

**PSYPAG**

Psychology Postgraduate Affairs Group

**Quarterly**

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**Empowering young men to challenge and change negative sexual health attitudes**

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# Editorial

## Julie Port

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**H**ELLO AND WELCOME to the 76th edition of the *PsyPAG Quarterly*. I would like to introduce and welcome my new Editorial Team colleagues, Claire Miller and Emily Collins, who join Charlotte McLeod and myself. We open the current issue with an article from a Community Psychology perspective; 'Empowering young men to challenge and change negative sexual health attitudes' from Michael Richards. This is especially topical at the moment as the British Psychological Society has recently proposed the creation of a new Community Psychology Section. Daniel Zahra and Craig Hedge have written a thought-provoking and informative article on the Reliability Change Index. Erica Cook describes her plan for her PhD investigating NHS Direct. Rory Allen shares his experience of completing a PhD and the need for flexible thinking. Dr Mark Griffiths provides some hints and tips on writing confidently.

This edition contains a mix of national and international conference reviews. Close to home, Helen Owton describes 'All the world's a stage'; a symposium organised by the Qualitative Methods in Psychology Section. It was held during the British Psychological Society's Annual Conference at the scenic venue of Stratford-upon-Avon. Anna Paisley reviewed the Music, Identity and Social Interaction Conference, held at the Royal Northern College of Music, Manchester. Further afield, Michelle Pratt and Duncan Brown reported on the Developmental Co-ordination Disorder (DCD) VIII International Conference, Maryland, US. Annelies Vredeveltdt attended the American Psychology-Law Society Conference in Vancouver, Canada. Julie Gawrylowicz discusses the 8th Biennial Meeting of the Society for Applied Research in Memory and Cognitions which took place in Kyoto,

Japan. Finally, Alana James reported on the highs and lows from the 2nd International Congress on Community Life at School: Psychological and Educational Conference held in Spain.

When you have limited resources it can be quite difficult choosing which conferences to attend. So, I hope you will find the reviews interesting and informative. If you are planning to go to a conference I recommend you read Dr Mark Griffiths' 'Hints and Tips' section on conferences published in the last *Quarterly* (75, June 2010). Also, I'd like to remind you that PsyPAG provide a limited number of bursaries each year, to help with the cost of conference attendance (see section on bursaries in this edition or visit: [www.psypag.co.uk/bursaries.html](http://www.psypag.co.uk/bursaries.html)). Successful applicants are required to write an article for the *Quarterly*.

We accept a variety of submissions, for example, conference reviews, departmental reviews, discussion articles, research in brief, interviews, book and software reviews, or hints and tips. We understand that you need to keep the results from your research to publish, but we would like to hear about your experiences. For example, if something went wrong, tell us how you solved the problem. Also, if you do have results which you do not intend to publish, we would love to hear about them.

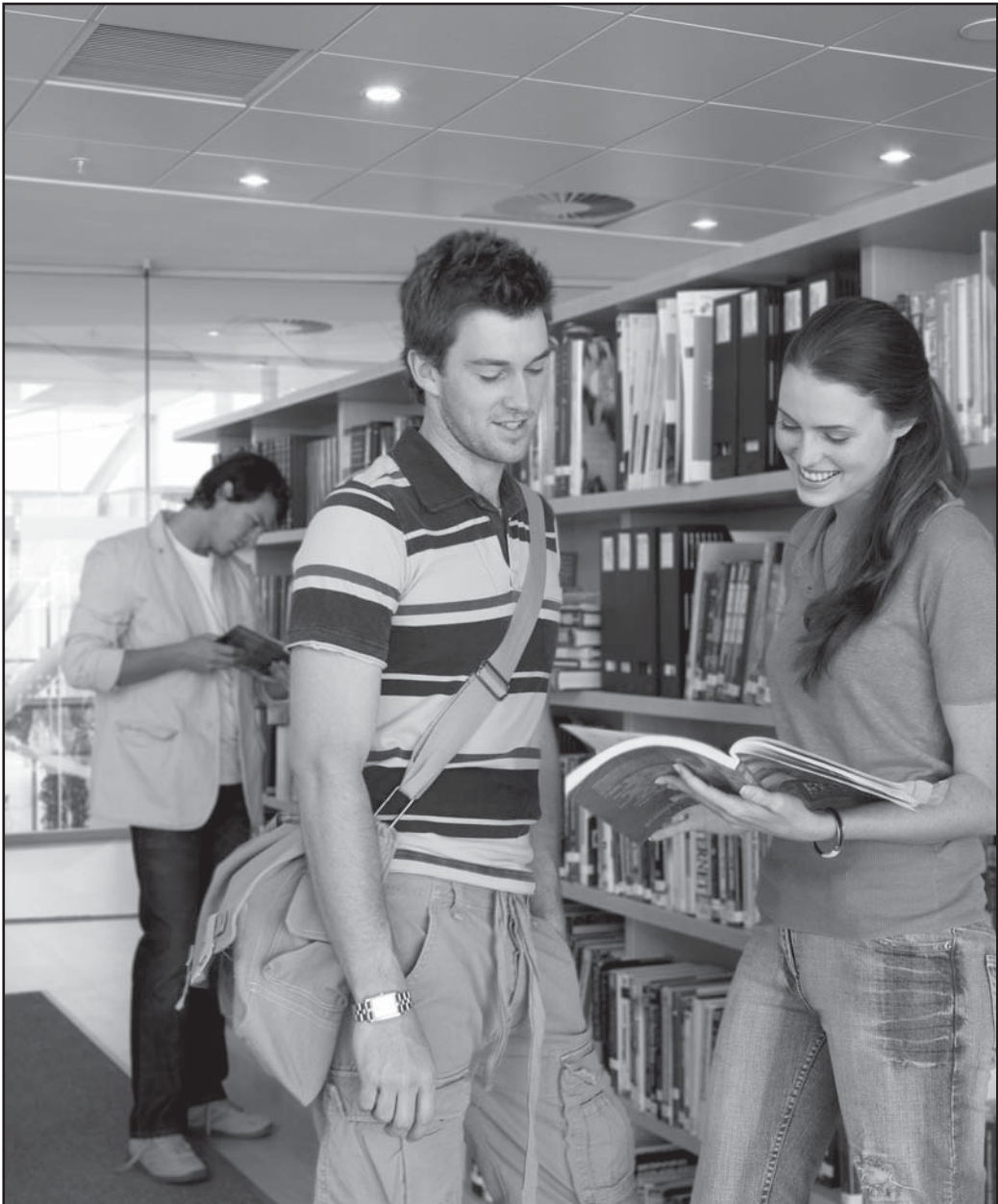
A PhD can be very isolating, especially when you are developing and crystallising your ideas. We are creating a new section in the *Quarterly* called 'Lonely Brains', which we hope will help you connect with others. If you would like others to contact you about your research ideas or projects, please submit approximately 200 to 300 words including your contact details and an outline of your research interests.

Finally, I'd like to draw your attention to our mailing list which is open to all post-graduates, (see the section 'About PsyPAG' for brief details, or visit [www.psypag.co.uk](http://www.psypag.co.uk)). Posts can include anything from announcements to questions, theory, or requests for advice.

I hope you enjoy the current edition and would love to receive an article from you in the future.

**Julie Port**

On behalf of the *Quarterly* Editorial Team 2010–2011, Emily Collins, Charlotte McLeod and Claire Miller.



# Chair's Column

Sarah Wood

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I AM WRITING THIS days after returning from PsyPAG's 25th Annual Conference hosted by Sheffield Hallam and Sheffield University, where I had the huge pleasure to be elected as PsyPAG Chair (2010–2012). Yet again, our flagship event goes from strength to strength and I can quite confidently declare it to have been our best conference yet. A massive thank you must go out to the conference organising team – in particular Sue Jamison-Powell, Kyle Brown and Kirsten Bartlett – for all of their hard work. Having spoken to a large number of delegates and from attending many of the sessions, I can say that the quality of the postgraduate research and the presentations skills on display were of the very highest level. I know I returned home feeling enthusiastic about research and I hope that all the delegates did too! As this was a special conference for PsyPAG it was with great pleasure that we were also able to launch our alumni scheme which our Alumni sub-committee, led by our treasurer, Josie Booth, have developed over the last year. Thank you very much to the alumni who attended the conference, contributing in a number of ways, from keynote talks, to leading workshops and chiring sessions. Your contribution was welcomed by all.

At the conference we hosted our Annual General Meeting in which we bid farewell to committee members standing down and welcomed new members. I am confident that the new committee will continue the work of the previous committee in making a positive impact on postgraduate psychology in the UK over the coming years. For those who are leaving the committee, I would like to thank you all and wish you the best with all your future endeavours. There are too many people to thank personally but I would like to give a special mention to our outgoing

Information Officer, Dr John Hyland, and our outgoing Communications Office, Sue Jamison-Powell. John and Sue's commitment to PsyPAG has been unwavering during their time on the committee and this can be seen in the re-establishing of the bursary scheme – £3000 has already been awarded this year – and with our updated website, giving PsyPAG a strong professional identity. It would also be remiss of me not to mention my predecessor, Dr Laura Crane, who has left the committee after three years, having been a *Quarterly* editor before taking on the role of Chair. In this time she has lead PsyPAG forward, overseeing the introduction of our award schemes, a new workshop approval process and represented postgraduate views to the British Psychological Society – somehow she has also managed to complete her PhD and is a proud mum-to-be. I would like to thank Laura on behalf of the committee for all of her hard work and wish her all the best for the future. Personally, she has been a great support and help to me as I have prepared to become Chair.

A lot has been said in recent *Quarterly* editions and at the conference about the initiatives and the work that the PsyPAG committee have been doing in the last couple of years and rightly so. Our conference, workshops, bursaries and awards are all proving to be very popular, enabling us to support and recognise the achievements of postgraduate students (see [www.psyPag.co.uk](http://www.psyPag.co.uk) for more information about all the schemes). Individual committee members have also worked alongside the Divisions, Sections and Branches of the British Psychological Society to ensure that they are offering opportunities and support to postgraduates, including bursary schemes, networking events at conferences and dedicated postgraduate workshops. But maybe you think we should

be doing something different or you have a great idea as to how we can support post-graduates better. I would be interested in hearing your suggestions, so please feel free to get in contact: [chair@psypag.co.uk](mailto:chair@psypag.co.uk). Or, if you would prefer a more hands-on role on the committee, there are still a few vacant committee positions available. Please see the back pages of the *Quarterly* for the committee list, including those which are vacant and e-mail if you would like to apply for any of the positions.

Finally, I would like to thank the PsyPAG committee for electing me as Chair and hope that we have a successful two years together.

Thank you.

**Sarah Wood**

*PsyPAG Chair*

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# What is Community Psychology?

## Empowering young men to challenge and change negative sexual health attitudes

Michael Richards

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**C**OMMUNITY PSYCHOLOGY is a dynamic, radical and action orientated science that uses psychological methods to facilitate change with excluded, marginalised people or groups in the community. Community psychologists take an ecological perspective to understand people and participate in actively looking to resolve the problems vulnerable people face. Therefore, our work focuses on social justice in the most deprived areas in the UK. Respecting diversity is a central theme in breaking down barriers between people. Community psychology is a liberatory approach using psychological methods to enrich the lives of the powerless, with a focus on change and action, opposed to tradition and determinism. Rappaport (1977) describes it as being 'concerned with human resource development, political activity and scientific enquiry, three elements often in conflict with one another. Community psychology is a balancing act between values, research and action'. Community psychology uses a plurality of methods because there is not 'one scientific method, but many and research is participatory, action orientated and guided by assumptions of alternative philosophies of science. Research is not conducted just for the sake of developing new knowledge; research is conducted to create knowledge and change social conditions' (Nelson & Prillentsky, 2005).

However, community psychology is still an under-developed section of psychology in the UK today and is relatively unknown amongst psychologists. Yet it is increasingly becoming more influential and progressive in what it sets out to do in the community.

Action orientated approaches are becoming increasingly important in building relationships, improving well-being and tackling health inequalities.

In this article, I will describe work I have done with vulnerable young men in Manchester. My focus will be on programmes I have facilitated where I collaborated with young people to discuss themes related to sexual health and teenage pregnancy. There are different strategies that can be used by community psychologists to intervene in improving people's well-being and health (Kagan. & Burton, 2001). In this instance I will describe how I have used a strategy of furthering critical consciousnesses (Freire, 1972). This concept considers the idea that the more people grasp true causality, the more critical people become of their reality. It can be done through 'dialogical' relationships, which involves dialogue between educator and learners to critically analyse their thoughts and feelings about life, to create change. For example, discussing and debating with young men around attitudes related to contraception, in which we are all 'experts' able to bring knowledge and experience to the session, regardless of our positions or education.

I worked with groups of young men (aged 16 to 18); creating comfortable, non-clinical contexts, in which we created sessions, combining my expertise and the unspoken, often ignored knowledge of the young men. I developed the themes and facilitation methods for the sessions in consultation with other stakeholders, such as community workers. The young men were invited to join the sessions and the sessions

focused explicitly on relationships and sexual behaviour and implicitly on the men's feelings about their place in society.

The groups aimed to enable the men to find new ways of thinking about themselves: moving beyond their internalised expectations of excluded youth to positive and active community participants. I aimed to establish dialogical relationships through which the processes of deideologisation and conscientisation could occur (Freire & Faundez, 1989; Montero, 2004). My approach was that learning is best achieved through dialogue between people. Through sharing our feelings, emotions and thoughts we are thereby enabled to become aware of the possibilities for positive change in attitude towards sexual health and teenage pregnancy.

We started by considering 'identity' and 'equal opportunities'. This involved us appreciating how we are interpreted by others in society and how we see ourselves. The important overarching theme in this session was challenging their sexist attitudes towards women. The issues explored in this session were vital in the context of teenage pregnancy and high levels of sexually transmitted infections. The men began to build the foundations of respectful relationships with women through understanding their feelings, differences and similarities with men. For the first time the young men began to see sex as part of relationships, with pregnancy having long-term consequences (Kagan et al., in press).

Next, we considered 'fatherhood'. We took part in creative and expressive activities to evoke thoughts and feelings on fatherhood. We considered the importance of fatherhood, which is still relatively neglected in this society in its importance, and the effects a good and bad father might have on children and how we might act as a father. There were different responses to this session. Some young men expressed that they felt uncomfortable talking about the negative experiences of fatherhood, whilst others seemed to use it as a chance to cathartically express their positive and negative

experiences. It was particularly poignant in some sessions when some young men expressed their feelings following their partners' miscarriage or abortion. The group listened attentively and showed support. For me these were special moments because these young men are often labelled as 'troublemakers' in society.

After this we considered the dynamics of a 'relationship', both in heterosexual and alternative relationships such as homosexuality and bisexuality. This was the most difficult work to complete with the young men because of their reluctance to appreciate alternatives to heterosexuality. I would spend a lot of time challenging their homophobia. Nevertheless, we explored the concept of 'love' and having a successful relationship using activities that ranged from scenario based work to crosswords. These activities were tools that helped develop skills in debate and critical thinking for the young men. The activities were simple, but effective in that the young men engaged positively. In addition, we explored the challenges and controversies around domestic abuse. All the young men at some point had suffered from domestic abuse such as physical and emotional abuse. However, they were positive in talking about these issues with their peers and learned about how they could get support from different projects.

Finally we focused on the different types of contraception and their potential positive and negative implications. We explored different types of sexually transmitted infections and how to access services that can help and advise. This session varies: for example, in one final session, I took a group to a sexual health clinic to show them how to access help and advice: on another occasion we all went for dinner, which gave the group an opportunity to relax and express themselves in a different, safe environment.

As a community psychologist, I used psychological knowledge to enhance accessibility and participatory working relationships (Leonard, 1975), to elicit ideas and feelings, and to stimulate thoughts and attitudes.

Despite my work being ameliorative, by providing a 'safe space' environment for the young men, they developed critical awareness, which can be the springboard to achieve change. Through sharing psychological knowledge, and continuous reflection on my involvement, I was abdicating my 'expert' position in order to share knowledge and strengthen the dialogical processes.

In conclusion, using community psychology approaches has empowered young men because it has enabled them to be able to talk openly about how they feel and influenced positive changes in attitude towards their sexual health. Community psychology approaches are a useful and vital part of psychology that is increasingly becoming important. For now, Community Psychology is still under developed in the UK, compared to it being better established in other cultures such as Australia. It has been proposed that there should be a section of the British Psychological Society devoted to Community Psychology, which seems set to happen.

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# 'All the world's a stage' British Psychological Society's Annual Conference

Helen Owton

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*Holiday Inn, Stratford-upon-Avon, 14–16 April 2010*

I WOULD LIKE TO share my symposium experience at this year's British Psychological Society Annual Conference. While a conference is a meeting on a general theme (in this case psychology), a symposium is a meeting based on a specific topic, usually one in which the participants form an audience and make presentations. Conference associates enjoyed the serene location of Stratford-upon-Avon, which afforded amazing socialising and networking opportunities on the outdoor patio overlooking the sun-glazed river. I attended the symposium titled 'All the world's a stage', initiated by the Qualitative Methods in Psychology Section (QMIP), which is currently the newest and largest section of the Society. The focus was on the psychology of arts, which considered contributions and challenges of qualitative investigation in three different domains: fine art, drama and music.

Michael Murray (and colleagues) from Keele University set the 'scene' with his presentation: 'Ages and Stages: The Place of Theatre in Representations and Recollections of Ageing'. This research offered an understanding of the construction of ageing, the actor's meaningful attachment to the local community and changing interconnections. Importantly, the theatre appeared to be a central defining point within people's lives and in their local community. Additionally, the emerging data opened up new multidisciplinary theoretical connections between cultural studies, social psychological theory and performance theory through an

enmeshment of disciplines (Gerontology, English, Drama, Social Psychology) leading to new developments of a socio-cultural psychology, a culture-community-identity and exploring the role of arts and culture in social representations and in social identity.

Following this, was an insightful and visual representation by Victoria Tischler (acknowledging Toby Visholm) from the University of Nottingham who revealed an exploration into the interaction between creativity and mental illness: 'Creativity Unbounded'. Given the historical exploration of well-known artists such as Vincent Van Gogh, Jackson Pollock, and Salvador Dali, as having been recognised as being touched with mental illness; Victoria's focus was on 'art as therapy' as a way of harnessing symptoms that may represent a mental disorder. With the use of rich descriptions and visuals, some dramatic and sometimes unsettling art representations were quite effective in demonstrating how participants communicated emotions and experiences when they could not find words to describe their feelings. It captured how art could provide catharsis, a route to recovery, and a way of transforming their identities. It highlighted the importance that for those with mental illness and individuals working in the field are made aware of the benefits of creative expression and given access to them.

Graeme Wilson from Newcastle University (acknowledging Raymond MacDonald from Glasgow Caledonian University) presented his research on 'Making music

after the event: Musicians' accounts of group improvisation'. He drew from three qualitative studies that they had conducted which focussed on how group improvisation in music is used as a communicative process which contributed to a discursive psychological approach. He approached the research by considering the 'nested social interaction' involved in the novel creative 'in the moment' and 'floating intentionality' of making music within a group (MacDonald & Wilson, 2005). Throughout the connecting three studies, he found that improvisation was recounted by musicians as an explicitly social process consistent with the notion that music and musicians are negotiated by performers through processes of social construction.

Brett Smith followed from Loughborough University (with acknowledgement to Andrew Sparkes) presenting "Get off our stage": Performance narratives, responses to them, and the ongoing dilemma of validity'. Brett raised suspicions about the return to criteriology in which there is a strong belief in validity, when judging pieces of qualitative research. Pre-specification of criteria can often be impossible and inappropriate to meet which, therefore, controls and polices what can be done. Alternatively, Brett suggests a relativist stance when judging qualitative work, based on a list of characterised traits in order to pass judgment in a fair and ethical manner. The open-ended lists of characteristic traits are brought to judgment with the permanent capacity to add items to and subtract items from the lists that are open to reinterpretation as times, conditions and purposes change (Smith & Deemer, 2000; Sparkes & Smith, 2009). Intentional debate was ignited amongst the audience where discussions about the difficulty of 'letting go' of the concept of validity was invoked.

Overall, the presentations in the symposium contributed meaningful insights to the community and to individuals within the arts and health agenda. These projects emphasised the need for the preservation of such

arts, providing a meaningful way to allow individuals to make sense of themselves and others in relation to various art forms. With consideration of the diversions in the lead up to the Olympics and the funding cuts in the 'Grants for the Arts' pot, there has been short-term funding cuts for short-term gain. However, the long-term damage of marginalisation of both the arts and qualitative research may mean that we might have a neglected generation of artists and researchers who fell short in receiving the small amounts of funding needed to provide unique psychological insights. Fortunately, this symposium at the Society's annual conference provided a stage for demonstrative 'relativism in action' for these passionate researchers to perform and express their inspiring, thought-provoking considerations for multiple theoretical, methodological and interdisciplinary possibilities.

It is always suggested that conferences are ideal places to 'network', however, they can feel intimidating, overwhelming and unfamiliar. Symposia can help to 'break the ice' by providing more intimate opportunities to identify like-minded people with similar interests. Also audience members were able to chat amongst themselves and ask a variety of questions due to the friendly environment. After the symposia, presenters always lingered and often encouraged continuation of interesting discussions. Whilst I worked simultaneously as a steward which can be a good way to interrelate (and save funds!), I enjoyed absorbing the stimulating presentations and networking or as David Lavalley satirically phrased it, 'notworking'!

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## Conference Review

# Music, Identity and Social Interaction Conference

Anna M.J.M. Paisley

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*Royal Northern College of Music, Manchester, 2–3 February 2010*

AS THE PRESTIGIOUS hub of music education, being the first-choice institution for aspiring musicians across the globe, the Royal Northern College of Music (RNCM) provided the ideal setting for this conference which aimed at bringing together a number of researchers from a range of academic fields. An interdisciplinary approach allowed for researchers, practitioners and musicians to come together, united under one common goal: to explore the growing body of research on music and identity construction, through the analysis of spoken interaction. In total, 47 delegates from the UK, Australia, Sweden, Finland, Cyprus, Portugal, Norway and Poland attended the conference, where empirical and theoretical papers were presented that discussed the collection and analysis of talk in a variety of musical contexts. Qualitative research of this kind has recently emerged as a key method for this type of enquiry and, therefore, this conference, with a strict focus on this particular methodology, was considered particularly timely.

Having previously carried out some qualitative research for my undergraduate dissertation, I was delighted, and felt personally honoured, to be presenting at this conference. I had travelled alone, but once I had reached the RNCM I was greeted by the rest of the gang from my previous university (Glasgow Caledonian, or ‘Caley’) I then soon felt at home. The conference itself officially opened with the first keynote speaker, Raymond MacDonald, Professor of Music Psychology and Improvisation; a notable scholar in this field and a member of the

aforementioned ‘Caley’ team. Ray began by discussing what we mean by ‘musical identities’, using examples from his previous work with specific populations, such as individuals with mental health problems and disabilities, to highlight the fundamental importance of music to individuals and its ability to impact upon one’s musical preferences, behaviour and development. Furthermore, a number of theoretical approaches were touched upon including, discourse analysis, grounded theory, thematic analysis and interpretive phenomenological analysis. Ultimately, Ray set the scene for the rest of the conference, whereby attendees were free to explore similar research at their leisure.

In the afternoon, a poster session was held, giving everyone a chance to mingle and get on with that all important business of networking. During this session I presented the qualitative element of my previous dissertation which looked at the importance of musical preferences in the formation of one’s identity across adolescence and late adulthood. Other work featured an in-depth investigation of the importance of music in individuals with autism whereas others looked at the creative processes involved in improvisation in music – quite a mixed bag then! To say I was a tad anxious beforehand is perhaps a gross understatement. However, there was little room for nerves as the session commenced and the delegates poured into the room, all equipped with a number of interesting thoughts, queries and comments regarding our work.

Personally speaking, I found this experience to be a very positive one. Not only did it allow for me to meet with others who had carried out similar research, it also gave me the opportunity to step back from my project and hear what others had to say about it. Indeed, throughout this session many offered their own interpretations of my findings, remarked upon what they might have done differently as well as their thoughts on where this work could go from there. I found this especially advantageous given that, quite often when working on a particular project, it's very easy to fall victim to your own prior expectations and presuppositions and much more difficult to remain open to alternative explanations. Most importantly, I was delighted to meet with other researchers who shared a passion for such work, many of whom I have remained in contact with since. The remainder of the day followed a similar fashion, where parallel presentations allowed delegates to choose from a number of talks to attend. If anything, the only criticism I would have is that it was very difficult to pick which one to go to!

I particularly enjoyed Dr Alinka Greasley's talk, wherein she discussed the importance of musical preferences across the lifespan. Alinka touched upon the way in which identity processes shape musical preferences at different stages of an individual's life, and highlighted the fact that one's musical preferences are often in a constant state of flux, depending on the particular motivational needs of the individual, with reference to social influences from peers, family and partners. Crucially, this work underscored the importance of investigating the role of music along the developmental trajectory. What's more, from a personal viewpoint, I was thrilled to find that, many of her findings matched that of my own! Similarly, presentations from Dr Douglas Lonie and postgraduate researcher, Tara French, explored the importance of music in middle adulthood and late adulthood, respectively. Douglas pointed out that as we renegotiate our identities in life upon becoming a

mother or father, a wife or husband and so forth, the strength and significance of our musical identities simultaneously shifts. Tara, on the other hand, focused on the role of music in the facilitation of psychological health and wellbeing in the elderly, with a view to establishing ways in which musical participation can foster an overall positive identity.

All in all, the first day of the conference was a great success and ended nicely with a buffet dinner and wine, greatly appreciated by all! This provided a more relaxed atmosphere, giving everyone the opportunity to reflect on the day's events and again, more networking ensued, continuing into the wee hours for many!

The final day of the conference commenced with a talk from Tia DeNora, Professor of Music Sociology and director of the 'SocArts' research group. The take-home message from this particular presentation, echoed the main aims of the conference overall where Tia stressed the importance of using qualitative methods to investigate the concept of identity, given its interchangeable and context-specific nature and thus the inability of quantitative methods alone to fully capture the meaning of music in the lives of individuals in different spaces at different times. I found this especially useful and inspirational, having used qualitative methods in a predominantly quantitative-driven domain, it is often a struggle to justify the usage of such methods and thus this particular talk provided me with the confidence to continue to do so!

Following this, the rest of the day was devoted to spoken presentations where attendees were afforded the opportunity to select from a number of parallel talks. I especially enjoyed postgraduate researcher, George Caldwell's talk; he introduced the notion of self-defined musicians and 'non-musicians'. Using interpretive phenomenological analysis, George empirically demonstrated the importance of application of these labels in the lives of individuals and, crucially, the fact that merely playing an

instrument was not considered sufficient to merit the title of 'musician', despite its importance in the life of a given individual. This work is of definitive significance at present, meeting the current call to address the way in which lay definitions of musical ability impact upon one's decision to pursue a career in music, both in childhood and in later life.

To close, the conference ended with a plenary session, hosted by Ray and Tia and led by Terence Hay, Associate Professor in the Faculty of The Professions at the University of New England. This gave everyone the opportunity to discuss the themes of the conference in general and to raise any questions. Most importantly, it gave all attendees the chance to explore the role that qualitative methods play in the understanding of music, identity and social interaction research and also, to ask that all important question: where do we go from here?

A farewell gathering followed and as I set off home, freshly motivated and full of inspiration, I felt extremely grateful for this experience. As this was the first conference I have attended, I was slightly anxious about what to expect. However, I can wholeheartedly say now, this was one of the best decisions I have ever made. Not only did it give me the confidence to go and present my work elsewhere, it gave me the opportunity to get out and meet others working in the field, something that rarely happens when stuck behind a desk! I would, therefore, recommend this conference to any aspiring music psychologists, be they undergraduate, postgraduate or old-timers looking for fresh ideas!

### **Acknowledgements**

I would like to take this opportunity to thank the following for organising this conference, and to the RNCM staff for hosting this event: Dr Antonia Ivaldi (Chair), Dr Jane Ginsborg (Co-organiser) and Dr Clemens Wöllner (Co-organiser).

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# The Reliable Change Index: Why isn't it more popular in academic psychology?

Daniel Zahra & Craig Hedge

## Overview

THE RELIABLE CHANGE INDEX (RCI), was developed by Jacobson and Truax (1991) almost 20 years ago. It provides a measure of both *statistical* and *clinical* significance which take into account the scale reliability (Jacobson et al., 1999). The RCI is often overlooked in psychology in favour of variants of *t*-tests, ANOVAs, and regression, and although most commonly used in clinical and health psychology, this article will consider the value of the RCI outside of these settings. In particular, it's usefulness in small-sample studies, as a manipulation check, and as a statistical measure of category membership.

## The RCI in a clinical setting

In order to assess the effectiveness of a rehabilitation programme, you could administer a test of 'trait addiction' to a group of five individuals at the start (pre-test) and end (post-test) of the programme (See Table 1). Assume that the trait addiction scale ranges from 0 to 100, with lower scores indicating that an individual is less likely to use addictive substances. You would expect to see post-test scores being lower than pre-test scores;

that is, you would expect the programme to have made people less likely to use addictive substances.

Overall, it looks as though the programme is quite effective. You could run a between-participants *t*-test on the data, and report that 'trait-addiction is significantly lower after the programme,  $t(4)=2.90$   $p=.044$ '. If you were feeling particularly optimistic, you might say that the programme significantly reduced trait addiction and the effect size was  $d=2.23$ ; very large according to Cohen (1988), and conclude that the programme significantly reduces trait-addiction to a sizeable degree.

But that is *statistical* significance, based on the *means* of each *group*. We can conclude that such an extreme difference is unlikely to be due to chance (Field, 2006). But is that change *clinically* significant? Is it meaningful in terms of making statements like 'The programme reduces levels of trait addiction in addict populations to levels similar to non-addict populations'? What about the effect it has on the individuals? How many of them have significantly improved – how many have become 'more like the non-addicts'?

Table 1: Participant trait addiction scores and RCIs.

Participant	Pre-Test	Post-Test	Change	RCI
James	80	30	-50	-4.86
Kelly	95	55	-65	-3.89
Paul	90	15	-75	-7.29
Adam	60	65	+5	+0.49
Tom	75	45	-30	-2.92
Means	80.00	42.00	-38.00	
SD	13.69	19.87	29.28	

This is the idea of clinical significance; the effect is clinically significant if the individual has moved from being more like a clinical population (for example, an addict, sex-offender, or schizophrenic, etc.) to being more like a non-clinical comparison population (whatever that group may be; non-addicts, non-offenders, non-schizophrenics)? Furthermore, is the difference reliable when you take into account the reliability of the measure you use? Unfortunately this is where the standard tests are deficient.

### The RCI statistic

The RCI demonstrates how much, and in what direction an individual has changed, and whether that change is reliable and clinically significant. RCI scores are also relatively easy to compute, and, although popular statistics packages don't typically provide them, its computation lends itself nicely to spreadsheets<sup>1</sup>. Below is a combined equation for RCIs based on those published by Jacobson and Truax (1991):

$$RCI = \frac{x_2 - x_1}{\sqrt{2(s_1\sqrt{1-r_{xx}})^2}}$$

For this and the following equations,  $M_0$ ,  $M_1$  and  $M_2$  are the means for the comparison-group, pre-test, and post-test groups;  $s_0$ ,  $s_1$  and  $s_2$  are the standard deviations for the comparison-group, pre-test, and post-test groups;  $r_{xx}$  is the test-retest reliability of measure used; and  $x_1$  and  $x_2$  are the pre- and post-test scores of the participants for whom you're calculating the RCI.

RCI scores provide a measure of the change in standardised units, the direction of that change, and whether it's reliable; an RCI of 1.00 is half as big a change as an RCI of 2.00, positive RCIs are increases whereas negative RCIs are decreases, and an RCI with a magnitude of 1.96 or greater in either direction is statistically reliable at the  $p < .05$  level (Jacobson & Truax, 1991).

From the RCIs for each individual (Table 1; assuming a test-retest reliability of 0.6), you can see that Paul showed the biggest decrease in trait addiction, followed by James, Kelly, and Tom. All of these values are greater in magnitude than 1.96, so we can conclude that these four have shown a real decrease in trait addiction, and the changes are unlikely to be due to the variability within the measure. Adam, on the other hand, has shown an increase in trait addiction over the course of the programme, but with an RCI of +0.49, this may be due to measurement error, and not reflective of a true deterioration; all information which the standard statistical comparisons miss.

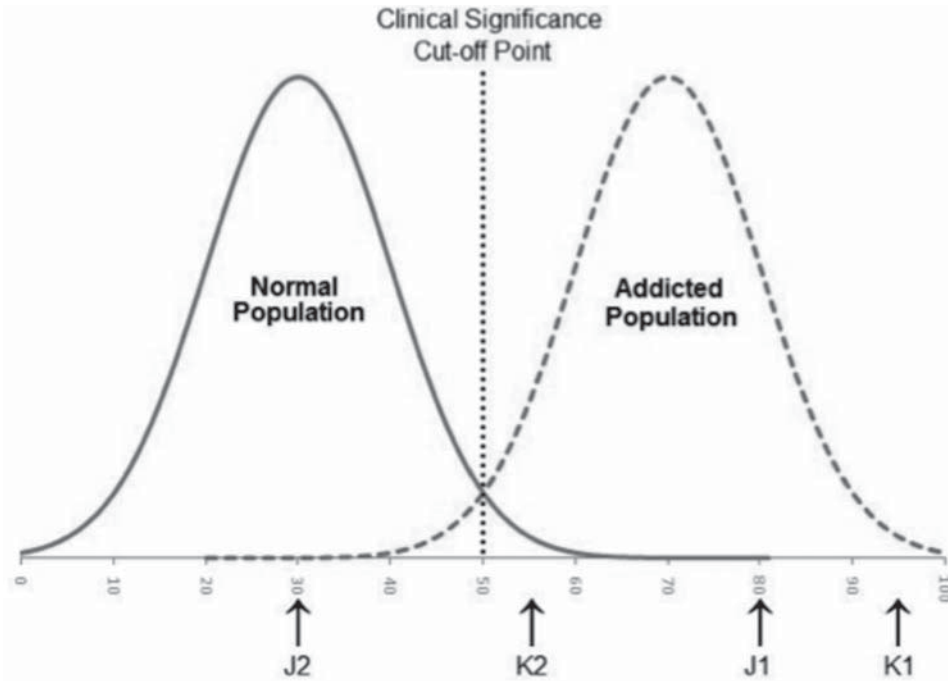
Having determined that in four of our five group members the change is reliable, we can then consider whether these changes are clinically significant. That is, have they moved closer to the range of the comparison ('normal') population than the scores found in the addicted population? Jacobson and Truax (1991) provide a detailed discussion of the methods by which this can be determined, but in short, a cut-off point is set, one side of which is closer to the 'normal' population, the other side of which is closer to the addicted population. If an individual's score moves from the addicted to the 'normal' side, then the change is clinically significant.

The two populations' distributions can be thought of as the two bell-shaped curves in Figure 1. Assume that the normal population scores have  $M=30$ ,  $SD=10$ , on the trait addiction scale, and the addicted population has  $M=70$  and  $SD=10$ . The simplest way of deciding on a cut-off point is to take the mid-point of the two means. This is shown by the vertical line at  $x=50$ . There are alternatives which are based on the cut-off being two standard deviations from the means of populations, who's stringency is determined by the degree of overlap, but here we'll focus on the mid-point method (for a more detailed discussion, see Jacobson & Truax, 1991).

<sup>1</sup> An Excel spreadsheet designed to compute RCIs will be available from <http://daniel-zahra.webs.com/publications.htm>, shortly to be joined by a downloadable stand-alone RCI calculator that is under development.



Figure 1: Population distributions showing scores for James and Kelly, with a mid-point cut-off for clinical significance.



The mid-point cut-off can be calculated as the left side of the equation below if the populations have equal variances, or the right side if they differ.

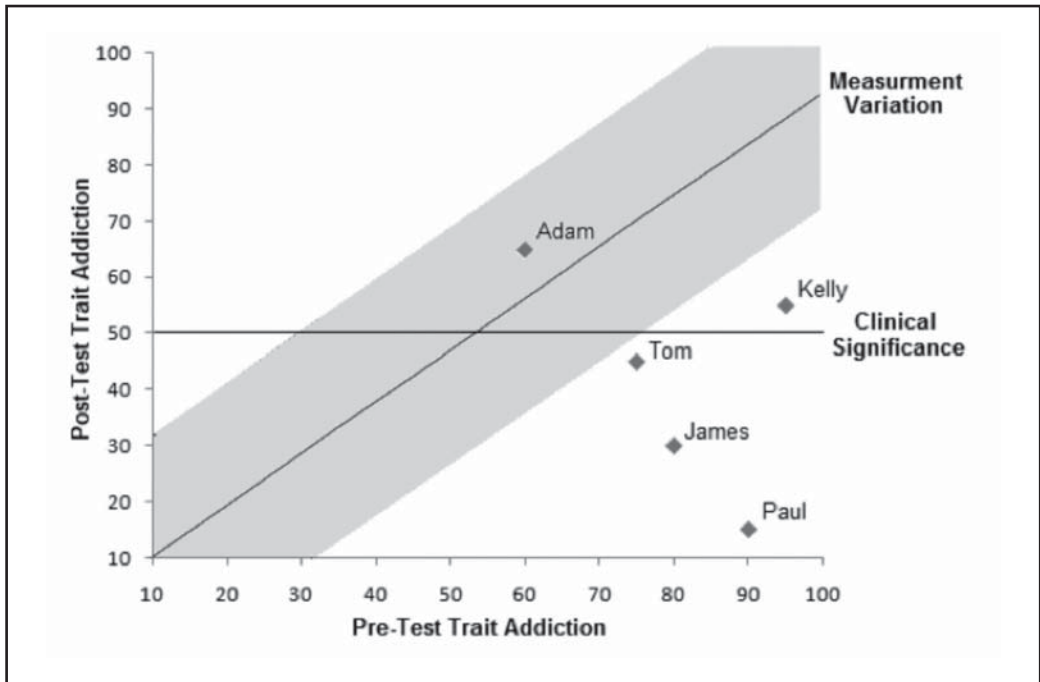
$$midpoint = \frac{(M_1 + M_0)}{2} \equiv \frac{s_0 M_1 + s_1 M_0}{s_0 + s_1}$$

Figure 1 also shows the pre- and post-test scores for James and Kelly. James moves from being more like the addicted population (J1) over the cut-off point, to be more like the normal population (J2), whereas although Kelly’s scores drop after the programme (K1, K2), her final score remains more likely to be drawn from the addicted population. Although they both show statistically reliable change (as shown by the RCI scores), only James’ improvement is clinically significant based on the mid-point cut-off<sup>2</sup>.

All of this information can be combined in a plot as shown in Figure 2, which plots pre-test trait addiction against post-test trait addiction scores. The diagonal line shows points of no-change. So anyone above the diagonal has shown an increase in trait addiction over the course of the programme, and anyone below the line has shown a decrease. The grey area around the no-change line shows points of unreliable change; change that could be accounted for by the variation in the measure ( $RCI > |1.96|$ ). The white areas above the grey diagonal are statistically reliable increases in trait-addiction; the white areas below reflect statistically reliable decreases. Finally, points above and below the clinical significance line reflect clinically non-significant and clinically significant change respectively.

<sup>2</sup> An argument could be made for Kelly’s change being clinically significant, depending on the cut-off criteria you adopt; and in an applied setting, treatment efficacy in terms of quality of life may be judged to be completely independently of statistical significance or similarity to a given group.

Figure 2: Pre- and post-test scores showing measurement variation bounds and a mid-point cut-off for clinical significance.



So for example, Adam showed an increase in trait addiction (above the diagonal), but it doesn't reflect reliable (in the grey area) or clinically significant (above the horizontal) change. Kelly showed a reliable decrease in trait addiction (below the diagonal, in the white), but the difference wasn't clinically significant (above the horizontal). However, Tom, James and Paul all showed reliable decreases (below the diagonal, in the white) in trait-addiction, which were clinically significant (below the horizontal).

### Small samples and a focus on the individual

Most psychological research is conducted on larger groups of individuals, with the intention of developing and testing theories that are generalisable to populations, as opposed to effects at the level of individual participants. Certainly, methods such as the RCI are not appropriate as a replacement for statistics based on group means, but when the research is more ideographic, the RCI allows the movement of each individual to be

tracked across conditions, time, or the course of the study; for example, monitoring mood changes across tasks, or seeing how group interaction affects self-other orientation. This can provide some interesting change-pattern data, and, rather than focusing on the changes in the group, can be used to evaluate the changes shown by each individual, as well as providing the information on reliability and clinical significance outlined above.

In addition the RCI excels when the sample is very small. In such cases, the statistical analyses that can be brought to bear on the data are limited. And when the sample drops to five or less, the options become even more limited, with adjusted variants of the typical non-parametric options becoming more difficult to implement, and a few obscure techniques being the only remaining options. The RCI, because it looks at the change of the individual, makes it an ideal test to use with any sample size, though it particularly lends itself to small group research interested in the individual.

Although we are used to working with larger groups, there may be times when we find ourselves working with very specific populations that are difficult to recruit from or want to focus on a particular subset of a larger sample.

Furthermore, the standardised nature of the RCI scores allows a range of scales to be compared directly, without any additional standardisation being required; which can save a lot of time and effort if individuals have been subjected to a battery of tests.

### **Pre-tests and manipulation checks**

The RCI use isn't limited to small-*N* statistics though. Its ability to track changes across testing sessions makes it useful for evaluating pre-tests and manipulations. In emotion research for example, where moods are measured before and after a task designed to alter them, the situation is analogous to the drug-rehabilitation example above. A measure is taken before and after the individual has, for example, written about a traumatic life event, and the RCI can be used to determine whether the individual's mood has changed reliably and to an extent that is clinically significant; although in this case 'experimentally' or 'individually' significant might be a better term.

Furthermore, because of the focus on the individual rather than the group as a whole, RCI scores coupled with evaluation of clinical significance provide a useful tool for selecting cases where manipulation was effective. In the mood manipulation case, the data provided by the RCI allows the identification of individuals whose moods have only changed marginally, or in an unusual direction, allowing the identification of subgroups for further analysis. The RCI thus also provides a systematic screening tool for such settings than visual inspection or setting cut-off points for inclusion based only on change relative to the group. Of course, this information might be used to identify cases that are interesting in themselves, and not necessarily be used for removing outlying results.

Practice effects are a potential issue with the RCI, though obviously more so with measures affected by repetition. However, corrections for practice effects can be made to the RCI formula if you have a control group from which you can estimate the mean practice effect (Chelune et al., 1993; Maassen, Bossema & Brand, 2009; Temkin et al., 1999).

### **Category membership**

An extension of the manipulation check application of the RCI would be to use the scores for post-hoc category allocation. Although in their original article, Jacobson and Truax (1991) argue the case for an objective measure of clinical significance, this may not be the best indicator of treatment efficacy in a clinical setting. However, in academic psychology, the clinical significance cut-off can be better thought of as an objective indicator of category membership; being more or less like a given group. This might be particularly useful in quasi-experimental designs where test scores are to be used as a grouping variable.

If, for example, the researcher was interested in investigating what factors lead individuals to respond in a certain way on a test, RCI scores could be used to group people into those who reliably show increases, decreases or no change in a trait. These groups could then be used as categorical variables in more typical analyses, and provide a justification for category membership above and beyond relatively arbitrary cut-offs such as quartiles. A systematic and replicable standard by which to assign group membership in respect to normative data could be highly complementary to conventional analyses, particularly as there have been cautions raised in the literature about the extent to which student and WEIRD (people from Western, educated, industrialised, rich and democratic cultures) samples, on which the majority of research is based, are representative of human behaviour (Jones, 2010; Sears, 1986).

### **So, why isn't it more popular?**

One possible explanation is that popular statistics packages don't compute it. However, the potential does exist within these packages to calculate RCIs manually. Or, as mentioned above, given the relative ease of computing RCI scores, it lends itself well to software such as Excel. It might also be because it's not a widely known statistic, or that the statistics we're familiar with work reasonably well for the job; but hopefully this paper will at least get the RCI considered as an option for what it can offer in addition to the standard arsenal.

Probably the most significant problem encountered when trying to use the RCI is the need for comparison population means and standard deviations, and the reliability of the measurements used.

In itself, this highlights the need for more empirical work on evaluating the multitude of scales available to psychologists, but it can be worked around. There are some published distribution data for the more popular scales used within health, forensic, and clinical settings. For more specific, less widely used scales, reliability can be estimated without too much extra work by building a control group into the design, to provide test-retest reliabilities. Alternatively, split-half reliability can be calculated based on the pre-test scores, and a full-scale reliability estimated using the Spearman-Brown correction. Relative to the amount of work we put into study designs and statistics anyway, these are only minor additions.

Lack of knowledge about population distributions is slightly more problematic, but equally necessary if change away from one population and towards another is to be evaluated. Fortunately, sample characteristics can usually be used to estimate the population characteristics if you wanted to use the mid-point cut-off, or you can use alternative cut-off criteria which don't require the same information (see Jacobson & Truax, 1991).

In summary, although gathering the required information may be an initial outlay, the RCI provides a relatively easy to compute statistic which lends itself to a range of research applications, particularly those at the level of the individual which the more popular statistical comparisons ignore, and it provides interesting information over and above more commonly used tests.

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## Conference Review

# DCD-VIII International Conference

Michelle Pratt & Duncan Brown

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*Baltimore, Maryland, US, 23–26 June 2010*

IT WAS A PLEASURE to attend the DCD-VIII International Conference that took place at the University of Maryland, Baltimore campus. This biannual conference was a great opportunity to meet with fellow researchers and clinicians that have an interest in Developmental Co-ordination Disorder (DCD). DCD is a neurodevelopmental disorder recognised by the APA *DSM-IV* that is diagnosed in those whose motor skill: (i) is out of keeping with chronological age and general ability; (ii) interferes with activities of daily living and/or educational achievement, and (iii) can not be accounted for by learning disability or other medical condition (e.g. muscular dystrophy or cerebral palsy) (American Psychiatric Association, 1994). DCD affects between five to six per cent of school-aged children, with individuals continuing to demonstrate poor motor skills through adolescence into adulthood. The conference was organised to present research that reflects mechanisms that underlie poor co-ordination, diagnostic procedures, assessment, co-morbid characteristics, and applicable intervention techniques.

There was a vast collection of individuals who attended this conference which included researchers from the fields of psychology, neuroscience, applied psychiatry, occupational therapy, physical therapy, sports and exercise science, and paediatric medicine from all reaches of the globe.

As a student it was a fantastic opportunity to put names to faces regarding all of the papers used for literature reviews and the authors! The DCD community is a small network of researchers thus the conference had a friendly and supportive atmosphere that promoted discussion between all atten-

dees. In addition to numerous poster sessions and tutorials, the keynote speakers presented invaluable talks regarding the advancement of research within the field of DCD and movement skill disorders. Despite the trip being more costly as the conference was in the US, the conference registration fee represented excellent value for money, given the opportunity to hear such a wide range of influential speakers. Although going to an international conference often means a long journey, in our experience this was worth the extra time. Particularly as it gave us the opportunity to mix with researchers who we may not otherwise have had contact with, who held different views to our own with regards to the nature of DCD. It may also be of benefit for people who have nerves about giving oral presentations – presenting away from ‘home turf’ is challenging but also gives a real confidence boost!

The conference commenced with a talk given by Dr Peter Wilson from RMIT University Melbourne, Australia. The talk focused on developing a neuroscience model of cognitive function in children with DCD and the unfolding of motor-cognitive relations during childhood.

Dr Reint Geuze presented an interesting talk discussing the developmental pathways and sequences that change during development. Dr Piek gave a talk regarding the social emotional implications for children with DCD. As this area of research is lacking within the realm of DCD research it provided solid framework in support of the importance of this research and what direction future research may take. The talk emphasised the knock on effects of movement skills dysfunction that influences social

isolation, emotional difficulties, higher levels of anxiety and depression. It is often theorised that these emotional difficulties are secondary to the movement problems, however this relationship has not been fully examined and it appears that they may be more severe than the physical difficulties. The association between early motor development and later social emotional difficulties is now becoming clear, and Dr Piek clearly emphasised early identification in order to apply appropriate and effective treatment plans. Dr Cheryl Missiuna presented a detailed talk discussing the overall progression of research within the last 15 years with a clear message of increasing support for families, schools, and communities with a partnership between researchers and service providers.

The final talk continued the theme of social and peer interaction of children with developmental delay, on the basis of understanding the psychological and social predictors of physical activity behaviours that are essential for a positive healthy lifestyle. Research has shown that there are four common elements that are essential to enhancing a positive social interaction that derives from competent physical functioning. These include competence, autonomy, supportive relationships, and enjoyment of activity. It is apparent that the DCD cohort has difficulty with these four elements and thus it is integral that parents, teachers, and healthcare professions identify activities that encompass these elements of success and prescribe activities that are appropriate for the skills that DCD children possess.

In addition to these keynote talks there were numerous tutorials and poster presentations that allowed researchers and clinicians to interact and discuss all things related to research and treatment delivery. I found this to be the most beneficial portion of the conference as I was presenting some data I had obtained from an earlier EEG study with DCD participants. It was very beneficial to have input from fellow researchers. For Michelle, who was in the final few months of

writing up, the chance to give an oral presentation of her work regarding children with DCD and their executive function skills to an international audience of familiar and new faces was invaluable. Much like me, she also found presenting during the poster sessions extremely useful, and obtained advice from experts across a variety of fields. In addition, talks and posters presented by students were warmly received, and the atmosphere was certainly one of encouragement for the next generation of DCD researchers!

I felt that overall the most influential presentations were the ones that examined the progression of research into practices directed towards individuals with DCD. As researchers in a field that primarily deals with a clinical group it is always important to have a grasp of the endpoint which in this case is how the research is used to benefit the individuals in question. These presentations really emphasised the importance of research carryover into practice and in some way help to support your hard work, as you consider its real life impact.

Overall, DCD-VIII was a very well organised conference, with a friendly and supportive atmosphere. It was very reassuring to see the positive interaction between all professionals to include healthcare providers and researchers. Postgraduate researchers from all academic realms were provided a welcoming forum in which to discuss their research and receive feedback. If your research falls within the context of developmental disorders, therapeutic intervention, or movement related methods then I would highly recommend this conference to anyone.

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## Conference Review

# 2nd International Congress on Community Life at School: Psychological and educational variables involved

Alana James

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*Universidad de Almería, 16–19 March 2010*

IT WAS THE best of conferences, it was the worst of conferences. The 2nd International Congress on Community Life at School was an odd experience. The thematic areas covered ranged from bullying to psychopedagogical counselling. Although billed as ‘international’ it was primarily a domestic Spanish conference with a small number of international presenters and keynote speakers. The majority of talks and the information given out by the organisers were, therefore, in Spanish only. Given that I don’t speak Spanish this was somewhat frustrating, and I rather felt that I had been conned by the ‘international’ conference title.

That said it was in some ways a perfect conference to attend. I was asked to give a talk in an invited symposium on peer support initiatives in schools, where trained pupils offer support to others. This was a fantastic opportunity in itself, and a chance to present some of the data from my PhD on the relationship between peer support schemes and pupils’ perceptions of school climate. On the morning of my talk it was decided to translate my slides into Spanish to ensure that as many people as possible understood my presentation. Unfortunately there was only time to translate half of the material, but it did seem to be a valuable exercise. I was very relieved when people asked questions at the end, proving that I had been understood.

The symposium was also useful for meeting a team of researchers looking at

peer support at the Universidad Autónoma de Madrid, led by the symposium organiser Dr Cristina del Barrio. One of the benefits of attending conferences is the ability to network and share findings and ideas, and despite the language barrier this proved fruitful in Almeria. I was able to learn about the research projects being undertaken and the findings, and gain others’ perspectives on the use of peer support in schools. It didn’t hurt that this academic exchange sprawled over the conference and into a local taverna with excellent tapas.

The final keynote speech of the conference was also very relevant – ‘Anti-Bullying Peer Support Systems’ by Dr Paul Naylor, then at the University of Sheffield. This gave an overview of the use of peer support in schools, a look at early and some later research findings, and indications of what future directions in using peer support could be. The talk was received very well (all the slides were incidentally in Spanish), and although I was already familiar with the material it was interesting to hear an expert’s opinion. Dr Naylor’s views on the use and outcomes of peer support are more optimistic than my own, and gave me food for thought.

Almeria was a lovely location for a conference. The recommended hotel had views overlooking the sea, and the university campus was also on the coast. It was easy enough to get by around the town with only very basic Spanish, but if I hadn’t bumped into my symposium organiser on the first day



I'm not sure I would have made it to the conference. The information on the conference website was also given in English but only partially, meaning that the information on how to get to the venue was unhelpful.

In some ways this conference was a let-down, but in others much more helpful than others I have attended. However, I would only recommend attending this conference if you know that there will be other researchers working in your area you will be able to network with – or obviously if you speak Spanish!

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# Who uses NHS Direct? An investigation of the geographical and socio-demographic characteristics of NHS Direct users

Erica Cook

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*Note from the editor:* The Department of Health recently announced plans to replace the NHS Direct service. It is piloting 'NHS 111' in North East England, and claims the easy to remember three-digit phone number will provide a single point of access to all non-emergency services, including an additional range of facilities, such as allowing callers to book appointments with GPs and get an ambulance without callers having to dial 999. These changes will not effect the project described here.

**N**HS Direct (NHSD) was created in 1998 to provide a 24-hour telephone advice service to the public. It was designed to provide 'easier and faster advice and information for people about health, illness and the NHS so that they are better able to care for themselves and their families' (Department of Health, 1997). This service allows individuals to speak to a nurse and either manage their symptoms based on advice given or be directed to other appropriate medical facilities (for example, accident and emergency services or a person's GP). Furthermore, NHSD provides health information online; alongside managing interactive online assessment tools which provide advice to individuals to self manage their symptoms alongside a call back service if necessary. This service reduces unnecessary demands on other NHS services (e.g. under pressure A&E services, out of hours co-operatives) by providing a more responsive service for non-emergency needs (Munro et al., 2001).

While NHSD has been very popular with it's consumers, unfortunately, as most health services, it is under-used by the elderly, ethnic minorities and other disadvantaged groups (O'Cathain et al., 2000). My research will develop a culturally competent

theoretical framework which will explore in depth how telephone-based health care systems (such as NHSD) are used. This will inform future research to help develop the service and encourage greater uptake amongst low users.

The framework will evaluate various socio-cognitive models that have been used to predict health care utilisation. These models propose that social and psychological processes such as health beliefs and attitudes act as enabling factors which essentially predict health service uptake; Andersen's Socio-Behavioural Model (SBM) (Andersen & Newman, 1973; Andersen, 1995), Health Belief Model HBM (Rosenstock, 1966; VanderKar et al., 1992; Strecher & Rosenstock, 1997; Rosenstock, 2005) and the Protection Motivation Theory PMT (Rogers, 1975). This research also attempts to understand the interaction of concepts such as illness representations and coping resources to provide a better theoretical understanding to how individuals appraise and manage symptoms within the context of seeking telephone-based health care advice (Leventhal et al., 1998; Hagger & Orbell, 2003).

Current research suggests that the highest NHSD users are mostly middle aged

females and calls on behalf of children aged five and under (Bibi et al., 2005), with men, older people, ethnic minorities and less advantaged social groups underrepresented (George, 2002; O'Caithan, 2005; Ring & Jones, 2004; Ullah et al., 2003) – the same groups which make up the 'digital divide' (Rice & Katz, 2003). Shah and Cook (2008) during 2004–2005 used the General Household Survey (GHS), interviewing a total of 7634 households to confirm use of NHSD. Interestingly, household level NHSD use was higher in larger households and those with children. NHSD use was significantly lower in households with older people (65+) and those with material deprivation and low social status, for example, lack of access to a car, low household income, residing in social housing, head of house in a manual occupation group and receiving income support. They also identified low use in households where the head of household was not White or born outside the UK. Furthermore, when controlling for limiting and long standing illness, material deprivation and social status strengthened this linear relationship (Shah & Cook, 2008). Interestingly, NHSD call rates were lowest in the most affluent areas, rising to a peak in deprived areas and then reducing in areas of extreme deprivation (Cooper et al., 2005, Burt, 2003).

Ecological studies had similar findings and suggest that the majority of calls were on behalf of children aged 5 and under (58.4 per 1000) with older people being the lowest users (8.5 per 1000) (Cooper et al., 2005). These ecological studies were based on NHSD call data (2001–2002) which was mapped to council ward levels to measure deprivation. Using this approach has enabled a more rigorous approach to understanding regional characteristics of NHSD utilisation (south-east London, west Yorkshire and the Midlands). However, data was only captured for selected areas, so these characteristics may not be fully representative of the whole nation. It has also become apparent that previous research into NHSD usage has been based on data which is

largely outdated and may not be representative of the current NHSD usage patterns (Bibi et al., 2005).

My research adopts a mixed methods design within a three-stage process. Stage one will analyse demographic data from the NHSD health advice and information helpline service, which will determine if there is an inequity of use. The second stage of this study will adopt a qualitative approach. High user groups of NHSD as identified by the first stage of this research will be interviewed to determine predictors of using a telephone-based health care such as NHSD. The third stage will adopt a large-scale study, which will aim to measure the theoretical constructs as derived from the second stage using validated questionnaires to be able to test the predictability of the developed theoretical framework.

The research offers an opportunity to ascertain if there is a true inequity of NHSD utilisation by adopting a sound methodological approach. Furthermore, I expect that by adopting a mixed methods design our theoretical knowledge will be enhanced, which can then be applied to understand constructs which can predict health care utilisation specific for telephone-based health care. This research will be able to determine how NHSD is currently and will not only shape future advertising campaigns but will also help make NHSD a more patient centred service. On a personal note I feel privileged that I have been given the opportunity to be part of NHSD's strategic development. I am really looking forward to contributing to the knowledge of NHSD utilisation thus developing a theoretical framework, which I hope can be applied to increase use.

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# American Psychology-Law Society Conference

Annelies Vredeveltdt

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*Vancouver, Canada, 18–20 March 2010*

THE American Psychology-Law Society (AP-LS) promotes the application of psychology in the legal system. This rather vague mission statement covers a diverse range of issues, which were all reflected at the 2010 AP-LS conference in Vancouver. The conference was attended by researchers as well as practitioners in the field. With over 800 attendees and six parallel sessions at any given time, the convention offered a wide variety of presentations and posters on topics such as eyewitness testimony, deception detection, jury research, and mental health law. I'd like to take you through my personal highlights of the conference.

On the day before the conference, the AP-LS offered a number of workshops, one of which was on meta-analysis in psychology and law research, facilitated by Professor Siegfried Sporer, a famous researcher in the field. For those of you who have been lucky enough not to have encountered meta-analysis before, it is a type of research which explores the size of a particular effect, by taking together the findings of a range of studies on that effect. I decided to make the most of my time in Vancouver and take this opportunity, because I thought it would be useful for my future career. What I did not expect, however, was how enjoyable the session would be. Although the statistical procedures behind meta-analysis are a somewhat dry and difficult topic, Professor Sporer made the subject interesting. He accomplished this by presenting his talk in an understandable way, despite the content being quite complex. As anticipated, I learnt

a great deal that will benefit me in the future. Even if I am not going to conduct a meta-analysis myself, the course has helped me to become a 'critical consumer' of meta-analyses, and this skill will be invaluable for my PhD thesis and subsequent writing. In addition, I got a chance to meet a number of conference attendees, both students and senior researchers, even before the conference had started. Thus, the workshop was a good start of my trip, and I was excited to get started with the conference the following day.

The first morning of the conference featured a number of early career workshops, before the opening plenary at lunchtime. Although the workshops did not provide me with any staggering new insights, it was interesting to hear from more experienced people in the field about the start of their career, and it was a nice warm-up for the more content-rich sessions later that day. Sadly, I was unable to attend the opening plenary session on deception detection because I had a lunch meeting with the AP-LS student society members, to discuss co-operation with the student society of the European Psychology and Law Association (EAPL), of which I am vice-president. It was a fruitful meeting though, and I think it is a good thing that students are becoming more and more visible and influential at conventions like this, which will hopefully encourage more students to attend these conferences. From casual observation, although I did meet a number of students at the conference, student attendance could certainly be a lot higher. After lunch, I alternated between different rooms because the

talks I wanted to attend were quite spread out over different sessions. This relocation process after each presentation in each session was somewhat disruptive, but probably inevitable at a large conference such as this one. One talk that particularly stood out on the first day was the presentation of Dr Fiona Gabbert on the Self-Administered Interview (SAI). The SAI is a new recall tool designed to elicit a comprehensive initial statement from crime witnesses, grounded in psychological principles that have been proven to effectively aid memory retrieval. What made the talk so special, besides the clear presentation and the solid findings, was the practical application of her research: a number of police departments in the UK are now using the SAI to increase the amount of information obtained from eyewitnesses.

On the second day of the conference, I presented my own research on the benefits of eye-closure on eyewitness memory. In my research, I have found that people remember the visual details of a witnessed crime better if they close their eyes during the investigative interview. I have presented at one conference before, but never at a conference as big as this. Because my talk was scheduled for three in the afternoon,

I was lucky enough to have an audience of over 100 people. It was exciting to present my findings to such a large group of experts in my field, and I received a lot of positive reactions after my presentation, including some researchers who were interested to conduct research on variations of my topic after hearing my talk. Thus, the presentation will potentially result in new collaborations – definitely worth the trip to Vancouver! The final day of the conference again featured a number of interesting talks and ended with a drinks reception organised by John Jay College of Criminal Justice in New York, where I will be going on a study visit in the autumn of this year. This last evening was a good opportunity for me to meet the people I will be working with, and talking to my friendly future colleagues from John Jay made me even more excited to go on the study visit. All in all, the conference was an interesting, fun, and useful experience, and I would like to thank PsyPAG for supporting my attendance.

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University of York.

# Scales of ability: Autism, music, and the need for flexibility in doctoral research

Rory Allen

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**W**ORKING towards a PhD can be a very diverse experience. Not only do people differ greatly from one another in their individual research fields, but their whole method of working changes at different stages for the same individual. Looking back as I end my time as a post-graduate student, only one thing has remained constant: the future is always unpredictable. The PhD process is like a military operation, and it is said that no military plan survives first contact with the enemy. This is just as true when applied to a research plan and its contact with scientific reality.

Threatened by all this uncertainty, one piece of advice that I found helpful was, to find an area in which you can start doing original work at an early stage. PhD examiners are looking for work of publishable quality, and besides, it is very motivating to know that you are exploring a new piece of science. Finding such an area may appear daunting, but I have found that this impression can be mistaken. However, it is necessary to be prepared for the possibility that your first effort may be a false start, and to change direction if necessary. Science, like warfare, requires flexibility and the humility sometimes to admit defeat: a strategic withdrawal, or at least a change of direction, may be essential.

At the outset, my own research looked at mechanisms of empathy. I used music to induce mood changes in participants, who were then tasked with deciding on the mood shown by a series of morphed faces, varying from obviously happy to obviously sad, with ambivalent ones in the middle. The theory was that playing happy music to the participants would make them more likely to

decide that a neutral face was happy, and sad music would have the opposite effect. I found a positive result, and concluded that this provided evidence for a particular theory of how empathy works.

The experiment was a reasonable success, but unfortunately several other researchers were working on this simultaneously. After progressing through the experimental process and writing it up as a paper, I was 'scooped' by the prior publication of a similar result. Fortunately, I had had a subsidiary experiment planned, involving the same task with a group of high-functioning autistic adults, who were predicted to show no effect; they were a kind of control group. The reason for this prediction lay in an evolutionary theory of the origins of music: according to this, human liking for music is based on the selective advantage given by music in its role in social bonding; in summary the tribe that plays together, stays together. People with autism have reduced or absent social ability, so it was predicted that they would be unresponsive to music.

My original plan, as I subsequently discovered, contained two flaws, which, fortunately, cancelled each other out. The first flaw, mentioned above, was the assumption that my hypothesis and research plan were original. The second flaw was to assume that the received wisdom on autism and music was correct. But that second flaw was precisely what was needed to give me an escape route from the problems created by the first one. After the disappointment of being scooped, I decided to look again at the subsidiary experiment, and the autism hypothesis. I found that the assumption of insensitivity to music in autism was

supported by almost no empirical evidence. Three respected writers on music psychology had made fairly brief references to this alleged insensitivity, either in published papers or book chapters, but when I explored further, the only evidence that they cited was an account by Oliver Sacks of a single case, that of a woman with autism who has no liking for music. Everyone seemed to have read this book, and to have cited the same example. Somehow, a few conversations with one individual had been transmuted into a widely accepted assumption applying to everybody with autism.

I still question why this assumption was made and why it had not been tested further. It could be that the evolutionary theory of music apparently required people with autism to be insensitive to musical emotion. Therefore, anyone wedded to the evolutionary theory had to believe in musical insensitivity in autism, and would not consider it worth testing this article of faith. And secondly, the majority of music psychologists are focused on pure music psychology and do not investigate autism, which requires access to clinical populations.

So by this stage, I had found a research area, and a sort of research hypothesis, embodying the received wisdom, that people with autism 'would not 'get' music' (in the words of one of the writers on the topic). I say 'sort of' hypothesis, because it was clear that one way to achieve an interesting result early on, would be to show that this hypothesis was not true. We are all trained to assume that we need to have a clear hypothesis before starting research, but I would argue that it is just as good to have a plausible assumption that you can use as an anti-hypothesis – an Aunt Sally – and to attempt to prove it wrong. In my case, there would be a clear interest in taking the common assumption on music and autism, unsupported as it was by any real empirical evidence, and proving it mistaken. This may involve what appears to be an attempt to prove a null hypothesis, which again, we are all conditioned to avoid. However, proving

that an effect, if it exists, lies within certain small limits (an assertion known as a 'nil hypothesis') is a perfectly valid aim.

The lack of previous work on music and emotion in adults with autism was a handicap in one way, in that there was little to base my own research on. This required a further change of plan, but it turned out to be a fortunate one. Instead of doing a quantitative study on empathy in autism, as per my first experiment, I decided to investigate how adults with autism experience music within a qualitative framework, using semi-structured interviews and an analysis method known as Grounded Theory.

In an area where little is known, qualitative analysis can be a very useful. I think of it like making a rough sketch map of a newly-discovered country: once you have marked in the main mountains, rivers and so on, it is then possible to add to this basic sketch by measuring the distances between the main features and adding further details. But it certainly helps to have the sketch map first. In the same way, qualitative work can be invaluable in guiding later, more precise quantitative studies. The open-ended research question in the qualitative study (roughly translated as 'what on earth is going on here?') can then be refined into the sort of research hypothesis that we are all familiar with, in the quantitative follow-up. To take a simple example, you might, at the qualitative stage, identify X and Y as being the most important variables, and then, at the quantitative stage, test whether or not X correlates with Y.

To cut a long story short I found with my sample, 12 adults with normal intelligence on the autism spectrum, that most of them showed a highly-developed interest in music. In some instances, music played an essential part in their lives, especially in mood-regulation. So much for the received wisdom: it was clearly in error. On the other hand – and this would never have come out of a quantitative study – the words they used in the interviews to describe the emotional reactions that they sought to induce in themselves when



listening to music, had one marked characteristic. They all seemed to be variants on two basic states: excitement and calmness. There was little or no mention of the wider range of emotion words used by typical populations, as documented in numerous broad studies of musical emotion induction outside the autism context.

This provided the seed corn for the subsequent, quantitative part of my research, which involved looking at whether this apparent language difference was real, by using a set of standard musical items and comparing the autism group descriptions with a control group. It turned out that the difference was real, and was explainable in terms of a construct named alexithymia, or a reduced ability to find words for one's internal emotions. Alexithymia was already known to be common in autism. I also measured their physiological reactions to music using galvanic skin responses, and found no difference between the autism and control groups. My conclusion was that people with autism have the same ability as controls to respond emotionally to music, but that when asked to verbalise their responses, they are limited in their ability to do so, precisely in the same way as they are limited in describing any other emotion that they may experience. This result was publishable.

What conclusions do I draw from my own experience? Apart from expecting the unexpected, I would recommend that PhD researchers should never treat assumptions with reverence just because they originate from someone senior. All researchers probably need to have a rebellious streak in their makeup: science often advances, after all, by proving the cherished theories of distinguished scientists to be incomplete, or simply wrong. Another conclusion, when looking for a less crowded research area in

which to attempt original research, is that one should look at the boundaries between established disciplines. Ten-to-one there are questions involving a crossing-over between different territories which nobody has looked at. If fusion cooking is the new *nouvelle cuisine*, fusion psychology could be one way forward for your psychology research. It worked for me to look at the crossover between music and adults with autism, because most music psychologists look only at music, and most autism researchers focus on non-musical topics in autism.

If all else fails, one can always try to narrow the research area by just adding more qualifiers to the definition of the population of interest and the phenomena you are considering. One can envisage a research area as a kind of Venn diagram, with the area you are working on defined as the intersection of a number of circles. The more circles you include, the smaller will be the area of intersection, and, therefore, the more chance there is that you will have defined something that is so precise, that nobody else will be doing exactly the same as you are. In my case, my first decision to look at the intersection between the music and mood induction circles gave too large an area. By including an extra circle, that of high-functioning adults on the autism spectrum, and focusing on music and emotion induction in this group, I discovered an area almost free of heavyweight competition. And for most of us, unless we are gifted with an unusual degree of self-confidence, that is probably quite a good place to begin.

## **Correspondence**

**Rory Allen**

Goldsmiths, University of London.

# Top tips on ... writing with confidence

Mark Griffiths

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**T**HERE IS LITTLE DOUBT that writing is a fundamental and time-consuming activity within almost all professions but particularly academia. It appears to be an activity that most of us avoid until absolutely necessary. Given the importance of writing it is surprising how little time is spent discussing the issues concerning writing – particularly how to make writing more creative and/or productive. At university we may have been given advice on ‘How to write an essay’ but this usually concerned structure, not the writing process itself. This article contains some discussion points on managing the writing process.

Before outlining some general advice, it’s also worth exploring many of the false beliefs that many of us have about writing – beliefs which may explain why many of us don’t like writing. For instance:

- **Writing is inherently difficult:** Like speaking, writing doesn’t need to be perfect to be effective and satisfying.
- **Good writing must be original:** Little, if any, of what we write is truly original. What makes our ideas worthwhile communicating is the way we present them.
- **Good writing must be perfect preferably in a single draft:** In general, the more successful writers are more likely to revise manuscripts.
- **Good writing must be spontaneous:** There appears to be a belief that writing should await inspiration. However, the most productive and satisfying way to write is habitually, regardless of mood or inspiration. Writers who overvalue spontaneity tend to postpone writing, and if they write at all, they write in binges that they associate with fatigue.
- **Good writing must proceed quickly:** Procrastination goes hand in hand with

impatience. Those writers who often delay writing suppose that writing must proceed quickly and effortlessly. However, good writing can often proceed at a slow pace over a lengthy period of time.

- **Good writing is delayed until the right mood with big blocks of uninterrupted time available:** Good writing can take place in any mood at any time. It is better to write habitually in short periods every day rather than in binges.
- **Good writers are born not made:** Good writing is a process that can be learned like any other behaviour.
- **Good writers do not share their writing until it is finished and perfect:** Although some writers are independent, many writers share their ideas and plans at an early stage and then get colleagues to read over their early drafts for comments and ideas.

Even when these false beliefs about writing are dispelled, many of us can still have problems putting pen to paper or finger to keypad. Insights about writing only slowly translate into actions. For most professionals, writing is only done out of necessity (i.e. a report that they have to hand in). This produces a feeling of ‘having to write’ rather than ‘wanting to write’ and can lead to boredom and/or anxiety. Furthermore, most people appear to view writing as a private act in which their problems are unique and embarrassing. Strategies for overcoming this include getting colleagues to criticise their own work before going ‘public’, sharing initial plans and ideas with others, and practising reviewing other people’s work.

It is generally acknowledged that there is no one proven effective method above all others for teaching people to become better

writers. It is also a process that can be learned and can aid learning (i.e. a skill learned through opportunities to write and from instructional feedback). Although there are no 'quick fixes' to becoming a better writer, here are some general tips on how to make your writing more productive. I would advise you to:

- Establish a regular place where all serious writing is done.
- Remove distracting temptations from the writing site (e.g. magazines, television).
- Leave other activities (e.g. washing-up, making the dinner) until after writing.
- Limit potential interruptions (e.g. put a 'Do not disturb' sign on the door, unplug the telephone).
- Make the writing site as comfortable as possible.
- Make recurrent activities (e.g. telephone calls, coffee making) dependent upon minimum periods of writing first.
- Write while feeling 'fresh' and leave mentally untaxing activities until later in the day.
- Plan beyond daily goals and be realistic about what can be written in the time available.
- Plan and schedule writing tasks into manageable units.
- Complete one section of writing at a time if the writing is in sections.
- Use a word processor to make drafting easier.
- Revise and redraft at least twice.
- Write daily rather than 'bingeing' all in one go.
- Share writing with peers as people are more helpful, judgmental and critical on 'unfinished' drafts.

Obviously, the problem with such a prescriptive list such as this is that not every suggestion will work for everyone. Many of us know our own limitations and create the right conditions to help get the creative juices going. Some people can't write in silence or with others in the room. By reading this article I cannot make you become better writers overnight. However, it has hopefully equipped readers with some tips and discussion points that may help in facilitating better writing not only amongst yourselves and colleagues.

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# Lonely Brains

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**W**E ARE PLEASED to announce this new section. We have included the research interests of some of our committee to get you started. It can be useful to make contact with others in your field, especially at the start of your postgraduate studies to develop ideas or network. If you would like others to contact you about your research ideas or projects, please submit approximately 200 to 300 words including your contact details and an outline of your research interests.

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## **Andrew Clements**

*Psychology of Sexualities Section Representative*

University of Bedfordshire.

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I am in the second year of my PhD programme. I am looking at the role of commitment in students training for vocations such as nursing and social work. Although much of the commitment field is conducted using quantitative methodology, ecological issues have necessitated that I conduct qualitative research. I am, therefore, taking the opportunity to pursue my area of interest inductively. I am also interested in issues relating to organisation and professional cultures, issues relating to roles and identities in organisations, and bringing a critical eye to organisational/occupational psychology.

## **Robin Kramer**

*Psychobiology Section Representative*

Bangor University.

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My PhD research falls within evolutionary psychology, and explores the nature of signalling. More specifically, I am investigating what information we signal to others from our faces and the way that we move. I have been focussing on signals of personality and health in particular, and use static neutral images of the face (both individual and composite) along with point light walkers to explore whether we can accurately perceive traits like extraversion from these minimal stimuli.

## **Josie Booth**

*PsyPAG Treasurer*

University of Strathclyde.

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I am in the final year of my PhD which is investigating the role of executive functions in children's reading ability. In particular I am focussing on children who have difficulties with reading and who may also have comorbid disorders. My research interests span all aspects of developmental psychology and also language and communication. Furthermore, I have a strong interest in Quantitative methods and Psychometric testing.

# About PsyPAG

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**PsyPAG** is a national organisation for all psychology postgraduates based at UK Institutions. Funded by the Research Board of the British Psychological Society, PsyPAG is run on a voluntary basis by postgraduates for postgraduates.

Its aim are to provide support for postgraduate students in the UK, to act as a vehicle for communication between postgraduates, and to represent postgraduates within the British Psychological Society. It also fulfils the vital role of bringing together postgraduates from around the country.

- PsyPAG has no official membership scheme; anyone involved in postgraduate study in psychology at a UK Institution is automatically a member.
- PsyPAG runs an annual workshop and conference and also produces a quarterly journal, which is delivered free of charge to all postgraduate psychology departments in the UK.
- PsyPAG is run by an elected committee, which any postgraduate student can be voted on to. Elections are held at the PsyPAG Annual Conference each year.
- The committee includes representatives for each Sub-Division within the Society, their role being to represent postgraduate interests and problems within that Division or the Society generally. We also liaise with the Student Members Group of the Society to raise awareness of postgraduate issues in the undergraduate community.
- Committee members also include Practitioners-in-Training who are represented by PsyPAG.

## **Mailing List**

PsyPAG maintains a JISCmail mailing list open to ALL psychology postgraduate students. Posts can include anything from announcements to questions, theory, or requests for advice. **You can sign up following the link on the main website: [www.psyag.co.uk](http://www.psyag.co.uk)**

# Bursaries: Need help with the cost of attending a conference? PsyPAG may be able to help...

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**A**LL POSTGRADUATES registered on a course in the UK are eligible to apply for PsyPAG postgraduate awards. PsyPAG offers three types of award for post-graduates looking for financial support to attend both domestic and international conferences:

- **International Conference Award** – this is an award of up to £300 to help with the cost of attending an international conference. Typically there will be no more than four awards of this magnitude per year.  
**Deadlines:** 10 February, 10 June and 10 October.
- **Domestic Conference Award** – an award of up to £100 to help with the cost of attending a UK conference.  
**Deadlines:** 10 February, 10 June and 10 October.
- **PsyPAG Annual Conference Bursaries** – up to 10 awards per annum for delegates wishing to present and attend the PsyPAG Annual Conference.  
**Deadline:** Mid June.

There are three rounds of applications each year for both the International Awards and the Domestic Awards, closing on **10 February, 10 June** and **10 October**. For the PsyPAG Annual Conference Awards, there is a single deadline, usually around mid June. Applicants will be notified of the results, four to six weeks after each closing date. **Successful applicants are required to write an article of their choice for the PsyPAG *Quarterly* and will be invited to present at our Annual Conference.**

While retrospective applications are welcome, please note that due to the rising popularity of the fund, applicants who are not presenting either a poster or a paper are unlikely to be successful.

## **Successful applicants from the June 2010 round**

### **Domestic Bursary Awards**

Ray Percy – University of Reading.

### **International Bursary Awards**

Helen Moore – University of Stirling.

Annelies Vredeveltdt – University of York.

Cherie Armour – University of Ulster.

Elisa Carrus – Goldsmiths College,

University of London.

James Rumbold – University of Loughborough.

Jessica Mayhew – University of St Andrews.

**Visit the website for further information, and to apply online:**

**[www.psypag.co.uk/bursaries.html](http://www.psypag.co.uk/bursaries.html)**

# Dates for your Diary

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Please submit any events to our website: [www.psypag.co.uk/EAA.html](http://www.psypag.co.uk/EAA.html)

- Date:** 6–7 September 2010  
**Venue:** Winchester University  
**Event:** BPS Social Psychology Section Postgraduate Workshop 2010  
**Contact:** [www3.winchester.ac.uk/bps2010/](http://www3.winchester.ac.uk/bps2010/)
- 6–8 September 2010  
London  
London International Conference on Education (LICE-2010)  
[www.liceducation.org](http://www.liceducation.org)
- 10–12 September  
St Anne's College, Oxford  
Consciousness and Experiential Psychology Section Annual Conference 2010  
[www.bps.org.uk/conex/events/cep\\_2010.cfm](http://www.bps.org.uk/conex/events/cep_2010.cfm)
- 12–15 September 2010  
Goldsmiths, University of London  
BPS Developmental Section Conference  
[www.gold.ac.uk/bps2010/](http://www.gold.ac.uk/bps2010/)
- 15–17 September 2010  
Queen's University, Belfast  
The Division of Health Psychology Annual Conference  
[www.bps.org.uk/dhp2010/](http://www.bps.org.uk/dhp2010/)
- 30 September 2010 – 1 October 2010  
Heriot-Watt University, Edinburgh  
Annual Conference for Educational Psychologists in Scotland  
[www.bps.org.uk/sdep2010](http://www.bps.org.uk/sdep2010)
- 10 October 2010  
PsyPAG Domestic Conference Award and International Conference Award  
[www.psypag.co.uk/bursaries.html](http://www.psypag.co.uk/bursaries.html)
- 22 October 2010  
Durham  
North East of England Branch Third Annual Conference  
[www.bps.org.uk/conferences-and-events/event-listing/events\\$/2010/october/north-east-of-branch-third-annual-conference/north-east-branch-third-annual-conference\\_home.cfm](http://www.bps.org.uk/conferences-and-events/event-listing/events$/2010/october/north-east-of-branch-third-annual-conference/north-east-branch-third-annual-conference_home.cfm)
- 26–27 November 2010  
University of Stirling, Scotland  
BPS Scotland Annual Conference & Postgraduate Conference 2010  
[www.bps.org.uk/conferences-and-events/event-listing/events\\$/2010/november/bps-scotland-annual-conference-%26-postgraduate-conference-2010/bps-scotland-annual-conference-%26-postgraduate-conference-2010\\_home.cfm](http://www.bps.org.uk/conferences-and-events/event-listing/events$/2010/november/bps-scotland-annual-conference-%26-postgraduate-conference-2010/bps-scotland-annual-conference-%26-postgraduate-conference-2010_home.cfm)  
Full Conference Earlybird Member Rate: £130 (expires 17 September)

1 December 2010

PsyPAG Outstanding Masters Research Award

[www.psypag.co.uk/awards.html](http://www.psypag.co.uk/awards.html)

1–3 December 2010

Manchester

Division of Clinical Psychology Annual Conference 2010

[www.dcpconference.co.uk/](http://www.dcpconference.co.uk/)

9–10 December 2010

London

The Division of Sport & Exercise Psychology Conference 2010

[www.bps.org.uk/dsep2010](http://www.bps.org.uk/dsep2010)

11–12 January 2011

Stratford-upon-Avon

Postgraduate Occupational Psychology Annual Conference 2011

[www.bps.org.uk/pop2011/](http://www.bps.org.uk/pop2011/)

12–14 January 2011

Stratford-upon-Avon

Division of Occupational Psychology Annual Conference 2011

[www.bps.org.uk/dop2011/](http://www.bps.org.uk/dop2011/)



# PsyPAG Committee 2010/2011

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*Due for  
re-election*

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Julie Port 2011  
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## **Division Representatives**

### **Division of Clinical Psychology**

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### **Division of Counselling Psychology**

Position Vacant

### **Division of Educational and Child Psychology**

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### **Scottish Division of Educational Psychology**

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review

	<i>Due for re-election</i>
<b><i>Division for Teachers and Researchers in Psychology</i></b>	
Fiona Essig f.essig@herts.ac.uk	2011
<b><i>Division of Forensic Psychology</i></b>	
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<b><i>Division of Health Psychology</i></b>	
Ruth Laudler ruth.laudler@northumbria.ac.uk	2012
<b><i>Division of Neuropsychology</i></b>	
Jen Mayer j.mayer@gold.ac.uk	2012
<b><i>Division of Occupational Psychology</i></b>	
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<b><i>Division of Sport and Exercise Psychology</i></b>	
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<b><i>Psychobiology Section</i></b>	
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<b><i>Psychology of Education Section</i></b>	
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<b><i>Psychology of Women Section</i></b>	
Helen Owton howton1@chi.ac.uk	2011

*Due for  
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***Qualitative Methods Section***

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***Social Psychology Section***

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***Transpersonal Psychology Section***

Position Vacant

***Coaching Psychology***

Position Vacant

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***Wessex Branch***

Position Vacant

***West Midlands Branch***

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*Due for  
re-election*

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***Research Board***

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**Other Committees**

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***Learning and Teaching Support Network***

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***National Postgraduate Committee***

Position under review

***Undergraduate Liaison Officer***

Helen Owton 2011  
howton1@chi.ac.uk

**Postgraduate Occupational Psychology Conference  
11<sup>th</sup> and 12<sup>th</sup> January 2011,  
Holiday Inn, Stratford-Upon-Avon**

Are You:

- An MSc or 1st year PhD student in the area of Occupational Psychology
- Interested in a career in Occupational Psychology?
- Wanting to meet like-minded colleagues and potential employers?
- Hoping to present your research at a prestigious conference?

If You Answered Yes To Any Of The Above, The Pop Conference Is Not To Be Missed!

Keynote Speakers:

- Professor Binna Kandola, Pearn Kandola
- Professor Fiona Patterson, Work Psychology Group/University of Cambridge
- Dr Steve Woods, Aston Business School, Aston University

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- Coaching – Richard Boston
- Wellbeing – Rob Archer
- “Do you want to do a PHD”– Rob Briner and Kevin Daniels
- Career Development Group – Angie Ingman
- Chartership – Rachel Lewis, City University Ltd
- Green Behaviour and Sustainability
- “Using Occupational Psychology at Work”
- Client Liaison Workshop

**Dinner And Entertainment will be held on the evening of Tuesday 11<sup>th</sup> January at The Shakespeare Hotel with Steve Woods as our Guest Dinner Speaker.**

Please join us for what promises to be a fascinating and informative event!

**Registration fees start from £98.**

Group Booking Discount is available for groups of 10 or more (limited availability)

For registration details, the conference programme and further conference information please see the website [www.bps.org.uk/pop2011](http://www.bps.org.uk/pop2011)



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