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Terror attacks – The public's response

LONDONERS will not be divided by this cowardly attack...Whatever you do, however many you kill, you will fail,' London Mayor Ken Livingstone told the terrorists on 7 July. The following day the Queen said: 'Those who perpetrate these brutal acts against innocent people should know that they will not change our way of life.' But is it realistic to expect 'business as usual' under the shadow of a

terrorist threat? Can psychology explain why some react to terrorist outrages with defiance while others admit their fear, swapping the Tube for a bicycle?

Dr Muriel Dumont is a social psychologist at the Catholic University of Louvain, in Belgium. 'Actually both these reactions are indicative of people's fear,' she told us. 'The natural tendency when afraid is to do whatever is possible to regain some control and protect

oneself as far as possible from terrorism's dangers. Given that the bombings occurred on public transport, changing travel plans leads people to feel that they are in control of their life and feel more secure. However, changing travel plans is not the only way to regain control over one's life... defiance appears to be yet another way,' Dumont said. 'People feel they are regaining control as anger, an emotion that is easier to deal with, replaces fear.'

She continued: 'When leaders and newspapers call for people to carry on with their lives as normal, they are implicitly saying "you should not worry, we are in control of the situation".' However, these announcements carry a risk, Dumont explained, because if the government says it's in total

control but then there are more terrorist attacks, fear may well increase and the government could lose credibility.

'Therefore,' Dumont said, 'it's important that the government takes care to explain how difficult it is to protect against terrorism, even if they do all that is possible to maximise citizens' security.' This was seen of course with the failed bombings of 21 July, when people reported feeling even more afraid than before. But no doubt the swift arrest of the suspects will have helped rebuild the public's belief that the authorities have the situation under control.

Dr Jennifer Lerner is a social psychologist at Carnegie Mellon University in America. Shortly after 9/11 she conducted several field experiments looking at people's

WEBLINKS

Home Office terrorism pages:

www.homeoffice.gov.uk/terrorism/index.html

Latest on the terrorist threat: www.ukresilience.info/terrorism.htm

Security advice on the threat, from MI5: www.mi5.gov.uk

Metropolitan Police advice on what to do if you are challenged by the police, and for those who feel vulnerable: tinyurl.com/7fdsj

emotional reaction to the attacks. 'We've found in several studies that fear and anger represent opposing responses to risks of terrorism,' she said. 'Some people are predisposed toward angry responses whereas others are predisposed toward fearful responses. Once the respective emotions are active, they trigger diverging cascades of cognitive and biological responses.' Such opposing responses are perhaps illustrated by two websites set up in the days following the initial attacks in London:

www.werenotafraid.com, and an alternative that is perhaps best disguised as tinyurl.com/ama7h.

In one study Lerner's team elicited an angry or fearful response in hundreds of participants by asking them to dwell either on why the 9/11 attacks had made them angry or on why they had made them fearful. In addition, participants in the angry condition watched a video of people in Arabic countries celebrating the attacks, while people in the fearful condition watched a video warning about the dangers of a possible anthrax attack. Lerner's team found that experiencing more anger triggered more optimistic beliefs, leading people to believe they were less at risk and to be less likely to take precautionary measures. Those participants in whom fear was elicited showed the opposite pattern. Her findings suggest media coverage can have a powerful effect on the public's response to terrorism. 'Citizens need to understand these processes in order to apply their hearts and minds to what might be a protracted struggle with the risks of terror,' Lerner's report concluded.

Dr Stephen Joseph, a health psychologist at Warwick University, added that people's perception of the cause of the events is also important. He said: 'We saw this in the

aftermath of September 11th where we characterised people's perceptions on the basis of analysis into three factors: that the attack was understandable as a reaction to American foreign policy; that the attack was the result of religious fanaticism; that it was an attack on the person's values, beliefs and way of life. We would expect people to react differently depending on their scores on these factors,' Dr Joseph said.

Of course we're all different, and much of the way people react to the threat of terror will boil down to their individual personality, something Dr James Thompson, a trauma expert at UCL, has observed. 'The five factor theory of personality probably explains much of it,' he said. 'Neurotics like me keep on going, but anxiously, while the stable extraverts and the tough-minded disagreeables plug on with less apparent discomfort. Also there is a habituation effect: I sometimes did not evacuate from IRA bomb areas because so many of them were hoaxes, and many other citizens ignored police warnings to evacuate. People adapt, even in Beirut during the civil war, in Sarajevo, and in Baghdad now. Cities survive,' he said.

Dr Brad McAllister, who specialises in terrorism studies at the University of Georgia, agreed with this. 'Terrorism is a weapon of propaganda,' he said. 'If citizens choose to ignore the propaganda effects, then they undermine the efficacy of terrorism in general. If you look at regions where such activity is commonplace, like Beirut in the 80s and present-day Israel and the Occupied Territories, then you will see a "normalisation" of such violence where individual acts have relatively little effect on the national consciousness in comparison to similar acts in Britain and the US.' CJ

RUNNING SCARED?

Following the tragic shooting of Brazilian Jean Charles de Menezes by police who mistook him for a suicide bomber, the police marksman's rules of engagement have come under close critical scrutiny. Early media reports suggested de Menezes fled when confronted by armed officers, thus begging the question: Is it realistic for the police to expect people to react calmly and cooperatively when confronted by armed officers, especially if in plain-clothes?

Dr James Thompson, trauma expert at UCL, has worked with witnesses caught up in siege situations. He said the SAS have found most people do as they are told, if only out of surprise and fear, and that using the names of hostages helps get immediate compliance. As for plain-clothes armed police confronting a suspect on the street, he said 'Most people confronted with the threat of violence freeze on the spot. For example, mugging victims often find it hard to even raise their voices let alone run to safety. So running away from armed men would only be likely if they were at a distance. If the armed men were close up, I would expect most "victims" to give up in terror,' Dr Thompson said. CJ

TRACKING SUSPECTED SUICIDE BOMBERS

Fortunately the police have arrested all the men suspected of attempting to bomb London on 21 July. Will the police have received psychological assistance during their investigation? Dr James Thompson (UCL): 'Psychologists will have helped with profiling and with prediction. By now the jihadist profile is pretty well known, including the subsample who attack Western targets. However, it is extremely hard to spot them beforehand because the known features have insufficient predictive value. There will need to be far more infiltration of the subculture to get to grips with what looks like an insurrection.'

Meanwhile, terrorism specialist Dr Brad McAllister at the University of Georgia told us that psychologists only play a limited part in counter-terrorism activities in America. 'Surveys of terrorist survivors have shown a statistically insignificant amount of Axis I and Axis II psychological disorders. Those psychopathological and sociopathological personalities that have been isolated have typically been in leadership cadres, and very rarely are such disorders found on the operational level. Rather, terrorism and suicide terrorism are simply rational strategies employed by otherwise normal individuals,' he said. CJ

DISCUSS AND DEBATE

In what other ways can psychology contribute to an understanding of the events and the reaction to them: race relations, altruism, bereavement counselling, etc?

The Latin poet Horace wrote '*dulce et decorum est pro patria mori*' – it is sweet and proper to die for one's country. To die for one's country or ideology is regarded as one of the noblest sacrifices in many different cultures, so are the underlying motivations and belief systems that different?

Given the lack of predictive value of personality profiles of terrorists, and even the cultural/political nature of the definition of terrorism, do psychologists have anything concrete and practical to contribute to reducing conflict on both 'sides'? Is all the power political, with psychologists just mopping up?

Have your say via our Letters page (e-mail psychologist@bps.org.uk or write to the Leicester address) or our online forum (via www.thepsychologist.org.uk).

RAE consultation

THE consultation over draft guidelines for the 2008 Research Assessment Exercise is well under way, with a deadline of 19 September for responses.

The document, *RAE 04/2005*, is on the web at www.rae.ac.uk. It details the draft criteria and working methods for the 15 main assessment panels and 67 subpanels. Notable changes to the process include a stated commitment to fairly assess applied or practice-based work, and an encouragement to researchers to submit their work at an early stage of their careers. Clinical academics will be able to submit fewer than the standard four publications, along with an explanation of their time pressures.

The psychology subpanel will 'have regard to the quality and not to the type of the

output', and will judge on originality, significance and rigour. The psychiatry, neuroscience and clinical psychology subpanel adds the 'challenge and logistical difficulty posed by the work'. 'Esteem indicators', given slightly higher weighting in the psychiatry, neuroscience and clinical psychology subpanel, can include 'research-related service on or for national or international bodies or committees', journal editorship and editorial activity, awards, invited talks, major media coverage of research, and more.

The Society's Research Board has formed a working party to respond to the consultation, along with the Experimental Psychology Society and the Association of Heads of Psychology Departments.

Old age and life satisfaction

JOANNE O'BRIEN/REPORTDIGITAL.CO.UK

PSYCHOLOGISTS have found happiness in old age isn't related to mental ability or to how much a person's mental ability has declined during their lifetime.

Alan Gow, a PhD student at Edinburgh University, and his supervisors found that the life satisfaction of 409 relatively healthy people aged about 80, was unrelated to their mental ability now, or to how much their mental ability had changed since it was measured when they were 11 years old. A report on their findings, which appears in the 18 July issue of the *British Medical Journal*, says: 'The lack of a cognition-life satisfaction relation could be due to the fact that higher ability is equally likely to lead to positive (increasing one's resources through entry to better employment, for example), as well as negative outcomes (an awareness of alternative lifestyles or a striving for greater achievement), which may be used when judging subjective well-being.'

Reacting to the findings, Patrick Rabbitt, an expert on ageing and cognition at Oxford University said: 'It seems an ambiguous result. I would not make this interpretation.' Rabbitt explained that many studies have found life

satisfaction is strongly related to wealth and socio-economic status, factors that intelligence tends to predict. 'One would like to know whether relationships between life satisfaction and socio-economic advantage were examined. As advantage is strongly related to both life satisfaction and intelligence, a failure to find a relationship in this sample would be unexpected,' Rabbitt said. The implication that life satisfaction was not related to socio-economic status in this sample (if it were they would almost certainly have also found an association with intelligence) 'is a surprising conclusion indeed' he said.

'I would have no problem with a finding that factors like health or level of social support, or mobility and range of activities are very much stronger determinants of happiness in old age than are intelligence test scores. However, I am convinced from my own data, and those from many other studies, that although money does not, perhaps, buy 'true happiness', it really does buy low scores on the Beck and Yesavage Geriatric Depression Scale and so, in general, greater life satisfaction,' Rabbitt told us. *CJ*

CONFERENCE CLAPTRAP

WHEN it comes to the usual round of party conferences this month, take note of what the speaker was saying and doing before each round of applause from the delegates. According to Professor Max Atkinson, there are certain rhetorical devices speakers use to invite applause. For example they use three-part lists: remember Tony Blair's mantra 'Education. Education. Education'? Or they draw contrasts: 'Britain doesn't need a ruling class today – the rulers are the people' (taken from Blair's speech last autumn). But there are other occasions, according to Dr Peter Bull, when it's clear the speaker didn't want the applause that their rhetoric provoked. So if, after a three-part list, the speaker continues gesticulating and speaking, or visibly takes in another breath, for example, this suggests he or she had meant to

continue uninterrupted. There are also times when the speaker might deliberately interrupt the audience's applause, either to make it look like they're struggling to speak against overwhelming, noisy support, or if the applause was unimpressive, because they'd rather keep on speaking than be seen receiving half-hearted applause. *CJ*

□ Visit www.thepsychologist.org.uk after this month's conferences to read Dr Bull's observations of the tricks the party leaders got up to this year.

2025: A drugs odyssey

‘HOW can we manage the use of psychoactive substances in the future to best advantage for the individual, the community and society?’ asks a new report *Drugs Futures 2025?* published by the Office of Science and Technology’s Foresight programme. According to the report, ‘we are on the verge of a revolution in the specificity and function of the psychoactive substances available to us’. So we should take action now, the report says, in anticipation of the impact these advances will have on three key areas: mental health treatment; addiction and recreational drug use; and the use of a new breed of drug called cognitive enhancers.

On the use of drugs for mental health treatment, the report warns that unless changes are made now to the regulatory framework for new drugs, then pharmaceutical companies may well start to pull out of their development. On recreational drug use, it warns that it will be important to respond quickly as people are likely to start using drugs in more sophisticated ways, finding new combinations of substances to achieve the experience they want. The report also says action needs to be taken to examine the possible harmful effects of drugs like Ritalin and Modafinil that healthy people are increasingly using to enhance their cognitive performance. ‘If we ever found ourselves in a society that embraced cognition enhancers, ‘mental cosmetics’ could become accepted and create new expectations about the performance and behaviour of individuals and groups,’ the report says.

But, provided we take the necessary action to minimise the harmful effects of

psychoactive substances, the report says we can be optimistic about the future: preventive drug treatments for diseases like Alzheimer’s and Parkinson’s could be available, and the new field of pharmacogenetics will lead to drugs being tailored to the individual. A drug has already been developed that blocks the memory-impairing effect of alcohol, a vaccine for addiction is in development and another drug may allow people to ‘unlearn’ their addiction. Increased understanding of genetic predispositions to addiction might make possible preventive counselling for at-risk individuals. Recreational drug use could be revolutionised through the development of substances that mimic the appealing properties of drugs like alcohol and nicotine but without their harmful side-effects and addictive properties.

Drugs Futures 2025? draws on 15 ‘state-of-the-science’ reviews, many of which were written by, or included input from, psychologists. The experimental psychology review was written by Professor Theodora Duka, Professor Barbara Sahakian and Dr Danielle Turner, and the clinical psychology review was by Professor Colin Drummond and Professor Valerie Curran.

Meanwhile, Professor Trevor Robbins was the one of the project’s three key scientific experts. Other reviews include neuroscience, brain imaging, genomics, ethics, economics, history of addiction, sociology, social policy, pharmacology, and behavioural addictions (by psychologist Professor Jim Orford). There are also several other outputs, including a Horizon Scan (what’s coming up in the next 20 years), a Scenario futurescoping exercise and a modelling exercise.

Professor Robbins told us: ‘The study of drug effects on brain and cognition embraces major areas of theoretical psychology, such as the study of consciousness and motivation, as well as having important clinical and societal implications, as in the case of drug addiction and the treatment of mental illness. The Technology Foresight Review draws together the many dimensions of this vast and controversial area of study and will be vital for providing government with evidence-based information for shaping future policy.’

□ *The full report and its associated publications, including all 15 state-of-the-science reviews are available to download free from the Foresight website: www.foresight.gov.uk.*

CJ

POSITIVE PRACTICE AWARDS 2005

THE National Institute for Mental Health in England has launched the 2005 Positive Practice Awards. The awards acknowledge people, teams and organisations whose work in mental health services has made a positive impact on people’s lives. Closing date for applications is 30 September 2005.

□ *For further details and application forms go to www.nimhe.org.uk.*

REGIONAL HEALTH AND SOCIAL CARE AWARD

ELIZABETH Bennett, Head of Psychology and Counselling at Newham PCT and BPS member, is the London region winner in the Allied Health Professional category of the 2005 Health and Social Care Awards. Regional winners receive £1000 to be spent on developing the service they provide to the health and social care sector and on sharing their good practice with other organisations.

CHILD NEUROPSYCHOLOGY IN SCOTLAND

INAUGURATED this year, the Scottish Child Neuropsychology Group will be holding its autumn meeting at Edinburgh’s Royal Hospital for Sick Children. There will be an informal scientific/clinical session followed by dinner.

□ *For information about this or future meetings contact Dr Peter Griffiths, Child Neuropsychology Clinic, Stirling Royal Infirmary. Tel: 01786 450591; e-mail: pvg1@stir.ac.uk.*

SUPPORTING POSITIVE BEHAVIOUR

THE Callan Institute for Positive Behaviour Support is celebrating 10 years as a consultation and training service to promote positive behaviour support for individuals with intellectual disability and behaviours that challenge. An event will be held in Dublin Castle on 7 October, with guest speakers and a performance from a theatre company.

□ *This is a free event but registration is required. E-mail: callan@sjog.ie.*

Reconsidering antidepressants

CONTRARY to recently published National Institute for Clinical Excellence (NICE) guidelines, the use of antidepressants to treat moderate to severe depression in adults should be reconsidered, argue Joanna Moncrieff, a lecturer at UCL and co-chair of the Critical Psychiatry Network, and Irving Kirsch, Professor of Psychology at the University of Plymouth.

Writing in the 16 July issue of the *British Medical Journal*, Moncrieff and Kirsch point out that in the absence of evidence for a clinically significant effect of antidepressants on patients' symptoms, the NICE guidelines base their advocacy of

antidepressants on the drugs' favourable response and remission rates relative to placebo control. But these favourable response and remission rates are forced categories – did respond/didn't respond – based on arbitrary cut-off points (e.g. a minimum 12-point improvement) derived from the same continuous depression scale data that showed a lack of clinically significant symptom improvement. '[A] very small difference in symptom score can push a large proportion of patients into different categories,' Moncrieff and Kirsch write.

Moncrieff and Kirsch raise other concerns: antidepressant

trials with negative outcomes are less likely to be published; antidepressant trials may not be truly double blind because patients may be able to detect differences between drug and placebo based on noticeable antidepressant side-effects; and results may be inflated by the exclusion of people who drop out from trials. And they question the prevailing wisdom that antidepressant efficacy is higher the more severe the depression it is tested on.

Moncrieff and Kirsch also

point to two naturalistic studies that followed depressed patients as they were treated by GPs and psychiatrists, both of which found people prescribed antidepressants had a slightly worse outcome than those not prescribed them, even after baseline depression severity was taken into account.

There is a 'need for a thorough re-evaluation of current approaches to depression and further development of alternatives to drug treatment,' the article says. *CJ*

Read responses to Moncrieff and Kirsch's article on the BMJ website:

bmj.bmjournals.com/cgi/eletters/331/7509/155

Critical Psychiatry Network: www.critpsynet.freeuk.com

Thanks for the memory

A PROTOTYPE camera that automatically records its wearer's life via thousands of automatic snaps, could help people with memory difficulties. SenseCam, essentially a 'black box for the human body' according to its developers at Microsoft (see tinyurl.com/cm64), takes photos whenever it senses moving people or objects – detected via infrared – or when its wearer moves between locations – detected by changing light levels.

Dr Emma Berry, a clinical psychologist, and Dr Narinder Kapur, a consultant neuropsychologist, have been trialling the device at Addenbrookes Hospital in Cambridge. Dr Berry told us: 'Preliminary data suggests that SenseCam has been effective in helping to consolidate long-term autobiographical memories in one of our patients – tests with other patients are ongoing.

'This patient, who has moderate to marked memory problems following limbic encephalitis, is using SenseCam to record a pictorial diary to remind her of recent past events. At the end of each day, she plugs the SenseCam into a standard PC which automatically uploads all of the recorded images and displays them in an easy-to-use browser which can be viewed at speed, rather like watching a movie (watch an example movie at tinyurl.com/79kht). The data so far suggests that with each viewing, the patient's memory of an event improves. When the patient has reviewed the images several times, she can recall and describe the event in its entirety, without the use of SenseCam images. It appears that this recall is retained in the longer-term, one or two months after the event.'

'For example,' Dr Berry continued, 'at the beginning of March this patient came to Cambridge to meet us, staying in a hotel for a couple of nights by the river, and so on. As she did not have the use of SenseCam at that time, she has no memory of this trip at all. However, at the beginning of June she went to London for a couple of days wearing the SenseCam. She now, almost

SenseCam

two months on, has 100 per cent recall of this trip, even though she has not watched the London SenseCam images for some weeks. It is not clear what processes enable her to recall these memories, but it may be that the images provide cues that aid retrieval of stored memories and that this retrieval leads to consolidation.'

Dr Berry told us SenseCam was different from a normal camera because 'the person does not have to remember to take a photo or use their executive functions to plan ahead or organise the capturing of images. Therefore it is particularly useful for people with cognitive impairment, especially those with memory or executive dysfunction. It also allows a person to truly participate in an event without having to pause to capture the moment.' However, Dr Kapur cautioned that there are still

technical areas that need further development, including enabling the camera to take images at head-height, lengthening the camera's battery life, and annotation of the images to enable more rapid and more flexible retrieval.

In a separate technology development that could help dementia sufferers, researchers in Scotland have designed an interactive, touch-screen computer system that allows sufferers and their carers to select evocative music, pictures and video clips from the past, thus prompting conversation and a shared sense of enjoyment. A trial of the system with 40 dementia sufferers was encouraging, with many carers reporting that patients seemed like their 'old self'. However, researchers found it was better to avoid archive material that was too personal, because sufferers could become distressed if they were unable to name people they recognised as close friends or family.

The CIRCA (Computer Interactive Reminiscence and Conversation Aid; see tinyurl.com/cye5s) project was funded by the Engineering and Physical Sciences Research Council (EPSRC) and led by psychologist Dr Arlene Astell at St Andrews University. Dr Astell talked about the CIRCA project in July at a meeting of the Psychology Specialists Working with Older People (see www.psige.org.uk), a special interest group of the Division of Clinical Psychology. It's hoped CIRCA could be on the market in two to three years, and the EPSRC have ear-marked over £450,000 to fund a three-year follow-up project to continue developing the system. CJ

IN BRIEF

A round-up of research from the latest BPS journals.

People find it harder to conjure up a vivid mental image of a World War II scene than a medieval scene. What's more, this lack of clarity is associated with 'holocaust denial'. The authors suggest that clips from *Saving Private Ryan* might lead to less underestimation of the cruelty of the Nazis than the generally fuzzy, unclear and colourless authentic footage. (BJP, August)

If you want to avoid 'the terrible twos' with your child, start talking to them about feelings from a very early age. Verbal ability has been linked to prosocial behaviour in preschool children, but now research with a young sample (mean age = 29 months) suggests that emotion understanding makes a unique and earlier contribution. (BJDP, September)

Exams can be the final straw for academic interest. After sitting the Transfer test for grammar school admission in Northern Ireland, the motivation of the test pupils decreased significantly relative to their no-test counterparts despite the fact that most achieved the grades they needed. (BJEP, September)

British students report greater levels of debt and financial concern than Finnish students, and significantly worse mental and physical health. Money worries are consistently associated with worse health. (BJHP, September)

Over half of a sample of UK police officers perceived witnesses over the age of 60 to be less reliable and less thorough than younger witnesses. Many officers lacked confidence in dealing with the emotional distress and memory loss often displayed by older witnesses and victims. (LCP, September) JS

For more information and to subscribe for just £18 (BPS members) see www.bpsjournals.co.uk.

Under-age drinking habits

AN investigation into teenage drinking habits has revealed a stark picture. From interviews with 540 15- to 16-year-olds from state schools in the South of England, Dr John Marsden and colleagues at the Institute of Psychiatry found that four fifths of the sample had experienced being intoxicated, and a third of them had bought alcohol from a bar or club in the previous 90 days. The average teenager in the sample had drunk five units on 17 or more days in the last three months. Twenty-eight per cent said they drank six or more units on a typical drinking day, an indication of under-age binge drinking.

The findings come at a time

of growing health and public order concerns related to increased alcohol use by young people in the UK. For example, since 1970 there has been a four-fold increase in liver cirrhosis among adults aged between 25 and 34, and an 11 per cent increase since the mid-1990s in the number of children admitted to hospital because of drinking alcohol.

Dr Geoff Lowe (University of Hull) said the study 'seems to offer an up-to-date picture of the drinking behaviour of "typical" state school mid-teenagers'. But he warned that 'we must bear in mind that this is based on self-reported observations, and the majority of these pupils reported school problems'.

SHOUT/REPORTDIGITAL.CO.UK

The report itself recommends treating the findings with caution, given the self-report design, but points out that each interview was conducted in a private corner of the classroom, and that the interviews were conducted by undergraduate students rather than by authority figures. On this issue Dr Marsden said: 'The general conclusion from focused studies that have compared self-report with a biological toxicology test is that there is usually good concordance, but this can be diminished by lots of factors including perceived confidentiality, the structure

of research questions, the use of time-line recall prompts and the window of detectability for the biological test.'

The study, published in the September issue of the *British Journal of Developmental Psychology*, is unusual in that it investigated multiple factors that were potentially associated with the teenagers' drinking. More frequent drinking was found to be independently related to smoking and cannabis use, drinking to relax or to forget about problems, spending time with friends who drink, perceived pressure to drink, and with school problems including truanting.

WEBSITES

www.dcpconference.co.uk

Division of Clinical Psychology conference website

www.scotland.gov.uk/Topics/Justice/criminal/18244/12279

Booklets for child witnesses and their parents

www.technopolis.co.uk/esrc562

Bibliometrics in the social sciences: an ESRC consultation

www.mentalhealthcare.org.uk

Information about mental health and mental illness, research findings from the Institute of Psychiatry and South London and Maudsley Trust, and personal stories written by carers

www.danacentre.org.uk

The latest events from the Science Museum, including the treatment of severe personality disorders (15 September)

If you come across a website that you think would be of interest to our readers, let us know on psychologist@bps.org.uk.

Parental discouragement to drink was related to more frequent drinking in female teenagers but less frequent drinking in teenage boys. Whether this is because parents tended to be more disapproving of a daughter's drinking, or because teenage girls rebelled more strongly, is not clear. More intense alcohol consumption among the teenagers was associated with similar factors to drinking frequency, but was also related to age of first alcohol intoxication and how often their mother drank.

The study concludes with recommendations for school alcohol prevention programmes: 'It has been argued that the main goal of school prevention programmes should be to delay alcohol initiation. However, the very early age of onset in the UK suggests that educational approaches based on harm minimisation may be more realistic.' The report also points to the role played by parents: 'The potential feasibility and benefits of including parents as part of education programmes in school should be examined.'

Dr Lowe again: 'It is worrying that drinking behaviour seems to be more frequent and intense (with initiation and first intoxication being reported at younger ages) compared with 10–15 years ago. Another concern is the increasingly evident change in the drinking behaviour of teenage girls – which now seems to closely resemble that of boys. In line with other research, teenagers seem to be predominantly guided by friends' behaviour and peer influences. However, some studies have shown that a strongly positive family environment can reduce the impact of peers on adolescents' drinking behaviour. So Marsden's team is right to stress the role of parents

in alcohol education programmes.'

Richard Velleman, Professor of Mental Health Research at the University of Bath and the Avon and Wiltshire Mental Health Partnership Trust, also welcomed the report, and agreed that parents have an important role to play. 'Marsden and colleagues' conclusion that parents should be involved in school (substance) education programmes is to be loudly supported,' he said. 'The only prevention programmes which have been evaluated and which show any long-term success rates are ones which involve parents and their children working in partnership: schools-based programmes in the absence of community- or family-based involvement are most unlikely to succeed. Children, like everyone else, live within a social, familial and community context, and interventions need to deal with people within those contexts, not removed from them.'

Martin McKee, Professor of European Public Health at the London School of Hygiene and Tropical Medicine, was not surprised by the findings and welcomed the suggestion to focus on harm reduction. He also pointed to the 'emerging evidence for the effectiveness of motivational interviewing' and 'the need to confront the problem of clustering of harmful behaviours among adolescents in the UK – who have higher rates of not only drinking but smoking, drug use, and under-age pregnancies than in most other countries'.

CJ

□ *Look out for a new BBC psychology mini-series featuring Dr John Marsden starting in October, including episodes on deception, persuasion, rejection, and the effect of cities on behaviour and perception.*

ESRC sets out new ethics framework

THE Economic and Social Research Council has launched its new Research Ethics Framework (REF) in a move to help define and harmonise standards in social science research. Core criteria of the framework will be the dignity, rights and welfare of research participants.

The BPS Research Board's executive committee has provided informal input into the development of the REF through its Chair, Professor Dominic Abrams, who via the Academy for Social Sciences is a member of the ESRC Strategic Science Forum.

According to the ESRC, the framework is 'an important device that builds on existing good practice in many academic institutions, and is designed to address the evolving needs and challenges facing social science research, not least the growth of interdisciplinary research in new areas'.

Dominic Abrams commented: 'I very much welcome the fact that the

ESRC's Research Ethics Framework has now provided a set of standards for social science as a whole. It provides a more relevant and appropriate alternative to ethical frameworks that are primarily orientated towards medical intervention and evaluation. Equally important, the REF establishes a practical framework for ensuring high ethical standards are adhered to without compromising the quality, or impeding the timeliness, of research.'

The ESRC is making compliance with the framework mandatory for all grant applications from 1 January 2006. However, this should not be a great burden for BPS members – Society guidelines for minimum standards for ethical approval are already fairly robust, so most departments and researchers should have little difficulty complying with the ESRC requirements. PDH
□ *A pdf of the Research Ethics Framework is available at tinyurl.com/76r7j.*