

# NEIL O'CONNOR AWARD 2005

A research award in developmental disability

## Call for applications

**This annual award (a cash prize of £300, plus up to £200 towards attendance at a BPS conference) is for published research on cognitive abnormalities that appear in development and persist throughout life.** Such abnormalities may include (but are not confined to) deafness, blindness, learning disabilities, dyslexia, language disorder, aphasia, Williams syndrome, Down's syndrome, autism, Turner's syndrome.

*The late Neil O'Connor was one of the UK's foremost experimental psychologists, and a pioneer in applying experimental methods to the study of developmental disabilities. Friends, relatives and former colleagues have contributed to a trust fund that will allow this award to be made annually until the year 2009.*

- The publication must be in a peer-refereed journal bearing the date 2003, 2004 or 2005, or be in press (official confirmation of this must be provided).
- The award is aimed primarily at anyone studying for a PhD or who is not more than 10 years post-PhD.
- The candidate must be either the sole author or main author of the article concerned.
- There is no geographic restriction, but all submissions must be in English.
- The author of the winning paper will be presented with a certificate and issued with an invitation to present a paper on his or her research at the BPS Developmental Psychology Section conference.

Exceptionally, the award may be given to a more senior researcher in a non-tenured position, who may also be retired. In the case of multiple authors, the relative contribution of different authors must be outlined. The prize will be awarded to the main author, and the invitation to speak will be offered to the main author.

Applicants should submit the publication itself, a CV and a current mailing address (four copies). Nominations from senior colleagues are not required, and will be disregarded if submitted.

The BPS has appointed a specialist award subcommittee to adjudicate submissions.

*Further details of the award may be obtained from the Chair of the Developmental Psychology Section (Professor Peter Mitchell, School of Psychology, University of Nottingham, University Park, Nottingham NG7 2RD. E-mail: peter.mitchell@nottingham.ac.uk), by whom submissions must be received no later than 1 April 2005. Candidates will be notified of the outcome by the end of May 2005.*

## THE PRESIDENTS' AWARD FOR DISTINGUISHED CONTRIBUTIONS TO PSYCHOLOGICAL KNOWLEDGE 2005

Members of the Society are invited to submit nominations for the Presidents' Award for Distinguished Contributions to Psychological Knowledge. Nominations should be addressed to Lisa Morrison Coulthard, Scientific Officer, at the Society's Leicester office by **1 March 2005**.

The Presidents' Award is given to candidates normally resident in the United Kingdom as a mid-career award. Unlike the Spearman Medal (which is restricted to the first decade of a career as a psychologist) or election to Honorary Fellowship (which usually takes account of a whole career) it is intended as a timely acknowledgement of the achievements of those who are currently engaged in research of outstanding quality.

Grounds for proposing the candidate should be fully stated by the proposer, but a full CV need not be included. This may be requested by the Research Board once a shortlist of possible recipients has been agreed by the Board.

The Presidents' Award carries with it Life Membership of the Society. Recipients are invited to address the Society at its Annual Conference.

Professor Steven Tipper and Professor Tony Manstead are the recipients of the Presidents' Award for Distinguished Contributions to Psychological Knowledge 2004.

## ANNUAL GENERAL MEETING 2005

The AGM of the Society will be held on **Friday 1 April 2005 during the Annual Conference** (time tba) in the Renold Theatre, The University of Manchester, Renold Building, Sackville Street, Manchester M60 1QD.

The Open Meeting will commence immediately after the AGM. (Please see special notes below.)

*Professor Ann Colley, Honorary General Secretary*

## OPEN MEETING and COMMUNICATING WITH YOU - THE MEMBERS

Members are actively encouraged to attend the Open Meeting. This year it will be held on Friday 1 April 2005 immediately following the AGM (see above).

The Open Meeting is one of the opportunities for members to ask questions, raise issues and stimulate topics for discussion with and for consideration by the Trustees.

Informal notes of last year's meeting are available from the chief executive's office.

In order for the meeting to be structured, please submit your questions in advance. The deadline for questions to be received is 3pm Thursday 31 March 2005. Please send your questions to me by e-mail: aoc@leicester.ac.uk, or in writing, or by completing slips provided around the Annual Conference venue. I look forward to hearing from you and seeing you at the meeting.

*Professor Ann Colley, Honorary General Secretary*



Ken Brown

Contact Ken Brown via the Society's Leicester office, or e-mail: [president@bps.org.uk](mailto:president@bps.org.uk).

*The issue* raised by Roberts and Esgate in the Letters section (p.64) should provoke responses from members of the Society. The problem of campaigning and political activities conducted by bodies that are registered or exempt charities is a matter that has long exercised trustees and lawyers alike.

Modernising charities will be a large and complex task, and any changes governing the operation of charities will now have to take account of devolution. There is no exact equivalent of the Charity Commission in Northern Ireland; the Charities Branch of the Department of Health and Social Services exercises certain functions in that jurisdiction. In Scotland, there is the Office of the Scottish Charities Regulator that was set up following the announcement by Scotland's Justice Minister of a review of charity law and regulation in 2001. The Society may, in future, have to register with or be regulated by separate bodies in Scotland, and possibly Northern Ireland, and would have to abide by any relevant guidance within the terms of its operations there. It is to be hoped that any guidance on issues such as campaigning across the devolved nations will be fairly harmonious.

The new guidance from the Charity Commission of England and Wales ([tinyurl.com/5sd5u](http://tinyurl.com/5sd5u)) states that it is acceptable for charities to get involved in 'any activity that is directed at securing or opposing any change in the law or in the policy or decisions of central government or local authorities, whether in this country or abroad' as long as such activity meets certain criteria. These criteria state that charities should be permitted to campaign, provided that:

- campaigning activities remain no more than a means to fulfilling charitable purposes;
- there is a reasonable expectation that the activities will further those purposes;
- campaigning is based on reasoned argument;
- charities do not act outside the law.

Even if the regulation of charities becomes less restrictive, it will still not be obvious what the Society should or should not do. It is fairly straightforward for the Society to make statements with which virtually the entire membership would agree. Support 'good' in the world and eradicate 'evil'. Abhor torture and the persecution of those whose political views differ from ours. Eliminate hunger, poverty and the discrimination against people on the basis of their religious beliefs, colour, gender, disabilities, and so on. But how do we, as a membership society, take a stance on more contentious issues and events? Roberts and Esgate refer in their letter to the Iraq

War and its antecedents and consequences. It is possible that a sizeable proportion of the membership may have approved of the international community's sanctions against the Saddam Hussein regime and that some members supported the military action. How do we obtain 'a Society view' in these circumstances?

And consider some other issues closer to home – in one case very close to my home. I haven't checked the archives, but I would bet that, over the 30 plus years of political conflict in Northern Ireland, neither the Society nor psychology as a whole has taken a stance supporting one side or the other. Of course it would have been appropriate (but probably ineffective) for the Society to condemn all acts of 'terrorism' perpetrated by all sides in Northern Ireland. But I doubt if anyone would have considered it appropriate for the Society to have supported the 'Troops Out' movement, the Nationalists' campaign for a united Ireland or the Loyalists' equally adamant wish for Northern Ireland to remain part of the United Kingdom. What stance should the Society have adopted in the UK devolution debate or in the upcoming European constitution vote? On these and other issues, the views of members would be as diverse as those in the general population. It would be a very foolish President (or Board of Trustees) who would take a stance and claim that it represented the views of the entire membership.

The Society is by no means apolitical. We employ a full-time parliamentary officer and, in addition to organising events and lobbying at Westminster, liaison takes place between Society members and the legislative bodies in Northern Ireland, Scotland and Wales. Dozens of responses are sent each year from the Society and its subsystems in attempts to influence proposed pieces of legislation (and see also p.98 for the 'College of Fellows' initiative). There are of course other ways in which psychologists can attempt to influence public opinion and political developments. They can, as individuals, join political parties or pressure groups, and stand for local or national political office. Perhaps it's not so much a question of 'Come on, Mr President, what are you...going to do about it?' as 'Come on, members, what are you going to do about it?'

As I write this column, news is coming in of the tragic events around the Indian Ocean. It is a timely reminder of the vulnerability of our planet to catastrophes outwith our control. Psychology and psychologists, like everyone else, can be quite impotent in the face of events such as these. However, we may be able to use our skills to assist victims recover from the consequential traumas.

*“How do we, as a membership society, take a stance on more contentious issues and events?”*



News of interest to our readers should be sent to *The Psychologist* on [psychologist@bps.org.uk](mailto:psychologist@bps.org.uk) or at the Leicester office. We also welcome lively, informative and evidence-based analysis of current events (up to 1500 words). Contact the editor first on [jonsut@bps.org.uk](mailto:jonsut@bps.org.uk).

# The tsunami

ANDY RAIN/EPA

**A**S we went to press two weeks after the Indian Ocean tsunami, the focus was shifting from the immediate needs of clean water, basic sanitation, medicine and shelter, to more psychological concerns.

Professor William Yule (Institute of Psychiatry) is the Society's representative on the European Federation of Psychological Associations (EFPA) task force on disasters. We spoke to him 10 days after

the tsunami. 'I really would like to emphasise the need for forward planning rather than quick reactions,' he said. 'I understand that people want to go and help but unless they have knowledge of the country, language and customs there is a need for caution. Advice and help can be offered through local non-government organisations. Some training can be offered. Evaluation of projects can be facilitated. By the beginning of February an

analysis of resources and needs will have been undertaken by those on the ground and we can then respond if required in a focused and strategic manner.' Professor Yule also stressed the importance of considering high-risk groups whose needs may not be automatically prioritised, including emergency workers (particularly those involved in the disposal of bodies).

Dr Rachel Tribe (University of East London) has strong links with Sri Lanka and has worked there over a number of years. She said: 'People lost family members, friends, homes, belongings, source of employment and in many cases their hopes and plans for the future. They may have witnessed horrific events and may wish they had been able to save others. Rumours of further tsunamis approaching the area further unsettled people. Some people may never know exactly what happened to their loved ones and may never have their bodies to bury. This can make the task of mourning difficult, particularly within a climate of multiple losses at the individual, family, community and national level.'

One group that has been involved in trying to provide psychological support in Sri Lanka is the UK/Sri Lanka trauma group (see

[www.uksrilankatrauma.org.uk](http://www.uksrilankatrauma.org.uk)), of which Professor Yule and Dr Tribe are members. This is a group of Sri Lankan and British mental health professionals with links to Sri Lanka, established in 1996 with the aim of tackling trauma in Sri Lanka caused particularly by the civil conflict. The group has devised two brief sets of guidelines on the aftermath of the tsunami disaster, one for health professionals and one for policy planners. The group has also developed a proposed programme of action that might include sending chartered (counselling, clinical or educational) psychologists to Sri Lanka. If any readers have experience or expertise in the area of psychological aspects of trauma in relation to Sri Lanka and would consider volunteering to go there, please e-mail [uksrilankatraumagroup@yahoo.co.uk](mailto:uksrilankatraumagroup@yahoo.co.uk).

According to Steve Pilling, Director of the Society's Centre for Outcomes Research and Effectiveness, 'psychological consequences should not be forgotten – they are likely to be severe for some and, if not treated, long-lasting. That said, the importance is to address the immediate practical needs – as these can have an impact on psychological outcomes down the line. Our guidelines on

## THE SOCIETY RESPONSE

Within days the Society had organised a response and put it on the website, with a message from Society President Professor Ken Brown, and associated resources (see [tinyurl.com/5o5js](http://tinyurl.com/5o5js)).

Visitors to the site wanting to volunteer were directed via the Department for International Development, the government department responsible for coordinating the response to the disaster, to [www.redr.org](http://www.redr.org) and [www.ihe.org.uk](http://www.ihe.org.uk). People were advised that 'the bulk of the relief work is being carried out by local personnel in the affected countries, which have considerable capacities; and demand for external personnel is for qualified and experienced humanitarian specialists, particularly those with experience in the region'.

The government advised psychologists employed in the NHS to inform their trust managers and chief executive if they wished to volunteer; those employed in social services/social care should make contact with their local social care emergency teams.

Links were provided on the BPS site to the Professional Practice Board report on psychological debriefing (available from [tinyurl.com/4jpu3](http://tinyurl.com/4jpu3)), an article in *The Psychologist* by Noreen Tehrani ([tinyurl.com/5ama2](http://tinyurl.com/5ama2)) and relevant articles in Society journals. The press were directed to the Society's database of psychological experts prepared to talk to them, and relatives and others dealing with the aftermath here in the UK were pointed to the Directory of Chartered Psychologists.

Professor Brown said: 'Our response shows that the Society is able to react quickly and usefully to events, something we hope to do more of in the future.'

PTSD, currently under consultation (see [tinyurl.com/5uhbz](http://tinyurl.com/5uhbz)) are important here. In brief they recommend that we should:

- offer emotional support and understanding – provide information of possible psychological symptoms and how to seek help;
- offer practical support with immediate problems;
- *not* offer one session of individual psychological debriefing – likely to be of no help and could possibly do harm;
- offer CBT at around a month post trauma to those with PTSD – especially if symptoms severe;
- consider screening for those involved in the disaster.’

What about how the Society, and psychology as a whole, can

respond to such catastrophic events in the future? ‘EFPA are recommending that all undergraduate courses in psychology should have a module on trauma and disaster and psychological first aid,’ said Professor Yule. ‘My suggestion is that the BPS should have a task force with a decent website offering resources and advice, following the model of the USA National PTSD Network.’

A perennial problem is that psychological advice is needed a few weeks after the event, and by then the spotlight has moved on. A December article in *The Lancet* (see [tinyurl.com/5ndeq](http://tinyurl.com/5ndeq) and box below) spells out how every country should have a mental health component embedded in its emergency plans. It also suggests what research on instruments and interventions is needed so that they can be

properly evaluated. ‘If this was agreed across governmental bodies, then a lot of resources could be better used to help more people,’ said Professor Yule. ‘I also think that the Foreign Office and Department of Health should further develop their response to helping nationals returning from disasters abroad.’

Professor Stephen Lea (University of Exeter) commented on the charitable response. ‘So many people have been affected, or know someone who has, or have simply been there. A good response post-Christmas is actually counter-intuitive – people have spent a lot in the run-up. Making the response itself a news story can increase donations due to audience effects, as can clearly identifying the intended recipients of the aid.’

## DEALING WITH EMERGENCIES

Those caught up in the Indian Ocean tsunami will be at critical risk of mental illness, as people generally are in large-scale emergencies. Yet according to Richard Mollica (Program in Refugee Trauma, USA) and colleagues writing in *The Lancet* in December,\* there is a paucity of research into the mental health effects of complex emergencies, and there are currently no known ‘best practices’ for culturally effective mental health services in such situations.

‘As soon as possible, a population-based assessment should be undertaken in complex emergencies to estimate the prevalence of mental health disorders, to identify vulnerable groups, and to find out what mental health support and clinical care is available,’ the authors said, rebutting the idea that such research wastes time and exploits vulnerable populations. ‘The opposite is true,’ they said. Speaking to us after the disaster, Mollica said: ‘It is essential that the mental health response be embedded in the overall initial response from day one, although a full mental health intervention becomes most urgently needed as time passes.’

A multitude of disparate aid agencies often arrive at a disaster scene, and the authors advise that ‘early intervention should focus on immediately establishing centralised coordination of mental health activities...so that those most in need receive appropriate and effective intervention’. Another early priority in the wake of a disaster is the offering of psychological first aid – ‘listening (not forcing talk), conveying compassion, ensuring basic needs, mobilising support from family members or significant others, and protecting the survivor from further harm’. It is also important for relief workers to be aware that some mental health interventions can be intrusive and disturbing for the victim. ‘Mental health practitioners should not strip away a survivor’s psychological defences,’ the authors warned. There’s evidence for example, that ‘stress-debriefing’, the elicitation by interview of traumatic experience and reactions, can be ineffective and harmful.

Cultural sensitivity is also vital, especially in developing nations where the mental health system may be feared because of a recent reputation for use of torture and incarceration. Traditional healers who may utilise plant-based medicines, spiritual therapies and massage techniques, should be supported in complex emergencies. They will often be accessible, stigma-free and will have the confidence of the local population.

The authors also point to the risks for relief workers: ‘Vulnerability is greatest in those workers on their first assignment or those with a long history of serial deployments. Local staff are especially vulnerable and strategies to provide effective mental health protection, and treatment if necessary, for front-line personnel in complex emergencies need to be identified.’

\* Mollica, R.F., Lopes Cardozo, B., Osofsky, H.J., Raphael, B., Ager, A. & Salama, P. (2004). Mental health in complex emergencies. *The Lancet*, 364, 2058–2067. To download the article see [tinyurl.com/5ndeq](http://tinyurl.com/5ndeq).

## OTHER NEWS

### RESOURCE FOR VISUALLY IMPAIRED STUDENTS

THE National Centre for Tactile Diagrams has produced a Core Graphics Pack to support higher education institutions in the teaching of psychology to blind and visually impaired students. It is based on extensive research with staff and students and an analysis of the curriculum in the six core BPS areas.

Good practice guidelines are also provided, enabling the pack to be used by staff and students with varying degrees of prior experience of tactile graphics and varying levels of sight. The pack has been endorsed by the Higher Education Academy Psychology Network.

□ For full details go to [www.nctd.org.uk](http://www.nctd.org.uk)

### NATIONAL HONOUR

IN the New Year’s Honours list Professor Susan Iverson (University of Oxford), a Society member, was made a Commander of the Order of the British Empire (CBE) for services to higher education and science.

### HONORARY DOCTORATE

THE University of Bradford awarded BPS member and clinical psychologist Zenobia Nadirshaw an honorary doctorate at a ceremony last December. The honour was given in recognition of her ‘distinguished contributions, nationally and internationally, to the development of transcultural competencies in health and social care service delivery through innovation in training and practice’.

### PRACTICALS IN PSYCHOLOGY

THE Higher Education Academy Psychology Network has received £11,000 from the Joint Information Committee E-Learning programme to support practical work in UK psychology departments. Interested parties will be invited to a two-day meeting in February to create detailed specifications for a core set of practicals. If you would like to be involved in the project contact [t.simpson@psych.york.ac.uk](mailto:t.simpson@psych.york.ac.uk).