

The nuances of whistleblowing

Very early in my career as a clinical psychologist, I had the misfortune to witness two separate cases of colleagues transgressing sexual boundaries with patients. *The Psychologist* (March 2008) informs us that three documents on clear sexual boundaries have been produced by the Council for Healthcare Regulatory Excellence (CHRE). Based largely on the recommendations of the Kerr/Haslam Inquiry (which investigated circumstances surrounding the extensive sexual exploitation of patients by two psychiatrists in North Yorkshire), these documents are to be welcomed.

However, I am disappointed at the CHRE's simplistic stance towards the requirement that professionals must report such misconduct. Speaking of professionals who become aware of colleagues' transgressions, the CHRE states: 'Concerns about their own position or job security should not deter them from speaking out. The patient's welfare should be their first concern.'

Whilst there is no doubt that professionals have a moral and ethical obligation to report such misconduct, the CHRE ignores a substantial body of literature that indicates the damage incurred by professionals who report

misconduct (e.g. Faugier & Woolnough, 2002; Jones et al., 2000; McDonald & Ahern, 2000). Such potential damage includes damage to working relationships, to psychological health,

and to career progression. The Public Interest Disclosure Act 1998 gives whistleblowers some protection against potential financial losses, but some of the more subtle negative impacts are

Typo corner

I have a small suggestion for an addition to *The Psychologist* – 'Typo corner'. The idea is that you get people to submit interesting typos from the psychological literature for a small occasional section. Here's one to start you off from the November 'books received' listing in *The Psychologist* itself: 'Norcross, J.C. & Guy, J.D., Jr (2007). Leaving it at the office: A guide to psychotherapist elf-care.' I'm sure there are loads more out there.

Perhaps you could follow it up with 'Type A corner' for anyone who writes in with an angry letter...

Christina Richards
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Editor's comment: Shame it wasn't the December issue, or I could have claimed it was intentional! Perhaps that's another option for the future: spot the deliberate mistake.

Identifying evil

The problem with this debate around the use of the term 'banality of evil' I suspect is not with the word 'banality' (as your last correspondent would have it: 'Can evil ever be banal?', Letters, March 2008), but rather the word 'evil' in a professional context such as this. However, there is a wider point to be made here: If we tell ourselves that people who commit evil acts are somehow different from us or less than human we run the danger of seeing

As good as it gets?

difficult to legislate for.

The evidence of the literature, together with that of my own experience and of colleagues who I counsel in my role as occupational health psychologist all convince me that reporting colleagues should carry a health and safety warning. We do a disservice to the whistleblowers of the future by glossing over the damage they may incur in the act of reporting. In my view, to be forewarned is to be forearmed. One of the three CHRE documents proposes improvements in the training of professionals on these matters. In my opinion, such training should include preparation for the potential negative impact of reporting misconduct and strategies professionals can learn to protect themselves in these unenviable circumstances.

Elaine Middleton

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References

- Faugier, J. & Woolnough, H. (2002). Valuing 'voices from below'. *Journal of Nursing Management*, 10(6), 315–320.
- Jones, P., Harding, S. & Huxley, A. (2000). Whistleblowing: Don't shoot the messenger. *Clinical Psychology Forum*, 139, 4–5.
- McDonald, S. & Ahern, K. (2000). The professional consequences of whistleblowing by nurses. *Journal of Professional Nursing*, 16(6), 313–321.

evil only when it arises in particular people (hence the fiction that is criminal profiling) not acts.

Clever people who commit predatory acts, like Harold Shipman, rely on this, as I learnt during my time working in the New Jersey State Prison Service with sex offenders. Hannah Arendt, as did Stanley Milgram by extension, used the term banality to make just this point – that the right social conditions can make 'Lord of the Flies' of the most ordinary of us, not just people who fit our preconceived ideas of what an 'evil person' would look like.

Stephane Duckett

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The Department of Health (DoH) have recently consulted on a statutory order to amend the Health Professions Order (2001) to include applied psychologists. The order will protect the seven adjectival titles corresponding to the applied divisions of the Society i.e. 'clinical psychologist' 'educational psychologist', etc., but not the title 'psychologist' itself. The BPS, on the other hand, has insisted that the generic title must be protected, which, on the face of it, seems perfectly sensible. Indeed, perhaps in an ideal world, both the specialist titles and the generic term 'Psychologist' could be protected. However, in order to protect a title in law, discrete competencies have to be defined; a protected title cannot be simultaneously defined in both generic and specific terms. In other words you can't have your cake and eat it.

Moreover, protecting the title 'psychologist' would mean defining competencies to register, or standards of proficiency in the language of the Health Professions Council (HPC), in such a way that they apply to everyone who is reasonably entitled to describe themselves as such. This means that the competencies could only be specified in such broad terms that they would be essentially meaningless and could not include the specific knowledge base or skills that are essential to the practice of applied psychology. Thus what at first sight seems like a means of protecting the public, in reality would only provide an empty system of regulation which would be difficult to operate and has as much potential to confuse as to protect the public.

Protecting the term 'psychologist' also, by definition, means that academic and research psychologists would need to be registered with HPC in order to continue to use the title. The DoH, in contrast, has made it clear that it does not wish to regulate academics or psychologists who do not provide services to the public. Although it might be difficult to accept that restricting the title 'Psychologist' is not practical, it is perhaps worth noting that many commonly used titles such as 'doctor', 'nurse' and 'therapist' are not protected in law.

In my opinion, the current DoH proposals now represent the best, realistic option to regulate the profession. Whilst, there are pros and cons to the protection of the title 'psychologist', I believe the DoH proposal to regulate the seven specific titles rather than a generic title

represents the only practical option and affords the best overall protection to the public. Whilst many psychologists, myself included, have qualms about some aspects of the Health Professions Council, the thorough and inclusive approach that HPC took in developing standards of proficiency for applied psychology represents an encouraging start. I believe that now is the time to engage positively with the HPC and develop regulatory processes in partnership. In short, this is as good as it gets, and whilst it may not be perfect, it could be a whole lot worse. It's now time for us to help to make it work and for the BPS to make the transition from being a regulator to focusing on providing the services its members value.

David Murphy

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Response from Society President Liz Campbell: David's letter provides a useful opportunity to clarify some fundamental misunderstandings about the Society's position on statutory regulation.

Protection of the public has underpinned all decision making. The Representative Council agreed that the preferred title was 'psychologist' and that the alternative 'registered psychologist' would be acceptable. This title will be the least confusing to the public; will allow for any new/emerging areas of practice to be regulated and will stop unscrupulous practitioners using an alternative (as would be possible if purely the different adjectival titles were regulated; each domain will continue to be defined). We have agreed that the D/12 level threshold standards of entry reflect the current standard for chartership; any reduction in this would be a reduction in current standards. The Society's Occupational Standards provide the underpinning generic standards of proficiency for psychologists.

There has been overwhelming support from subsystems and individual members for the Society's draft response to the current consultation on government legislation to bring in statutory regulation. I would like to personally reassure David that the Society has been engaging in detailed discussions with the Department of Health and the Health Professions Council for the last year – see www.bps.org.uk/statreg for current information on the Society's work on statutory regulation.

obituaries

Emeritus Professor H. Rudolph Schaffer (1926–2008)

In a career spanning five decades Rudolph Schaffer was one of Britain's foremost developmental psychologists. He was born in 1926 into a Jewish family in Berlin, where he experienced the growing obscenity of Nazism and anti-Semitism. His parents secured him a passage on the Kindertransport, and he escaped to England in May 1939. He never saw his parents again; his father died of pneumonia in Theresienstadt camp, and his mother was gassed in Auschwitz.

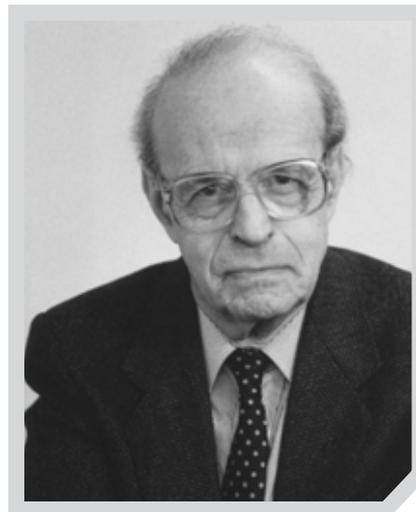
After schooling at a Quaker boarding school in Yorkshire, he studied architecture for a year at Liverpool University, but was not enthused. He moved to London, worked in a glass exporting company, and studied psychology at Birkbeck College. After graduation, he married Evelyn Jackson, and worked at the Tavistock Clinic under the direction of John Bowlby, who had done so much to draw attention to the emotional difficulties faced by deprived and separated children. Rudolph's research interest in the significance of early relationships was established. This training led him to a post as clinical psychologist at Yorkhill Hospital for Sick Children in Glasgow, and a doctorate from Glasgow University. In 1964 he joined the newly created University of Strathclyde and, with Gustav Jahoda, built and developed the Department of Psychology there.

Rudolph never spoke openly about his early life experiences, but, for someone who had lost his parents in such dreadful circumstances, it is perhaps understandable that his early research

focused on children's attachment relationships and fear of separation. His groundbreaking empirical research led him to one of his many awards, the Bowlby–Ainsworth award in 2004. He was made a Fellow of the Royal Society of Edinburgh (1995), an Honorary Fellow of the British Psychological Society (1998), and, also in 1998, he received an honorary doctorate from the Open University, in recognition of his exceptional contribution to the study of child development.

Rudolph's undergraduate lectures on developmental psychology, with his clear and measured delivery, brought him annual plaudits from his students. His classes were also remarkable for his habit of jingling his keys in his pocket, which played havoc with plans to make audio recordings of his lectures.

Like his performances in lectures, his writing is exemplary in its clarity and erudition. This ability is particularly impressive when English was his second language. He has been a prolific publisher of books and peer-reviewed papers on



children's attachment relationships. His books have been translated into several languages, and have become best-sellers well beyond the confines of academia. At the time of his death, he was busy editing another book with Professor Kevin Durkin, which will further cement his reputation.

Rudolph officially retired from Strathclyde University in 1992, but

his scholarship continued unabated, and he made what is perhaps his most significant contribution to research in child psychology with his founding editorship of *Social Development*, now one of the pre-eminent international research journals in the field. Individual research papers may come and go, and only ever find a limited readership, but the journal that publishes them is a lasting memorial.

Rudolph Schaffer was a kind, courteous and modest family man with an international reputation. He will be greatly missed. He is survived by his wife Evelyn, his children Malcolm and Katie, and his grandchildren Heather, Becky, Kirsty and Emily.

David Warden
University of Strathclyde

Julie MacGregor (1976–2008)

The unexpected death of Julie MacGregor on 7 January 2008 shocked all who knew her. Julie was a young, ambitious and sociable individual who lived life to the full.

After graduating in psychology at the University of Strathclyde in 1998, Julie started her first forensic psychology post as an Associate Psychologist at the State Hospital for Scotland.

Julie adored this job and had many fond memories of her time there, and not only of the work – she was always up for a night out with good food, cocktails and dancing. Her colleagues often became friends for life – a pattern that Julie followed throughout her career.

Julie joined the Scottish Prison Service in 2000. With her amazing smile and bubbly personality she brought life

and light to any situation; quite an achievement in the prison setting. Her charm was underpinned by a strong personality, and she dealt quietly and effectively with a number of challenges in her work, often leaving prison governors, peers and prisoners themselves wondering how she had got her outcome so smoothly. Julie attended



Glasgow Caledonian University whilst working and graduated with her MSc in Forensic Psychology in 2003.

Nicer than NICE?

We were curious to see that the new **Charlie Waller Institute of Evidence-Based Psychological Treatment** (March, advertisement, p.274) is committed to training therapists 'only in psychological therapies that have been shown to work...in particular those recommended by the National Institute for Health and Clinical Excellence' (NICE).

Yet according to NICE themselves: 'In using guidelines, it is important to remember that the absence of empirical evidence for the effectiveness of a particular intervention is not the same as evidence for ineffectiveness. In addition, of particular relevance in mental health, evidence-based treatments are often delivered within the context of an overall treatment programme including a range of activities, the purpose of which may be to help engage the patients, and provide an appropriate context for the delivery of specific interventions. It is important to maintain and enhance the service context in which these interventions are delivered; otherwise the specific benefits of effective interventions will be lost. Indeed, the importance of organising care, so as to support and encourage a good therapeutic relationship, is at times more important than the specific treatments offered' (p.9 NICE Depression Guideline).

Maybe someone could find room for discussing this in the workshops or courses that are being offered by the Institute.

The Midlands Psychology Group (John Cromby, Bob Diamond, Paul Kelly, Paul Maloney, Penny Priest, David Smail and Janine Soffe-Caswell)

Seriously useful

Congratulations on a seriously useful addition to *The Psychologist* in the 'Methods' section. It could be a great way to stay current with new analytical techniques. In fact, even if the section does not last for ever, it does suggest that a periodic column from a professional statistician bringing us up to date with the latest thinking on methods and analysis would be helpful to maintain the community's leading-edge scientific skills.

Max Blumberg

Goldsmiths, University of London

Her hard work and determination paid off when she took on the role of Chartered Forensic Psychologist in HMP Shotts and HMP Greenock. Throughout her time in the prison service Julie was true to form and was in her element on nights out, even taking the time to introduce her boss to shooters.

Always looking for new challenges, Julie went to work with the adolescents in CORA where she remained a popular and well-respected

psychologist. She engaged well with troubled adolescents and was known for refining and improving practices. She worked well with the young women who admired her high-heel boots and empathic approach to their problems.

Julie was also keen to be involved in the further development of her profession in Scotland. To that end she became an enthusiastic member of the Division of Forensic Psychology-Scotland committee shortly after its inauguration. She was

instrumental in representing forensic psychologists, particularly in relation to the interface with young and vulnerable clients.

Julie's death is a great loss to forensic psychology in Scotland and to those she inspired both professionally and personally. Julie will be remembered not just for her compassion, professionalism and amazing work ethic, but also for her ability to bring people together socially.

Carole Murphy

Scottish Prison Service

COMMUNITY NOTICEBOARD

I am a postgraduate student of counselling psychology at the University of Roehampton preparing an MSc research dissertation on 'One-person therapy in conflicted "co-parenting" relationships: Therapists' experience'. I am looking for **therapists who have experience of counselling individual clients in conflicted 'co-parenting' relationships** and who are based within no more than two-hour travelling distance from London. The research will use a qualitative method of heuristic inquiry developed by Moustakas (1990). As a participant, you will be asked to commit to two interviews, each lasting about one to one-and-a-half hours.

If you are interested in participating and would like to receive more information before making up your mind, please e-mail me.

Daniela Szukiel

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Do you **counsel the elderly in their own homes?** Volunteer participants needed for MSc research.

Sandra James

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I am interested in the **psychology of health work in humanitarian settings** – what motivates people, how they feel about the work, themselves and life in general. I have been involved in humanitarian work myself, so am aware it can be difficult and demanding. But also very rewarding too. So an increased understanding of the dynamics of the humanitarian experience seems a worthwhile doctoral research endeavour.

If you have recently or are currently deployed to a humanitarian relief or development setting, I'd like to invite you to take part in this research. If you would like to help out then please visit the link: <http://psych-research.massey.ac.nz/tassell>. The questionnaire is also available in French and Spanish.

Natasha Tassell

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