnosis of autism in adults in the area. ‘I was fortunate enough to be in the right place at the right time, and became closely involved in the development of the local Autism Strategy.’ She is now clinical lead of the relatively recently developed Adult Autism Diagnostic Service. It currently only covers adults without a learning disability, although it is hoped this will change as the service continues to develop.

‘I’m a reluctant leader, but I felt so strongly about this issue that it galvanised me into action where I might otherwise have taken more of a back-seat role. I find the work elicits a strange mixture of emotions in a way

I did not predict. It’s highly rewarding and energising to be able to provide people with such a key piece of information about themselves, but it’s also heart-breaking at times to identify a need when there is still such a dearth of post-diagnostic support services. This is a national issue, but one that I think particularly affects rural areas such as our own.’

I asked Fiona whether she felt diagnosis of an autism spectrum disorder in adulthood tended to be experienced as a positive or negative thing by her clients. ‘It is probably a bit of a mixed bag. First-person accounts from autistic adults on social media, blogs and from autobiographies, et cetera., frequently report how essential it is to have finally found out “who they are”; this key piece of information which explains pretty much their whole life. They are not alone and not “broken”, but a member of a significant neurodiverse minority. I have worked with some clients long enough to see them coming out the other side of this adjustment process. There is a very active and increasingly vocal community of autistic adults out there – hashtag #ActuallyAutistic on Twitter is a great place to

find them! – with the potential to provide an accepting peer group for these folks, sometimes for the first time in their lives. However, those who were missed in childhood and diagnosed in adulthood, often experience a lot of initial anger, sadness and grief at what could

have been. Some were written off as “stupid”, “lazy” or “learning disabled” as children, then left at the back of the class and forgotten about. There are others who have failed at higher education; not from lack of ability, but because of social, sensory or organisational demands that they could not manage. Still others leave a trail of failed relationships or marriages behind them, which might have been ameliorated if both parties had known what lay behind many of the difficulties. In my experience the resulting re-evaluation and grief from these and other situations, need to be acknowledged and worked through. Those involved in their care can facilitate this process.’

Fiona says that society’s knowledge of autism and acceptance of difference is ‘still extremely hit and miss. I once heard someone describe diagnosis as “a package of information about someone that is passed from one person to another”. Unfortunately, not everyone interprets that “package” the same way. For example, one of my clients used her autism alert card for the first time when visiting a medical consultant. She obviously hoped to be treated with a compassionate desire to understand and adjust to her needs, only to be told “Oh, I can’t see you, I don’t do autism. You’ll have to make an appointment with C”. This sort of incident is why we need to work hard to raise awareness of autism and increase confidence in working with autistic individuals, so that a diagnosis is more consistently one of inclusion and understanding rather than one of exclusion.’

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