Working with recovered memories

ALAN FRANKLAND *and* LESLEY COHEN *present a draft of new guidelines for good practice in this difficult area, and invite comment and debate.*

RECOVERED memory and the risk of false memory are important issues of concern for a wide range of practitioner psychologists. The Society wishes to ensure that any guidelines eventually adopted in this area have widespread currency among the membership.

A draft set of new guidelines has been developed as the result of a decision by the Professional Affairs Board (PAB) to review the earlier guidelines issued by the Society (The British Psychological Society, 1995*b*).

A review working party was set up in the summer of 1998 by PAB, following publication of The Royal College of Psychiatrists' report on these matters (Brandon *et al.*, 1998) and concerns raised by a number of members. Almost coincidentally, there has also been some recent discussion of recovered memory issues in *The Psychologist* (Morton, 1998*a*; and subsequent correspondence).

During the summer and early autumn of 1998, consultations took place between members of the new working party (Lesley Cohen, Chair of the Division of Clinical Psychology; Alan Frankland, Chair of the Division of Counselling Psychology; Professor John Morton, Chair of the original Society working party; and Dr Robert Povey, a Society member whose correspondence with PAB indicated an active concern in this area).

Following an interim report to PAB in September 1998, it was agreed to put the draft guidelines before the membership. We look forward to receiving comments, both through *The Psychologist* and directly, on the broad approach to the issues indicated in the draft guidelines and on the specifics of the guidelines themselves.

We are aware that we have not achieved our initial aim to be brief and pithy, but believe now that the complexity of the issues requires this longer format.

Following publication of this article we shall consider all items of correspondence that it raises over a period of a couple of months or so and amend the draft guidelines where appropriate. A final draft will then be presented to PAB for consideration and potential adoption as a new Society statement on this difficult issue.

The questions we ourselves are asking as we look at the guidelines are concerned with coverage (are there areas of concern in relation to recovered memories and psychological practice in this area which we have missed?) and with new research or insights in this area.

We have not seen it as appropriate to seek to replicate the depth and breadth of the Morton working party in this regard, but are concerned that no published or imminent research on working in this area is ignored in developing guidelines for best practice.

Balance

We are not complacent about the balance of these draft guidelines, but have a strong sense that we have achieved an empirically sound balance of views for the present. We are not keen on entering a long discourse with the passionate advocates at either end of the continuum.

One end of this continuum asserts that all memories of childhood abuse are — in most major regards — false. The opposite pole regards it as axiomatic that even reticent individuals who are 'self-evidently' damaged by childhood abuse should be assisted in recovering their memory (and probably in taking appropriate action thereafter), so that they may recover from the trauma.

On the basis of the evidence known to us, and of our experience as therapeutic practitioners (from very different theoretical backgrounds), it seems very unlikely that either of these extreme and exclusive positions represents the truth of this complex and painful issue.

It is currently our intention to invite PAB to consider ways in which these guidelines, once adopted, can be linked to the disciplinary codes of the Society. The matters raised here are clearly of great concern to the press and public, and bad practice in these matters, which may have disastrous results for some individuals and families, also harms the profession at every level.

A useful corollary of adoption as part of the disciplinary codes will be the need for these guidelines to be circulated to all psychologists. It is clear to us that although these matters may most commonly enter the lives of clinical and counselling psychologists working therapeutically, they may have implications for members of the profession working in assessment and research, in schools and other academic settings, and in industry and other organisational contexts.

Indeed, there are potential implications in any setting in which psychologists carry out their professional work; it is for this reason that we have phrased the guidelines inclusively and believe that their approval should be of interest to all members of the Society.

As the Society moves towards the adoption of these draft guidelines, particularly if they are tied in to disciplinary codes, we will need to ensure that professional training courses include them in their curricula. Only in that way can the Society be sure that newly-qualified psychologists develop their practice in the light of the Society's agreed guidelines.

We hope that colleagues will take an active interest in the draft guidelines and hope to hear the views of a wide range of members. You can write to the PAB Working Party on Recovered Memories at the Leicester office or e-mail alan.frankland@ntu.ac.uk or lescoh@nadt.org.uk, heading your response 'BPS Recovd Mems'. We look forward to reading your responses.

■ *Alan Frankland is Chair of the Society's Division of Counselling Psychology.*

■ *Lesley Cohen is Chair of the Society's Division of Clinical Psychology and Chair of the Professional Affairs Board working party that developed the draft guidelines.*

DRAFT GUIDELINES FOR PSYCHOLOGISTS WORKING WITH CLIENTS IN CONTEXTS IN WHICH ISSUES RELATED TO RECOVERED MEMORIES MAY ARISE

Preamble

The following guidelines are intended to apply to psychologists working in all professional contexts in which these issues may arise. It is clearly part of the professional duty of such psychologists to ensure that they have an up-to-date overview of the theory and research concerning memory and false memory/recovered memories, so that they can maintain an empirical and professional perspective and base their practice on sound psychological principles and evidence, as a counterbalance to the polarised beliefs that abound in this emotive area.

As the result of extensive review by the Society and other bodies, there can be no doubt for psychologists of the existence of child sexual abuse (CSA) as a serious social and individual problem with long-lasting effects. In addition, there can be little doubt that at least some recovered memories of CSA are recollections of historical events. However, there is a genuine cause for concern that some interventions may foster in clients false beliefs concerning CSA or can lead them to develop illusory memories.

Text in italics and numbers in brackets correspond to the 'Guidelines for therapists' at paragraph 4.4 of the report of the Society's working party on recovered memories (The British Psychological Society, 1995*b*).

Guidelines

1[8] The welfare and interests of clients are the primary concern of the psychologists working with them. This concern includes the requirement to maintain respect for the client's autonomy and confidentiality — the extent of which should be clarified and agreed at the outset of the professional engagement.

2[1] *It may be necessary for* psychologists in caring, assessment and therapeutic roles *to be open to the emergence of memories of trauma which* were not previously *available to the client's consciousness.*

3[4] *It is important always to take the client* who recovers memories *seriously.* The first response of the psychologist should be to accept that this is the client's reality and respect their feelings. Nevertheless, the psychologist *should avoid drawing premature conclusions about the* historical truth *of a recovered memory.*

4[-] Psychologists must be aware that the question of whether traumatic memory is processed, stored and recalled differently from normal memory is currently unresolved. Unusual, dramatic, powerful or vivid memories, and 'flashback' bodily sensations cannot be relied upon as evidence of the historical truth or falsity of the recovered memories.

5[5] Psychologists *need to tolerate*, and help their client tolerate, *uncertainty and ambiguity regarding the client's early experience* as eventually they may both have to accept that the historical truth cannot be known, and that helping the client to make sense of their lives is not the same as discovering objective facts.

6[7] Psychologists *should be alert to a range of possibilities, for example that a recovered memory may be literally/*historically *true* or false, or may be partly true, thematically true, or *metaphorically true, or may derive from fantasy or dream material.*

Discovering that some aspects of a 'memory' are displaced, metaphorical, or part of a construction or narrative derived from the therapeutic relationship should not lead psychologists to immediately discount the rest of that memory. It is not easy to distinguish false from true memories.

7[6] *Whilst it may be part of a psychologist's work to help clients to think about their early experiences, they should avoid imposing their own conclusions about what took place in childhood.*

8[13] *Child Sexual Abuse should not be diagnosed on the basis of presenting symptoms such as eating disorder alone. There is a high probability of false positives in such diagnoses as there are other possible explanations for psychological problems.* The construction of syndromes and the use of symptom check-lists in diagnosis in relation to past sexual abuse are currently unreliable.

9[3] Psychologists should avoid being drawn in to a search for memories of abuse, as abused clients and non-abused clients who are psychologically disturbed are vulnerable and may be traumatised or overwhelmed by material that has not arisen spontaneously in the course of their psychological work.

Psychologists should avoid engaging in activities and techniques which are intended to reveal indications of past sexual abuse of which the client has no memory. When psychologists use such techniques (e.g. hypnosis) for other purposes they must be aware that these techniques may make memory more confident but less reliable.

10[2] Psychologists must be *alert to the dangers of suggestion.* Potential sources of suggestion include subtle cues about the psychologist's attitudes and beliefs that may be inferred from the therapeutic context (e.g. particular books on the shelf) or client contact with 'survivor literature' and sub-cultures of abuse.

11[-] Psychologists working therapeutically must be aware of their inevitable engagement in the client's narrative. Whilst taking care about the implications of active investigation and suggestion, they should not seek to manage these risks simply by refusing to deal with past events and 'work in the present', since this actively denies the client's experience and is unlikely to meet their needs.

12[9] Psychologists working therapeutically should be aware of the likely impact of their work on their client's families and wider social network and should not rule out renegotiating the contract with their client to enable them to meet with relevant family members. However, the boundaries of a client's autonomy and confidentiality should only be breached in rare circumstances as agreed at the outset of the professional engagement.

13[10] Psychologists should be clear about the circumstances in which they would feel ethically or legally obliged to breach confidentiality. They should carefully assess the risk of self-harm and the risk of abuse to minors.

Psychologists working in the public services should be aware of their child protection guidelines and procedures and abide by them. Psychologists working independently should also be aware of their ethical responsibilities to protect others from significant harm.

14[11] *If the role of the* psychologist *is to obtain evidence that is reliable in forensic terms, they need to restrict themselves to procedures that enhance reliability (such as the Cognitive Interview) and avoid* techniques which are known to reduce reliability such as hypnosis or suggestion and leading questions.

The same care should be taken whenever the client or the psychologist is considering taking action (e.g. legal action or family confrontation) outside of the consulting room on the basis of memories recovered during the consultation or apparently as a result of it.

15[11/12] The psychologist has a responsibility to help the client to consider carefully the implications of any action to be taken outside the consulting room. The client may wish to take independent legal advice with a view to prosecution or litigation against an alleged abuser. It is inappropriate to make the continuation of treatment or consultation contingent on such decisions/actions.

16[-] Psychologists are reminded of their guidelines for good practice. These may be particularly important when working with clients who disclose memories of childhood abuse. The guidelines will include sections on keeping appropriate notes and seeking appropriate consultation and supervision.

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