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British
Psychological
Society

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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

Liz Campbell

Contact Liz Campbell via the Society's Leicester office,
or e-mail: president@bps.org.uk

As we start the New Year, it seems a pertinent time to reflect on our overall strategic direction. We have had a Strategic Plan for the Society, which now needs updating and revision.

We want to articulate through the Strategic Plan where the Society wants to position itself in the next five years. We also in the Strategic Plan want to pick out those areas of activity where we would wish to see growth and development. In addition we want to articulate our values that we would hope to embody in both our objectives and our operating processes.

The Strategic Plan will then inform specific targets and business planning for the next few years. One of the ways in which we want to involve all the members in the process of contributing to the Strategic Plan is through a membership survey. We had a comprehensive

membership survey conducted by Dr Lisa Morrison Coulthard about four years ago. We also had a survey of graduate members last year. We are planning to have the membership survey early in 2009 and to structure the questions around the main themes in the draft Strategic Plan. Members will be notified of the survey through an announcement in *The Psychologist*, on the homepage of the website, and via an e-mail invitation.

Our membership department has been very busy in recent months with an influx of members prior to statutory regulation. If any practitioner members who are not currently full members of their relevant Division wish to be part of the automatic transfer to the Health Professions Council's list of registered psychologists when it opens, then we would ask that they apply as soon as possible to the Society for full membership of their relevant Division. We need to receive such applications before 20 May 2009 in order to process them in time before the opening of the HPC register.

Members may be aware that there has been considerable debate in the American Psychological Association about the role of psychologists working with detainees in Guantanamo Bay and CIA 'black sites'. When I was at the APA conference in Boston last

summer, there were psychologists demonstrating and leafleting outside the convention centre because of their concern about this issue.

The issue went to a vote of the APA membership in the latter half of 2008. APA members approved a resolution which prohibits psychologists from working in settings where people are detained in violation of international law. The APA President, Alan Kazdin, wrote to President Bush to inform him that: '...the effect of this new policy is to prohibit psychologists from any involvement in interrogations or any other operational procedures at detention sites that are in violation of the US Constitution or international law... The roles of psychologists at such sites would now be limited to working directly for the persons being detained or for an independent third party working to protect human rights, or providing treatment to military personnel.'

The letter goes on to say: '...the American Psychological Association strongly calls on you and your administration to safeguard the physical and psychological welfare and human rights of individuals incarcerated by the US government in such detention centers and to investigate their treatment to ensure the highest ethical standards are being upheld.'

Our Society agreed a statement condemning torture in 2005: 'The British Psychological Society condemns torture wherever it occurs, and supports the United Nations Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. We further condemn the misuse of psychological knowledge and techniques in the design and enactment of torture. For the purpose of this Declaration, torture is defined as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason. This definition includes the use of threats, insults, sexual, religious or cultural degradation or degrading treatment of any kind.'

Please contribute to the membership survey and to the development of the new strategic plan by responding to the survey invitation. Your views matter!

"we want to articulate our values that we would hope to embody in both our objectives and operating processes"

Award for Distinguished Contributions to Professional Practice

Paul Chadwick

The profession of clinical psychology is grounded in the concept of the scientist-practitioner, yet there are very few clinical psychologists who have achieved international recognition for sustained clinically relevant research from a base as a practising clinical psychologist employed within the NHS. Professor Paul Chadwick is one such individual, and this has been recognised in the Society's Award for Distinguished Contributions to Professional Psychology 2008.

Professor Chadwick has been at the cutting edge of developments in the psychological understanding and treatment of distressing psychosis for 20 years, consistently publishing original quantitative and qualitative clinical research that has shaped clinical practice in the UK and beyond.

His research with Professor Fergus Lowe in the late 1980s on cognitive

therapy for delusions spearheaded the emergence in the UK and abroad of cognitive therapy for psychosis, showing that dimensions of delusional experience were both understandable and, contrary to the prevailing wisdom enshrined in DSM III, sensitive to psychological intervention.

His research with Professor Max Birchwood on the development of the cognitive ABC model of voices (auditory hallucinations) was ground-breaking both in terms of understanding the maintenance of distress and disturbance associated with voices and in their development of a conceptually and empirically grounded cognitive therapy. Their research established how levels of distress and disturbance reflect the meaning people give to their voices, including the crucially important concepts of malevolence/benevolence and

omnipotence, and the therapeutic benefit of supporting people to find new ways of making sense of the experience of hearing voices. With colleagues in Southampton he published in 2000 only the second paper on group-based cognitive therapy for voices, showing the clinical benefits of using group processes to promote a sense of universality (knowing that others have similar experiences) and empowerment (weakening the perceived omnipotence of voices).

With Dr Peter Trower in 1995 he originated a clinically important distinction between two types of paranoia; so called persecution or 'Poor Me' paranoia, where mistreatment by others is viewed as undeserved, and punishment or 'Bad Me' paranoia, where the mistreatment is viewed as a deserved punishment. They have subsequently explored implications of this for therapy.

In 2005 he published the first article using mindfulness for people with distressing psychosis. Through mindfulness practice and reflective learning people with distressing psychosis learn to let go of habitual distressing reactions to psychotic experience, and instead to accept psychotic experience



Faculty of Addictions

Developments in the Psychology of Addictions
19–20 February 2009
Tabernacle Street, London
www.bps.org.uk/foa2009

Paediatric Psychology Network Event

19 June 2009
Leeds Marriott Hotel

www.bps.org.uk/ppn2009

Division of Occupational Psychology

Annual Conference
14–16 January 2009
Hilton Hotel, Blackpool
www.bps.org.uk/dop2009

Division of Counselling Psychology

Annual Conference
9–11 July 2009
University of Warwick
Call for submissions now open

www.bps.org.uk/dcop2009

Division of Health Psychology

Annual Conference
9–11 September 2009
Aston University, Birmingham
www.bps.org.uk/dhp2009

Psychology of Women Section

Annual Conference
15–19 July 2009
Cumberland Lodge, Windsor

www.bps.org.uk/pows2009

Student Members Group

Annual Conference
3 April 2009,
Holiday Inn
Brighton Seafront
Call for posters is now open

www.bps.org.uk/smg2009

PSIGE

Annual Conference
1–3 July 2009
Swansea University
Call for submissions now open

www.bps.org.uk/psige2009

Cognitive Psychology Section

Annual Conference
1–3 September 2009, University of Hertfordshire
www.bps.org.uk/cognitive2009

Faculty for Learning Disabilities

Annual CPD event
27–29 April 2009, Ramada Hotel, Belfast
www.bps.org.uk/flid2009

South Thames Branch of the DCP

Annual Conference and AGM
23 January 2009, Tabernacle Street, London

www.bps.org.uk/souththames2009

and themselves. This work again empirically challenged clinical wisdom; on this occasion, that meditation is harmful to people with psychosis.

In 2006 he published *Person-based Cognitive Therapy for Distressing Psychosis*, synthesising a decade of work that goes beyond working with symptoms of psychosis to working with the person. The book establishes a Rogerian therapeutic relationship as the basis for a unique integration of mindfulness practice, innovative two-chair methods and traditional cognitive therapy. The integration is underpinned by an original approach to formulation, derived from Vygotsky, of the process of therapeutic change as a collaborative exploration of proximal development.

All this breakthrough work has emerged from his active clinical work, as a practising clinical psychologist since 1991. Since 1997 he has been head of clinical psychology services for adults with mental health problems in Southampton, overseeing a period of growth and development, with new clinical psychology posts being established in community mental health teams, assertive outreach and home treatment teams, and within rehabilitation and inpatient services.

Nominating him, Professor Dave Dagnan (Cumbria Partnership NHS Trust and University of Lancaster) said: 'What stands out in his work over a 20-year period is a sustained commitment to the scientist-practitioner ideal, with all that

entails, in a manner that embodies the essence of clinical psychology as scientific, creative, collaborative and compassionate.'

Professor Chadwick said: 'I feel deeply honoured to receive this award. I would like to thank my nominator and referees, the British Psychological Society, the many excellent colleagues who have supported me over the years and the clients I have worked with and learned from. For me, professional psychology is about intention to help, creative intelligence and real collaboration with those who use services. I remain, even in mid-career, struck by how much more there is to discover. This is a source of commitment and inspiration for ongoing exploration of the interface between psychological theory and practice.'

Competencies in psychological therapy

As all readers will know, applied psychologists are soon to be regulated by the Health Professions Council. A key element of the process of

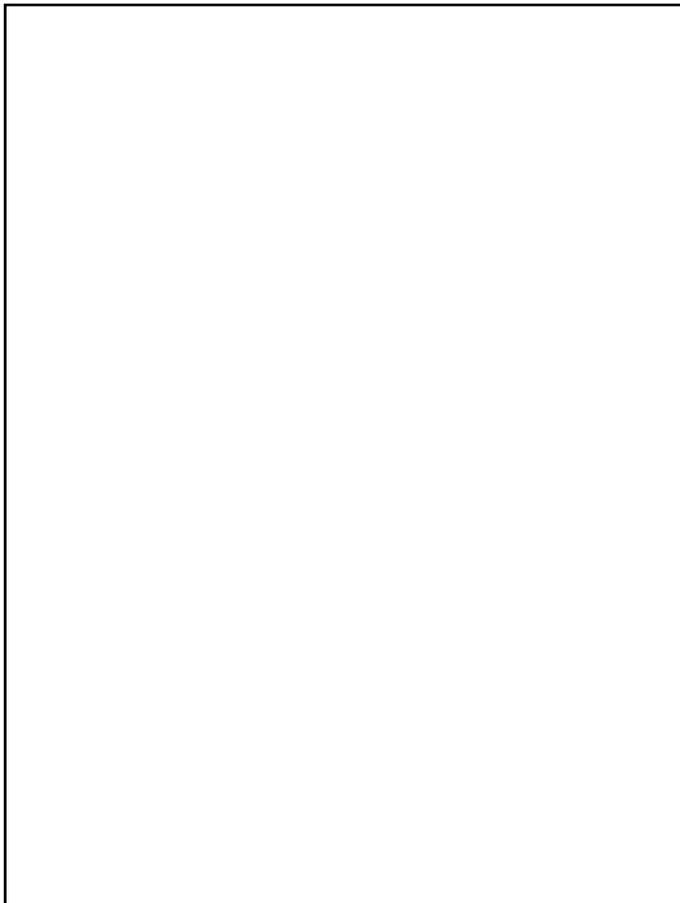
regulation is the development of clear statements of the competencies associated with each profession. In the field of psychology, in particular, this

is a complex task, because the competencies of one profession overlap with those of other professions. Thus, as well as developing statements of proficiency for applied psychologists, we also have an interest in the development of statements of competency in related disciplines.

Skills for Health, in collaboration with the Society and other key stakeholders, has been developing National Occupational Standards (NOS) for Psychological Therapies including: cognitive behavioural therapy; psychodynamic psychotherapy; systemic therapy; and humanistic, process/experiential psychotherapy. Skills for Health has initiated a consultation process for all four sets of NOS as they become available. The first of these consultations has been for the National Occupational Standards for Cognitive Behavioural Therapy, which closed on 1 December 2008. These standards have been derived from the work of Roth and Pilling (2007), who extracted key competences in CBT from the treatment manuals used to guide therapist adherence and competence in the delivery

of randomised controlled trials of CBT for anxiety disorders and depression.

The Society welcomed this development but noted that the architecture underpinning these competences (as specified by Roth and Pilling, 2007) had been omitted from the NOS. This architecture is important in considering the relationship between the competences of psychological therapists or CBT therapists and other professionals delivering psychological therapies, particularly clinical psychologists, nurses and psychiatrists. CBT metacompetences enable the CBT therapist to be aware of



EVENTS DIARY

To search an online database of forthcoming events organised by the Society and other organisations, visit www.bps.org.uk/diary.

To advertise your event, contact psyadvert@bps.org.uk or +44 116 252 9552.

when and why to apply (and appropriately omit) particular cognitive and behavioural techniques. Without metacompetences there is a risk that psychotherapeutic procedures are reduced to a set of reductionist procedures without explicit reference to the higher order knowledge to link theory and practice and to adapt CBT to the individual person.

In addition, the Society noted that not all professions practising CBT have the same metacompetences (by definition, not all CBT therapists have the same background knowledge in psychological science as clinical psychologists, a clearly non-trivial issue). Therefore a clear definition must be offered of those metacompetences that are (a) essential to all CBT therapists, (b) essential if CBT is to be extended beyond anxiety and depression and (c) beneficial, additional and specific to particular professions.

These discussions of the shared and specific competencies of a number of professions (established and new) are of crucial importance in defining the remit and practice of the several

professions delivering psychosocial care. These issues are of importance to clients (who must be protected from incompetent practitioners) and the professions themselves. Skills for Health and the Health Professions Council are proceeding with the definition and regulation of counsellors, psychotherapists and psychological therapists as well as applied psychologists. Senior members of the Society will continue to ensure that the views of applied psychologists are central to these debates.

I Professor Peter Kinderman
Chair, Standing Committee for Psychologists in Health and Social Care, and member (along with Malcolm Adams) of the HPC's Professional Liaison Group for Applied Psychologists

I Professor Andrew Gumley
Division of Clinical Psychology and the Society's representative on the Skills for Health Psychological Therapies National Reference Group

Reference

Roth, A. & Pilling, S. (2007). *The competences required to deliver effective cognitive and behavioural therapy for people with depression and anxiety disorders*. London: Department of Health.

Society vacancies

Representative Council

Elected members

Members are invited to submit nominations for Society Members to serve as Elected Members of the Representative Council for a three-year term from the 2009 Annual General Meeting. There are four vacancies.

Contact *Nichola Whitmore-Cooper* nicwhi@bps.org.uk, 0116 252 9521
Closing date Friday 30 January

Board of Assessors in Clinical Psychology

Chair

Practitioner Full Member of the Division of Neuropsychology (at least five years) with experience of examining at postgraduate level in clinical neuropsychology and detailed knowledge and understanding of the process of examinations. See www.bps.org.uk/careers/society_qual/vacancies.cfm

Contact *Bethan Carley* bethan.carley@bps.org.uk, 0116 252 9933
Closing date 31 March 2009

CONSULTATIONS ON PUBLIC POLICY

After the considerable consultations activity that took place throughout September and October, November was a much quieter month. At the time of going to press, four responses, summarised below, had been submitted. For full details of these, please see our website at www.bps.org.uk/consult.

Confidentiality: A draft for consultation (response to the General Medical Council) This draft guidance on confidentiality was found to be comprehensive, well thought-out and reasonable. Emphasis on the provision for patients to opt out of information sharing without compromising their care was recommended.

Consultation on Revised Standards of Education and Training and Revised Standards of Education and Training Guidance (response to the Health Professions Council; HPC) The Society's response to this consultation mirrored earlier submissions on HPC standards of education and training (SETs) which had been drafted following wide consultation among relevant member groups. Key points were as follows:

- I The alterations proposed to the SETs were felt to be appropriate and no additional SETs were considered.
- I The commitment to allowing providers to use the same documentation for a number of approvals/accreditation processes was welcomed.
- I It was recommended that extension of the guidance be considered to ensure appropriate interpretation of the SETs in relation to the contexts relevant to professions that the HPC may regulate in future, including to training provision that falls outside that provided by higher education institutions.
- I It was again recommended that nationally agreed qualification frameworks in higher education be used to describe standards in place of the current reliance on degree titles.

Schizophrenia (update): Guideline consultation (response to the National Institute for Health and Clinical Excellence) This update was warmly welcomed by the Society, in particular for its allowance of a more phenomenological appreciation of psychosis and its greater emphasis on person-centred care, psychosocial factors/social inclusion and a balance between pharmacological and psychological interventions in optimal care.

Video Games Classification: A consultation (response to the Department for Culture, Media and Sport) The Society welcomed this review and endorsed the option for video games classification proposed by Society member Dr Tanya Byron (who conducted a thorough review in this area in 2007), which included both an extension of the statutory powers of the British Board of Film Classification (BBFC) to cover all games suitable only for players over the age of 12 and a closer liaison between the BBFC and the voluntary rating and labelling system set up by the video games industry.

The preparation and submission of the Society's responses to consultations on public policy is coordinated by the Policy Support Unit (PSU). All members are eligible to contribute to responses and all interest is warmly welcomed.

Please contact the PSU for further information (psu@bps.org.uk; 0116 252 9926/9577). Details of active and completed consultations are available at: www.bps.org.uk/consult.