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It also provides a forum for discussion and controversy among members of the Society. As a consequence, views expressed in any section of this journal which are signed by the writer are the views exclusively of that writer; publication in this journal does not constitute endorsement by the Society of the views so expressed. This is in no way affected by the right reserved by the Editors to edit all copy published.

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Information for Contributors

All articles should be up to a maximum of 3000 words, typed on A4 paper, double-spaced, with complete references. Sceat and racist language should be avoided. All papers published, with the exception of invited Papers, will have been subject to anonymous review; authors' names and affiliations should therefore not appear on the typescript, but should be presented on a separate page. Five clear copies should be submitted to the Leicester office. If the article were accepted for publication, an IBM-compatible 3.5" disk of the text would be required if possible (please do not send the first submission on disk). Submission of a paper to The Psychologist implies that it has not been published elsewhere and that it is not currently being considered for publication elsewhere.

Emphasis in The Psychologist will be on communication, and all articles accepted for publication may be subject to editing. Authors will be asked to provide brief summary sentences which might be used as the basis of the Introduction; this serves as an invitation to the reader to read the article, and replaces the standard academic abstract. Authors will be sent the final version for consultation before publication. Articles may be illustrated

- Unsolicited articles
The Psychologist has pioneered in the development of articles designed to communicate the same kind of information normally found in academic journals to psychologists with a wide range of academic and professional interests. We wish to encourage contributions from psychologists in all areas, both academic and applied. Articles should be written as for an intelligent, educated but non-specialist audience, shared knowledge of theory should not be assumed and references should be kept to a reasonable minimum. Papers may provide a broad overview of a particular area or issue, may review the literature or include original research, may discuss theory, or debate applied issues, practical and professional problems.

- Solicited articles
Target articles for peer review and associated commentaries, special issues from the Society's sub-systems and on key topics and invited Papers are commissioned by the Editors.

- Lighter Side. Submissions should have some relevance to psychology. We welcome humorous or satirical articles, contributions to the Heroes/Types series (all 800 words). Also cartoons, crosswords. Three typed copies should be sent to the Society's Office.

- Correspondence. Letters marked clearly 'Letter for publication in The Psychologist' should be sent by E-mail if possible: bps@le.ac.uk, or addressed to the Editor, The Psychologist, The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR.

- News of events, decisions, discoveries, people or any items which would be of interest to psychologists should be sent to the Society's Office. Deadline 1st of the month prior to issue.

- Research in Brief. Conference reports. Brief reports on published research (200-400 words) and on conferences of interest to a wider audience (500-500 words) should be sent to the appropriate Assistant Editor c/o the Society's office within a month of the event.

Deadlines

Final Copy = 2 June for July issue
Articles, features, reviews = by negotiation with the appropriate Editor. Because of heavy pressure on space, publication may not be possible for several months.

Notices of meetings, events, conferences for Divisions, Sections, Branches and Special Groups of the Society are inserted free of charge. Items should be sent by in the final copy deadline: all items should be sent to Jackie Sherman at the Society offices in Leicester.

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The First European Conference on FRAGILE X SYNDROME Advances and innovations 15th & 16th June 1995 £150.00

Fragile X Syndrome is the common inherited cause of learning disability (mental handicap). Up to one in every 1,000 children have the problem. Many more carry the genetic abnormality unknowingly and are at risk of having affected offspring.

It is the developmental and behavioural aspects which are of diagnostic and therapeutic importance. Boys almost always have learning difficulties which can range from mild specific developmental delays through to severe global mental impairment. Girls can have intellectual difficulties and emotional/behavioural problems. Genetic counselling, testing of other family members and the offer of prenatal diagnosis are essential for the many relatives at risk of having handicapped children themselves.

This first European conference, organised by Dr. Jeremy Turk, aims to increase knowledge and awareness of the origins of Fragile X Syndrome. Speakers will be exploring all the issues outlined above from a European point of view, sharing both research and clinical material. There will be a great emphasis on topics for carers, families and those with Fragile X themselves.

To mark the retirement of Professor Arthur Crisp PSYCHIATRY AND MEDICINE Friday 30th June 1995 £85.00

At least 15 eminent Professors of Psychiatry and many hundreds of leading consultant psychiatrists around the world began their days as doctors in the corridors of St. George's under the direction of Professor Arthur Crisp.

This day is being organised as a tribute to the work of Professor Crisp and the speakers will all be former medical students or junior doctors from St. George's who have studied under and with him. The day is intended to celebrate Arthur's work and to show how psychiatry has changed and progressed in the last twenty five years. We are delighted to welcome so many former St. George's colleagues, medical and non-medical, and whether or not you studied here in psychology you are all most warmly invited to join us for this day when we will say "Good bye" to a colleague who will be keenly missed.

ENABLING PEOPLE WITH LEARNING DISABILITIES TO USE THE NHS

Wednesday 11th October 1995 £85.00

In principle everyone has equal access to the NHS. Despite this many studies have shown that people with learning disabilities often have health problems, such as impairments of vision and hearing, medical illnesses and drug side effects that have not been recognised, let alone treated. People with learning disabilities actually consult their GPs less than other people though they experience more health problems.

DOMESTIC VIOLENCE

The Victim and the Perpetrator

Wednesday 18th October 1995 £85.00

This is a national conference which will explore the nature and effects of domestic violence, the context within which domestic violence arises, the availability of support structures and community resources, and efficacy of intervention through work with both perpetrators and victims.

We also have a huge range of publications available, relating to psychology and a wide range of other disciplines. Please contact us and we can send you a complete list.

For further details on any of the above, please contact: Philippa Weitz or Andy Bannister, The Conference Unit, Department of Mental Health Sciences, St. George's Hospital Medical School, Cranmer Terrace, London SW17 ORE. Telephone: 0181-725 5534 Facsimile: 0181-725 3390 Email: p.weitz@sghms.ac.uk
Readership and Membership Survey

NEXT Month, June, with The Psychologist you will find a Readership/Membership Survey.

In order that the Society can find out what you think, want and need it is essential that as many members as possible complete and return the Survey form - it should not take longer than 10 or 15 minutes to mark the form and put it in the envelope provided.

It has been over six years since a similar exercise was carried out, and that was sent to only a sample of 1000 members. This time all 22,000 professional members are being asked for their views, and it is important that as many members respond as possible.

The Survey has enormous implications for The Psychologist and the Society in general. So please look out for the form with next month’s Psychologist, complete it and return immediately.

Directory of Expert Witnesses

The role of the expert witness is changing dramatically and offers professionals an opportunity to exploit their expertise. The Law Society, with FT Law & Tax is about to launch the first Directory of Expert Witnesses which will enable appropriate Society members to promote their service to lawyers.

The number and range of expert witnesses has expanded in recent years and extends far beyond the forensic scientist wheeled out in courtroom dramas. Many decisions and awards hinge on complex specialist opinion and evidence. Up until now, however, the expert witness has usually acted for one side or the other, each backing the case of ‘their side’. While their evidence can be crucial, their role has essentially been peripheral, and adversarial.

Now, developments in the legal system may lead to profound changes. First, Lord Woolf’s committee on civil justice is considering increasing the use of the court-appointed expert, where a single expert advises the judge on technical issues. His report is expected this month.

Then there is the growth of expert determination. This avoids the legal formalities of pleadings and cross-examination and the expert, as an independent third party, actually decides the case. Alternative Dispute Resolution is also being explored as a more cost-efficient route.

The Directory will be promoted to all litigation lawyers and will be published in November this year. All entries have to be checked by the Law Society, which requires references from two solicitors who have instructed the expert within the last three years. It will have editorial on how to select and use an expert witness in a range of fields. In addition, it will include the Law Society’s two codes of conduct (for experts and solicitors) reflecting the standards required by the legal profession for the use of expert witnesses.

This Directory will replace the Law Society Register of Experts, and will be available on CD-Rom, which will increase the experts’ exposure to lawyers through firms, law libraries and the Bar. The cost of entries begins at £35. Application packs for entries and advertisements are available from The

Questions in Parliament

In Parliament MPs can ask questions (either at Prime Minister’s Question time or by contacting individual ministries). The latter is usually done in writing although each ministry also has a session for oral questions every few weeks. Here are a few answers to recent questions asked on psychological topics.

Andrew Mackinlay, member for Thurrock, asked what additional funding and resources were proposed for children with special needs in the next financial year. Eric Forth, the Schools Minister, explained that standard spending assessments would rise on average by 1.2 per cent in 1995-96 and the SEN Code of Practice would encourage schools to make most effective use of their budgets for SEN pupils. In addition grants for education support and training from the DfE to LEAs in support of SEN would increase by some 15 per cent.

Neil Gerrard, member for Walthamstow, asked how many disabled pupils in Britain who had been in mainstream primary schools had then been denied mainstream secondary places in 1994. Eric Forth said that this information is not available centrally. The SEN Code stresses the need for careful planning for transfer between phases. If parents remained dissatisfied with an LEA decision they could appeal to the SEN Tribunal or an independent appeal committee.

Gordon Prentice, member for Pendle, asked how many schools in Britain in 1994 have adaptations to allow full access for disabled students.

This information is also not held centrally, but Eric Forth announced that from May this year there will be a biennial survey of the accessibility of all schools.

David Blunkett, Shadow Secretary of State for Education, asked how many educational psychologists had been employed by local education authorities since 1979. Eric Forth had to admit he did not know. He was able to give figures for 1 January 1985, 1992, 1993 and 1994. Totals were 1172.4, 1496.6, 1497.7 and 1514.2.

Virginia Bottomley recognized, in her December 1994 response to Agenda for Action, that just about every Government Department handles policies of direct relevance to families and that the Cabinet and its main committees need to bear this in mind. She said it had been decided that ministers would meet ‘periodically’ to examine the impact of government policies as a whole on the family. This seemed to require a little quantification. Keith Vaz, member for Leicester East, asked how often ministers had met since December, how often ministers would be meeting, and what assessment had been made of the outcomes to date. John Bowis, Health Minister, wrote unhelpfully, ‘Frequently. Such meetings contribute to overall policy making. They are not assessed in the way described.’

Another recent question from Keith Vaz asked the Secretary of State to make a statement on the Society’s Recovered Memories report. John Bowis replied
that ministers welcomed the report, accepted that psychologists, both as scientists and clinical practitioners, can make an important contribution to the understanding of human memory phenomena, and that although strong arguments have been made for and against 'false memory' there is a dearth of clear evidence, and work which examines these matters is helpful.

The Society is in a position to inform Members of Parliament, provide background information and suggest questions which might be asked. If readers have questions which should be asked in Parliament, join Sheppard, the Society's Honorary Parliamentary Officer, would be interested to hear from them.

**WR - the function of the organism**

**An** award-winning play based on the early life of controversial psychoanalyst, Wilhelm Reich is being produced at the Finborough Theatre in Fulham.

*The Function of the Organ* unravels the complex psychosexual relations which found the 11-year-old Wilhelm in love with his mother, in fear of his father and in bed with his nurse.

Written by Tom Smith and directed by Jonathan Lloyd, *The Function of the Organ* won the 1993 Guardian International Student Award and will play for four weeks only from 4 May–4 June. For further information ring Andrew Cole on 0171 287 3374.

**Training in communication needed**

All science PhD students should receive high quality communication skills and media skills training as part of their professional training. This was the main proposal submitted by the Society to the Wolfendale Committee. The Committee set up by Science Minister, David Hunt MP, was charged to investigate what is being done for individual scientists in the field of the public understanding of science, and to propose actions which would improve the public understanding of science.

The Society's evidence reviewed our long-standing media activities, and homed in on the view that for scientists to engage with different audiences and especially public audiences then training is essential.

The Society’s view was that this training should be entered into as early as possible so that external communications generally and media interaction in particular should be second nature.

Copies of the Society’s evidence, ‘Submission to the Committee on the Improvement of the Public Understanding of Science’ is available from the Society’s office (Information Department). Please send an SAE.

**Stage hypnotism**

In response to public concern, the Home Office is conducting a review into the workings of the Hypnotherapy Act 1952, which regulates performances of stage hypnotism. A small panel nominated by the Royal College of Psychiatrists and The British Psychological Society will assist the review by examining evidence of risk of harm to the public from such performances. The Home Office is urgently seeking case notes for consideration by the panel. If you can help, please send anonymised notes to: Mrs F. Baskerville, Home Office, Room 722, 50 Queen Anne’s Gate, London SW1H 9AT.

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**East/West Links**

Dr Peter Hawkins, Principal Lecturer in Psychology, University of Sunderland, has been awarded a TEMPUS Mobility Grant to visit the University of Tirana, Albania, to develop a Joint European Project in Counselling Psychology.

Professor Brushlinsky, Moscow Academy of Sciences, was in the UK for one week in April as a guest of the Society, speaking at the Aberdeen meeting of the History and Philosophy of Psychology Section.

Dr Nigel Foreman, Chair, British & East European Psychology Group, was in St Petersburg from mid-March to mid-April, regarding shared research in virtual reality and recovery of spatial function.

Dr Jan Ferjencik, Slovak Academy of Sciences, Kosice, was in the UK in April presenting a paper at the Society’s Annual Conference on non-verbal abilities of Roma children.

B&EEPG Spring Meeting. 2 May, University of Manchester Council Chamber. Details: Chris Hatton (0161 275 3342).


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**‘Tricky Stats’ No. 3**

Thanks to everyone who sent in answers to the third question posed in the January issue. Here is the question again, plus an answer from David Booth.

Many textbooks on statistics for psychology students classify scales (levels) of measurement as nominal, ordinal, interval, or ratio and use temperature in Centigrade and Fahrenheit as examples of interval scales, and Kelvin as an example of a ratio scale because it has a 'real' zero. Length, weight, and time are also mentioned as ratio scales.

a) Are there examples of interval (but non-ratio) scales that a psychologist might use more often than temperature?

b) Is there ever a reason (e.g. test selection) for a psychologist to discriminate between an interval and ratio scale or is the distinction irrelevant?

There is no practical distinction between interval and ratio scales in psychology or any other empirical discipline. Indeed, the concept of a 'real' zero is bogus as a requirement for measuring in equal ratios.

A psychological zero generally is readily available: it may be a norm, an ideal or an indifference point, for example. A zero quantity is not some absolute value, like 0º Kelvin. It is a useful origin, like 0º Celsius or 32º Fahrenheit, -4ºF is three times further below freezing than 20ºF. What is that 'real' zero for length or time, the paradigms of quantity? The Big Bang? Where and when was that when I want to measure the real distance or duration of the trip from home to work?

The basic logic of measurement, briefly and simply, is that the data must be categorizable and these categories can be ordered in sequence. If categories can be found that are equi-distant from each other in a sequence, then the highest order of measurement has been attained. When analysed correctly, most psychological data have been found to be fully quantitative.

Like any science, psychology deals with those three main types of data: categories, ranks and quantities. Categorical data can be quantified and statistically evaluated as the frequencies with which each category is filled, for instance how many people tick 'Yes' rather than 'No' or each of seven boxes from 'Strongly disagree' to 'Strongly agree', or indeed give a score above a numerical criterion or below it. Which category an individual's behaviour falls into is sometimes called a nominal datum, because the name of the category applies to that person or animal. That name can be a number, like on a football shirt. It is misleading to talk about nominal scales because even a number label does not measure anything - only how many are labelled by that number or by numbers in a set that falls into some category.

Shirt numbers do not provide ranks, unless perhaps 1 is reserved for the position at the back of a football side and the highest numbers are assigned to the
forwards. Rather, a first-rank player scores or saves more goals than most or
gets a record transfer fee. In psychology, we sometimes rank-order people or collect
data that can be converted into rankings. There are exact statistical tests for differ-
ences between categories of people in the distributions of ranks (e.g., Mann-Whitney
Wilcoxon, Kruskal-Wallis). These tests are useful if the raw data are just one person
per rank or for some other reason cannot be transformed to meet the assumption
of normal distributions that is made in analysis of variance or correlational statistics.

However, we often rank what people do, not the people themselves. For example,
from the plain meaning of the words, the answer ‘Strongly disagree’, ‘Disagree’ or
‘Slightly disagree’, etc., can be assigned a response rank such as -3, -2, -1, etc., re-
spectively. Unless we have shown previously that these numbers represent quantities (e.g. +3 is three times as far from
‘Neither agree nor disagree’ as +1 is), they are merely an ordering of the response
categories, namely ordinal data. Unlike plain ranks, however, such data can be near-enough normally distributed
and hence subjected to factor analysis, multiple regression, ANOVA and so on. That is,
‘parametric’ statistics are not precluded by a merely ordinal level of measurement.

Thus, neither those multiple-category rating formats nor the ranked scores,
‘Strongly agree’ = 3, etc., should be confused with the attitude scales that Likert
and others constructed by statistical analysis of such answers from substan-
tial samples of respondents to a variety of such questions. A respondent’s score
on one of these multi-item factors or sub-scales is a measure of how strongly
that person holds that attitude: it is a psychological quantity which can be
represented by a real number, including
zero in principle (although total neutrality
of attitude might never be observed). David Booth
University of Birmingham

We seem to have touched a nerve by asking
what scales or measurement have to do with
statistical analyses. David Booth gives a com-
petent account and argues that parametric
tests are not ruled out merely because the data
are ordinal. But from this it does not follow
that all ordinal data can be analyzed and inter-
preted meaningfully using parametric tests.
The question is when we can or cannot use
parametric tests or ordinal data. After all,
ordinal data can meet the same criteria (e.g.,
normality) conventionally required of interval
data. One view is that statistics as a disci-
pline is neutral on this issue because tests
can’t tell the difference between numbers from
one scale or another. Thus, researchers must
interpret what the numbers mean on extra-
mathematical grounds. But many students
are told never to use parametric tests on or-
dinal data. Why exactly? Just to be on the
safe side? Because it’s part of our ‘too hard’
file? Perhaps there is a conspiracy operating
here such that we brush the problem under
the carpet as long as we get publications.

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British Journal of Social Psychology
Contents of Volume 34, Part 1, March 1995
Special issue: Social Psychology and Health
- Guest edited by M. S. Stroebe & S. E. Taylor

Preface - Margaret S. Stroebe & Shelley E. Taylor

Part I. Health beliefs, attitudes and behaviours
Anticipated affective reactions and prevention of AIDS - René Richard, Joop Van Der Plig & Nanne De Vries
Skin cancer attitudes: A cross-national comparison - J. Richard Eiser, Christine Eiser, Fabio Sani, Lucia Sell & Rosa Maria Casas

Part II. Psychological processes in the treatment of and adjustment to illness
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Social comparison as a mediator between health problems and subjective health evaluations - Karen L. VanDerZee, Bram P. Buunk & Robert Sanderman
Physical illness stigma and social rejection - Christian S. Crandall & Dallie Moriarty

Part III. Social psychological mediators between stress and illness
Work and family roles in relation to women’s well-being: A longitudinal study - Noraini M. Noor
Family support and coping with cancer: Some determinants and adaptive correlates - Peter Aymanns, Sigur-Rune Filip & Thomas Klauser

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Peter Tomlinson reports

You're never too old to learn. If it's February, I thought, it's St Valentine's day and things romantic - the tabloids will do us proud. This was also my actual impression after meaningful qualitative analysis, i.e. reading all the bits in the latest mega-batch of press cuttings I have to admit, however, that it was only when I actually counted the items in the different piles that it became rather clear that things were very different. Denise of cherished stereotypical certainty and should a quick line be penned to one of the many media psychologists to help me cope?

Anyway, to summarize, this month's psychology-related media coverage actually turned out to involve a number of themes that were spread right through the various types of publication and treatment. A main group dealt with a range of overlapping topics which certainly included love and personal relationships, but also stress, anger, violence and the influence of genes on behaviour.

Psychology and psychologists also featured in a somewhat distinct area of educational-social coverage which focused around the contrasting issues of special needs provision and ability testing of two- and three-year-olds for entry to independent nursery schools.

In the realm of love, the Valentine's theme was as expected well in evidence and particularly in the tabloids and the locals. In the Sunday Mirror, for instance, we had top psychologist Glenn Wilson analysing the cards you could receive from such as Ryan Giggs, Chris Eubank, Kylie Minogue. Martin Skinner's work for Boots & Co. on women's use of make-up received wide attention, including his personality analysis, as a 'leading lip expert', of the kiss imprints of a number of showbiz celebs. There were perhaps even more than the usual number of women's magazine features on relationships, though nothing from the ones targeted at men (GQ, where are you?). In an interesting twist, Robin Dunbar's work on lonely hearts advertisements, whilst also reaching the popular press, was given quite lengthy treatment and was featured on the front cover of the February 10 issue of the New Scientist was titled 'Are you lone-some tonight?'

Love and anger

Similarly on anger and violence. Last month's road rage focus had found its way through to a range of provincial papers, where it was present in some force. But there was also quite a bit of attention to the topic of anger. This was particularly apparent in a media niche that has become arguably one of the main channels for 'giving psychology away' (or perhaps more accurately, selling it successfully), namely features in carefully targeted popular magazines. A major example here was Here's Health's feature on coping with anger and good examples of the overlap of the love and anger themes was the Cosmopolitan feature on women who bathe their male partners and Company's snivelling why smart women stay with violent men.

Considerable attention was given to issues arising out of Sir Michael Rutter's symposium on genes and behaviour at the Maudsley Institute. These were covered rather more by the quality broadsheets, both in their news sections and in features in their weekend editions, for example a lengthy piece by Steve Connor in the Independent on Sunday. The topic was also to be found amongst the tabloid end of the range, but largely only when linked with US court cases in which genetic determinism was being offered as a mitigating factor.

In a debate on this topic served to remind us that in such important fields as these, different disciplines still find it difficult to mesh their contributions. It also questioned the wisdom of that particular television format as the debate on whether the laws, which seems like justice to the issues. When even the blunt incivility of a referee such as Jeremy Paxman failed to curb the throwing of rather wild punches, one has to wonder whether four very different participants vying for input within such a short slot is worth it. In comparison, the more extended setting of The Late Show and the stewardship of a Michael Ignatieff must do better. Proprietors of the print media will at this point doubtless claim the particular advantages of in-depth treatment in written feature form.

Nevertheless, for me these items illustrated another strand running through a good deal of the coverage I saw, which consists in treating the contributions of psychology and other disciplines - less simplistically than has sometimes been the case in the past. There seems more to an assumption that no professional group or academic discipline will have the simple answer, but that it's worth considering and comparing what the various sources have to say. To this end, I mean consider, say, both the psychological factors and the political-social issues that arise.

An example here was the football violence at the Republic of Ireland vs England soccer international. This was quite a sideshow and newspapers highlighted the political fascism angle, but quite well integrated into the reporting were views from psychologists like James Thompson and Stephen Reicher.

In flavour

Another illustration of this integrating of psychological and broader aspects involved flavour-of-the-decade psychological topic, stress, which continues to achieve hefty media representation. Here we had the country's doyen of stress psychology, Cary Cooper, pointing out that companies have it in their power to affect the stress their employees experience and that certain of their practices make a difference. At the individual end, the temporary flight of Stephen Fry provided another occasion for media consulting of psychologists of various kinds.

Educational matters have by their nature always been both psychological and social-political anyway, so the above trend is also to be seen in this area. Although there was some overlap with the above in the local media attention to bullying conferences in Cardiff and Sheffield, the two main themes were somewhat specific.

The more local of the two concerned campaigns for recognition and recognition for special needs status, including one in London on behalf of an exceptionally able child of Asian parents and one in Lancashire on statementing. Here the common strands were the local paper highlighting, a case and citing educational psychologists with supporting evidence and comment.

The other was the use of entry tests to assess the abilities of children as young as two and three years as part of selection for entry to independent nursery schools. This was covered quite widely by national and local newspapers alike, with widespread quotes from educational psychologists such as Peter Gilchrist and Geoff Lindsay alluding to the unreliability of testing and the dangers of labelling at this age. When even The Daily Telegraph appeared to join in the general condemnation of the practice ('traveling well', a failure - at two!), I found myself thinking that the correlation is welcome enough, but if it actually reflects cause (and the Telegraph piece did actually cite Peter Gilchrist), then the power of psychology is by now greater than I ever thought possible in our culture!

Dr Tomlinson is with the Department of Education, University of Leeds, and is a member of the Press Committee.

Semantic priming - live

The BBC Radio Scotland programme Between Ourselves ran an experiment on semantic priming over the air, in early April. The experiment appeared in the programme twice a week, with six different passages read by each, the listener heard four bursts of static noise. They were asked to listen carefully to these, and decide for themselves which ones (if any) contained words, and asked to note down where these words were - i.e. in each strand of static, in some or none, and what the words said.

The listeners were 'primed' before one section of the experiment - by a lead-in which put what they heard in context.

In another of the sections of the experiment, they received no specific prime, but heard the same words, to test how much effect the 'context' has on their attitude to the raw sound.

In the third section of the experiment, the listeners received 'post-priming' i.e. they were given contextual information after hearing the same sounds, to test their auditory memory and to see how it alters the effect on their answers.

The programme's producer John Forsyth said: 'We were interested in finding out how semantic priming affects people's perceptions of what they hear. How the same words in the same situation with a different context or authority can be read differently.'

As to the results of this live on the air experiment - the programme's producer has promised to let us know.

The Psychologist May 1995 199
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ADD and Ritalin

MR CAINS (The Psychologist, February 1995) makes a number of important and interesting points, many of which certainly need airing in a professional forum.

His comments highlight the fact that, although Attention Deficit Hyperactivity Disorder is widely recognized and managed in North America and Australia, awareness of it in the UK amongst appropriate professionals is fairly low. Professor Taylor, from the Maudsley Hospital in London, has shown that the incidence of ADHD is similar in the UK and North America, yet methods for managing and diagnosing it are vastly different. ADHD was the paediatric subject most quoted in the Index Medicus through the 70s and 80s, whereas the commonest reason for referrals to child guidance clinics in the US, accounting for up to 40 per cent of referrals. Taylor has shown that 1.7 per cent of UK school children are hyperkinetic and a further 1 per cent have inattentive ADHD. Because of the reliance of the ICD-10 hyperkinetic criteria, this latter group is rarely recognized by professionals who regard hyperkinesia as the benchmark of having any problem and don’t always appreciate that 30 per cent of ADD children have never been hyperactive or that their hyperactivity wanes with time.

There is an urgent need in the UK to reappraise the current psychoanalytic basis for thinking of children with learning and behavioural problems, especially in view of the fact that 2.1 per cent of UK school children have severe emotional and behavioural difficulties (EBD). In addition, the use of the term ‘dyslexia’ has broadened and in common parlance has come to involve a wide range of learning difficulties, not only those with true dyslexia. However, to say that ‘it is just an American fad’ is no longer good enough. The differences in approach are enormous and it becomes increasingly clear that many of those children with an EBD diagnosis have secondary co-existing problems from ADHD and that the co-existing disruption, occasional emotional symptoms, conduct disorder, tics or speech and language difficulties are seen as the main problem and the underlying ADHD goes unrecognized, causing immense underachievement and harm to family relationships.

One of the reasons for the high incidence of medication usage in West Sussex is that at the Learning Assessment Centre we use a multi-modal approach, which apart from educational and psychological strategies, often involves the use of medication in children with severe ADHD. We regularly use monitoring charts, have ‘phone conversations with the school and try extremely hard to maintain school liaison. However, it is often difficult because of denial of the existence of ADHD on the part of educationalists. Calling these children ‘naughty, lazy and disruptive’ without considering the underlying reasons is far too common. Indeed, in a significant percentage of children who are suspended or expelled from school, the diagnosis of ADHD as the underlying reason is rarely considered despite figures from the US showing that this is a common cause. Eight thousand children are in residential care for severe EBD, costing somewhere in the order of £400m per year.

It is important to realize that ADHD has been clearly shown to be a medical condition due to cerebral neurodysfunction. There is no evidence of methylphenidate or similar substances being addictive. This has been clearly shown by several long-term follow-up studies from the US. Although an amphetamine-like substance, it is not an amphetamine and, because of this misunderstanding, many children are denied medication for ADHD where it would be appropriate. Whilst in Australia 1 per cent of school children are on medication and between 2 and 3 per cent in North America, in the UK only approximately one per 3,000 are on similar medication. Thus educational psychologists, child psychiatrists and clinical psychologists are most likely to see children with the problems and it is imperative that they consider ADHD as part of the differential diagnosis of children with significant behavioural and learning problems, rather than, as so frequently happens, blaming the difficulties on bad parenting. Instead of bemoaning the fact that there is a high incidence of ADHD in his local area, Mr Cains would do well to look at the underlying reasons and to consider these children and families to have been fortunate to have the diagnosis made and appropriate treatment offered before the progressive complications of ADHD occurred.

This is an extremely important area for your Society to take an interest and the formation of a working party to give guidance and policies would be a clear way forward.

Geoffrey D. Kewley, MB, BS, MRCP, FRACP, DCH Consultant Paediatrician Learning Assessment Centre The Ashdown Hospital Burrell Road Haywards Heath West Sussex RH16 1UD

This is in response to Richard Cains’ C. Psychol, request for feedback on ADD/Ritalin (The Psychologist, February 1995). I too was sceptical of the ‘dyslexia’ and ADD ‘bandwagons’ for the first seven or eight years of my clinical work here in the USA. The term ‘dyslexia’ has been dropped from psycho-educational parlance here. However, as I proceeded, I had to confront the large block of mutually consistent research supporting the separate diagnostic families of learning disorders and attention deficit disorders. Most of my clinical work is now involved in doing diagnostic assessments within these two areas.

Some thoughts on ADD: I am one of an assessment team at a local clinic. I believe that the team approach is the soundest diagnostically with respect to this disorder. Our team consists of a...
child psychiatrist (better if the person has no particular interest or research bias toward ADD since the psychiatrist often winds up with the final diagnostic say), a paediatric neurologist a social worker with specialized training in traumatic issues in family systems, and neuropsychological assessments of and attentional functions for the team. The reader in the field of ADD may find the following topics of interest:

1) ADD within the broad spectrum of Minimal Brain Dysfunctions and frontal lobe dysfunctions.

2) Differential diagnosis. Steps include: thorough genetic history; developmental history (pregnancy issues, birth, infancy temperament, high fevers, head injuries etc.); comments sheets from all previous teachers including kindergarten as well as parent checklists to investigate symptoms across settings (Achenbach, Barkley and DuPaul checklists seem to be best); specific neuropsychological tests of alertness and attentional efficiency; comprehensive rule-out procedures; co-morbidity issues.

3) Etiological factors in ADD. There appears to be a strong genetic component; also maternal smoking and/or substance abuse, premature birth and birth trauma are quite strongly correlated. Beware of look-alike symptoms/disorders (as above). In particular, watch out for environmental and family system stressors (PTSD).


5) The importance of diagnostic rigour and balance. Avoid the ‘bandwagon’, leading to false positives, but also avoid over-scepticism since failure to diagnose ADD, where it truly exists, results in severe repercussions on the client’s self-system, family system, achievement and social esteem. Proper diagnosis and treatment makes an enormous positive difference in afflicted people’s lives.

6) Non-medication interventions (too numerous to mention here but these, generally speaking, should be tried first).

7) Medications as part of a multi-resource intervention strategy. Medications can help provide the missing, internal monitoring structures while counselling, behaviour modification, attention/memory, organization and planning strategies are being implemented so as to become habitual. Ritalin is but one of several stimulants, all of which appear to have equal effectiveness in about 85 per cent of cases, IF the diagnosis is accurate. Tricyclic anti-depressants can work well for ADD and may be preferred where there is comorbid depression and/or bedwetting.

Paul Treacy, PhD
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Portsmouth
NH 03801
USA

Richard Cains has made the Observation, troublesome to him, that there is an increase in the frequency with which attention deficit disorders (ADD) are being diagnosed in schools and in the consequent use of Ritalin as preferred treatment (The Psychologist, February 1995). Based upon the premise that what happens in the United States shows up later in some recognizable form in the United Kingdom, he can expect to see this trend continue and perhaps increase. ADD seems to have become epidemic in parts of the US, with often only scant regard given to valid diagnostic procedures and even less consideration given to the possibility of modes of treatment other than the use of psychostimulant medication. A not uncommon route of diagnosis is from the school teacher (who is concerned about a child’s ‘unmanageable’ behaviour) mentioning ADD to the parents; the parents take the child to their family pediatrician, who then prescribes Ritalin without exploring alternative sources of the child’s behavioural difficulties. It is my impression that clinical studies which systematically and rigorously quantify the prevalence of ADD in the United States grossly underestimate the extent to which it is in actually diagnosed and treated pharmacologically. The implications of this trend go beyond the issue of poor clinical practice. In the region of the United States where I reside and work, the school system is increasingly criticized for declining standards of education and for its failure to meet the needs of students as they confront the demands of the 1990s. I view the increase in the tendency to diagnose a disorder which is ‘within’ the child (such as ADD) as a response to this criticism, and as a means of avoiding more radical approaches to the system’s shortcomings. Although the evidence that there are children who legitimately qualify for a diagnosis of ADD and who are effectively treated with Ritalin is strong, the real possibility exists that we are increasingly using psychopharmacological means to address a growing discrepancy between students’ behaviour and the expectations of the school. Whether or not the medication ‘works’ begs the question of how attention itself (as an educational prerequisite) is a non-intellective skill which has become culturally and commercially discouraged. If the trend which I have observed in the US is to be repeated in the UK, you can expect to see lines of children outside the school nurse’s office after lunch waiting to be dispensed their afternoon pill.

Peter D. Clark, PhD, C Psychol
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USA

Two s.d.s good, three s.d.s bad

Should we assume from Vernon Hamilton’s concern (The Psychologist, April 1995) about matters sexual that two standard deviations is OK, but three is going a bit too far? A rather liberal bent I would have thought.

J. Richard Marshall
6 Church Lane
Queens Road
Leicester LE1 8DP

Editors’ note: J. Richard Marshall died suddenly the day after writing this letter to The Psychologist. This letter is printed as a tribute. An obituary will appear at a later date.

Selling insurance

The article on ‘Professional Liability Insurance’ in The Psychologist (February 1995) is a sales brochure. It does not provide evidence that the Society policy is better or worse than its competitors and it does not address the scientific questions concerned with the effective provision of professional protection, whether by insurance or otherwise. Instead it refers to large damages awarded against non-psychologists in non-comparable situations, and cites examples of what might happen to psychologists without saying which, if any, of the cases have given rise to claims under the Society scheme since 1988.

Although insurance is said to provide peace of mind, it is in fact a way of losing money and a cause of considerable distress for some people. For evidence of this, see the financial columns of weekend newspapers and TV/radio consumer programmes. It is only when an insurance company is contacted about a claim that people realise that there might be problems.
Sex difference in spatial ability: Toys for the boys

My early research was in mental representation - with a side interest in spatial ability. I then went on to have a family (a relevant, if, at present, oblique, point) and moved research area so as to have no time to follow up a thought, which has been re-kindled by Hamilton’s (1995) paper, and which might merit further investigation.

As I see it, an issue for those exploring differences in spatial ability is in locating from where these differences might arise. Hamilton suggests that rather than adopting a unique approach (biological, sociocultural or based upon spatial experience) a more fruitful path might be an investigation of the relationship between these factors. I have a hypothesis about how this relationship might occur.

In my experience as soon as a puppy is removed from a new-born boy he creates a magnificent parabolic stream of urine - a little girl just gets very wet. Prior to full mobility boys play with this directable stream, girls remain wet. On achieving mobility boys play aiming at anything available, have male role models for this, and are encouraged to develop an accurate aim. Girls sit on the potty or squat and do not see the immediate results of their actions, only the end product. They have to satisfy their desire for plastic parabolas by playing with the taps in the sink or hose-pipes when able and allowed. I think I had better finish here - resisting the temptation to explore how similar experiences might be gained when older.

Given that spatial experience does improve ability, and that girls are biologically unable to gain the same early spatial experience and learning that boys can, and culturally are dissuaded from gaining second-hand experience by playing with the boys' toys, it seems to me that this might be a bridging factor in what is a nature/nurture debate. It might also help towards accounting for differential achievement in the various factors that contribute towards a generic ‘spatial ability’, for example, early three dimensional experience with variable parabolas might be expected to contribute less towards ability in pattern recognition than in mental rotation.

This could be examined in a variety of ways. Different aspects of spatial ability might, for example, be correlated with cross-cultural and micro-cultural differences in child-rearing practices. Similarly, boys who, for some reason, have been prevented from using their toys and girls who have had watery experiences at an early age could be studied, as could the effects of different sorts of toys - I have it on reliable authority that circumcised boys produce a more coherent and aimable stream.

As far as I know very little spatial research has focused upon experience gained at such an early age and I would be interested to know whether this is a factor in the development of spatial ability.

Dr Monica Lee, C Psychol, AFBPsS
Director
Management Teacher Development Centre
Lancaster University
Lancaster LA1 4YX

Reference

Too intellectual

HAVE you been recently, as I have, to an interview for a senior post in a university? Did you receive feedback telling you that the reason for your unsuitability was that your overall interview performance was 'too intellectual and too analytical'? And was your immediate response like mine, and as echoed by a colleague, 'If you can't be intellectual and analytic in a university where can you be?'

I'm asking other psychologists whether our response is irrational or could it be that this criticism explains the decline in standards experienced by employers of university graduates? One thing, however, is certain; students cannot be held responsible for this state of affairs.

P. V. Mathews
1 St Mary's Close
Appleton
Warrington
Cheshire WA4 5DD

Information

I AM a clinical psychology trainee working with the Child Clinical Psychology Services in Manchester. On behalf of the department, I am currently designing a booklet for children attending the department to address their worries and fears about coming to see a psychologist. The aim is to provide simple factual information
for the child on what visiting a psychologist usually entails, and to provide the parents with a language to discuss this with their child.

I am interested in hearing from anybody who is aware of any work already done in this area, or any ideas that other clinical psychologists may have developed to address this issue.

**Cathryn Owens**
Trainee Clinical Psychologist
Withington Hospital
Nell Lane
West Didsbury
Manchester M20 2LR

I WOULD be interested to hear from other clinical psychologists who are also counselling psychologists. I am presently involved in ways of developing counselling services within our Clinical Psychology Service and would be most grateful if others who have already been through this process could contact me.

**Dr Sandra Delroy**
Chartered Clinical & Counselling Psychologist
De Boislin Clinic
Green Road
Southgate
London N14 4AD
Tel: 0181 364 9168

I WOULD be interested to hear from other foreign-qualified clinical psychologists working towards a Statement of Equivalence, with a view to exchanging information and support. We can discuss whether to join the lateral transfer group advertised in the March issue.

**Susan King**
48 Church Drive
Carrington
Nottingham NGS 2BA

I WOULD like to hear from any British qualified clinical psychologist who has had any experience (positive or negative) in obtaining, or attempting to obtain, a licence to practise in the United States. I am starting on this process and would be grateful to learn from others.

**Judith A. Thomson**
1101 Inverness Avenue
Apt no. 2119
Naperville 60563
Illinois
USA

I AM writing, to bring to the attention of those interested, the existence of the South Wales Psychologists Group. The group consists mainly of Assistant Psychologists (with some research students in the clinical field) who work in the NHS and private hospitals across the South Wales area from Pembrokeshire to Gwent and into Brecon and Mid Wales.

We meet approximately every six weeks providing support, discussion and voicing our views on current issues such as supervision and the increasing introduction of bursaries. We also invite guest speakers.

Anyone interested would be most welcome and can ring/write for details on forthcoming meetings to:

South Wales Assistant Psychologists Group, c/o The Psychology Department, Whitchurch Hospital, Whitchurch, Cardiff, South Glamorgan
(Tel: 01222 521118).

**Clare Trudgeon**
Assistant Psychologist

WE have been running an off-site Unit for children with learning difficulties for some years. The aim is to re-integrate these children back into mainstream school following an Individual Education Plan involving teaching, speech and occupational therapies and, in some cases, art therapy. We have had some success in gaining funding from LEAs citing the BinOH Unit as appropriate provision under the Statement, but would like to contact any other Units in a similar position.

**Ruth Birnbaum**
Chaired Educational Psychologist
The Jewish Special Educational Needs Service
Norman House
Harmony Way
off Victoria Road
Hendon
London NW4 2BZ

MUCH has been said recently about the need to support research students working in psychology. We would therefore like to draw the attention of postgraduate students to the existence of the Network for Postgraduate Research in Adolescence (NPRA). Membership of the NPRA, which was founded in 1991, is open to all postgraduate students undertaking research in the area of adolescent development. The Network currently has 30 members. The group meets three times a year at the Institute of Education in London. A wide range of activities are undertaken at these meetings, including presentations by members and outside speakers, and discussions of research issues such as data analysis, writing up, and PhD vivas. The Network provides much needed practical and psychological support for its members, and is an invaluable network of information and resources about adolescent research. Network members come from a range of backgrounds, including psychology, education, and sociology.

There is no charge for joining the Network. In addition, the travel expenses of all members are paid. Anyone interested in joining the NPRA should contact us at the address below.

The next meeting of the group is on Monday 19 June.

**Dr Debi Roker**
Dr John Coleman
Trust for the Study of Adolescence
23 New Road
Brighton BN1 1WZ
Tel: 01273 693311

I WOULD like to share ideas with any other clinical psychologists working in the areas of occupational health, psychological aspects of health and safety at work and mental health at work in the NHS.

Belinda Walsh
Clinical Psychologist
Department of Psychology
Walton Hospital
Chesterfield S40 3HN
Tel: 01246 277271 Ext 5520

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0181 533 5353 (24hr)
The fallacy of five factors in the personality sphere

No experienced factorist could agree with Dr Goldberg’s enthusiasm for the five factor personality theory. His main publication pushing the five factor view appeared in the American Psychologist (1993). This was written with no comment on the factor analytic findings on which all decisions on the number of factors underlying a correlation matrix rest. It is a piece of free-flowing writing appealing to those untrained in ‘state-of-the-art’ multivariate experimental psychology. It would take a lifetime to unravel the subjectivity and errors of factor analysis in the noisy street demonstration of psychologists which he assembles. Therefore, in what follows, I have had to choose just a few crucial considerations to demonstrate the pitfalls into which they regularly tumble.

Their errors are apparent at every level, from the reliabilities of Digman’s ratings by teachers (1963), to the absence of statistical tests for the number of factors or the completeness of rotation for simple structure (for an introduction, see Child, 1950; for a thorough description, see Gorsuch, 1984 or Cattell, 1978).

There are two ways of assessing the required number of components (factors) to explain a correlation matrix, namely, (1) the examination of significance of the last residual (Bartlett, 1948, 1950; Sokal, 1959), and (2) the scree test, a quicker test, which Hakestan, Cattell and Rogers (1982) and Cattell and Vogelmann (1977) have shown to hold over most plasmodes (examples with a predetermined, known number of factors). But none of these references appear in Goldberg’s bibliography. The choice of number of factors, by the exponents of two factors (Peabody), three factors (Eysenck, 1952) and five factors, is purely by fiat. By objective tests (Cattell & Krug, 1986), one obtains 16 or 17 factors in normal behaviour and 10 more in distinctly psychopathic behaviour.

Goldberg (1972) and Norman (1967) have made a real contribution to psychology by working on the principle of beginning all personality analyses with a total ‘personality sphere’ of variables, which the majority of the five factor people ignore.

Beyond not determining, by objective tests, the number of factors, the exponents of five factors suffer from failure to find significant simple structure. There are two systems available for finding the unique rotational position in which factors become real determiners rather than the infinite number of more ‘mathematical abstractions’ that are possible. They are, (1) Simple Structure (Thurstone, 1947) and (2) Confactor rotation (Cattell & Cattell, 1955). The first is popularly sought by one of several ingenious computer programs. But only one of these, Maxplane, (Cattell & Muerle, 1960) sometimes works. All can be improved in their hyperplane counts by an important but tedious process of visual rotation (aided by Rotplot). The correct position is objectively evidenced when the hyperplane count can no longer be improved by further search. Even better factorists than those marshalled by Goldberg sometimes fall down after four or five successive rotations. It takes time and patience; for example, in some recent work it took three months to get the best simple structure in 12 or 20 space. Yet the crowd assembled by Goldberg gives no satisfactory evidence on hyperplane counts. Incidentally, the true position of natural determiners is impossible to find by orthogonal solutions. Philos- ophy alone tells us that all the forces of nature are interrelated. Therefore, Vari-max should be expunged from the list of programs used by amateurs.

In any case, the results of rotations or non-rotations among the five factor enthusiasts gives a dense jungle of mutually incompatible solutions. Goldberg (1993) says ‘to my scientific tastes, the Peabody Model was elegant and beautiful, whereas the five factor structure was an aesthetic nightmare’. It is more to the point that it is a scientific nightmare. Nowhere
do I see the application of the pattern similarity coefficient (r²) or Burt's congruence coefficient to these supposedly 'robust' five factor solutions.

The history of factor analysis is a gradual acceptance of the real complicatedness of human nature. It moved from one factor (1906) to two, to three, to five, to 10 (Digman and Wiggins, 1974) to 12 or 16. The resistance to complication (see Meehl's basic analysis, 1955) is rooted in the Freudian 'pleasure principle'. It took almost 100 years for Copernicus' findings to be almost universally accepted, 50 years for Galileo's and the same for the innovation of Pasteur and others.

Since the five factor heresy is partly directed against the 16PF test, I am bound briefly to describe its foundations. It did not begin as a questionnaire but as a basic research, in 1930, into personality structure by observer rating, by-passing the current views of the time (Freud, Jung, Adler) and starting with the idea of a basic personality sphere of behaviours. I stopped first (after some discussion with Thurstone) at 12 factors, because I thought I was diverging too abruptly from the three factor theories of the time. But very soon I had indubitable evidence of 16 factors (Cattell, 1947). Furthermore, in recent years (Cattell, Pierson & Finkbeiner, 1979) the joint factoring of questionnaire and careful rating data (10 raters to each subject) has verified that the 16 factors in questionnaires and ratings are the same personality structures (in slightly different instrumental dress).

These same source traits have been checked at different age cross-sections from 6 to 60 years (Cattell, Wagner & Cattell, 1970). They have also appeared in translation to different national cultures in France (Cattell, Pichot & Rennes, 1961), Germany (Cattell, Seitz & Rausche, 1975; Schroder, Cattell & Wagner, 1969), Italy, India and Japan (Tsujio & Cattell, 1965) and seems that basic human personality is the same world-wide. When confirmatory factor analytic methods appeared (Joreskog, 1966), Krug (Cattell & Krug, 1986) applied them to the 16PF and came out with confirmation of 16 factors. Over the 50 years since 1940 there are literally dozens of studies of the 16PF and of the eight second order factors which follow. There are also countless industrial, military and general studies on the nature of the source traits. For example, we have age life plots, like those for intelligence long ago, and also heritabilities (Cattell, 1978) which fit well the personality theory about each trait. There are, on the same foundation, developmental studies (Barton, 1973; Cattell & Barton, 1975) on the effect of life experiences upon factor levels. As I have stated above, there are no proofs that various five factorists are actually mutually finding the same factors. The 'general opinion' is that the five are second order factors. But the true second

orders, averaged over 10 researches by Nichols (Cattell, 1973), have been known to be eight since 1973. Moreover, you cannot get to second order by doing first order (variable) factorings and arbitrarily stopping at what you think should be the number of second orders. Eysenck's three factors show this in that the first factor is a good extraversion component, but the second and third, lacking the later component variance that should be rotated into them, are increasingly inaccurate in description (Cattell & Horn, 1962).

The cry that five factors are easier to work with, like Guilford's attempt at orthogon rotation because orthogonal calculations are simpler, is surely not worth considering in an age of computers. Besides, Mershon and Gorsuch (1988) have shown that when the factors are increased from six to 16PF in predicting a wide range of real life criterion behaviors, the percentage variance accounted for is almost doubled. In any case, the problem of actual behaviors can shift to second order factors, e.g. on the 16PF, cannot hope, statistically, to reach the level from first order factors. Considering the complexity of human nature that is not surprising.

If all rating and questionnaire research are carried out on a sufficient conception of personality sphere variables, and with due care for sophisticated exploratory or confirmatory factor methods (including a test for factor number and truly finding the unique simple structure position) all should end with the same source traits. When that is done we can enter on an understanding of those traits - their heritability, life courses, and experimental change - that will provide a basis for a scientific personality theory. Two researches on the 16PF, one on a sample of 2500 people, are now in press, which check excellently with the previously published (Cattell, 1973) solutions.

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The recovery of memories in clinical practice:

Experiences and beliefs of British Psychological Society practitioners


The authors were members of the Society's Working Party on Recovered Memories. In February, the Society published the Working Party's report. Here the results of the survey, which formed a part of the report, are published in full.

The issue of whether it is possible to recover previously forgotten memories of childhood trauma, particularly sexual trauma, has recently been hotly debated. Much of the debate has taken place in the public arena. People who claim to have recovered traumatic memories, and some therapists and trauma researchers who have observed the phenomenon in their own clients and subjects, have reported their belief in the general accuracy of the memories. On the other hand, those who have been accused of perpetrating such long-forgotten abuses, and some researchers investigating issues of suggestibility in memory, have reached the opposite conclusion, namely that so-called recovered memories are likely to be false on two counts. They point first to the unlikely or bizarre nature and content of some memories and second to questionable techniques used by some therapists such as suggestion and hypnotic regression. Thus on one side are those concerned about the possible harmful effects on parents of being falsely accused of abuse by their children. On the other are those concerned about the possible harmful effects of not being believed on people who have actually been abused in childhood.

Psychologists have taken the whole issue very seriously. The British and Australian Psychological Societies and the American Psychological Association have all set up working parties to consider the scientific and practical implications. In the academic literature the entire contents of a recent issue of two journals, Consciousness and Cognition, and Applied Cognitive Psychology, have been given over to the topic. Therapists, trauma researchers, and cognitive psychologists interested in autobiographical memory have all been involved and the general consensus has been that more research in this area is urgently needed. As part of the investigations of The British Psychological Society Working Party on Recovered Memories we wanted to know how these issues were perceived and dealt with by Society members in clinical practice. This article reports findings from our large-scale survey of Society mental health practitioners, including clinical, counselling and health psychologists and members of the Psychotherapy Section. They answered questions about their experiences, practices and beliefs concerning memory recovery.

Existing research

The research to date on memory recovery of early traumatic events includes two surveys of therapists and four studies of survivors of child abuse. One survey of around 860 hypnotherapists and family therapists attending conferences and workshops in the United States was mainly concerned with beliefs about hypnosis (Yapko, 1994). The other investigated 145 US and 57 UK psychologists' practices and experiences as well as more general beliefs concerning memory recovery of sexual abuse in childhood (Poole, Lindsay, Memon & Bull, in press). Both surveys found a high proportion of respondents endorsing the belief that recovered memories can be false, however neither survey asked the complementary question concerning beliefs about the essential accuracy of such memories in general. In Poole et al.'s study the British respondents (who were all Chartered Clinical Psychologists) were less likely than their US counterparts to use hypnosis.
and age regression, although both groups had similarly high rates of respondents reporting memory recovery in at least some clients.

There have been four direct investigations of memory recovery in individuals who have reported experiences of abuse in childhood. (A fifth study of documented child sexual abuse (CSA) survivors showed that 38 per cent did not recall the target episode of abuse when questioned as adults, but the focus was not on memory recovery - Williams, 1994). The four direct studies vary in their degree of methodological sophistication, the two earlier studies in particular had substantial methodological flaws. Nevertheless all were consistent in finding a sizeable proportion of individuals with recovered traumatic memories. Three studies involved clinical samples (Herman & Schatzow, 1987; Briere & Conté, 1993; Loftus, Polonsky & Fullilove, 1994) and one a non-clinical sample (Feldman-Summers & Pope, 1994). Overall rates of total and partial 'forgetting' of abuse at one respondent's lifetime range from 31 per cent (Loftus et al., 1994) to 62 per cent (Herman & Schatzow, 1987). The one study to make explicit the distinction between partial and total forgetting reported a rate of 19 per cent total amnesia (Loftus et al., 1994). Therefore at least one in five individuals in these samples had recovered memories of abuse from total amnesia, and at least a third (or thereabouts) from total or partial amnesia.

With one exception (Feldman-Summers & Pope, 1994), current research has focused on memories involving sexual abuse without considering other kinds of trauma. Furthermore, in the controversy surrounding recovered memories very little attention has been paid to the context in which they are recovered. It is particularly important to note the general assumption that most memories are recovered in therapy (Lindsay & Read, 1994), and it is this assumption that has fuelled public concern about therapeutic practice. The only study that even briefly investigated this issue did so in a sub-sample of individuals who were selected from a large random sample of psychologists on the basis that they had identified themselves as having experienced sexual or physical abuse in childhood (Feldman-Summers & Pope, 1994). Ruts reporting 40 per cent reported recovering memories of abuse, and although over half recovered memories in the context of therapy, 44 per cent stated that recovery had been triggered exclusively in other contexts.

The Society survey

The aim of the survey was to explore some of the issues raised by the previous research findings and fill in some of the gaps in the existing literature. At the most general descriptive level we wished to establish:

1) The extent to which highly trained Society practitioners have clients who have recovered memories in therapy with them.
2) The particular and general beliefs of Society practitioners concerning the accuracy and the illusory nature of such memories.

Two further aims were:
3) To investigate the characteristics and context of recovered memories in terms of a) whether clients recover memories other than those involving sexual trauma, and b) the extent to which clients recover memories before entering therapy.
4) To find out the extent to which factors such as age, sex and therapeutic approach and practice are associated with practitioners' beliefs about and experiences of memory recovery in their clients.

The respondents

A total of 4005 questionnaires were sent to all Society members of the Division of Clinical Psychology (DCP), the Division of Counselling Psychology (DCoP), the Special Group in Health Psychology (SGHP) and the Psychotherapy Section (PS). All 2558 members of the DCP received their questionnaire with the April 1994 issue of Clinical Psychology Forum; members of the SGHP, who were not also members of the DCP (n=446), received the questionnaire in a mailing which also contained other SGHP information; members of the DCoP and PS, who were not also members of the SGHP or DCP (n=1001) were mailed the questionnaire without any other information.

A total of 1083 questionnaires were returned, representing an overall response rate of 27 per cent. The response rates for the separate mailings were 24 per cent DCP, 22 per cent SGHP and 37 per cent DCoP and PS. The counselling and psychotherapy rate differed significantly from the combined rates for clinical and health - $χ^2$(1)=67.6, p<0.01. It was, however, almost identical to the rate of 38 per cent achieved in a similar survey by Poole et al. (in press) who mailed practitioners in the same way that we mailed members of the DCoP and PS - that is, they received one mailing with no reminder, and the questionnaire was the only focus of the mailing. The particularly low response rates for the DCP and SGHP may have been due to the questionnaire being overlooked, as it was included along with other material. An informal survey of clinical psychologists known to us adds weight to this possibility - the majority said they were not aware that the questionnaire had been sent to them and had not seen it.

The questionnaire

The questionnaire was developed by the Working Party members, and piloted by sending out a version to 25 Society practitioners chosen at random. They were asked to fill it in and provide feedback on the questionnaire design. The final version was sent out in March, 1994. It consisted of a single sheet with a covering note and instructions on one side, and 19 questions on the other. Respondents were informed of the investigations of the Working Party and of our interest in memories of early sexual abuse. Such abuse was defined as experiences before age 17 involving physical contact for the sexual gratification of an older person, and not that involving willing contact with peers. They were instructed that the target group we were interested in were: adult clients (over 18) with non-psychotic disorders - i.e. excluding schizophrenic, manic-depressive or organic disorders. These clients could be using or attending mental health services or being seen for mental health reasons in primary care or private practice.

Respondents were asked to answer the questionnaire in full if they saw any clients in the target group. If they did not they were nevertheless asked to answer some demographic and background questions and return the questionnaire.

Of the 1083 members who responded, 810 (75 per cent) had clients in the target group, and the results that follow are based on their responses.

Representativeness of the sample

We compared the 810 respondents with all the members who were sent the questionnaire on i) sex by age breakdowns and ii) membership of Society Division/Group/Section. Table 1 shows that they were representative of all members mailed according to age and sex, the age by sex rates being almost identical for the two groups.

The DCP were equally represented in the respondent population and the whole population of mailed members (62 per cent vs 64 per cent; $χ^2$(1)=1.1, p>0.5). The DCoP and PS were slightly overrepresented (32 per cent vs 27 per cent; $χ^2$(1)=5.9, p=0.02; and 19 per cent vs 16 per cent; $χ^2$(1)=4.0, p<0.05) respectively, and the SGHP was more definitely underrepresented (10 per cent

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
<tr>
<td>18-30</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>31-45</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>46-65</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>66-80</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 1. Age by sex comparison of all Society members mailed (N=4005) with respondents with clients in the target group (N=810)
Recovered memories

Therapeutic Approach (Respondents could indicate more than 1)

| Psychoanalytic | 41% |
| Cognitve-Behavioural | 59% |
| Systems | 19% |
| Client-centred/humanistic | 38% |
| Feminist | 16% |

Therapeutic Practice

| Focus on early experiences | 6% rarely | 51% sometimes | 43% usually |
| Use of hypnotic regression | 10% |

| Clients in target group (over 18, non-psychotic) In past year: |
|------------------|-----------|--------------|-------------|
| Number seen | 46% <20 | 18% 20-40 | 36% >40 |
| Respondents with clients reporting child sexual abuse (CSA) | 8% none | 70% 1-10 | 22% >10 |

Experience of Respondents with Clients Recovering Memories

| In past year | |
|------------------|-----------|--------------|-------------|
| % with clients recovering CSA memories from total amnesia | In therapy with respondent | 23% |
| | In therapy with another | 19% |
| | Prior to any therapy | 31% |
| % with clients recovering other traumatic memories from total amnesia | In therapy with respondent | 28% |
| In previous years |
| % with clients recovering any traumatic memory from total amnesia | In therapy with respondent | 45% |

Respondents' Beliefs About Recovered Memories

| Belief in essential accuracy of recovered memories | 3% never | 53% sometimes | 38% usually | 6% always |
| Belief in possibility of false memories | 67% yes | 33% no |
| False memories ever in own practice | 85% never | 11% sometimes | 4% more than once |

Respondents' Beliefs about Satanic Ritual Abuse

| Belief in essential accuracy of reports of SRA | 3% never | 54% sometimes | 38% usually | 5% always |
| Ever worked with clients reporting SRA and believed them (15 per cent had clients reporting SRA) | 13% |

Table 2. Responses to questionnaire items

were the least likely to be endorsed. In terms of practice, the majority of respondents focused on the early experiences of their clients, at least 'sometimes', although the use of hypnotic regression techniques was rare in comparison, being used by one in ten. The proportion using this technique was also considerably lower than the proportion of American psychologists using hypnosis (around 32 per cent) in Poole et al.'s (in press) survey.

CSA and memory recovery

The vast majority of practitioners had seen at least one client reporting CSA in the past year, with 22 per cent reporting seeing over 10. Over half of those (51 per cent) with such clients also had clients in the past year who recovered memories of CSA, either in therapy with them, in therapy with another, or prior to any therapy. Table 2 shows that the most common context in which memory recovery occurred was prior to any therapy, with nearly a third of respondents reporting that clients had recovered memories in this context. Just under a quarter had clients recovering CSA memories in therapy with them, and around one in five in therapy with someone else.

The context of memory recovery

The overlap between the different memory recovery contexts was investigated in further detail. Table 3 shows that respondents who had clients recovering memories prior to any therapy and had clients who recovered memories with other therapists were the most likely to have had clients recovering memories while in therapy with them. Conversely those with no clients recovering memories before entering therapy with them were least likely to have had clients recovering memories in therapy with them. Given the possibility that individuals could recover more than one memory from total amnesia for repeated experiences of child abuse, one interpretation may be that memory recovery processes commonly begin before therapy, or at least before therapy with Society practitioners. Another is that the association between the different contexts of recovered memories is a function of the ratio of CSA clients seen, as practitioners who see large numbers would be more likely than others to have clients recover CSA memories in therapy.

Table 3. Percentage of respondents reporting clients recovering memories in therapy with them by clients reporting memories in therapy with others and before entering therapy

vs 18 per cent: $\chi^2(1)=24.8, p<0.01$). (Percentages sum to over 100 per cent as some members belong to more than one Division, Group or Section.) The underrepresentation of the SGHP was expected as it was not envisaged that a large proportion would see patients with mental health problems - in fact only 20 of the 810 respondents (2.5 per cent) belonged exclusively to the SGHP.

Responses to the questionnaire items

Table 2 sets out responses to the questionnaire items, grouped under headings to include therapeutic approach, therapeutic practices, characteristics of clients, memory recovery in clients, general beliefs about the accuracy and falsity of recovered memories, particular beliefs about the falsity of recovered memories in the respondent's own practice, and beliefs about satanic ritual abuse.

Therapeutic approaches and practices

It can be seen that the therapeutic approach most often endorsed was cognitive-behavioural, followed by psychodynamic and client-centred/humanistic. The systems approach and feminist orientation

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with them and to observe a greater variation of contexts for memory recovery. The latter possibility was examined by entering memory recovery prior to any therapy and memory recovery in therapy with someone else into a logistic regression equation, controlling for number of CSA clients seen, with memory recovery in therapy with the respondent as the dependent variable. However, the number of CSA clients seen could not account for the results, as both memory recovery contexts independently significantly increased the likelihood of clients recovering memories in therapy with the respondent when this factor was controlled; odds ratios were 2.8, p<0.001 for recovery prior to any therapy and 2.1, p<0.001 for recovery in therapy with another. Logistic regression was chosen as the most appropriate test as the dependent variable was dichotomous, that is, respondents either had or had not had experiences of clients recovering memories in therapy with them. The odds ratio (OR is the actual change in odds of getting the dependent variable, given changes in the independent variable).

Memory recovery of trauma not involving CSA

The questions about recovered memories also covered memories for traumatic events other than CSA, and over a quarter of the respondents reported having clients recovering such memories in the past year (Table 2). Because the vast majority had at least one client reporting CSA, it was possible that these memories for non-CSA events were only in the course of recovering CSA memories. To control for this possibility, the 8 per cent of respondents who had no CSA clients were distinguished from the rest. The proportions with clients with non-CSA recovered memories were fairly similar in the two groups - 29 per cent with CSA clients and 21 per cent with no such clients.

Beliefs about memory recovery

Overall, 60 per cent of our respondents had at some time (in the past year or previously) at least one client who had some type of recovered memory (that is, for any traumatic event in any context), and 47 per cent had at least one client with a recovered memory involving CSA. What, then, were respondents' general and particular beliefs concerning such memories? Table 2 shows that most respondents believed that in general recovered memories were essentially accurate at least sometimes, and that only a very small minority believed they were never accurate. The majority also believed in general that false memories were possible.

We asked respondents whether they thought they had ever had clients with false memories in their own practice, and 15 per cent thought this had been the case (Table 2). This proportion was increased to 20 per cent among respondents who reported having had clients recover memories in therapy with them.

Beliefs about satanic ritual abuse (SRA)

Finally, our questionnaire covered respondents' beliefs about clients' reports of SRA (we did not ask specifically about recovered memories of SRA). As with beliefs about the accuracy of recovered memories, most believed that such reports were at least sometimes essentially accurate, although only a very small percentage believed they were always so. Despite these beliefs few respondents had ever had clients reporting SRA. Most of those who had worked with such clients believed them (Table 2).

Table 4. Factors associated with respondents' experiences and beliefs

<table>
<thead>
<tr>
<th>Clients recovering memories in therapy with respondent</th>
<th>Increased likelihood</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of hypnotic regression</td>
<td>4.2***</td>
<td></td>
</tr>
<tr>
<td>Number of clients with CSA</td>
<td>2.5***</td>
<td></td>
</tr>
<tr>
<td>Focus on early experiences</td>
<td>1.8***</td>
<td></td>
</tr>
<tr>
<td>Age of respondent (being older)</td>
<td>1.3*</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondent's belief in accuracy of recovered memories</th>
<th>Increased belief</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having a patient recover memory in therapy</td>
<td>.33***</td>
<td></td>
</tr>
<tr>
<td>Focus on early experiences</td>
<td>.07*</td>
<td></td>
</tr>
<tr>
<td>Decreased belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex of respondent (male)</td>
<td>1.6***</td>
<td></td>
</tr>
<tr>
<td>Age of respondent (being older)</td>
<td>1.4***</td>
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</tr>
<tr>
<td>Cognitive-behavioural approach</td>
<td>1.1**</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondent's belief in possibility of false memories</th>
<th>Increased belief</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having a patient recover memory in therapy</td>
<td>0.59**</td>
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</tr>
<tr>
<td>Respondent's belief about false memories in their own practice</td>
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</tr>
<tr>
<td>Cognitive-behavioural approach</td>
<td>1.8***</td>
<td></td>
</tr>
<tr>
<td>Sex of respondent (male)</td>
<td>1.2*</td>
<td></td>
</tr>
<tr>
<td>Use of hypnotic regression</td>
<td>1.2*</td>
<td></td>
</tr>
<tr>
<td>Number of CSA clients</td>
<td>1.1</td>
<td></td>
</tr>
</tbody>
</table>

Factors associated with respondents' experiences and beliefs

It remains to investigate whether specific factors might be associated with the experiences and beliefs of our respondents concerning recovered memories. The results of these analyses are summarised in Table 4.

Indicators of clients recovering memories in therapy with the respondent

For this analysis age and sex of the respondent, their therapeutic approach (psychodynamic, cognitive-behavioural, client-centred/humanist, systems and feminist), therapeutic practice (focus on early experiences and use of hypnotic regression), and number of clients with CSA seen in the past year were entered simultaneously into a logistic regression equation. The dependent variable was whether or not the respondent had ever had any client who recovered any traumatic memory while in therapy with him/her. When all factors were taken into account, Table 4 shows that those which significantly independently increased the likelihood of respondents having such clients were being older, number of CSA clients seen, use of hypnotic regression techniques and a focus on early experiences. The only factor which significantly decreased the likelihood was having a cognitive-behavioural approach to therapy.

It was possible that age as an indicator in the above analysis was a function of increased opportunity, that is, older practitioners had simply seen more clients over the years. This possibility was examined by repeating the analysis substituting the dependent variable of ever having a client recover traumatic memories in therapy with having a client recover traumatic memories in therapy in the past year. The effect of age was, however, increased by this substitution.

There was also a particularly strong effect for the use of hypnotic regression. However, it should be borne in mind that its use was relatively rare, and the majority of respondents who had ever had clients recover memories in therapy with them (84 per cent) did not use this technique.

Indicators of general beliefs about recovered memories

The same factors considered in the previous analysis were entered simultaneously into a multiple regression equation with beliefs in essential accuracy of recovered memories (4-point scale) as the dependent variable. There was a significant independent variable considered in this analysis was whether or not the respondent had ever had a client recover any traumatic memory in therapy with him/her. Taking all factors into account, the significant independent indicators of belief in accuracy were having had a
patient recover a memory in therapy, and to a lesser extent, a focus on early experiences in therapy. Significant indicators of reduced belief in accuracy were being a man, being older, and having a cognitive-behavioural approach to therapy (Table 4). In the last stage of the analysis, the dependent variable was respondents' belief that false memories were possible, like men, the older they were, the more likely they were to endorse such a belief.

Indicators of particular beliefs about recovered memories

In the last stage of the analysis, the dependent variable was respondents' beliefs about whether memories were possible, like men, the older they were, the more likely they were to endorse such a belief.

Discussion

The findings suggest that despite the fact that the practice of hypnotic regression is relatively rare, recovery from total amnesia of past traumatic material involving both CSA and non-CSA experiences is by no means an uncommon feature of clinical practice among our highly trained professional members. However, the proportion of practitioners who had at least one client recovering a memory in therapy was very much lower than in the only other comparable survey (Poole et al., in press). Exact comparisons cannot be made, though, as Poole et al. asked specifically about recovered memories of CSA, and used a different time period. The most direct comparison is between the percentage of respondents with clients recovering CSA memories with them in the past year (23 per cent in the current survey) and the percentage of respondents with similar clients recovering such memories in the past two years in Poole et al.'s surveys (85 per cent and 71 per cent). Even considering our highest rate of 50 per cent, which was for respondents with clients recovering any kind of traumatic memory with them in the past year or previously, our rate is lower.

Poole and colleagues' criteria for their target population were more stringent than in our surveys, as they reported having worked with at least 10 adults in the past two years. However, limiting our sample to respondents seeing 20 or more clients in the past year did not substantially change the percentage who had clients recover CSA memories with them in the past year (26 per cent). It is not therefore clear why there should be such differences, although it is probably the case that it is connected, at least partly, to sampling issues.

Nearly 60 per cent of our respondents who reported having clients who recovered memories of sexual abuse in therapy said they believed having been a client who recovered such memories before entering any kind of therapy. While it is not possible to comment on the validity of these reports, this suggests that a substantial proportion of those recovering memories in therapy may have already begun the process beforehand.

However, this requires further investigation because the limitations of the questionnaire meant we were unable to establish a one-to-one correspondence between the different contexts in which memories may be recovered by individual clients.

The majority of our respondents believed that false memories were possible, although the proportion with this belief (67 per cent) was smaller than in the other two surveys asking this question (91 per cent, Poole et al., in press; 79 per cent, Yapko, 1994). However, the majority also believed that recovered memories could sometimes be accurate. Although a very small minority believed they could always be so - a question not asked in the other surveys. This balanced position was essentially that reached by the Working Party. Because of the large sample size we employed, we also had the opportunity to use more complex multivariate analyses to investigate the unique contributions of a number of different relevant factors to both beliefs about recovered memories and experiences with clients. Several factors were independently associated with beliefs, the experience of having a client with a recovered memory being a particularly powerful indicator of beliefs about accuracy. The precise nature of this relationship requires further investigation. It may be that those sympathetic to the notion of recovered memories are more open to the possibility and are in some way facilitating such recovery in their clients. On the other hand, the experience of having witnessed a client recover a memory may lead to greater conviction of the general validity of such memories.

There were a number of apparent inconsistencies between indicators of respondents having clients recover memories in therapy with them and respondents' general and particular beliefs about such memories. The only factor that consistently indicated both experience and beliefs was having a cognitive-behavioural approach to therapy. Among inconsistent factors was the therapeutic practice, which was a strong indicator of experiences but not of beliefs. This was particularly clear for hypnotic regression - practitioners who used this technique were more alert than others to the possibility that their own clients' recovered memories could be false. Another apparently inconsistent factor was age. Being older was associated with an increased likelihood of having clients recover memories in therapy, but also with an increased scepticism about the validity of recovered memories in general, although not necessarily in relation to their own practice. It was also the case that while men were equally as likely as women to have had clients recover memories with them, they were more sceptical in their general beliefs, and about clients in their own practice. Finally, while the number of CSA clients seen was a strong indicator of clients recovering memories with the respondent, it was also related to an increased suspicion that clients' memories might be false. There are no doubt complexities to be unravelled in order to understand further whether or not these apparent inconsistencies were indeed so, but they are likely to require further in-depth research.

Two main limitations of our research involve the low response rate and the brevity of the questionnaire, both a function of limited resources. Regarding the latter we were not able to obtain more than a very crude estimate of practitioners' experiences with clients recovering memories, and memory recovery techniques used in therapeutic practice were not extensively covered.

The former limitation is more important in terms of establishing base rates for memory recovery in clinical practice and practitioners' beliefs and practices than it probably is for establishing indicators of such experiences and beliefs. It may be that practitioners with clients recovering memories in whatever context were more likely to return the questionnaire. However, our sample was almost completely representative in terms of age and sex of members mailed, and was fairly representative in terms of membership of the relevant Divisions, Section and Group. In addition, where comparisons could be made, the beliefs endorsed by our respondents were fairly similar to practitioners' beliefs in other surveys.
Recovered memories

(Poole et al., in press; Yapko, 1994). As already mentioned, however, the percentage of our respondents with clients recovering memories with them was much lower than in the only other comparable survey, suggesting that such respondents were not grossly over-represented.

In conclusion, even taking account of limitations, our large-scale survey confirms and extends previous research. It contradicts various assertions in the literature and popular beliefs by confirming that recovered memories of trauma are not limited to those involving CSA, nor do CSA survivors, and recovery is not limited to a therapeutic context, or to untrained therapists. Memory recovery appears to be a robust and frequent phenomenon. Issues concerning its process, and the context and validity of such memories are in urgent need of further investigation.

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References


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Copies of the Recovered Memories Report are available from the Society’s office free to members, £10 to non-members.

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214 May 1995 The Psychologist
Continuing professional development is an increasingly important issue within the Society. Here, representatives of some of the subsystems report on recent developments.

This article was co-ordinated by Pat Lindley (Chair, Standing Committee for the Co-ordination of Continuing Professional Development) and edited by Dennis Bromley.

In a special issue of The Psychologist on Continuing Professional Development (CPD) in November 1992, Divisions and Special Groups described their progress in CPD within the framework of the model developed by the Standing Committee for the Co-ordination of Continuing Professional Development (SCCCPD) - see Elton-Wilson (1992).

The model proposes four phases in the progress towards general recognition and implementation. These are:
1. consciousness raising;
2. the development of individual plans and structures;
3. the development of Society recommendations;
4. the development of professional structures for CPD.

In the 1992 article, SCCCCP representatives of Divisions and Special Groups reported on their CPD activities. It was seen that the Divisions and Special Groups were in different phases of the model. In 1995, an update of CPD activities shows this is still the case but each of these groups has made progress.

The Division of Clinical Psychology (DCP) has been consolidating the progress made in Phase 2 and has produced a personal record whereby members can define and record their individual professional development. The Division of Educational and Child Psychology (DECP) was the first Society subsystem to develop a personal CPD record and has now instigated a national network of information exchanges for local authority CPD co-ordinators. The Division of Occupational Psychology (DOCP) has continued to raise awareness. It is currently engaged in developing an annual programme of events and producing a personal record that links with the structure of the training log for Divisional membership. The Special Group for the Teaching of Psychology is producing a CPD handbook for psychology teachers. The Division of Counselling Psychology (DCoP) is putting in place those structures on which CPD can be developed. The Scottish Division of Educational and Child Psychology (SDECP) has obtained funding to design and plan CPD for Scottish educational psychologists. The details of this diversity of CPD activities can be seen from the following reports.

Clinical psychology - Chris Cullen

Many of the DCP's continuing professional development activities have centred on operationalizing the 'recommendations' which were published in Clinical Psychology Forum (CPF). We have obtained information from Division members on the extent to which CPD plays a role in their performance review procedures, and on whether or not members have performance reviews at all. Surprisingly, it turns out that many do not. A summary of the replies to our questionnaire is being prepared and will be published soon in CPF. The rationale for concentrating on such issues is that the committee believes that the best way forward is to create a climate whereby CPD is seen as an essential part of people's jobs and is thus built into their contracts and performance reviews. With grateful thanks to the DECP, we have prepared a personal record of continuing professional development (modelled closely on the DECP version) which is currently being piloted.

Throughout the year we have continued to approve short courses and are currently reviewing our procedures for the approval of longer courses. We are also thinking about the question of National Vocational Qualifications and are keeping an eye on the discussions the Society
Educational and child psychology - Rea Reason

A day meeting in December 1993 marked the start of a new phase in the life and activities of the DECP CPD Standing Committee. It was organized for educational psychologists responsible for co-ordinating CPD within their services. It was extremely well attended. Some 60 participants, representing almost as many local education authority psychological services, provided the impetus for the transition from a committee to a national network. The meeting was entitled, 'Making CPD Happen: The Ends and the Means'. The title reflected both professional and financial concerns. Because of dwindling CPD budgets, part of the day was taken up by presentations and discussion of financial issues, such as managing low or no cost CPD and generating income to finance CPD.

The mirror images of professional responsibility and organizational entitlement were emphasized by Brian Harrison-Jennings representing the Association of Educational Psychologists' (AEP) union perspective. If the renewal of the Society's Annual Practising Certificate could be made contingent upon a minimum amount of CPD each year, it would strengthen the hand of the union in discussing entitlement with employers.

Discussion groups collated information across services about the following aspects: formalized needs identification processes; support through in-house events, projects and external courses; responsibilities of CPD coordinators; budgets; time entitlements. Overall results were circulated to participants and reported briefly in the DECP Newsletter. Much of the meeting focused on practical illustrations of the professional aspects of CPD as reflected in the Personal Record developed by the DECP Standing Committee. The booklet was distributed some time ago to all educational psychologists within the DECP and AEP. Further copies are available from the Society. It was gratifying to note that other subsystems in the Society are now adapting the record for use in their particular contexts.

Plenary discussion resulted in many useful suggestions. These included:
1. an agreed statement of good practice;
2. the collation of statistics regarding time entitlement and finance;
3. an emphasis on equal opportunities in ensuring that all psychologists could take advantage of CPD;
4. discussion of the links between appraisal and CPD;
5. the development of methods for de-

Occupational psychology - Pat Lindley

The Division of Occupational Psychology (DOP) has made considerable progress since the last report (Elton-Wilson, 1992). A subcommittee for CPD has been formed with joint representation from the Training Committee, the Division and the Board of Examiners. Their tasks are:
1. to operationalize the criteria for 'recommendation' of short courses;
2. to continue raising awareness of the need for CPD;
3. to provide a log or means of recording CPD activities which will map onto the training log produced by the Board of Examiners;
4. to publicise the events calendar developed jointly by the Section and Division;
5. to stress the relevance of these events for CPD by applying for 'recommended status' for events and conferences.

Our efforts to co-ordinate all CPD activity within the various committees of occupational psychology mean that progress may be slow but sure. In the meantime, we continue to recommend short courses and build up our expertise in defining the criteria for CPD for occupational psychology. Our biggest effort and success has been to make our Annual Conference a CPD-recommended event. We now need to make attendance at such events meaningful to the membership in terms of their personal CPD plans.

Teaching of psychology - John Sloboda

Following the lead of the DECP, the Special Group for the Teaching of Psychology has been working on a draft CPD handbook for psychology teachers. A first draft was agreed by the Committee in December 1993, and has been sent out for consultation with key groups, including the Association of Heads of Psychology Departments, the Association for the Teaching of Psychology (ATP) and the Staff and Educational Development Association (SEDA). SEDA has produced a set of core values and domains of competence that underlie initial competence in its programme of accreditation for training courses. These core elements have been modified and extended by the Special Group to encompass both initial and advanced competence in teaching psychology. The Special Group is convinced that these elements are as appropriate to teachers in psychology in secondary and further education as they are in higher education.

Consultation was completed in 1994, and the handbook was published in September of that year. The handbook is available, free of charge, from the Special Group for the Teaching of Psychology.

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Counselling psychology - Ian James

Jennifer Etton-Wilson (1992, p.512) wrote, 'counselling psychologists have been principally concerned with establishing and maintaining standards for a postgraduate qualification acceptable to the traditions upheld by the Society.' The Diploma in Counselling Psychology is now firmly in place. The following new developments add the necessary components to support the Diploma and provide routes to qualified status for all members of the Division of Counselling Psychology (DCoP), especially Accredited Members. In terms of CPD they take the following forms:

1. Case work supervisor. In order to support the development of Counselling Psychology, it is essential to have recognized Society-accredited case work supervisors. These would be Accredited Division Members. This is seen as, 'the bedrock on which all practice as a counselling psychologist, before and after qualification, needs to be founded (Etton-Wilson, in press). The Training Committee is now set to establish a recognition process, which entails a defined and differentiated model of supervision. It is intended that an initial formal recognition process of flexible acceptance, based on wide-ranging experience as a supervisor, will move to a recognized higher qualification, as CPD appropriate for a qualified counselling psychologist practitioner.

2. Coordinator of training. Another role for a counselling psychologist, as an Accredited Member, is to act as a Co-ordinator of Training for the Diploma in Counselling Psychology candidates. As CPD, this requires recognition by the Training Committee as providing an appropriate background to either (i) lead Diploma courses or (ii) supervise an independent candidate's theoretical knowledge development.

3. Research supervision. This is the most specialized facet of counselling psychology. The research requirement is essential for the development of a scientist-practitioner. Supervising trainees in research projects, however, is open to both General and Accredited Members of the Division as CPD, where it would be expected that the General Member has an appropriate research qualification.

Alongside these new developments there are basic features of CPD which do not change:

- Counselling literature. Both General and Accredited Members should monitor and contribute to the ever-expanding knowledge of counselling. This involves looking into the effectiveness of counselling interventions.
- Consultation and professional development. It is important for all Accredited Members to consult resources wherever possible to maintain an understanding of their particular areas of specialization. A further feature of counselling psychology is that it does not accept that the practitioner is competent all of the time; it recognizes a need for the CPD of the person, which may involve personal psychological counselling. At the very least this should help to keep the practitioner-client relationship in perspective.
- Moving across practices. It is important that Accredited Members continue to practise in order to be eligible for the Society's Practising Certificate. However, should the practitioner work therapeutically with a different client group, work in a different setting, or use a different approach, then it would be expected that CPD would be involved through responding to relevant needs.
- Moving modalities. CPD would be necessary for any practitioner moving into a new mode of practice. This would entail investigating and developing skills and a knowledge base. Two further developments are in hand which will help to meet the present and future CPD needs of the DCoP, and affect all grades of membership.
- One is to make CPD an essential part of counselling psychology by setting up its own committee structure. It is hoped that it would eventually build on the new ground being laid by the DOP and the SDECP, moving towards a networked diary of CPD events. This would enable members to utilize their time more fully and be a great benefit to all practitioners.
- The other development would ideally be some form of self-monitoring of CPD. To date, all Divisions are developing a log-book style recording procedure. This would be a priority for a CPD committee. The aim would be to provide guidance and support for counselling psychologists in their continued delivery of services for clients.

Scottish Division of Educational and Child Psychology - Ian Liddle

For the last eight years the Scottish Office Education Department (SOED) has provided funds to Educational Psychology Services, via the Association of Scottish Principal Educational Psychologists (ASPEP), to engage in research projects - roughly 12 projects per year around a central theme. These are published as a Professional Development Initiatives (PDI) booklet. This year, SDECP and ASPEP have requested that the funding be used to research and design a CPD National Plan for Scottish educational psychologists, i.e., to set up a framework for a yearly programme of CPD research, including sponsored conferences, seminars, networks, research themes and reports. This would give CPD a high profile in an enduring framework. The discussions with SOED are continuing.

A rolling calendar of CPD events happening in Scotland is maintained by Ian Liddle, for roughly 18 months in advance, to the extent that those planning events, e.g., the Division, other subsystems, ASPEP, SOED, the University Training Courses, will present information about their plans and perhaps consult on possible clashes in arrangements, which can be helpful when budgeting. The Scottish Division of Educational and Child Psychology is now looking to devise criteria whereby services might have their plans for CPD for all staff accredited by a suitable vetting and monitoring process, again via the SDECP Training Committee. Ian Liddle has been asked to draft a plan for this venture.

Criminological and legal psychology - Eric Shepherd

The term 'Chartered Forensic Psychologists' suggests something to the public at large and the criminal justice system in particular. The public and the criminal justice system have some understanding, however hazy, of the particular expertise implied by the term. The acid test can be summarized as two questions:
1. What core of knowledge and skills do the police and associated professions, judges, juries, lawyers, victims, suspects and offenders expect a Chartered Forensic Psychologist to have?
2. What specific forensic psychological knowledge and skills are being sought in a particular setting at a particular time?

The perceptions and requirements of consumers - lay and specialist - are necessarily important guides. By 'consumer' we mean individuals occupying and performing lay and professional roles, having responsibilities and carrying out tasks in an area that covers the commission of an offence and the many forms of individual, group, organizational and institutional intervention (investigative, custodial, ju-
Continuing professional development

dicial and care) associated with it.

The Division of Criminological and Legal Psychology (DCLP) is currently committed to a process of research and discussion aimed at specifying the core knowledge and skills implied by the title Chartered Forensic Psychologist. This is no easy task given the heterogeneous membership of the DCLP, but it is a crucial first step. The outcome will provide a fundamental framework for the following sorts of people:
1. those seeking to design and deliver accredited education and training for professional qualification and continuing professional development;
2. those seeking to qualify, and thereafter to continue developing, as practising Chartered Forensic Psychologists;
3. those from outside psychology, who want to understand the potential of forensic psychology to contribute to the operation and development of the criminal justice system.

Special Group in Clinical Neuropsychology - Graham Powell

Since 1992, the SCCCPD has extended its membership to include the Special Group in Clinical Neuropsychology (SGCN). The SGCN has been active in providing individual study days and workshops on topics such as memory, language disorders and courtroom skills. The main thrust of the work, however, has been to plan and implement a coherent two-year post qualification course of CPD which began in 1994. The course, which has been recommended by the Society, comprises 17 study days on a range of topics. A certificate of attendance is awarded if a participant completes 12 of the events, of which at least eight must be ‘core’ days in topics such as neurology, perception, executive functions and attentional control, general cognitive functions, and motor and movement disorder. Non-core topics include days on degenerative conditions, chronic and severe brain damage, malingering and functional states. A typical day includes a review of theory and the literature, issues of investigation and assessment, and implications for treatment and management.

The venue for the course is in Central London and application forms may be made to the Course Co-ordinator, Dr T. McMillan, Department of Clinical Psychology, Wollson Rehabilitation Centre, Atkinson Morley's Hospital, Copse Hill, Wimbledon, London SW20 2OE (0181 946 7711). The course will be run on a rolling basis beginning every third year. The SGCN will also be organizing a series of other study days, for example in child neuropsychology.

Overview

Pat Lindley (Chair) has represented the Society in a UK Inter Professional Group Working Group on CPD. A report from this working group was published in September 1994. Requests for it should be made in the first instance to the Society's office. The SCCCPD is currently surveying individual CPD activities among Chartered Psychologists. This survey will be phased over the year 1994/95 and will be reported upon in due course.

The issue of CPD is gaining importance in Britain and in Europe. It is rewarding to see that the level of activity in the Society is in line with that of many other professional groups. We need to maintain the impetus and to foster the development of CPD in the Society. However different the level and focus of CPD activity described by the Divisions and Special Groups, progress towards a common goal, as described by the model, continues. All agree on the following points:

- CPD is an individual responsibility which Chartered Psychologists agree to undertake.
- CPD must take account of individual needs and individual responses to those needs.
- CPD must not be seen only in terms of attendance at training courses. CPD involves a wide range of diverse activities including: private and structured reading; ongoing research; shared study and joint projects; post-qualification training events; supervision and peer support; teaching, training and supervising others; attendance and participation in short courses; workshops and conferences.
- Time and funding are essential ingredients for CPD.
- We must continue to raise awareness of the need for CPD among all employers of psychologists.

Our common goal is to have agreed professional structures for CPD within the Society as a whole. We are currently laying down and co-ordinating good practice and workable structures within our own Divisions and Special Groups that will make this an attainable goal.

References


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The development of standards for the use of psychological tests in occupational settings:

The competence approach

OCCUPATIONAL test users face a bewildering and increasing range of assessment products and services for use in selection, guidance and staff development. Surveys carried out over the past decade have shown a significant growth in the use of psychological tests (Shakleton & Newell, 1991; Smith & Abrahamson, 1992; Robertson & Makin, 1986; Bevan & Fryatt, 1988; Bartram Lindley & Foster, 1992; Bartram, Lindley, Marshall & Foster, 1993). This has been most marked in large companies, with a tendency for medium sized and smaller companies to follow suit a few years behind. Comparisons with other European countries tend to show greater use of ability and aptitude testing for selection in the UK than in most other countries (Shakleton & Newell, 1994).

This growth in the size of the market has been accompanied by a considerable increase in the number of assessment instruments available - particularly in the area of personality assessment. While many of these are psychometrically respectable some have dubious measurement properties and are often sold on the basis of extravagant claims being made about their validity for selection or their potential for use in staff development.

The Society has been concerned for some time over the problems of misuse and abuse of psychological testing in industry and commerce. These problems are partly due to purchasers of assessment materials often lacking the knowledge to make informed judgments about the worth of the products and to users of test materials being inadequately trained in their application and interpretation. Poorly designed instruments and procedures with little or no validity are finding an increasing market amongst those who find it difficult to discriminate good from bad and who are looking for the cheap ‘quick fix’. This problem is particularly acute among users in small businesses (Bartram et al., 1993).

Prior to 1987, the Society attempted to control standards through a procedure for approving training courses in testing. This approval was granted by the Society’s Standing Committee on Test Standards. Unfortunately, this Committee had no direct means of monitoring the standards of these courses once they were up and running, nor did it specify what was expected from the people trained on them. The Standing Committee was dissolved in 1987 and replaced by the Steering Committee on Test Standards.

A major aim for this new Committee was: To promote high technical standards in the design and development of psychological tests and in their use by psychologists and non-psychologists alike. While its remit covers all areas of testing (occupational, clinical and educational), it was apparent early on that occupational testing demanded special attention. It is the only area where tests (other than attainment measures) are used on a large scale by people who are not psychologists and who may have no background or training in testing. There are just over 500 Chartered Occupational Psychologists, of whom maybe half are involved in occupational testing. On the other hand, the IPM has a membership of about 35,000 of whom a significant proportion will have some involvement in psychological testing. Add to that all the other categories of test user - line managers, management consultants, careers counsellors, training advisors and so on - and it becomes clear that occupational psychologists form only a small proportion of those involved in occupational testing.

The Steering Committee spent much of its time, initially, considering the issue of how to ensure that those who use psychological tests do so to acceptable standards of competence. To assist the Committee, a Joint Working Party of the Society and representatives of three of the major UK test publishers was set up and members of the Steering Committee had consultations with the IPM.

The main tasks the Steering Committee set itself were to:

Editors' note: In this article IPM is used throughout. It refers to the Institute of Personnel Management. In late 1994 the IPM merged with the Institute of Training and Development and the combined organization is now called the Institute of Personnel and Development (IPD).
UNIT 4. Deciding when psychological tests should or should not be used as part of an assessment process.

Can the Assesses:

- Describe the law relating to direct and indirect discrimination on the grounds of sex or ethnic group in recruitment and selection.
- Use test publishers’ catalogues, specimen sets and other reference materials to identify one or more instruments potentially suitable for a particular function.
- Identify, for each test, information in the test manual which relates to the test’s rationale, reliability, validity, its norms and any specific restrictions or limitations on its uses.
- Identify relevant practical considerations (ease of administration, time required, special equipment needed etc.).
- Examine any restrictions on areas of use (e.g. age; cultural or ethnic limitations; ability range etc.) and make an appropriate judgement as to whether the test could be used.
- Compare information presented about the test’s validity with relevant aspects of the assessment specification and make an appropriate judgement about their fit.
- Examine the norms and make a suitable judgement about their appropriateness in terms of representativeness and sample size.
- Identify whether use of the test would meet the mandatory requirements of the Equal Opportunities and Sex Discrimination legislation.
- Explain how one would assess the benefits and/or losses associated with using psychological tests as part of some personnel decision-making process.
- Describe the way in which information about a test (especially predictive validity data) can be used to reduce the risks associated with personnel decisions.
- Make a final selection of test(s) which demonstrates a proper weighting of all the available evidence about the appropriateness of psychological testing given the assessment specification.

Figure 1: Example elements from Unit 4

not providing trainees with the breadth of knowledge of the market provided by the independents. The publishers, on the other hand, expressed concern over supplying tests to people who had not trained, or who had been trained by people who were not known to them. They argued that they had no means of knowing the competence of such people, and, therefore, they reserved the right to define the conditions under which they would register people as users of their materials.

Accrediting knowledge

Many people develop their knowledge and skills through routes other than formal five-day training courses. The Steering Committee was concerned to develop procedures which provided a means of accrediting skills and knowledge gained 'on-the-job' (through working with qualified test users, occupational psychologists and so on) or from sources other than the standard training courses (for example, university or college courses, open learning courses etc). Organizations which employ large numbers of occupational psychologists provide valuable in-house training and experience in testing. There was no way in which this could be formally 'recognised'.

In the past, most publishers gave 'exemptions' from certain course requirements to graduate psychologists. However, this sort of blanket exemption procedure is unsatisfactory both from the publisher's and from the profession's point of view. There is no guarantee that all the psychologists concerned will actually have the pre-requisite knowledge and skills. Indeed, it is quite likely that they will not. Few undergraduate psychology courses teach psychometrics in any depth, and even fewer provide training in test practice. It is quite possible to become a Chartered Psychologist without having any expertise in testing. It is also not necessary to demonstrate practical competence in test use for Division of Occupational Psychology membership.

Development of certification

The Steering Committee felt that the best approach to dealing with these various problems was to develop an explicit set of standards and a procedure
which would provide Certificates of Competence in occupational testing which:
1. were awarded by the Society itself - and hence would be independent of training providers and test suppliers;
2. required the applicant to show that they could meet a set of explicit performance criteria relating to relevant skills, underpinning knowledge and understanding - irrespective of how the knowledge, understanding and skills had been acquired;
3. applied equally to all test users whether they were psychologists or not.

The strategy for achieving this was to develop a set of standards relating to an individual's ability:
- to use psychological tests fairly and effectively within one or more of those areas of application covered by the Society’s Division of Occupational Psychology;
- and to adhere to the Codes of Practice and professional conduct defined by the Society, IPM and any other relevant professional body.

It is very important to distinguish between the people who are responsible for test use and people who simply administer tests. For the purposes of the standards, a 'test user' was defined as someone who is:
- competent to make informed choices between the merits of alternative tests on the basis of information provided in manuals and other sources and with due regard for the context within which the test will be used;
- able to administer tests;
- able to make fair and proper use of test results;
- able to give guidance within their organization on the suitability of testing for various purposes.

Developing the standards
The development of standards was planned in two phases. The first was to tackle general background knowledge and understanding in psychometrics and skills associated with competent use of group ability tests. This was to be known as Level A. Following the successful launch of Level A, the more complex issue of standards for the use of personality assessment (Level B) was to be tackled.

For both Level A and Level B, the procedure adopted was to generate draft standards using small workshops of specialists and then make these available for general comment to a much wider audience. Revised versions of the standards would then be fed back to small workshops for further work. This procedure was repeated until an acceptable level of consensus was reached. At this point formal approval of the standards was sought from the Society. Following the Society’s approval, implementation procedures were defined and carried out.

Level A: Basic test theory
For Level A (SCTS, 1991), the standards are divided into seven Units of Competence:
1. Psychological testing: defining assessment needs.
2. Understanding the basic principles of scaling and standardization.
3. The importance of reliability and validity.
4. Deciding when psychological tests should or should not be used as part of an assessment process.
5. Administering tests to one or more candidates and dealing with scoring procedures.
6. Making appropriate use of test results and providing accurate written and oral feedback to clients and candidates.
7. Maintaining security and confidentiality of the test materials and the test data.

Each Unit contains a list of elements concerned with relevant knowledge, understanding and performance (e.g. see Figure 1.3).

Those seeking the Certificate have to be formally assessed by a Chartered Psychologist who has been accredited by the Society as a Level-A Assessor. If the person can provide the assessor with sufficient evidence of their competence - covering all the components on the check list - the assessor will sign an Affirmation of Competence. This can then be used to apply to the Society for the BPS Certificate of Competence in Occupational Testing (Level A). The numbers of Level A Certificates and Statements issued since its launch in 1991 is shown in Table 1. It can be seen that about 1400 Certificates are now being issued each year, with about ten times as many to non-members as to members.

Level A has been formally endorsed by the IPM National Committee for Organisation and Human Resource Planning. They have recommended in the revised version of the IPM Code on Psychological Testing (IPM, 1993) that only Certificate or Statement holders should use tests. Level A has also been supported by a number of other developments:
- Comprehensive guidance has been produced for those involved in assessing people’s competence for the Level A Certificate (SCTS 1992, 1994).
- Quality control mechanisms have been set in place through the use of a panel of verifiers, who are responsible to the Society for accrediting those who assess people for Level A (Bartram, 1993c; Bartram & Kinnaird, 1993).
- The publication by BPS Books of a series of reviews of Level A tests (Bartram, Lindley & Foster, 1990; Bartram, Lindley & Marshall, 1992) written for the general test user.
- Publication by BPS Books of a comprehensive programme of Level A Open Learning modules (Bartram & Lindley, 1994) to provide a more flexible alternative to conventional training courses.

Level B: Personality assessment
The Level B standards define a broad knowledge base with expertise in the use of substantive assessment instruments, an appreciation of the role of formalized personality assessment procedures in occupational assessment and the ability to make informed choices between instruments in terms of their suitability for use in various occupational settings.

Work on the development of Level B standards (Bartram, 1993b) in occupational testing began in December 1991. Level B has been designed to complement Level A, such that together they provide a set of standards which define the competent use of psychological tests in occupational settings. The methodology for developing Level B was similar to that used for Level A. However, because of the complexity of many of the issues involved, the development required a greater number of repetitions of the consultation process.

Relationship to Level A
Level B is considered to incorporate and
build on Level A. It is not an alternative qualification. The Level B standards do not, therefore repeat elements contained in Level A except where matters covered at Level A need to be reconsidered in relation to issues associated with tests of 'typical performance'.

While the practical elements of Level A focus on tests of 'maximum performance', Level B extends this to include tests of 'typical performance' - especially those requiring interpretation in terms of psychological theories or models. While the main focus in the standards is on instruments designed to assess personality, most of the practical - and many of the knowledge-based elements - of Level B cover a broader domain than just personality tests (e.g. measures of interest, motivation, values, beliefs and attitudes).

Level B encompasses a number of broader issues, which build on the content of Level A:
- What makes the assessment of personality and interests different from that of ability/aptitude?
- How and why is personality assessment used etc?
- How can we ensure that assessment tools are used in an ethical and professional manner with due regard for their limitations and for the rights and responsibilities of assessor, candidate and client.

Some of these broad issues are knowledge based - e.g. the concept of a small number of common underlying dimensions of personality which are found across a wide range of self-report inventories; the links between theories of personality and measures of personality; and so on. Others are concerned with practice: the role and use of feedback; ways of reporting information about personality and interests; ethical issues; and so on.

Structure of Level B

The Level B standards are divided into nine units grouped into three broad aspects of competence:
- foundation knowledge;
- test use;
- test choice and evaluation.

People can obtain either an Intermediate Level B Certificate or a Full Level B Certificate. The Intermediate Level B is intended for people with sufficient foundation knowledge and expertise in the use of at least one substantive instrument. The Full Level B qualification signifies a broader level of general competence together with expertise in a number of assessment instruments.

The units define three broad aspects of competence:
- The Foundation units focus on the broad knowledge of assessment issues relating to personality which underpin competent use of personality assessment instruments. Units 1 and 2 cover the main body of knowledge and understanding required as a foundation for using personality assessment.
- The Test Use units (Units 3, 4 and 5) concern the practical skills relating to using personality assessment in occupational settings. Unit 3 deals with test administration, Unit 4 with interpretation and Unit 5 with feedback. It is in relation to these latter two units - particularly Units 4 and 5 - that evidence of competence in relation to at least two different instruments is necessary for the Full Level B Certificate, while one may be sufficient for the Intermediate Level B Certificate.
- The Test Choice and Evaluation units (Units 6 to 9) concern the knowledge and skills required for evaluating tests and the practical skills associated with making choices between them as to their fitness for purpose. Units 6 and 7 are more knowledge-based, dealing with measurement issues, test construction, reliability and validity. Unit 8 focuses on issues associated with computer-based assessment and Unit 9 with a practical appreciation of the situations under which personality assessment methods can be used and their limitations. Units 6-9 are required only for the Full Level B Certificate.

Contextualizing the standards

While there may be identifiable generic competences which underlie good practice in the use of personality assessment, it would not be practical to develop such competences in micro. They need to be developed in the context of specific applications of testing in occupational settings. The Standards specify the generic competences: evidence that someone meets these standards has to be obtained from performance with appropriate specific instruments (together with relevant background and underpinning knowledge).

It is important here to distinguish between knowledge of various instruments and competence in the use of those instruments. For Level B, people are required to:
- have knowledge of a broad range of different types of instrument - to provide a good frame of reference within which to locate particular ones;
- be able to demonstrate competence as a practitioner through their skill in using a smaller number of specific instruments.

Supporting Level B

As for Level A, work is in hand on the development of assessor guidance and the assessment verification procedures. In addition, a major review of 30 personality assessment instruments has been carried out and is due for publication by BPS Books in July (Bartram, Anderson, Kellett, Lindley & Robertson, 1995).

Benefits of the new system

The overall structure of the Level A and Level B qualification system is shown in Figure 2. The system has been designed, so far as possible, to enable current training courses to feed into the new qualification system.

The main benefits of the new system are that by making the standards explicit:
- Potential test users have a clear specification of what they need to be able to do and know in order to use tests properly.
- Delegates on training courses have a set of specific objectives which they can match against the content of their training course.
- The potential for other training routes is opened up, through the possibility of accrediting relevant work experience and knowledge and the use of open-learning and short courses.
- The obtained qualifications, by making explicit the knowledge and skills possessed by their holders, provide a basis for transfer between various providers of training in test use and a common basis for registration with the various publishers and other suppliers of test materials. This does not imply that Level B Certified users should be regarded as competent to use all personality instruments - given the diversity of instruments at this level, some test-specific conversion training will continue to be needed. However the nature of their competence and the transferable skills they possess are explicit.
Employers will have a nationally defined professional standard which they can depend on. They can stipulate that testing may only be carried out in their organizations by or under the direction of suitably qualified people.

Ensuring the standards with which tests are used, has advantages both for organizations, through better selection, placement and promotion decisions, and for individuals, through the opportunity for increased job satisfaction and improved career development.

General adoption of the system should lead to a much clearer more widespread understanding of what tests are, what sort of information they provide, how and when they should be used and who should use them. This in turn should help to increase the quality of the human assessment data used by industry and commerce.

Next steps

The Steering Committee on Test Standards is now working on broadening this competence approach to cover clinical and educational testing. In consultation with the relevant Divisions, working groups have been set up to explore the applicability of the model to both areas. While the various areas of application differ in terms of the types of tests used, the purposes for which they are used and who uses them, there are, nevertheless likely to be some broad areas of commonality.

In the short term, this approach is likely to lead to the development of distinct sets of standards for Occupational, Clinical and Educational testing. For the future, it is hoped that we can draw out of these a more integrated set of standards. We would hope to be able to present the standards as a number of ‘common’ or ‘core’ units (e.g. those dealing with test administration and feedback skills; those concerning common conceptual issues relating to reliability and validity and so on), together with a range of more specific specialist units (e.g. relating to different areas of practice). Such a generic structure would help to emphasize the fact that good test practice is underpinned by a common body of knowledge and theory and is based on a common set of skills and techniques which can be applied in a wide range of different settings.

References


Professor Bartram is with the Department of Psychology, University of Hull, Hull HU6 7RX.

Hypnotherapy

Diploma/Advanced Diploma in Ericksonian Hypnosis and NLP


For prospectus:

British Hypnosis Research
St Matthews House
Brick Row
Darley Abbey
Derby. DE22 1DQ
Tel: 01332 541030
Note for Publishers

Publishers please note: all books to be reviewed for the "The Psychologist at the Society's Office, 40 Percival Road East, Leicester, LE1 7DR.


Be a viva survivor

As if doing a PhD wasn’t hard enough, they make you take an oral examination known as a viva before they’ll pronounce you doctorated.

David Giles asks: How does one cope with such an ordeal?

Several weeks after completing your thesis you are ushered into a bigwig’s room to be greeted by a group of stern-faced academics. The examiners (internal and external), the head of department and - if you’re lucky - your supervisor. There is no sound but the ticking of a clock and the distant squeals of undergraduates being beaten. On the desk is your precious thesis (completed after three or four years of slog), well-thumbed and covered in red pen. Those traumatic years flash before you. The tears, the frustration, the heartbreak; the failed romances, the poverty, the sad lonely evenings in front of a word-processor. All these things are brought sharply into perspective as you sit and squirm. Your life is in two people’s hands. One of them finally speaks. ‘So then, what’s this all about, eh?’

It happens over the next one to six hours depends on the preparation you have put in. The point of the viva is to show your examiners that you know what you are talking about. It can be a genial occasion or it can be a nightmare. However, if you are well-prepared (and your supervisor hasn’t rushed you into an early submission) you should be OK. Much also depends on who your external examiner is. In the viva, there is a person who is actually paid to listen and be interested in what you have to say about your research’ says Andrew Guppy, Reader in Organisational Psychology at Cheltenham & Gloucester College. ‘It is a wonderful opportunity and it should be enjoyed thoroughly. It’s just what you’ve been waiting for - a hired ear.’

The questions may not be the ones you have spent the whole of the previous night rehearsing answers for. ‘Most theses are so specialized that, for a brief period, you are the world expert, and generally know more than the examiner’ says John Radford, Emeritus Professor of Psychology at the University of East London. ‘This may mean, however, that questions are on other issues than the esoteric ones with which you have wrestled for so long.’ If your examiner is a leading guru in your field, it may be wise to mug up on his/her published work. As Andrew Guppy explains, ‘misquoting the external examiner has occurred on a number of occasions and it doesn’t help the atmosphere in the viva …’

Vivas generally last a couple of hours. Some can be interminable. Six hour marathons are not unheard of; other candidates have breezed through in one. Brevity does not always corre-

Crib Notes: A bluffer’s guide to great psychologists of our time

By Marcia Moreau

No 5. Stanley Milgram

Appearance: David Bellamy in a suit. Claim to fame: Devised the most notorious psychology experiment ever. Remind me? Got subjects to deliver painfull electric shocks to a total stranger. That’s a tough punishment! What had they done? Failed to match arbitrary word-pairs; not usually a corporal offence, you might think.

So why did the subjects give the shocks? Like Nazi war criminals, they were ‘only obeying orders’. Milgram’s conclusion was that blind obedience is a common human attribute and not the action of monsters. Surely most subjects wouldn’t give shocks? How naïve you are: 62 percent of subjects went right up to 450 volts: ‘DANGER! Severe shock’. Ah, the power of the scientist in the white lab coat. Not quite. A high percentage of subjects went all the way when instructed by a scruffy geezer with a bad shave. How many people got killed in this experiment? The person getting the shocks was an actor, who yelled and faked a heart attack on cue. The real subjects must have been angry when they were debriefed. Overwhelmed relief, followed by expressions of the value of the experience, was the standard response. Would Milgram get ethical approval today? No. Most likely to say: ‘The experiment requires that you continue.’ Least likely to say: ‘Sure you can stop. Let’s go check the guy’s OK in there.’ Don’t mix him up with Philip Zimbardo, Stanley Matthews, Spike Milligan, 500 milligrams.

Assistant Editor: Beth Miller

Articles, cartoons and other contributions for the student page are most welcome. Send to Beth Miller, Department of Psychology, University College of North Wales, Bangor, Gwynedd LL57 2DG or Email on PSS0168ak.ac.bangor

late positively with success, although if you are held captive for six hours it’s unlikely that you’re discussing the latest football results. At the end, there are five possible outcomes. 1) SUCCESS!!! Your thesis is accepted without alteration. This is unusual. 2) ALMOST THERE Minor corrections of amendments are recommended. These are nothing more than ‘typos’, or a bit of slight revision. 3) YES, BUT Otherwise known as ‘referral’: Significant revision of thesis for a specific date. Don’t worry. Try and publish something while waiting; to boost your academic morale. This sort of thing has happened to many esteemed academics. 4) TAKE TWO! You are asked to retake the viva (in 6-12 months’ time). This is very rare, and only resorted to if there are doubts about your ‘professional competence’. 5) GET OUT OF HERE! Ask for it to be resubmitted for a lower degree (e.g. MPhil), or throw it out entirely. You have failed, but it’s really your supervisor’s fault for allowing you to get this far (adapted from Burnham, 1994).

So why do research students have to be put through the mill in this fashion? John Radford says that oral examinations go back to the beginning of education. Are they still necessary or simply the remnants of an archaic system? ‘An enquiry by the Society some time ago revealed lack of agreement even over what the viva is for. For some it was only important when there was a doubt about the written thesis - we heard of an examiner greeting a candidate ‘Good morning, Dr So-and-so, congratulations!’ For others the aim was to discuss issues arising from the thesis - or an examination of the candidate’s wider knowledge of research methods or indeed of psychology. There are certainly those who hold it should be scrapped altogether as merely anachronistic, and liable to cause problems and irrevocable disputes.’

Performance standards in applied psychology

STANDARDS which describe accepted working practice are important to all applied psychologists. They could form the basis upon which our professional competence is judged in the future. Recognizing this importance, the Society is currently developing performance standards for all branches of applied psychology.

This project to develop performance standards is now reaching a critical stage where members of the Society who have not been involved to date will have the opportunity to contribute to the consultation process.

The general background to the project was outlined by Professor David Bartram in The Psychologist (January 1995). Since then, representatives from all the Divisions have attended further workshops. Comments from these workshops and the steering group meetings have been collated by members of the consultant team (Linda Goodman, Nik Chmiel, Peter Hartley). We now have a set of standards which have been generally accepted by participants in the project and which aims to describe fully the general competences which professional applied psychologists should possess.

How significant are these standards? The standards have important implications for the Society in two ways. Firstly, the standards may become the accepted benchmark to judge the competences of practising applied psychologists. Secondly, the standards may be used to develop a new range of NVQ-type qualifications across all areas of applied psychology.

What do the standards look like? The standards have been developed using standard NVQ/SVQ formats and procedures. From the workshops which have involved applied psychologists from all the Divisions and discipline areas, the consultant team has analysed the functions which Chartered Applied Psychologists are required to perform. These functions have been expressed in terms of units and elements of competence. A full description of this process can be found in the briefing note prepared by Professor David Bartram (National Vocational Qualification in Applied Psychology) which is available from Laurens Russell at the Society’s office.

The consultation process Consultation workshops are taking place in May across the UK, involving the wider community of applied psychologists. There will be workshops on 2 May (London), 11 May (Sheffield), 18 May (Birmingham) and 22 May (Glasgow or Edinburgh). The workshops will explain how the standards have been developed, describe their format, content and structure, and allow participants to discuss and comment on their acceptability. These discussions will inform future development by the consultant team and the Society. There will also be a postal questionnaire in June/July.

If you are interested in participating, please fax your name, address and phone number to LMG Associates on 01246 556309, indicating whether you are prepared to complete a questionnaire and/or which workshop you would like to attend.

The Standing Committee for the Co-ordination of Continuing Professional Development of Psychologists (SCCCPDP)

THIS committee’s function is to coordinate the promotion of Continuing Professional Development (CPD) activities within each Division and Special Group. It meets twice a year.

At its meeting on 10 March the following actions were agreed:

1) To promote CPD Recommended and Accredited courses by informing the membership, training course providers, and budget holders of the value of CPD. This will include features which bring the CPD logo to their attention, particularly where it appears on training course advertisements.

2) To use the Society’s publications to provide information about CPD and its importance in the future.

3) To publish discussions of current CPD issues in relevant Society publications. Look out for articles about CPD and NVQs, CPD and Registration, CPD and the Practising Certificate.

The committee members are: Pat Lindley (Chair), Nick Barlow (Division of Clinical Psychology), Dennis Bromley (Academic), Ian James (Division of Counselling Psychology), Ian Liddle (Scottish Division of Educational and Child Psychology), Graham Powell (Special Group of Clinical Neuropsychologists), Rea Reason (Division of Educational and Child Psychology), Sue Sharrock (Division of Occupational Psychology) and Eric Shepherd (Division of Criminological and Legal Psychology).

The Membership and Qualifications Board is to appoint a representative from the Special Group for the Teaching of Psychology.

Visiting Fellows

MEMBERS of the Society are invited to nominate overseas behavioural scientists to come to the UK to meet and exchange research ideas.

Visits are for about 10 days, during which the Visiting Fellow may read a paper at a meeting of one or more Sub-groups of the Society and also give talks at a few university departments or other institutions. Criteria for selection include: a strong reputation for research in his or her own field; fluency in English and a good speaker; appeal to more than one interest group within the Society.

The scheme, arranged by the Scientific Affairs Board, pays for the return air fare to the UK, assuming that this is by economy class and taking advantage of cut price fares such as ‘ApeX’. It also covers rail travel within the UK, hospitality and accommodation. Nominees may come from any part of the world, but preference will be given to those with lower travelling costs to the UK.
However, Subsystems of the Society or institutions wanting to be included in the Visiting Fellow’s itinerary will be expected to meet the cost of rail travel within the UK and hospitality and accommodation involved, as they would for a guest speaker from within the UK.

Nominations should include the nominee’s name, position held and full address, plus an account of his or her scientific contributions to psychology (either pure or applied), and a curriculum vitae. An estimate of the air fares to and from the UK should be given. A provisional itinerary should also be included, plus a list of other psychologists who have an interest in the nominee’s visit and a willingness to contribute to travelling expenses within the UK. The person nominating must be prepared to act as host, or to arrange a host, for the Visiting Fellow if the nomination is successful.

Nominations are welcomed for candidates who may not be able to come to the UK for at least a further year. Unsuccessful nominations must be renominated to be considered again.

Nominations for 1996-97 should be sent to the Chair of the Board at the Society’s office by 17 November 1995.

**Notices from the Disciplinary Board**

The Disciplinary Board advises all members of the Society that:

At a Hearing of a Disciplinary Committee held on 7 March 1995, the Committee, in accordance with the provisions of Statute 15(12), determined that:

JOYCE BROWN was guilty of professional misconduct within the meaning of Article 12 of the Charter in that she:

1. in breach of Section 2.1 of the Code of Conduct, laid claim to psychological qualifications she did not possess; and
2. failed to make replies to correspondence from the Clerk to the

Investigatory Committee in breach of her obligations under Statute 14(6).

The Committee decided that Joyce Brown:

a) be required to give an undertaking to refrain from repeating the claim to be a Chartered Psychologist or Chartered Clinical Psychologist; and
b) be suspended from Membership of the Society for a period of one (1) year.

At a Hearing of a Disciplinary Committee held on 8 March 1995, the Committee, in accordance with the provisions of Statute 15(12), determined that:

JAMES CARLISLE ATKINSON was guilty of professional misconduct within the meaning of Article 12 of the Charter in that he:

1. in breach of Section 1 of the Code of Conduct, conducted himself in a manner which brought into disrepute the discipline and the profession of psychology and failed to hold the interest and welfare of a person in receipt of his services to be paramount at all times; and
2. in breach of Section 5 of the Code of Conduct, conducted himself in his professional activities in a way that damaged the interest of a recipient of his services and inappropriately undermined public confidence in his ability and that of other psychologists of the profession to carry out their professional duties;

3. in breach of Section 5.1 of the Code of Conduct, partook of improper conduct in his work as a psychologist which was likely to be detrimental to the interests of a recipient of his services; and
4. in breach of Section 5.3 of the Code of Conduct, exploited a relationship of influence or trust of a recipient of his services to further the gratification of his personal desires.

The Committee decided that James Carlisle Atkinson be expelled from Membership of the Society.

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TRANCEWORK

An Introduction to the Practice of Clinical Hypnosis

Presented by Dr Michael Yapko PhD
Central London, June 23rd - 27th 1995

Attend this seminar and:

- Learn to recognise, facilitate and utilise trance states as the essence of clinical hypnosis.
- Learn the concepts and techniques of hypnosis, especially as it relates to the practice of brief, solution-focused psychotherapy.
- Learn how to induce natural, easy to understand trance states and utilise hypnotic phenomena such as age regression, dissociation and anaesthesia for therapeutic purposes. Dr. Yapko will also discuss and demonstrate the development of brief, more deliberate treatment strategies for specific clinical problems.
- Equip yourself with a range of specific skills which you can continue to practise and develop further.
- Develop a thorough understanding of how hypnosis can be used to increase the power and efficiency of your own therapeutic work.

Dr Yapko is an eminent clinical psychotherapist and a renowned author and teacher in the field of clinical hypnosis. His particular expertise is in the non-chemical treatment of depressions and pain. He has also made significant contributions to the debate on false memory syndrome.

For further information and a registration form contact The Anglo American Book Company, Underwood, St Clears, Carmarthen, SA33 4NE. Phone/Fax 01994 230400. Email AABOOKS@DELPHI.COM
News of Members

DR J. BARRIE ASHCROFT retired from his post as Head of Psychology Practice at Ashworth Hospital on 31 March 1995.

TONY CLINE has taken up the post of Head of the Department of Psychology, University of Luton, and has been appointed to a personal chair in educational psychology.

DR DAVID KELLETT has recently accepted a post as Assistant Director of Human Resources at The Royal Marsden NHS Trust.

PROFESSOR R.D. SAVAGE and DR J.E. SAVAGE have retired from the positions of Professor of Psychology and Senior Lecturer in Psychology respectively, at Murdoch University, Perth, Western Australia.

DR DAVID WHITLOW has left his post with South Glamorgan Health Authority to join South Warwickshire Health care as Head of Service.

ALAN DAVIES was interviewed on ITV's This Morning on 7 March about nursery entry exams and the early years' curriculum.

CHRIS FRENCH appeared on BBC2's Esther programme on 7 March, offering a sceptical perspective on telepathy. On 17 March he appeared on HTV's Late and Live, being sceptical that UFO abductions involve extra-terrestrials.

MARK GRIFFITHS appeared on a number of TV and radio shows between 9-15 March talking about children and computer games. He also appeared on ITV's Meritocracy Lite on 16 March talking about the psychology of competitiveness and game shows.

MOIRA HAMLIN was interviewed on HTV's Here's Health on the management of stress.

JOAN TIERNAN appeared on Irish national TV's (RTÉ1) Late Late Show on 24 February to review the film Natural Born Killers and to talk about the effects of exposure to media violence on children and adults.

RICHARD VELLEMAN was interviewed on BBC Radio 2's Jimmy Young Show on 14 February about his research on the children of problem drinkers and the need to improve services for them.

On the air

RICHARD ALEXANDER was interviewed on 16 March on BBC local radio in Northamptonshire about the House of Lords ruling that children between the ages of 10-14 cannot be considered guilty of a criminal offence unless they have been shown to know that what they did was 'seriously wrong'.

MARK BROSNAN appeared on BBC Radio 2's Explorer (7 March) discussing computerphobia. This followed appearances on BBC Radio 4's You and Yours and local radio stations after publication of an article on computerphobia in The Psychologist.

PETER CONGDON and GEORGE CROWTHER were interviewed on BBC Radio 4's Education Matters on 6 March about gifted children and the law.

Research

DR RICHARD VELLEMAN, Director of B&G, Bath Mental Health Care NHS Trust, has been awarded the following grants by the Wiltshire and Bath Health Commission in the past six months: £20,000 to assess Primary Health Care services in the old Bath District Health Authority; £30,000 to assess Primary Health Care services in the old Swindon and Salisbury District Health Authorities; £1,200 to provide consultation to Bath Area Drugs Advisory Service for their evaluation into the effectiveness of their Needle Exchange Scheme; £20,400 to evaluate the impact of Pharmacy Based Needle Exchange services across the Wiltshire and Bath Health Commission area. He and DR GERARD BENNETT of Dorset Healthcare NHS Trust have been awarded £30,500 by the Wessex Regional Health Authority to investigate the sharing of injecting equipment amongst women who inject drugs, and to develop a health promotion initiative to encourage reduced sharing rates.

Dates of Meetings

ANNUAL SCIENTIFIC MEETING

20-22 September 1995

The Annual Scientific Meeting of the Psychobiology Section will be held at the Old Dungeon Ghyll Hotel at the foot of the Langdale Pikes in the Lake District. The meeting will consist of open sessions for papers in any area of psychobiology, combined with invited review sessions. Invited speakers include Professor Steven Rose (author of The Making of Memory). In addition to the scientific sessions, attendees will be able to discuss their work while enjoying the hotel's excellent cuisine and the delights of the Lakes. The total cost of the conference package, registration, accommodation and all meals will be around £135 (reduced for students).

All members of the Psychobiology Section are invited to submit papers. If you would like a registration form and further details, please contact: Dr Andrew Scholery, Division of Psychology, University of Northumbria, Newcastle upon Tyne NE1 8ST. Tel: 0191 227 4466 Fax: 0191 227 3190 E-mail: A.SCHOLEY@BUC.AC.UKN

Psychology of Women Section

AGM 1995

This will take place during the Section's Annual Conference, 7-9 July 1995, at the University of Leeds. CALL FOR NOMINATIONS

Nominations are invited for Chair-Elect and Committee Members. Nominations for any of the above positions require a Proposer and Secondor (both of whom themselves should be Section Members), and the written consent of the nominee to accept office if elected. Nominations should be sent to the Honorary Secretary c/o the Society's office to arrive no later than Friday 9 June 1995.

The Psychology Postgraduate Affairs Group

1995 ANNUAL CONFERENCE

School of Psychology, University of Wales College of Cardiff.

Thursday 20 - Friday 21 July

CALL FOR PAPERS

All abstracts to be up to 150 words and received by 1 June. Submissions are invited upon any area of psychology.

Sub systems notices

Future Society Conferences

1995 London Conference 19-20 December, Institute of Education, University of London

1996 Annual Conference 11-14 April, Brighton

Coming soon ...

- Annual Conference reports
- Spearman Medal Lecture 1993 - Peter W. Halligan
- C.S. Myers Lecture 1994 - David Fryer

The Psychologist

May 1995
CALL FOR PAPERS

In selecting this theme the Scottish Branch Committee would like to see it being interpreted as broadly as possible. A wide range of papers is invited both from psychologists working in research and from applied psychologists from many different fields. Proposals for workshops and symposia will also be welcomed.

It is expected that the topics covered will be of relevance to social and developmental psychologists as well as those working in health, education and social services. Areas of interest relevant to addiction will include: shopping; sex and abuse; computer games; sport; gambling; drugs; religion; television; alcohol; children and addictive behaviour; stress and stimulation; 'the addictive personality'; the wider context of society. This list is intended to be illustrative rather than exhaustive. Submissions should consist of an abstract of 100 words and an extended summary of up to 500 words. The closing date is 1 August 1995.

Please send to: Tommy MacKay, Chair UDS Scottish Branch, Psychological Service, Moss Cottage, Bridgen, Dumfriesshire, G8. A.A. Tel: 01389 763279.

British and European Psychology Group

CONFERENCE
Psychology in a Changing Europe 28-31 August 1995, Banaka Bystrica, Slovakia

CALL FOR PAPERS

Programme: Plenary sessions and specialist symposia: History of psychology and current changes; University course content and East-West comparability; East-East integration initiatives including funding; Social Psychology and criminology; Clinical and health psychology; Methodology and academic behaviour; Cognitive psychology, methodology and computer technology; Developmental and school psychology.

Committed speakers to date: Professor Donald West, Cambridge Institute of Criminology; Professor Jarmilla Koluchova, University of Olomouc; Professor Stephen Lea, University of Exeter; Professor Adrian Furnham, University College London.

Cost: £185 inc. coach travel. Individual travel and group air travel also available. Social programme: including exploration of the Slovakian mountainous regions, ancient towns, and ethnicity.

Further information: Hilary Gray: 01629 553454/ Nigel Forrest: 016 252 2169; Email: fie@lancaster.ac.uk.

Education Section

ANNUAL CONFERENCE
17-19 November 1995
Forte Crest Marina Hotel, Hull

1995 Vernon Wall Lecture to be given by Professor Peter Pumphrey

Symposia topics include:

Moral, Personal and Social Development
Early Years

Individual papers and posters in these and other areas are invited.

First call for submissions. Proposals and abstracts to: Dr Pam Mans, School of Social Sciences, University of Greenwich, Avery Hill Campus, Eltham, London SE9 2PH. Tel: 0181 891 9627; Email: PFMans@elgt.ac.uk.

Deadline for papers: 23 June 1995
Deadline for posters: 30 September 1995

Division of Educational and Child Psychology Northern Branch

MEETING
Assessive Discipline and other practical and effective approaches to behavioural issues. Form the content of the next meeting to be held at Barnsley Teachers' Centre on 3 June 1995. It will be a whole day meeting. For further details of cost and places, please contact Ruth Crappard at Rotherham E15 07179 825870. There are only 50 places available.

Psychology of Women Section and Women in Psychology Society

WOMEN AND PSYCHOLOGY CONFERENCE
2-9 July 1995, University of Leeds

Papers, workshops, invited speakers and entertainment

Conference themes: Women and psychology coming of age, is feminist psychology possible?, Differences and otherness, Childhood and adolescence, Relationships, e.g. mothering, friendship, etc., Work and education, Women growing older.

Provisional programme and registration forms from: Hanna Patel, Dept of Continuing Professional Education, University of Leeds, Springford Mount, Leeds LS2 9NG. Tel: 0113 233 3225; Fax: 0113 233 3240. Email: aranea@psy@leeds.ac.uk

Psychologists Special Interest Group in the Elderly (PSIGE)

ANNUAL CONFERENCE AND AGM
19-21 July 1995, University College of Ripon & York St John, York.

Workshops on psychological therapies for stroke rehabilitation, hypochondriasis and sexuality in old age, life review and reminiscence.

Symposia on psychotherapy with dementia, professional issues, depression, challenging behaviour, dementia. Care.

For further details please contact: Gill Chambers, Conference Administrator, York Clinical Psychology Services, Greystone, Shipton Road, York YO3 6RA. Tel: 01904 645155.

Therapeutic Jurisprudence in the United Kingdom

Should the calls for radical changes to our mental health law take account of the new inter-disciplinary approaches to U.S. mental health law and practice?

These emphasise that the law should have, provided that basic civil liberties are protected, therapeutic rather than counter-therapeutic effects.


With: Professor David Wexler (University of Arizona, and a principal progenitor of TJ); Professor John Gunn (Institute of Psychiatry, London); David Carson (University of Southampton).

Capacity to make Legal Decisions

How should the law (recalling that the Law Commission will, in 1995, be making recommendations for major changes with potentially far-reaching effects) take account of the research on the capacity of mentally disordered people to make legal decisions?


With: Professor Thomas Grisso (University of Massachusetts Medical Centre); Mrs A.B. McFarlane (Master of the Court of Protection); Dr Glyn Murphy (University of Kent); Isabel Clare (University of Cambridge).

For further details of these conferences or other BS&LN activities contact:

Jill Elliott, BS&N Network Manager, Faculty of Law, The University, Southampton SO17 1BJ. Tel: 01703 593376, Fax: 01703 593885 or David Carson, BS&N Network Director, at the same address.
Policy
The publication of an advertisement by the Society is neither an endorsement of the advertiser nor of the products and services advertised.
The Psychologist's policy on accepting advertisements is that:
- the product or service is of direct relevance to the membership;
- advertisers should not use superlatives to describe their product or service;
- advertisers are not allowed to state in any subsequent advertising or promotional piece that their product or service has been advertised in The Psychologist;
- the advertisement conforms to the Advertising Standards Authority Guidelines - honest, legal, decent and truthful.
The Society reserves the right to reject or cancel any advertisement without notice. For details of rates and how to submit advertisements, please contact:
Anne-Marie Law
The British Psychological Society
St Andrews House
48 Princess Road East
Leicester LE1 7DR
Tel: 0116 252 9552 (direct line)
Fax: 0116 247 0787

Body Movement and Cognitive Style
An introduction to MAP, an assessment of motivation and action thinking based on normally occurring body movement. MAP has been used successfully in assessment and performance improvement with sport and business teams for ten years.
Subjects are interviewed, their body movement is noted from video analysis of the interview and information about their cognitive styles is then inferred from the movement data. The model assumes a relationship between movement quality and thought processes, such that the pattern of movements emitted during a two-hour interview can be analysed to describe the individual's cognitive style.
For details of ongoing presentations, training programmes for practitioners and co-operation available for academic research please write to:
The Thornhill Consultancy Ltd
3 Heathcote Building
Highfields Science Park
Nottingham NG7 2QJ

AIDS in Uganda
The Uganda Psychological Association is writing a book on AIDS in Uganda. The psychosocial context, impact and prevention. Articles on the topic, written in English, and about 25 A4 double-spaced pages, are welcome and should be sent by September 1995 to:
Peter Baguma, President
Uganda Psychological Association
Department of Psychology
Makerere University
PO Box 7062
Kampala
Uganda

Transactional Analysis Training
Ongoing programmes of workshops and supervision leading to qualification as a TA psychotherapist. Venues: Birmingham and South Yorkshire.
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For further information please contact:
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Tel: 0117 942 6938

Professional Counselling Courses 1995 - London


Contact: Carole Spiers Associates. Tel: 0181 954 1593.
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Details and application forms from:
Dr Beryl Smith (Course Tutor)
Department of Psychiatry
Queen Elizabeth Psychiatric Hospital
Edgbaston
Birmingham B15 2QZ
Tel: 0121 627 2851

International Conference
Prevention of mental illness and mental health promotion in primary care
Kensington Town Hall London 12-14 July 1995

An International Conference organised by the Department of Health in collaboration with the Royal Institute of Public Health and Hygiene and co-sponsored by the World Health Organization.

This conference will bring together distinguished international speakers and will aim to evaluate action programmes for the prevention of mental disorders and the promotion of mental health which can be implemented in primary care. It is aimed at academics and practising health and social care professionals in primary care and mental health.

Contributors will include:
Professor N. Bosanquet, Professor of Health Policy, University of London. Dr J.A. Costa e Silva, Director, Division of Mental Health, World Health Organization. Dr L. Eisenberg, Professor of Social Medicine, Harvard Medical School. Professor D. Goldberg, Director, Institute of Psychiatry. Dr R. Jenkins, Principal Medical Officer, Department of Health. Dr P. Mrazek, Study Director, Committee on Prevention of Medical Disorders, Institute of Medicine, USA. Professor D. Pereira Gray, Director, Postgraduate Medical School, University of Exeter. Professor R. Price, Director, Michigan Prevention Research Center. Dr D. Regler, Director, Division of Epidemiology and Services Research, National Institute of Health, USA. Dr N. Sartorius, Professor of Psychiatry, University of Geneva. Dr A. Tylee, Senior GP Fellow, St George’s Hospital Medical School.

For further information contact
Professional Briefings
120 Wilton Road
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Tel: 0171 233 8322

The Parent Infant Clinic
The School of Infant Mental Health
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Duration: 30 sessions from September to July.

Other activities: All day courses/workshops for professionals who work with under fives. Monday Forum specific topics relating to infancy, 8-9.30pm, admission £8. Clinical services available.

Application forms and programmes from:
The Secretary
The Parent Infant Clinic
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London NW3 6AR
Tel: 0171 433 3112

The Psychologist May 1995 233
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Details from: Department of Psychology and Speech Pathology
The Manchester Metropolitan University
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Manchester M13 OJA
UK

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'Communication without Words' - at UCL Philips House, Torrington Place, London WC1, 30 June 1.45pm.
Special Guest Speaker Sheila Cameron, author of forthcoming book Balancing the Request to be Good.
Details from: R. Ramsden
01293 680731 (answerphone)

1995 British Sleep Society Conference
Basic and Clinical Scientific Approaches. 7-8 September, St George's Hospital Medical School London.
Contact: Philippa Weitz, The Conference Unit, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE. Tel: 0181 725 5534.

British Society of Experimental and Clinical Hypnosis
Wales and West of England Branch
Introductory Training Workshop in Hypnosis: 10 June 1995
to be held in Cardiff
Details from:
Joy Abbati-Yeoman
Psychology Department
Whitchurch Hospital
Whitchurch
Cardiff CF4 7XB
Tel: 01222 693191 Ext. 6593

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Date: 24-25 May
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Date: 26-30 June
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Problem Solving Psychotherapy
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Tel: 0181 293 4114

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- Surgical Treatment, Neuropsychology, Clinical Neurophysiology II
- Psychiatric, Forensic and Socio-Economic Aspects of Epilepsy

Early registration is advised and further details can be obtained from:

Dr Colin D Binnie, Course Director
The Centre for Epilepsy, The Maidstone Hospital, Denmark Hill
London SE5 8AZ - Tel: 0171 277 1985 - Fax: 0171 703 6396

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Further information & application forms available from:
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INFORMATION AND APPLICATIONS FROM:  
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4, 2 Hyde Park Gardens, London W2 2LT  
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1995 Annual Meeting of British Psychophysiology Society

11-13 September, 1995  
University of Keele

Deadline for Abstracts: 23 June 1995
The 1995 Annual Meeting will be a residential meeting. It will include four symposia, guest lectures, free communications, and a poster session. The titles of the symposia are: The Psychophysiology of Emotion, Clinical Applications of Psychophysiology, Field and Laboratory Studies in Psychophysiology, The Psychophysiology of Face Recognition. The 1995 Annual Meeting will see the introduction of a prize (free membership of the Society for one year) to the 'owner' of the poster judged to be the best (scientifically) of those presented at the Poster Session, plus a number of bursaries worth £50 to cover registration and travel costs of full-time students attending the meeting.

Further information about registration and accommodation can be obtained from the Local Conference Organiser:  
Dr Douglas Potter, BPPconf65, Psychology Department, University of Keele, Keele, Staffordshire, ST5 5BG.  
Fax: 01782 613647  
email: psa11@keele.ac.uk.

Abstracts of 200 words for poster or platform presentations, indicating the preferred method of communication, to be sent using email, if possible, to the Programme Secretary:  
Dr Alan Glass, Department of Anatomy, School of Medicine,  
Birmingham University, Birmingham, B15 2TT  
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LE11 3DW

Closing date for receipt of abstracts is Friday 22nd September 1995
Closing date for receipt of camera-ready copy is Thursday 4th January 1996
May 1995

7-11 — Integral Psychosocial Rehabilitation With and Within the Community Congress, Bangkok. Details: C.J. Blanques (0130311). (See Feb 95.)

8-10 — Occupational Testing Course. Details: Team Focus Ltd (01628 37338). (See Oct 94.)

9 — Trauma/PTSD Workshop. University of Humber. Details: Centre for Stress Management (0181 293 4114). (See May 95.)


12-14 — TA Psychotherapy Introduction Module. London. Details: Metanoia (0181 579 2505). (See May 95.)

12-14 — General Psychotherapy Introductory Module. London. Details: Metanoia (0181 579 2505). (See May 95.)


15-17 — FIRO & Elements of Awareness Qualifying Course. Details: Team Focus Ltd (01628 37338). (See Nov 94.)


Diary Notes are compiled each month from the 'Advances in Psychology'. Publication is neither an endorsement of the advertiser nor of the products and services advertised.

June 1995

1-2 — Counselling Skills Workshop. London. Details: S. Dolroy (0181 346 4910). (See Mar 95.)

1-5 — Clinical Hypnosis Advanced Workshop. Details: Integrated Therapies & Trainings (01483 502789). (See May 95.)


3-4 — Intermediate Hypnosis Training Workshop. BSECH. London. Details: D. Oakley (0171 387 7050 Ext 5956). (See Feb 95.)

3-7 — The Descent of the Goddess Workshop. London. Details: Physia (0181 567 0081). (See May 95.)

3-5 — Personality Tests Compared Course. Details: Team Focus Ltd (01628 37338). (See Oct 94.)

3-5 — Anna Freud Centre Lecture. London. The Anna Freud Centre. Details: L. Laury (0171 293 2131). (See May 95.)

5 — Positive Approaches to Solving Severe Behaviour Challenges Seminars. Edinburgh. Details: C. Connell (01562 748811). (See Apr 95.)

5-7 — Competencies in the Workplace Course. Details: Team Focus Ltd (01628 37338). (See Oct 94.)

6-7 — Introduction to S-Plus for Statistical Analysis Course. London. Details: L. Wilding. Institute of Psychiatry (0171 919 3170). (See Apr 95.)

6 — Rep Grid Course. Details: Team Focus Ltd (01628 37338). (See Oct 94.)

6 — Critical Thinking in Multimodal Therapy Course. London. Details: Centre for Stress Management (0181 293 4114). (See May 95.)

6 — Hearing Voice Conference. Discourse Unit, Manchester Metropolitan University. Details: D. Lane (01254 247 290). (See Mar 95.)


8 — Memory and Awareness in Anaesthesia Symposium. Rotterdam. Details: R. Buunk, Erasmus University Rotterdam, Dept Medical Psychology & Psychotherapy, PO Box 1738, 3000 DR Rotterdam, The Netherlands. (See Mar 94.)


9-10 — Psycho-linguistics conference. Details: Psychosomatic Institute (01703 438157). (See Apr 95.)

10-11 — Intensive Integrative Psychotherapy Workshop. Sherwood Psychotherapy Training Institute. Details: S. Spitz (0171 262 1763). (See May 95.)

11-13 — Foundation for Personality Course. Details: Team Focus Ltd (01628 37338). (See Oct 94.)

11-14 — Diploma in Supervision Introductory Module. London. Details: Metanoia (0181 579 2505). (See May 95.)

14-15 — ISFF Qualifying Course. Details: Team Focus Ltd (01628 37338). (See Oct 94.)

15-16 — Fragile X Syndrome Conference. St George’s Hospital Medical School, London. Details: P. Weitz (0181 725 5534). (See May 95.)

16-20 — Certify in Counselling Skills Course. London. Details: Centre for Stress Management (0181 293 4114). (See May 95.)


20-22 — Advanced Counselling Skills Techniques. London. Details: Carole Spares Associates (0181 954 1593). (See May 95.)


25 — DCPS Primary Care Psychology Special Interest Group Conference. Birmingham. Details: M. Callanan, CPTS, Salmons Centre, Broadheath South, Southborough, Kent TN3 0TG. (See Apr 95.)

26 — Capital to Make Legal Decisions - conference. BSLF. Network. Winchester. Details: J. Elliott (01703 592376). (See May 95.)

25-27 — Counselling in Primary Care: The GP and the Counsellor Conference. St George’s Hospital Medical School, London. Details: P. Weitz (0181 725 3534). (See May 95.)


26-27 — Transactional Analysis: An Introduction to the Practice of Clinical Hypnosis - seminar. London. Details: Ango American. (See (0171 501 9994 230400). (See May 95.)

28-29 — The Use of Art in Counselling: Hermeneutic and Contemporary Approaches - course. University of Bradford. Details: Short Course Unit (01274 383317). (See Feb 95.)

28 — Psychology and the Courts: Preparing Legal Reports and Appearing as a Witness - course. University of Leicester. Details: C. Horspool. (See 0116 252 2481). (See May 95.)

26-29 — Occupational Testing Course. Details: Team Focus Ltd (01628 37338). (See Oct 94.)

26-30 — Preliminary Certificate in Stress Management Course. London. Details: Centre for Stress Management (0181 293 4114). (See May 95.)

27 — DCPS Affiliates Group AGM. Leicester. Details: J. Elliott, Centre for Training in Clinical Psychology, Whitchurch Hospital, Whitchurch, Cardiff CF4 7XB. (See May 95.)

July 1995


1-2 — Clinical Implications of Attachment Conference. London. The Attachment Centre. Details: Conference Secretary (0171 289 4800). (See Mar 95.)

1-2 — Integrative Psychotherapy Introductory Module. London. Details: Metanoia (0181 579 2505). (See May 95.)

2-7 — IV European Congress of Psychology. Athens. Details: Congress Secretariat (0101 724912/7249008 Ext 2333/2334). (See Oct 95, May 96, and Apr 96.)

2-7 — Person-Centred Counselling Introductory Module. London. Details: Metanoia (0181 579 2505). (See May 95.)

3-7 — 9th World Congress of Pediatrics. London. Details: Bell House Conference Centre (0115 943 6323). (See Apr 95.)


6 — Setting Up in Practice. Workshop. London. Details: Centre for Stress Management (0181 293 4114). (See Mar 95.)

August 1995

9-11 — Counselling Skills Course. London. Details: D. delaying (0181 346 4010). (See May 95.)

26-27 — TA Psychotherapy Introductory Module. London. Details: Metanoia (0181 579 2505). (See May 95.)


September 1995

2-3 — TA Psychotherapy Introductory Module. London. Details: Metanoia (0181 579 2505). (See May 95.)

4-5 — Advanced Integrating Course. Details: Team Focus Ltd (01628 373388). (See May 95.)

6-10 — Treatment and Education of Autistic and related Communication Handicapped children Seminar. Kettering. Details: K. Ludditt (01536 522744). (See Apr 96.)

3-7 — Society for Reproductive and Infant Psychotherapy Annual Conference. Leicester. Details: J. Kerrigan, Parenthood Research Group, Fiddleton Johnson Building, University of Leicester, Leicester LE1 7JU. (See Jan 96.)


8-9 — 2nd British Sleep Society Conference. London. Details: P. Weiss (0181 725 5554). (See May 95.)

7-9 — Cognitive Psychology Section Annual Conference. Bristol. Details: T. Perfect, BPS-CPS Conference, Department of Psychology, University of Bristol, 8, Woodland Road, Bristol BS8 1TN. (See Apr 95.)

8-11 — Development Psychology Section Annual Conference. Glasgow. Details: D. Wardner (0171 240 6001 Ext 2576). (See Apr 95.)


11-14 — Occupational Testing Course. Details: Team Focus Ltd (01628 373388). (See Oct 95.)

12-13 — Teddington Education Module. Details: Team Focus Ltd (01628 373388). (See Oct 95.)


13-14 — Congress of Applied Psychology of the Professional Association of German Psychologists. Bremen. Details: C. Schiefer, Bremen, Heilbetschasse 22, 53123 Bonn, Germany. (See Dec 94.)

14-15 — Enhancing Therapeutic Communication Conference. Pembroke. Details: Integrated Therapies and Trainings (01485 52070). (See Oct 95.)


22-24 — Person-Centred Counselling Introductory Module. London. Details: Metanoia (0181 579 2505). (See May 95.)

25 — Enhancing Therapeutic Communication - Intermediate. Pembroke. Details: Integrated Therapies and Trainings (01485 52070). (See May 95.)

25-26 — AIDS Dementia and Other Brain Disorders in HIV Course. Details: K. McKenzie (0171 725 6161). (See May 95.)

27 — Problem Solving. Psychotherapy Workshop. London. Details: Centre for Stress Management (0181 293 4114). (See May 95.)
Psycho-lists

Following in the footsteps of some of the national Sunday newspapers, Mark Griffiths provides The Psychologist's very own version of Journo-lists.

Five common pieces of psycho-graffiti
Psychology is producing habits out of a rat
Penis envy is a phallusy
Jung at heart
Oedipus was a nervous rex
My karma just ran over my neighbour's dogma

Five animals rarely used in psychology experiments
Giraffes, ferrets, crocodiles, duck-billed platypuses, tapirs

Five not-so-common independent variables
Shoe size, inside leg measurement, hat size, hair colour, number of teeth

Five common psychology 'do it' one-liners
Psychologists do it by thinking hard
Parapsychologists do it supernaturally!
Psychoanalysis do it on the couch!
Educational psychologists do it with WISC
Social psychologists do it in groups

Five common reactions on telling someone you are a psychologist
"Oh God, you're not analysing me are you?"
"It's all common sense isn't it?"
"So you're into all that Freudian rubbish then?"
"Is it really all rats and electric shocks?"
"What's my body language saying then?"

Five not-so-common subject pools
TV soap operas, elderly plumbers, pre-pubescent train spotters, supermarket shop assistants, Radio 3 announcers

Five publications you probably wouldn't be proud to get an article published in
Sunday Sport, The Dandy, The Trainspotter's Gazette, Darlington Evening Post, Rubber Fetishist's Monthly

Five common psychological TLAs (three-letter-acronyms)
EPQ, BPS, TLA, STM or LTM, DSM

Five words that often precede the word 'personality'
Split, anti-social, oral, anal, Type A

Five practical write-up howlers - subject to confirmation
There were 31 subjects with an equal number of males and females
Sixteen first year students acted as students
There were five subjects in the experiment - psychology, biology, maths, physics and engineering
The subjects in the experimental group were unrepresentable
There were 32 subjects consisting of 20 females and 8 males with two whose sex was not known

Five post-Eysenckian TV-influenced personality types
Those who take two bottles into the shower and those who don't
Those who always eat the last Rolo and those who save it for someone else
Those who know then they've been Tango'd and those who don't
Those who leave After Eight wrappers in the box and those who don't
Those who always eat three Shredded Wheat and those who have forgotten how good Cornflakes taste

Five commonly mis-spelt psychologists
Stanley Milligram, Sigmund Fraud, Karl Yung, Conrad Lozenge, Hands Izenk

Five questions that should be compulsory in final year psychology exam papers
Why did you choose this question and not some other one?
How did you remember to turn up to the exam today?
Could you answer the next question subconsciously?
Could you answer this question consciously?
If you were setting the questions for this year's Theoretical Psychology exam what question would you set and why?

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Training in Counselling and Psychotherapy

Metanoia offers nationally and internationally accredited diploma and post-graduate courses in a number of counselling and psychotherapy approaches. Graduation from the psychotherapy courses leads to UKCP registration. All courses are modular and can be studied part-time to fit with other life commitments. Attendance at an Introductory Module is a prerequisite of all courses.

PERSON-CENTRED COUNSELLING
A 3-year course (recognised by BAC) aimed at individuals wishing to develop their counselling skills for use within their existing occupation or for those hoping to become professional counsellors. The course offers a comprehensive study of the theory and practice of the Person-Centred approach by exploring the core conditions of empathy, genuineness and respect. There is also the opportunity to consider other approaches to Counselling. Courses commence throughout the year.
Forthcoming Introductory Modules: 6-8 & 17-19 May; 3-5 & 8-10 July; 2-4 & 22-24 September 1995

TRANSACTIONAL ANALYSIS COUNSELLING
A 3-year diploma course exploring TA as a primary theoretical framework for counselling in a variety of settings. This course is aimed at people in the helping professions with or without formal qualifications. Year 1 will comprise eight 3-day modules and monthly tutorials; Years 2 and 3, ten weekend modules and monthly tutorials (see below for Introductory Module dates).

TRANSACTIONAL ANALYSIS PSYCHOTHERAPY
This 4-year comprehensive in-depth course, leading to internationally accredited clinical examination (ITAA, EATA) has been designed to provide a thorough psychotherapy training using transactional analysis. Held over ten weekends per academic year.
Forthcoming Introductory Modules: 13/14 May; 8/9 June; 8/9 July; 2/3 September 1995

GESTALT PSYCHOTHERAPY
This diploma course, leading to GPTI accreditation, is self-directed with the guidance of a training consultant and can be followed either via a structured programme of Gestalt Concepts Courses over ten weekends per academic year or in a modular form of Advanced Training Workshops.
Forthcoming Introductory Modules: 15/16 May; 27/28 June 1995

INTEGRATIVE PSYCHOTHERAPY
This diploma course in the integrative approach to psychotherapy uses the five modes of psychotherapeutic relationships as the meta-theoretical framework for the integration of theories, strategies and interventions encompassing psychoanalytic, humanistic, existential and cognitive-behavioural approaches. Held over ten weekends per academic year.
Forthcoming Introductory Modules: 27/28 May; 1/2 July 1995

DIPLOMA IN SUPERVISION
This diploma course is suitable for supervisors of counsellors and psychotherapists in the NHS, private practice, social services and other helping agencies who want to improve their supervisory skills and/or prepare for BAC, TA, Gestalt or Integrative Supervisor accreditation. The course covers both the theory and practice of supervision and is followed via ten 2-day modules (including the Introductory Module) over one academic year. Interested candidates can then proceed to the diploma preparation year.
Forthcoming Introductory Modules: 13/14 June; 18/19 September 1995

PSYCHOTHERAPY MSC
From September 1995, subject to final stage validation, Metanoia in collaboration with Middlesex University will offer an MSc in Gestalt, Transactional Analysis or Integrative Psychotherapy.

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