



A tearaway success

DR Tanya Byron qualified as a clinical psychologist in 1992. She has worked in HIV and drug dependency, and more recently in a consultant post in an adolescent unit. She now combines one day a week in the health service with a successful career in broadcasting, presenting programmes such as *Little Angels* and *House of Tiny Tearaways*.

You've kept one foot in the health service. Does that help with the media work?

Totally, from an integrity point of view and in terms of keeping fresh and up to date. I teach a Department of Health training course, and with so many staff coming through it I'm interacting with loads of professional groups all the time and hearing their issues.

Is it important to you that your media work is evidence-based in that way?

Completely. I can't tell you the amount of stuff I get offered that I won't do, because I wouldn't be talking from a place of particular expertise. There are quite a few of those on television, but not me.

Some people find that TV is not a particularly good medium for going into the theoretical backing for the practical advice, but people I've spoken to think you've managed to do that very well – to 'soundbite' things that are still based in 'proper' psychology.

I try to. The relationship between psychology and the media, particularly television, is an interesting one. I know there are a lot of psychologists who wouldn't go near the media, and I understand why that is. When I started working at the BBC I was lucky to have an agent who could deal with a lot of the things that made me anxious. I write a weekly column for *The Times*, which is a much easier medium because I get a letter, say about whether a child should have a blanket, and I can do a piece about transitional objects and Winacott, and so on. In writing it's much easier to do that.

But we have to be very careful. We come from an evidence-based profession, we have years of training, but we have to be clear about the relationship we have with the media in order for the media to give us the best space possible for our

JON SUTTON talks to **TANYA BYRON** about her TV work, disseminating psychology on a mass scale.

profession. We might not be able to present it as 'this study shows...', but the viewers don't really care. What they want to see is someone who they believe has integrity, and we come from a profession with a huge amount of integrity. We've got qualifications coming out of every orifice, there's the evidence in itself.

Rather than talking as if to other academics and then complaining when it gets edited down, I think psychologists are getting used to the idea of talking to different audiences from the start. But it is nerve-racking. I don't have any editorial control over any of the programmes I make, but my relationship



with my producers is the key. Because they respect that they're portraying what I do, they do run things past me. There's a healthy respect both ways. I know what I need to deliver for them to make their programmes – they need viewers, it's not just a bit of charity education here – and they know they need to respect my integrity in order for me to give them what they need.

The proof is in the pudding really... the feedback has been really positive and the most important thing for me is that the families I work with benefit.

Do you follow them up to see if it's sustained?

Yes, we finish on television and then they have access to me via the BBC. Most have my e-mail address, and I like hearing how they're doing. I have done onward referrals, I do liaise with GPs, there have been families that I have helped to get other treatment within the health service, or the private or voluntary sector. My role doesn't finish when the cameras are switched off on the last day; I have a clinical role with these people, the fact that I'm doing it on TV is secondary. In fact, TV actually supports and accelerates the process of change as my crews and producers film with and support the families when I'm not there.

At the end of the day I'm representing my profession, there's a code of conduct and a code of ethics I have to adhere to. If I stand on television and portray clinical psychology in a way that isn't accurate, then I'm letting my profession down. If I don't see my job through with my patients as I would in the health service, then I'm letting my patients down. In fact I'm vehemently protective of my patients on TV, because it's a frightening place. I have to make sure they are not exploited, that the children aren't stigmatised, that they're in the right place to receive anything they need afterwards... it's a tricky set of relationships but I love it.

It's a lot of responsibility. What has been your biggest success story?

I don't think there's any one... some of them are very behavioural, in that the parents have lost their way and need help in thinking more logically about behavioural paradigms, reinforcement schedules. Some of them there is a much bigger 'back story', in terms of why the child is behaving like this. There have been families I've worked with where qualitative changes in the family system have been

immense. The reason I liked doing *House of Tiny Tearaways* is that I had more time, and the viewers had more time to see the process of change. It enabled me to be not just behavioural, you could see me work systemically, and give the message that the one we label 'the naughty one' is maybe the one who's manifesting the difficulty in the whole system.

Yes, in your programmes it's never really child-based, it's always something the parents are doing.

What I like about being a clinical psychologist is that it's our job to look at a problem, assess it, define the parameters and look at the ways we can solve it using a variety of techniques because we have such a great and eclectic training. We work from a nonjudgemental perspective, to the extent that we don't use diagnostic labels unless it's part of a wider conversation with other health professionals. So for me it's not about labelling, judging, blaming... it's about looking at the chaos, laying it out in a way that's neat and easy to understand, and then consistently and pragmatically working through each problem.

Parents are very relieved when they realise it's about themselves. I'm a parent, I'd much rather it was about me. The key message is if you want to change your child's behaviour you have to change your own – it's not rocket science!

Has your own thinking about parenting changed as a result of the programmes?

Being a clinical psychologist who works with children hasn't made me a better mother, but being a mother made me a better practitioner. Just because I could empathise: I know what it's like to not sleep, to have anxieties about your child's development. But I mother my kids in the same chaotic way we all do... theory is one thing, reality is another!

What kind of reaction have you had from other psychologists?

When the first programmes came out, at the start of 2004, my biggest worry was what other professionals would think. But I've had so many really lovely, supportive e-mails. Of course, there might be people who hate it who aren't telling me!

I don't need the feedback to say 'Oh, Tanya, you're great' – so long as it's consistently 'The way you represent our profession feels good for the profession', then I'm fine. I'm always thinking, 'If there

were ten psychologists sitting here, what would they be thinking?'

I'm not sure the reaction would have been so positive a few years ago.

Whether it's 'change your kids', 'change your life', 'change the mess in your house', 'swap your holidays'; the current glut of reality programming is all about social psychology. The thing that worries me is that there are so few psychologists who are actually commenting. Anyone can look as if they're one of us when they're not. That's why I always use my Dr title, I always let them know that I'm a clinical psychologist, and I always let them know I hold a consultant grade in the health service.

You know, medics have got it all sewn up. You wouldn't have anything on TV that is 'What's my disease?', where you have a panel of lay people saying 'Actually I had a pain there... why don't we cut you open and see if it's appendicitis?' But you have endless programmes with people who are deeply unqualified, apart from the fact that the media knows they've had a very difficult life that they've come through, giving advice to incredibly vulnerable people who are absolute fodder for these kinds of programmes. You can find out whether your child's father is who you think it is because they've swabbed his cheek and he's opening an envelope in the studio... that blows my mind.

So what next for you?

There's more *House of Tiny Tearaways* starting in November, but I'm not going to get 'niced' with the parentingangle. I've just done a *Panorama* programme about young people who use guns and knives. I had three roles: I consulted with the journalist and the producer to help them think through how they wanted to design things; I ran a focus group with children from a rough estate in north London, using my expertise in getting children to talk freely; and I did some on-screen interviews where I was asked for my opinion.

I've also just done the *French and Saunders* Christmas special, where I was dealing with their childish behaviour! I'm launching the *Blue Peter* appeal, and in the new year I hope to do a series with the BBC on advertising to children. So I do things that interest me, that I feel genuinely need a psychologist to run, and that would be fun for my kids to watch. It's a great place to be; I'm really loving being a clinical psychologist!