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Promoting excellence in psychology

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The Society has offices in Belfast, Cardiff, Glasgow and London, as well as the main office in Leicester. All enquiries should be addressed to the Leicester office (see inside front cover for address).

The British Psychological Society

was founded in 1901, and incorporated by Royal Charter in 1965. Its object is 'to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge'.
Extract from The Charter



President's column

Dorothy Miell

Contact Dorothy Miell via the Society's Leicester office, or e-mail: presidentmiell@bps.org.uk

I formally became President at the Society's AGM in May, taking over from Dr Richard Mallows, who has served the Society with such dedication for the last year and supported me into the role so effectively and generously. He has been particularly good at attending a whole range of member network events and, since I doubt that I will be able to match his record, I'm very pleased that in becoming Vice President he will be helping to keep the Presidential team presence strong around the country and abroad. The new member of our team was also announced at the AGM, with the results of the member vote for this year's President Elect. Professor Jamie Hacker Hughes was elected, and Richard and I look forward to working with him to support the membership and take the Society forward.

For the first time in a few years the AGM event was held during the Society's Annual Conference, which took place in Birmingham at the International Convention Centre (right next to the splendid new City Library, which I also enjoyed looking round). I was pleased to see that reinstating the AGM as an event at the heart of the Conference enabled more members to attend and hear reports of the Society's work over the last year as well as to congratulate recipients of Society Fellowship awards (Professor Saths Cooper, President of the International Union of Psychological Science and Professor Dorothy Bishop, University of Oxford).

My first duty as President was later at the conference and involved launching the programme of events that will make up the Society's commemoration of the centenary of the First World War. As well as being an important public event, this centenary is important to psychology because of the pioneering work of several key figures in the profession. One of these, C.S. Myers, worked as both an academic and a practitioner and was a co-founder of the Society and later its President (1920–23). During the war he was

appointed consultant psychologist to the British armies in France and whilst working there he successfully developed effective treatments for men with shell-shock. In doing this, he had to battle against some strong opposition from those who didn't believe the condition was treatable by psychological methods and didn't value the discipline's contribution.

The Society has a range of plans to mark the WWI centenary over the next four years. We shall be organising special events and also giving some of our regular events a First World War theme. In 2015 as well as formally recognising the contribution of



C.S. Myers – a key figure

Myers, we will be exploring the latest research into PTSD and combat stress, and also considering the psychology of propaganda.

In 2016 we will be examining the theme of trauma. In the autumn the Society will commemorate the centenary of the opening of the Craiglockhart War Hospital and the work of W.H.R. Rivers. Not only that, but we will be looking at trauma in a different way, to discover how the physical injuries of war helped to further our understanding of the human brain, localisation, behaviour and personality, which have been key to the development of biological psychology and neuropsychology. We will also explore the psychological impact of conscription and conscientious objectors.

The year 2017 marks 100 years since the Russian Revolution. The Society will be looking at the psychology of revolution and uprisings as well as taking the opportunity to explore social revolution and the impact and legacy the war had on the home front.

In the final year of the project, 2018, our themes will be remembrance, identity and peace



Contributing to child welfare

The Society's Child Protection Working Party has launched an updated position paper *Safeguarding and Promoting the Welfare of Children* following updates to legislation and Department for Education guidance.

There has been much media coverage recently about tragic child abuse cases, including abuse within the home, institutional settings and disclosures of historical abuse. The public profile of child welfare is higher now than it has been for a number of years. The position paper represents the Society's response to this issue and the wider one of seeking to safeguard young people from harm and/or impairment to their health or development.

As psychologists, we work in a number of settings involving contact with children, young people or parents/carers. We must be mindful of circumstances that can affect the health and development of children in any setting. This applies not only to clinicians who undertake direct work with children and families but also to those who work with adults. Such adults may make historical disclosures of abuse or raise concerns about child protection within their family or community. It also applies to those who work in academic settings or within research, areas we might not typically associate with responsibilities towards safeguarding.

However, in whatever role, and wherever we work, we need to be alert to the fact that we may come into contact with concerns about children or adults including within our professional and personal networks. These may be concerns about child protection (significant harm) or around broader welfare issues.

Safeguarding and promoting the welfare of children now embraces a broader definition. Whilst there is still a responsibility to protect children from maltreatment and prevent impairment of children's health or development, additional emphasis has been placed upon the need to ensure that children grow up in circumstances consistent with the provision of safe and effective care and to take action to enable all children to have the best life chances.

The updated position paper outlines the professional practice framework for all Chartered Psychologists in relation to safeguarding children and young people with the aim of:

- I raising the profile of safeguarding across all Society Divisions and specialisms of applied psychology;
- I promoting shared minimum standards for all Chartered Psychologists with regard to safeguarding;
- I helping to inform other professionals and the general public of



the roles, responsibilities and accountability of Chartered Psychologists; and

- I raising awareness that all Chartered Psychologists must be mindful of the needs of children in the family, irrespective of the setting in which they work, their specialism or model of working.

Our professional response to safeguarding crosses divisions and specialisms. It is vital that we think about and regularly reappraise our professional stance on safeguarding, even if our work is not directly linked with child welfare or protection. In this way we can become more aware of how our professional practice may impinge upon and be able to contribute either directly or indirectly to good practice in the field of safeguarding children and young people.

Gill Evans (Educational and Forensic Psychologist), Child Protection Working Party Convenor; Dr Khadj Rouf (Consultant Clinical Psychologist); Anne Peake (Educational Psychologist); Professor Tom Billington (Educational and Child and Psychologist)

- I **The position paper can be downloaded from www.bps.org.uk/system/files/Public%20files/child_protection_position_paper.pdf**

psychology. This capstone year will draw together the lessons of the past, pay tribute to those whose contributions helped to shape our discipline and share how those contributions influence the latest, cutting-edge research in psychology.

Whilst this centenary period is clearly one for looking back, for example at Myers' pioneering work 100 years ago, it is striking how similar his priorities for psychology were to the issues that are still preoccupying us now. As Alan Costall wrote in *The Psychologist* in 2001, 'Myers returned from the war desperate to see psychology

applied more generally to human problems.' He also campaigned to open up membership of the Society to 'all those interested in various branches of

psychology' (Edgell, 1947/2001). We're currently finalising our plans for the Society's work over the next five years,

and it's clear that members and trustees alike

are still concerned with broadly these same issues. We want to ensure that psychology is seen as making a real difference to the major issues facing individuals and societies – by influencing

"The Society has a range of plans to mark the WW1 centenary"

policy making and explaining the value of psychology more effectively to the public. And as the number of branches of psychology grows, we continue to try and open up our membership to those interested in the whole broad sweep of the discipline. Myers faced opposition and difficulties 100 years ago, and it's certainly no easier today, but it's still worth the effort.

References

- Costall, A. (2001). Charles Samuel Myers (1873–1946). *The Psychologist*, 14, 464.
- Edgell, B. (2001). The British Psychological Society. *British Journal of Psychology*, 92, 3–22. (Original work published 1947)



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Responding to the Francis Report

The final report by Robert Francis QC into the failings at Mid Staffordshire NHS Foundation Trust was published on 6 February 2013. On 3 April 2014, just over a year later, about 100 delegates from across the different Divisions of the BPS met in London for a conference on how psychology can contribute to the NHS going forward in the context of the Francis Report's recommendations.

The conference gave prominence to the voices of service users and was chaired by Anne Beales, a Director at Together UK, a charity dedicated to supporting

those who access mental health services. The morning's keynote speakers included Nash Momoiri who is a service user consultant and governor at the South London and Maudsley NHS Foundation Trust. Nash gave a moving address on how people experience psychological care. For him, the turning point in his experiences of mental health services came when a psychologist engaged with him in a way that made him feel that he was valued as a person, and not just another therapy patient. Nash challenged traditional notions of professional practice such as staff distancing themselves from the humanity of service users by hiding behind professional titles, boundaries, risk assessments and reports, which then become barriers to healing relationships and recovery.

Nash's moving, and at times challenging, account was followed by Professor Ian Robertson of Trinity College Dublin who provided a fascinating presentation on how neuroscientific and social psychological research supports the idea that taking positions of power can make you smarter, bolder, and more self-confident – the so called 'winner effect'. Power acts as an antidepressant and anti-anxiety drug as it tends to increase the body's testosterone levels in those who have a high need for power. But, the dark side of unconstrained power is that eventually, brain functioning becomes distorted, leading to egocentric thinking, poor judgement, emotional callousness, and risk-blindness. This is the so-called 'hubris' syndrome that affects leaders who come unstuck after spending too long in positions of untrammelled power. Professor Robertson illustrated his insightful talk with examples from politics and the worlds of sports and business, and nature.

The next speaker, Valerie Iles, an independent consultant and leadership coach, challenged traditional notions of leadership and governance as the panacea to organisational problems, asking us to think instead of leadership as an outcome that emerges from the interaction between the 'leader', the 'led' and the situation. The NHS, as an organisation, has a political and social history that currently favours thinking about leadership as a noun, embedded in the context of words such as governance, regulation, systems, processes and standardisation. What if, instead, we were to think of leadership as a verb that involves relating to people, having

conversations about the things that really matter, supporting and enabling staff? Leaders should engage in acts of work and courage that enable the other to flourish.

These are the basic tasks of leaders that are also really difficult to accomplish. (The 'simple hard' in contrast to the 'complicated easy': the latter refers to developing and implementing intellectually demanding systems and processes that do not require engagement with people.) As the NHS moves further into the world of marketisation, and delivery is increasingly seen as a series of auditable transactions, the fundamental values that lie at the heart of the NHS ethos are in danger of being lost. The task for leaders (and psychologists) is to stem the drift towards the 'complicated easy' and rediscover the 'simple hard' at its heart.

The morning closed with an interesting presentation on how voluntary organisations and lobby groups can influence policy through effective campaigning. Jane Cox from Principle Consulting has extensive experience in supporting various campaigning organisations to get their messages heard in the corridors of power. Effective influencing starts with understanding the external policy landscape, clarifying your internal policy aims, developing the key messages you wish to convey, and then using parliamentary and policy levers effectively to advance your objectives. To communicate your messages effectively means making sure you reach both key decision makers and key influencers – which often involves identifying by name those you wish to persuade. A further useful course of action could be to work with think tanks, professional bodies, and grassroots groups such as patient groups. One of the key messages for the Society was the importance of making sure that we, as an organisation, clearly identify our key messages and present a coordinated response.

After lunch, delegates attended practical workshops that focused on cultural change, the contribution of psychologists to service changes, restorative supervision, and staff experience. The workshop outcomes were fed into the closing plenary session, where the key steps for action were identified.

These included key areas of policy the Society should address, how we can develop members of the profession to be influential and effective in the post-

'... AN NHS WE CAN BE PROUD OF'

'The NHS is an institution of which we can be truly proud. We generally receive excellent clinical care and the NHS is responsible for the huge public health gains we have enjoyed in recent decades as well as tremendous innovation and improvements in healthcare research and knowledge. The publication of the report by Robert Francis QC into the care provided at Mid Staffordshire was one of the low points in the history of the NHS; however it is unlikely to be the last of its kind. The problems which faced Mid Staffordshire face many healthcare providers. The Francis Report raised a number of challenges about standards of care, values, leadership, compassion, bureaucracy, patient safety, openness and transparency, and regulation.

'These issues seem to have resonated with psychologists across the Divisions of the Society. Psychologists have a lot of important things to say about what happened in Mid Staffs and what is happening elsewhere across the NHS. Evidence from psychological research and practice can help us to make sense of how, despite the dedication and hard work of so many wonderful staff, the NHS can still have so dramatically failed its patients. Psychological thinking can help us to understand why sometimes good people do bad things – and how we move forward when we realise what has happened. If you recognise the importance of some of the challenges raised by Robert Francis, to maintaining an NHS we can continue to be proud of, and if you would like the BPS to effectively respond to these challenges, then please get in touch.' – *Alison Beck, Head of Psychology and Psychotherapy, South London and Maudsley NHS Foundation Trust*



Francis NHS, improving Society communication both internally and externally, and making more effective use of service-user insights, for example, through exploring service-user mentoring for NHS leaders, and service-user involvement in supervision practices.

Two themes were pervasive throughout the course of this session, namely, that psychology has a huge amount to offer, but should work harder at promoting our potential contribution at all levels, and that we as a profession (and the NHS as an organisation), should do more to embrace models of co-production with users of our services.

Parts of the conference were filmed and the video material will be uploaded to the Society's YouTube channel in due course.

There is currently a lively conversation within the Society relating to how psychologists can take their perspectives on Francis forward. The organising group with support from the Division of Occupational Psychology is putting together a business plan to ask the Society to fund a range of projects relating to this work, and we would like to consult on these ideas in the near future. To get involved, you can join the DCP Francis discussion group by contacting Helen Barnett at the Leicester office (Helen.Barnett@bps.org.uk), who will sign you up.

Natius Oelofsen, Consultant Psychologist, Norfolk and Suffolk NHS Foundation Trust

Alison Beck, Head of Psychology and Psychotherapy, South London and Maudsley NHS Foundation Trust

'CHANGES IN CULTURE, VALUES'

'It has been a pleasure to work as part of a really great cross-Divisional initiative to help raise our profile and articulate our particular contribution in this key area of work. We are planning to build on the day and hold related events in Scotland and Wales.' – *Richard Pemberton, Chair, Division of Clinical Psychology*

'The patients at Mid Staffs hospital did not just experience poor care but physical neglect. Vulnerable people were not fed, given a drink or kept clean. How can psychologists help us to resist the temptation to do "the 'complicated easy': developing and implementing intellectually demanding systems and processes that do not require engagement with people"? How can we make sure that the changes in culture, values, leadership, etc., etc. result in people being able to feel safe, sleep, drink, eat and stay clean while in hospital?' – *Joanne Hemmingfield, DCP England Lead for Service User and Carer Partnership Working*

Journal articles – anywhere

Accessing journal articles via PsychSource has just become even more convenient with Wiley's recent introduction of the 'Anywhere Article'. Since January 2013 PsychSource (psychsource.bps.org.uk) has provided Society members with free full-text access to the Society's own 11 journals plus 32 other psychology titles published by Wiley, as well as to a host of other online resources and book discounts. Now there is a new way of reading journal articles online that gives a better experience than either pdf, most people's preferred way of accessing articles up to now, or html, which can be appear cluttered and fiddly, especially when viewing on mobile devices.

Wiley's new Anywhere Article is an enhanced html version that combines the readability of pdf with the interactivity of html. Superfluous information and clutter have been removed and a new layout and sidebar tray allow readers easy access to important information, such as references, at any point in the reading experience, without losing their place on the page. Figures can be viewed in context as well as in a pop-up figure viewer for closer examination. In the figure viewer readers can browse through all the article's figures at the same time, and quickly navigate to each figure's context in the article. This new responsive html version will also adapt to any device – desktop, tablet or mobile – giving access to data whenever and wherever it is needed.

Peter Dillon-Hooper, the Society's Academic Resources Manager, welcomed the development: 'Accessibility from any device has already been designed into the PsychSource gateway, now this innovation from Wiley will make it even easier for our members to access journal articles on the move.' Lucy Butler

from Wiley added: 'A great deal of user insight, technical expertise and meticulous design considerations have gone into the development of the Anywhere Article. That effort is reflected in every detail on the page, from the clean presentation of content, to the highly functional figure viewer, to the unobtrusive yet easily accessible reference lists. Working with the BPS Journal Editors, we're excited to explore all that this new format has for both authors and readers alike'.

You can find the Anywhere Article by locating the article you want on PsychSource in the usual way (don't forget to sign in). After clicking on 'Read full article as HTML' you will be taken, as before, to the article page on Wiley Online Library. Then just click on the link 'Enhanced Article (HTML)'.

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Head injury and reoffending – engaging with Scottish policy makers

It was standing-room only at the Society's Scottish Parliament event 'Head Injury and Re-offending: The Role of Psychology', held at Holyrood on 29 April. The event, organised by the Division of Neuropsychology Scotland, the Division of Forensic Psychology Scotland and the Scottish Branch, was hosted by Sandra White MSP, a member of the Scottish Parliament's Justice Committee. Members of the Justice Committee, MSPs, psychologists, practitioners and policymakers from across Scotland gathered to hear about psychological research and practice which challenge how we understand and work with offenders. Expert psychologists from across the UK presented research showing that traumatic brain injury is linked to an increased risk of reoffending, and that a history of a greater number of injuries is associated with violent offending. Psychological interventions that support people after head injury, and psychologically informed programmes with the broader prison population, were presented as having a significant impact on reducing the risks of future offending.

Professor Huw Williams from the University of Exeter explained the considerable social, financial and personal costs of offending, in particular the very high level of repeat offending – around 45 per cent will reoffend in the first year after release from prison. Cognitive impairments are common amongst offenders, with many showing problems with thinking, planning and impulse control. Prisoners are much more likely than the general population to have had a brain injury, and this in turn will often be associated with cognitive difficulties: up to 60 per cent of the prison population are thought to have had some degree of brain injury, compared with 12 per cent of the general population. Having a head injury is a marker of an earlier prison sentence, with one study showing that the average age of first imprisonment for offenders with a reported history of brain injury was 16, compared to 21 in those who did not report a brain injury.

A key message was that if we want to reduce crime we have to take much more account of factors like brain injury that influence offending behaviours. The next two speakers gave examples of

psychological approaches to working with offenders which do just that.

Charlie Kelly is Head of Psychology and Programmes at Polmont Young Offenders Institution, a national establishment for young offenders aged 16–21. The population ranges from those on remand to those serving life sentences. Mr Kelly explained how Polmont is developing a 'learning environment'. The aim is to provide a safe environment for growth and development during the time where the young people are away from what are often chaotic lives. The approach is based on desistance theory, and there is an emphasis on holistic and flexible practices. It is an assets-based approach,



The event was hosted by Sandra White MSP at Holyrood

aimed at building strengths and helping the young men to move towards a more positive self-definition. It is also a developmental approach, looking at the underlying causes for problems – helping the young people to find ways to regulate their emotions, solve problems, develop positive relationships and respond to peer influence. Psychologists work closely with prison staff and a number of other agencies to facilitate change as the young people move through their custodial sentence and into the community.

Dawn Harris from Manor Hall Centre for Trauma has developed a psychological intervention for people who commit sex offences in the community. She has developed this intervention for delivery in prisons and community settings, and has provided extensive training to people working in both settings to ensure high-quality delivery of the programme. The approach is designed to meet the specific

circumstances of individual offenders and incorporates an awareness of the influence of neuropsychological factors and their links to behaviour. Ms Harris also works with prisoners as well as social work staff and prison officers so that the approach is consistently used across a range of people working with offenders. The aim is to encourage staff to think about neuropsychological and other factors when they are working with offenders, including the impact of psychological trauma. Head injury is one type of trauma, but Ms Harris argued that psychological trauma also affects brain development, for example through the experience of poor parenting and bullying. With a better understanding of the roots of behaviour, professionals are better able to understand what drives problems and so how to tackle them more effectively. Ms Harris's work uses techniques that help offenders regulate their emotions and manage physiological arousal using mindfulness and body-based approaches – going beyond the usual 'talking' interventions.

The final speaker, Professor Tom McMillan from the University of Glasgow, presented preliminary research findings on the prevalence of hospitalised head injury amongst prisoners in the Glasgow and Clyde area, as determined via linkage to NHS records. Almost a quarter of prisoners (23 per cent) had had a head injury requiring hospital admission. Most were males and from deprived areas. The age at which prisoners had their first head injury was much younger than non-prisoner groups; of those who had sustained a severe head injury, 50 per cent had occurred under the age of 15 years.

Having a head injury often impairs emotional and cognitive functions, especially when the injury is in childhood or adolescence/early adulthood. After head injury people are more likely to act impulsively and break rules – so are more likely to offend. Coupled with cognitive impairments in planning and problem solving, this can lead to long term-problems with offending behaviour.

Head injuries tend not to happen in isolation. People with head injuries are more likely to come from deprived backgrounds and to abuse alcohol, especially binge drinking. In Scotland the main causes of having a head injury are

Society vacancies

falls and assaults. Higher rates of head injury are also found amongst other vulnerable populations such as homeless people and asylum seekers and refugees.

There was a lively question time with practitioners sharing similar research findings and agreeing the importance and value of a rehabilitative approach after brain injury if we wish to prevent future problems. A number of people drew comparisons to complex problems around alcohol abuse and drug addiction. There was a lot of agreement about the potential for a greater focus on early intervention and screening to help develop early and effective interventions to prevent future problems. One initiative was highlighted in Leeds Prison, in partnership with the Disabilities Trust, which uses Linkworkers to help manage the transition from prison to community with a focus on early prevention of problems. There was also a discussion about female offenders,

where head injury is often linked to domestic abuse. The importance of human rights was also stressed, with regard to access to comprehensive rehabilitation in the prison setting, and difficulties in moving offenders with complex needs out of the custodial environment into other suitable settings.

Sandra White MSP drew proceedings to a close, thanking the speakers and audience for an excellent event.

Interest in the issue is ongoing and members of the BPS have continued their engagement with other MSPs from the Justice Committee who were unable to attend on the night. The Committee's future work programme is due to be published shortly when the BPS will discover whether or not the Parliament will look into the area more formally and in closer detail.

Dr Breda Cullen, Joint Chair of DoN Scotland

Professional Practice Board

Members of the Clinical Record and Information Standards Advisory Group

See advert p.474

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Closing date 1 August 2014

Psychological Testing Centre

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Contact

Richard Smith enquiry@psychtesting.org.uk

Closing date 31 August 2014



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Conferences & Events

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2014

CONFERENCE	DATE	VENUE	WEBSITE
Psychology of Women Section	9–11 July	Cumberland Lodge, Windsor	www.bps.org.uk/pows2014
Division of Counselling Psychology	11–12 July	etc.venues, Victoria	www.bps.org.uk/dcop2014
Developmental Section	3–5 September	Hotel Casa 400, Amsterdam	www.bps.org.uk/dev2014
Social Psychology Section	9–11 September	Canterbury Christ Church University	www.bps.org.uk/social2014
Division of Health Psychology	10–12 September	Park Inn, York	www.bps.org.uk/dhp2014
CYPF	30 Sept–1 Oct	University Arms Hotel, Cambridge	www.bps.org.uk/cyp2014
Psychology4Students – Sheffield	20 November	Mercure Sheffield	www.bps.org.uk/p4s
Psychology4Students – London	2 December	Kensington Town Hall, London	www.bps.org.uk/p4s
Psychology4Graduates	3 December	Kensington Town Hall, London	www.bps.org.uk/p4g
Division of Clinical Psychology	3–5 December	Radisson Blu Hotel, Glasgow	www.bps.org.uk/dcp2014

2015

Division of Occupational Psychology	7–9 January	Hilton Glasgow	www.bps.org.uk/dop2015
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