

The desire for building a better society

Ian Florance talks psychometrics, economics and the relational company with Roy Childs

I first met Roy Childs in the late 1970s when I joined NFER-NELSON, a major source of the UK's now flourishing psychological testing industry. I wanted to capture his views about how psychology has changed, the challenges of running a company and the role of psychometrics in delivering psychological services.

Roy begins by telling me his interest in psychology developed out of a few key teenage experiences. 'I remember feeling how unfair it was to be picked on cycling home from school simply because I wore the local grammar school uniform. Later, going to parties, my friends and I encountered unprovoked aggression. Shortly afterwards I read Anthony Storr's book *On Aggression* as well as Desmond Morris's work and I quickly decided that I wanted to understand people rather than pursue one of the pure sciences – my A-levels were Maths, Physics and Biology.'

I suggested that Roy's psychological interests stemmed from his inquisitiveness about experiences many people wouldn't think of questioning: going to the pub, taking part in sports (he was a keen 400 metre runner), being the butt of a stereotype etc. How far did his degree harness that enthusiasm? 'The first two years were disappointing. It



seemed as though the course trivialised everything. However, it was an enjoyable time. I wouldn't have missed it for the world. My sense of why the world was unfair fuelled an increasing interest in politics which led to becoming President of the Guild – the students union.' I asked Roy if, at this stage, he had any idea of what he wanted to do with his life. 'I wanted to be a radical journalist or bus driver. As a revolutionary leftist I wasn't planning on a traditional career!'

Small acts of kindness

The third year of Roy's degree changed his attitude towards psychology. 'I was interested by Paul Kline's combination of so-called rigorous psychometrics juxtaposed with his *Fact and Fantasy in Freudian Theory*. However, the turning point followed a module on social psychology run by Bob Witkin – a sociologist! This was the first time that real interaction and its effect on behaviour made sense, and it has influenced my psychological thinking.'

Following university the choice was a PhD or a trip around the world courtesy of Roy's father who, as a pilot for British Airways, could buy him a ticket for £100. The trip around the globe won. 'Maybe he was trying to show me something beyond the Exeter revolutionary left. Anyway, I accepted, worked on a farm in Canada, as a salesman in Australia and as a sheep shearer/tobacco picker and grape harvester in New Zealand. However, the most lasting legacy of that trip was

working in a free children's medical clinic in India. It humbled me. Mothers would walk many miles to the clinic with their sick children and, with a bit of ointment, we could actually help transform some of their lives. I began to recognise how the socialist ideology which attacked charity on the grounds that the state should provide was both impractical and often lacking in human compassion. Small acts of kindness should not be sacrificed for a general ideology.'

Arriving back in the UK, Roy worked as a van driver, joined the printers union and then was a temporary supply teacher in fifth-form remedial maths. 'I didn't have any training in teaching, but I learnt a huge amount which linked back to my earlier psychological interests. You walk into a room of fifth-form students and you quickly realise you have no power – they interact with your role not with you as a person until you begin to build a relationship. I would like to see teacher training refocus on teaching people, not subjects. We now have methods for understanding others and for creating learning environments where children learn about relationships and citizenship... that's just as important as acquiring knowledge and exams.'

Stumbling into a career

Realising he didn't have a job after Christmas 1975, Roy signed on the Professional Executive Register, describing himself as a 'Psychologist' and was interviewed by Peter Saville who was then Chief Psychologist at the NFER Publishing Company, the major publishing, training and consultancy firm. 'The roots of testing in the UK are interesting. The National Foundation for Educational Research (NFER) developed many of the educational tests used in the UK and was acting as agent for classic US clinical assessments. The National Institute of Industrial Psychology (NIIP) had published pioneering occupational tests, particularly those used in apprenticeships. When NFER took over



The British Psychological Society
Promoting excellence in psychology

To check the latest jobs please go to
www.psychapp.co.uk



Professor of Health Psychology

Midlands - West
£54,826 – £58,157 pa



Lay and Registrant Council Members (Part-time)

London
£310 per day



Assistant Psychologist

Midlands - West
Competitive salary

NIIP it created an assessment powerhouse.'

'Peter asked me to update the NIIP tests, but at the time I was more interested in education and Peter promptly left to form Saville and Holdsworth! I went to the research foundation (NFER) to lead a project to develop tests of mental ability. This was as the 11+ was disappearing, but teachers and local authorities still needed ways of identifying differences between students' intellectual capabilities. I loved the environment at NFER but the two-year project was tight to get all the research data in and so I negotiated three months without pay, during which I went off to Europe in a van and sold English books to the English-speaking community organised around the international schools. This gave enough time for the data to come in. When I returned I completed the analysis and the tests were published.'

What next? 'To my surprise, I was offered a full-time research post at NFER. I loved the idea of research but I knew it would fail to give me the much wider application of psychology that was deep within me and so I was faced with one of the hardest decisions of my life. I turned the research job down and went back to selling books in Europe, fell out with my business partner, became a lifeguard on the first Cornish nudist beach, worked as a community service supervisor and fitted in a PGCE at Roehampton, specialising in maths and psychology. I started teaching A-level Psychology. However, my previous contacts continued to offer me work and so I became an associate consultant doing work for some major consultancies and test publishers as well as my own clients. It was easy for me to fall into self-employment. I spent most of the 1980s working like that and then set up my own company, Team Focus, in 1989.'

Why start a company? 'There were two drivers. Working for test publishers compromised my desire to promote genuine independence in test use; commercial concerns often overwhelmed professional advice and decision making. The second was that more interesting contracts were often given to companies rather than individuals and I wanted to do more projects around people in teams and groups. It worked. Within a short time I was running outdoor courses and really enjoying them. We do less of that now because we find more effective ways to use the time but it was highly enjoyable and formative in understanding people as dynamic, emotional beings.'

Roy maintained the Team Focus position as an independent broker of tests

for 10 years but recognised that things were changing in the late 1990s. 'I had been positive but critical of many psychometrics and realised it is easy to criticise and not so easy to improve.'

What sorts of criticisms were you making? 'Too much of the work in psychology and especially in psychometrics seeks evidence to prove what someone already believes. They hunt around and find some positive correlations and over-interpret them. Tests are validated using a series of set procedures which, fundamentally, are not up to the job when we look at the dynamics of human personality and personal identity. I would like to see less emphasis on getting a few correlations to two decimal places and more on a real conceptualisation of what we're measuring. I'm enough of a Popperian to think that attempting to disprove a position is critical and I think I take a very different view of testing, partly because of the learning experiences that brought me to it. Team Focus started publishing our own tests in 1999 but we've never produced a test unless we felt we could improve what we measure. We're not interested in putting out another clone on an outdated model. We have moved from sitting on the sidelines and throwing stones to getting involved in the game.'

Balancing the commercial and the professional

Roy's route to working in psychology seemed very informal compared with now. 'Yes, I did my degree and then I learnt on the job. At NFER, when I was asked to do things like deliver a course, I would read a book, design the course and deliver it (one such was for the British Council to an international audience with government ministers). To a great extent I'm self-taught with a lot of experience and, as the requirements became more formal I was grandparented into various qualifications.' Do you regret the more formal approach? 'You do need some standards but they tend to be a minimum requirement and are no guarantee that people actually have what it takes. It is ironic that the great contributors to our discipline would probably never get through some of the criteria we use today – so I approve of non-conventional routes to recognition alongside the inevitable formal routes!'

Roy's been leading his own companies for 24 years now: what has this been like? 'Well, the positive thing is it's widened my experience but it's quite stretching to cover managing, prospecting, delivery

and business management. I often feel time poor. There are also the inevitable ups and downs of the market, which can strain relationships. It is very unpleasant having too many people and not enough work or money. That experience has made me quite cautious about taking on staff rather than using associates.'

What does the future hold? 'I would really like to help people use our products in the way in which we intend it. People are like books, they have several stories and narratives that run in parallel, and our products are lenses that help people to develop their identity through their developing narrative. We need to communicate our philosophy more widely and help people away from measuring personality using an outdated psychometric approach.'

Roy also has an even more ambitious vision. 'I also work with Relationships Global, who aim to transform the focus of our society. All our decisions on social and political matters are dominated by an economic lens – who gets what. Relationships Global aim to add into this process the things that are of fundamental value – our human relationships. As Robert Kennedy said in 1968:

the gross national product does not allow for the health of our children, the quality of their education, or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages; the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage; neither our wisdom nor our learning; neither our compassion nor our devotion to our country; it measures everything, in short, except that which makes life worthwhile.

Why then, says Roy, is so much policy driven by economists not psychologists? 'With Relationships Global we are working on the "relational company" – we want to reverse the thinking from people serve profit to the idea that profit is there to serve people. We're trying to answer the question "How can we live together on this planet?" and we need a new paradigm for doing this. The future for me will be a combination of engaging with people around these provocative but exciting ideas. I also want to find the time to write, not only in the narrow area of "Psychometrics – Rigour or Rigor Mortis" but also on how relational thinking can transform capitalism. The old socialism is dead, but the desire for building a better society is not; and writing is one way to make that contribution.'

My journey within adult neuropsychology

Jessica Deol outlines her role as an assistant psychologist at the Walton Centre and presents a typical case

After my undergraduate degree in psychology, like many of my peers, I left university unsure of my next move. I had taken up a placement in my third year at a memory clinic in Manchester and enjoyed the work there, but I was keen to further my education and knowledge, so I opted to complete my master's in research. I had an opportunity to work in collaboration with my university and the memory clinic to complete this. Here I compared neuropsychological test performance with Alzheimer's disease and vascular dementia and specifically focused on tests that require semantic functioning.

Throughout this year, I learned a tremendous amount around managing my own time, using statistical analysis and designing my own research. For a year after graduation, I took up various voluntary positions in different charities, working with populations such as adults with learning difficulties, adult mental health, rehabilitation into the community and computerised CBT. This was a perfect opportunity to understand the work of a psychologist outside of the academic world and gauge whether psychology was the career for me.

I had been fortunate to be offered a voluntary placement for six months at the Walton Centre for Neurology and Neurosurgery in Liverpool as an honorary assistant psychologist. I worked for the Pain Management Programme, auditing for service evaluation and shadowing some of the psychology sessions with clients with chronic pain. I enjoyed the experience and it gave me an insight into how NHS settings are structured, how multidisciplinary teams work and what it means to live with chronic pain.

I applied for an assistant psychologist post for the neuropsychology department at the Walton Centre and was successful. The transition from studying to volunteering to being a paid assistant psychologist is huge and the learning curve is steep, not least because there is a difference between reading around a neurological disorder and working alongside clients in an assessment environment.

My role at the Walton Centre consists primarily of neuropsychological testing with individuals who have neurological difficulties and head injuries. I use a

variety of different assessment tools to measure cognitive and memory functioning along with mood levels. Additionally, I am able to get involved with assessments needed in surgical procedures such as the Wada test for epilepsy patients. This is a very exciting opportunity as it allows you to understand how different lateralised areas of the brain are responsible for each function.

Research is ongoing at the Walton Centre and it is nice to be involved in such ground-breaking projects. Recently, I have been involved in designing an episodic memory test for use with epileptic patients to access accelerated forgetting. Often I am asked to do literature searches, such as if a patient has attended with symptoms that are unusual or if we want to look into specific information of certain tests.

As part of my role I work in association with a wider multidisciplinary team within the hospital, for example neurologists and neuropsychiatrists. I have enjoyed taking time away to understand their job role and how they interlink with neuropsychology. I get to understand where referrals come from and to see a full initial assessment carried out with a varied population.

At the Walton Centre, I get to work with clients that have a wide range of neurological disorders such as Alzheimer's disease and other dementias, Parkinson's disease and movement disorders, multiple sclerosis, epilepsy (see box, 'A typical case'), infections of the brain and traumatic brain injury. It is eye-opening working with such a variety of clients as each has different strengths and weaknesses, range of difficulties and attitudes to testing.

Neuropsychological assessments in this setting are used to gauge suitability for surgery and recovery afterwards. It is

also used for repeat assessments over 12 months to determine whether there have been changes in a client's cognitive profile or mood. Here, I am able to see specialist cases and assess clients that have specific, localised difficulties that require specific neuropsychological tests to measure specific cognitive functioning. I have been able to observe clinical psychologists at initial interview to see how different assessments are selected for each individual and their difficulty.

It is a pleasure working with the department, surrounded by experienced clinicians able to provide advice on clinical doctorate applications, and ways to further personal and professional progression. Every month the whole department attends a department meeting where we discuss issues and opportunities. Attached to this

meeting is an educational teaching session where current research is presented to us and speakers are invited to talk about how their service can help us in terms of referrals.

Once a month, we come together for lunch and journal club. This is a brilliant opportunity to critically appraise current literature around neuropsychology. You learn ways to evaluate journal articles and understand what makes a good piece of research, and to keep up to date with current issues in the field.

I receive supervision every week for approximately an hour. I use supervision to discuss support issues and needs, to learn and access knowledge and to develop my self-awareness. It is a useful space to discuss difficult situations that I have found challenging with patients and other professionals.

Every eight weeks, I meet with my line manager to discuss my professional development. Here we discuss ways that I can grow as a professional and ways that will help me to further my knowledge in the area of neuropsychology. This often leads to helping out with research projects within the department, providing



jessdeol@hotmail.com

intervention with patients that require additional memory strategies or anger and anxiety issues. It could also include observing new clinics or surgery procedures, such as awake craniotomy.

I also meet with the other assistants within the department every week to discuss issues and topics and to share experiences. Peer supervision is a great way to explore the role of the assistant psychologist and suggest ways in which we can help one another progress. I also attend university assistant psychologist meetings, where we can share information and network.

Of course, there are difficulties too. Working in a busy clinical environment can often lead to an intense workload. Being able to balance administration and clinic time is difficult when you are keen to get involved in other projects. Time management and organisation is key. Working with such a supportive and understanding team makes it is easy to discuss and resolve situations with them.

One of the major difficulties within this role is managing emotions. Working with patients that often have progressive and chronic illnesses becomes hard when you know there is only a certain amount that you can help and intervene, especially in an acute setting. When testing patients there is a rapport built, so it is very important in the role to remain empathic but understand distance.

The temporary nature of the role is difficult in the sense of how fast you have to learn new information and that you have such a short time to understand the client group. It is difficult to find any stability within the profession when you have to move around after contracts are completed. I see the benefit of having 12-month contracts as it allows you to get more experience in different fields of psychology. In reality, in this current economic climate, it is very difficult to move around as there are not as many jobs available.

With this temporary nature comes change and new assistant psychologists: this results in training and adjustments for the whole department. Already during my stay at the Walton Centre the team has expanded. We have new additions to the team, neuropsychologists and a new line manager. This alone shows that it is the whole of the profession that is ever-changing and evolving.

The learning curve since getting a job at the Walton Centre has been massive. Each day I learn more from other

assistants, trainees and clinicians about the profession. Having only worked in neuropsychology settings to date as an assistant psychologist, I know a great amount about neuropsychological assessments, but I would like to know how they fit into different areas of psychology. Unfortunately, working as an assistant psychologist, getting the opportunity to see this is limited, which makes the aspect of clinical training more appealing.

This year has been my first time of

“Working as an assistant psychologist has many benefits... I am learning each day”

applying to the clinical course, and I am excited to start my journey through the application process. Although it is daunting, I am very keen to see what each stage consists of: initial application, online written tests and interviews – if I get that far! Although I am looking forward to hearing back from the universities that I applied for, I am also happy with the position I am in at the moment. Working as an assistant psychologist has many benefits, and it means that I get to learn as much as I can before I do get accepted onto the course to complete training. As much as I am keen to further my knowledge and skills, I feel that I am learning each day in the setting I am in now.

A typical case

Today I am seeing a 21-year-old woman who experiences tonic clonic seizures as a result of epilepsy. Unfortunately all medications have been exhausted and her epilepsy is now drug-resistant. The team at the Walton Centre are now considering surgery to stop or at least reduce seizure activity.

Epilepsy has dramatically affected her day-to-day life and her quality of life has suffered as a consequence. Prior to having seizures, she was a happy, sporty and academically minded individual. Now, she is unable to drive and has not been able to maintain a job. Most upsetting for her is that being alone with her newborn baby is considered a risk. Today, she is visiting the Walton Centre to undergo neuropsychological assessments as part of her pre-surgical work-up.

This assessment examines current cognitive functioning and psychosocial factors relevant to considering the impact that epilepsy has, what the benefits may be for the individual and whether there are any psychological and social factors that may affect the long-term outcome for the patient. This patient is first seen by a neuropsychologist, who discusses the background to their difficulties, impact on their life, current functioning, expectations of surgery, their level of support and plans post-surgery.

I will then conduct a comprehensive battery of neuropsychological tests to assess their abilities in a range of cognitive functions, such as intellectual ability, memory and executive functioning. We also collect questionnaire-based data that quantifies levels of mood symptoms and quality of life. This data is collected and is used as part of the pre-surgical evaluation and also as a baseline for post-surgical assessments.

Several weeks later, we see this young lady again. This time it is for a Wada test. During this test one hemisphere of the brain is temporarily anaesthetised while the patient is awake so that we can test the integrity of memory and language functions in the non-anaesthetised hemisphere. During this procedure we work collaboratively with colleagues from neuroradiology and neurophysiology and have to work very accurately and efficiently in a time-pressured and difficult environment.

We see this patient again after successful surgery. She is now seizure free and we can see that she has now adopted a new way of life. She is able to complete tasks that she once wasn't able to; she is back at work and, more importantly for her, she can now hold her baby knowing that there are no risks of seizures. We talk about some of her anxieties regarding the future and feelings of loss about things she missed out on as a teenager. Overall, she a happier and more confident person and her life is no longer dominated by epileptic seizures.

