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I T GIVES ME great pleasure to introduce the December 2018 edition of the PsyPAG Quarterly! The end of the year is upon us and the Quarterly editorial team have been working hard to ensure you are provided with a good supply of reading for the festive period! In this issue we include an excellent range of articles from Research in Brief and Discussion papers to Hints & Tips, Conference Reviews, Book Reviews and more – there’s certainly something for everyone!

We begin with a Guest Author piece written by Mairead Ryan. In her article, Mairead provides some valuable insights and practical tips to consider when using apps within the context of health based research. This piece is followed by three thought-provoking discussion articles; firstly Thomas Richardson explores how changes in the adult sex ratio affects our conscious and unconscious behaviour, next, Peter Lawrence discusses how anxiety prevention programmes can be made more accessible and effective for at risk children. The final piece in our discussion section is by Carolyn Butler and is a reflection on the difficulties encountered when defining the role of a clinical health psychologist within a multidisciplinary team. We also have a great variety of research articles in the fields of social, cognitive and neuropsychology; Edward John Noon investigates the relationship between social network sites, social comparison and adolescent identity development, Sarah Docherty tests the effect of the Baobab fruit on cognitive performance, and finally, Caroline McHutchison examines the prevalence of neuropsychiatric disorders in people with Motor Neuron Disease.

Moving on to more practical advice, we also have a few hints and tips articles. The first is by Rachel Nesbit who has provided a clear guide to arranging, funding and making the most of an international study visit. Next, Amy Pritchard discusses strategies to ensure success when having to manage multiple research funders. In our review section, Ashleigh Johnstone provides an excellent account of her time at PsyPAG’s 33rd annual conference held earlier this year. In addition, Shereen Sharaan discusses highlight talks, newly emerging themes and stand-out experiences from the 5th Polyglot conference for language learners. Finally, Yarong Xie provides a timely book review for using method of levels therapy to approach CBT and Emma Henderson interviews Chris Chambers to discover more about the importance of Registered Reports for publishing research.

This edition is concluded with a fantastic PsyPAG awards feature article compiled by a fellow Quarterly editor – Claire Melia. In this article, Claire follows up with previous winners of the ‘Rising Researcher Award’, ‘PsyPAG Undergraduate Award’, ‘PsyPAG Masters Award’ and the ‘DART-P/PsyPAG Teaching Award’. From the winners’ reflections, it is clear that receiving a PsyPAG award can have a positive impact on a future career in psychology as well as looking great for your CV! If you would like recognition for your outstanding research or teaching work, we strongly encourage you to apply – the application deadline for the PsyPAG 2019 awards is 29 March!

As you can see, we have a wide range of articles to suit postgraduate psychology students from all disciplines and at different stages of their studies. I would like to take this opportunity to thank all of the authors who have contributed submissions to the Quarterly this year! I hope you are all able
to take some well-deserved time off over the festive season, remember to practice self-care, and feel rejuvenated for the year ahead!

Happy holidays!

Charlotte Scott
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On behalf of the PsyPAG Quarterly Editorial Team

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More information can be found on our website (www.psypag.co.uk), or on the back pages of this edition. Alternatively, e-mail or Tweet us ideas:

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We look forward to hearing from you…
HELLO and welcome to the PsyPAG Quarterly December Issue. I hope that everyone has had a brilliant start to the new academic year!

Preparation is well under way for PsyPAG’s 34th Annual Conference at Sheffield Hallam University on Wednesday 24 July to Friday 26 July 2019. The PsyPAG conference is run by postgraduates for postgraduates and provides a great opportunity for Master’s students, PhD students and trainee psychologists to showcase your work in a supportive environment, network with fellow psychologists, and find out about the latest research! As usual, we will also have some great keynote speakers, workshops and social events. We hope to see many of you at Sheffield Hallam University in July 2019!

In other exciting news, I am delighted to say that our PsyPAG guide 2nd edition will be published early in the new year! Once published, it will be freely available online in PDF format and will also be sent to all higher education institutions across the UK, so do keep an eye out on social media for more information about this. Once the guide is published we would love to know what you think, so do get in touch!

PsyPAG also have many funding opportunities for you to apply for. We offer funding for hosting workshops (http://www.psypag.co.uk/workshops/) as well as bursaries (http://www.psypag.co.uk/bursaries-2/) to fund conference attendance (both international and domestic), workshops and training events, study visits and travel bursaries. The next deadline for the workshops and bursary applications is in February. I would encourage you to keep an eye out for PsyPAG funded workshops as these are free to attend for all postgraduates!

Additionally, if you are interested in joining the PsyPAG committee, please look on our website or at the back of the PsyPAG Quarterly for vacancies. For more information on committee positions please contact Cat Talbot (Vice Chair) at vicechair@psypag.co.uk. I would like to say a huge thank you to the BPS Research board for their continued support. Similarly, a huge thank you to all our PsyPAG committee members for their dedication and hard work in supporting UK psychology postgraduates.

If you have any comments or questions, I would love to hear from you. Please get in touch on social media (Twitter/Facebook) or via email. I hope that you all have a relaxing break and a happy new year!

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Insights into undertaking research using apps

Mairead Ryan

An increasing number of researchers are capitalising on widespread smartphone ownership to conduct a range of studies. Within the context of health-based research, this article explores several factors that should be considered when undertaking research using smartphone apps. The current research landscape is discussed and practical tips and resources are provided for app enthusiasts.

SMARTPHONE applications, or ‘apps’, offer a host of benefits for researchers wishing to further their understanding of various cognitions and behaviours. The use of apps can help overcome several challenges that even well-funded but traditional face-to-face research projects grapple with. For example, apps are accessible from most locations at any time of the day, can be simultaneously downloaded and utilised by many participants, and are capable of tracking events and behaviours in real time.

The most recent report published by the UK communications regulator indicates that while smartphone ownership varies across age (93 per cent for 16 to 24 years vs. 85 per cent for 45 to 54 years) and socioeconomic status (83 per cent of AB households vs. 64 per cent of DE households), the majority of adults in the UK use smartphones (74 per cent of adults aged 16 and over; Ofcom, 2018). Consequently, a growing number of studies are capitalising on widespread smartphone usage to measure and predict a range of psychological processes and behaviours. However, delivering or conducting any given intervention or study solely via an attractive platform, such as an app, does not necessarily facilitate a strong experimental design or an effective intervention. With this in mind, here are a few things to consider when evaluating or implementing an app within the behavioural sciences.

The app

Choosing a suitable app will undoubtedly be central to your study. Considering this issue within the context of mental health research, there are countless apps you may consider. However, you should be aware that the vast majority of these apps are not evidence based. Furthermore, your target cohort may be a vulnerable population. Suppose an app suggests that daily usage or engagement will improve some measure of wellbeing. Who developed this app? Was the design of the app driven by research? Has its efficacy been assessed on a representative population or the target cohort for your study? The NHS endorsed several mental health apps and added them to the NHS Apps Library. In 2015, a paper found that 85 per cent of NHS accredited mental health apps listed that year offered insufficient evidence to substantiate any claims of efficacy (Leigh & Flatt, 2015). Thus, a widely used or recognised app does not necessarily offer any indication of scientific credibility. If you cannot find a scientific evidence base in support of a given app, you may need to consider the value of employing such a tool to address your research question. Conversely, if the aim of your study is to test the efficacy of a given app, make sure to highlight to participants that this is a trial and that any potential benefits are not guaranteed. In such an instance, consider suitable safeguards and referral services for participants whose responses indicate professional services are required (e.g. a high Patient Health Questionnaire or General Anxiety Disorder score).
The pitch

Is the app already in use by your target population? If not, you will face the unenviable and challenging task of convincing individuals to download it. A handful of apps dominate the download charts and the majority of smartphone users are reluctant to engage with new material. Ofcom (2018) found that 39 per cent of internet users reported not having used any new apps within the previous month. A further 38 per cent reported having used ‘maybe one or two’ new apps or websites in the previous month. Thus, you may have to provide a very strong incentive for participants to download any new apps necessary for your research. In addition to, or other than, monetary incentives provided within a study for downloads, what benefits might an app itself offer to your specific population? It may be useful to research popular apps or digital tools among your sample and examine key features that attract such users. For example, a popular app may deliver context and user sensitive messages, provide timely feedback about performance or host a network where users can share and compare progress. Focusing on key features which have previously been associated with increased engagement amongst your target population is likely to be a more successful strategy than requesting participants to adopt a tool that is not consistent with their digital history or interests. Finally, are there any aspects of the app itself that may act as a barrier to installation? Operating systems (e.g. Android vs. iOS), phone storage requirements, battery usage and internet availability (i.e. is Wi-Fi or data needed to use the app at all times?) may all be problematic for downloads.

The data

Changes made to EU data protection law this year require data controllers to implement stringent security and privacy precautions. There are many issues which must be considered and resolved prior to data collection, including anonymisation vs. pseudonymisation, storage within the European Economic Area vs. data centres further afield, encryption vs. password protection and the data controller vs. data processor. If you are uncertain about compliance, your responsibilities as a researcher, or your ability to get through legal documents unscathed (see app ‘Calm’ which helps users to fall asleep by reciting a passage from the GDPR), consult your Data Protection Officer, the Information Commissioner’s Office and/or the app’s legal team for guidance. It is also a good idea to enquire about a data sharing schedule. Several apps are not permitted to hold data beyond a set period of time (e.g. 21 days). This should be established in advance to avoid losing data. Finally, clearly outline your data requirement needs (list all variables of interest, unit measurements, file type, etc.) and share this with the app so that there is no ambiguity between parties. This is best achieved by means of a standardised data dictionary. Requesting a mock data set in advance is also advised to highlight any issues with your analysis plan.

The paperwork

When Apple’s App Store first launched in July 2008, it contained some 500 apps. Current estimates suggest that there are now over 3 million apps available on the Google Play Store (Statistica, 2018). The rate at which technologies are emerging far outpaces the lengthy ethical approval processes researchers face. This prevents psychologists from exploring the potential of various digital tools as and when they launch. If you wish to undertake research involving apps and are limited by time, you may consider assessing an app which is already established, in the form of a ‘service evaluation’; ethical approval is typically not required. This type of project investigates the service’s current effectiveness, the findings of which may lead to service redesign. Experience conducting a service evaluation can also help to determine whether larger scale experimental or analytic research will be feasible. The Health Research Authority published a short online decision tool to help researchers determine whether
their proposed project may be classified as a service evaluation (see www.hra-decisiontools.org.uk/research/). Unlike clinical audit or research projects, there are currently few documents outlining best practice for service evaluations. Hence, until a set of guidelines are published, it may be helpful to seek additional consultation from someone who has conducted a similar service evaluation.

**The reach**

Thinking beyond your specific study, have you taken any steps towards investigating whether the hypothesised findings or implications are generalisable to the wider public? In some instances, problems relating to recruitment or retention may be indicative of broader issues surrounding generalisability. For example, a sample of participants who were difficult to recruit or engage with, may download and interact with the app for a set period of time (e.g. until the pre-specified follow-up interview has been conducted or an online voucher may be redeemed) but will show little interest thereafter. Given that a great deal of time, effort and (public) money may be invested, it is vital to critically assess the generalisability of your research and issues surrounding implementation from an early stage. Patient and Public Involvement (PPI), defined as ‘research being carried out “with” or “by” members of the public rather than “to”, “about” or “for” them’ (INVOLVE, 2018), is an invaluable tool to address such concerns. PPI activities can provide many insights into an area of research that would otherwise not be identified by a group of researchers alone. There are many websites with PPI tips and resources, such as guides for paying members of the public (e.g. http://www.invo.org.uk/), online panels of people interested in PPI (e.g. https://www.peopleinresearch.org/) and information about upcoming (free!) PPI workshops for researchers (e.g. https://www.rds-london.nihr.ac.uk/Patient-Public-Involvement/PPI-Workshops.aspx).

**The lessons**

The potential for apps to further our understanding of human behaviour is still in its infancy. This article discussed a few of the many challenges such rapidly developing technologies pose. While apps provide a ubiquitous platform for researchers to access and support many populations, this new age of digitalisation is accompanied by fresh challenges that must be addressed to ensure that the quality of psychology research is not compromised. The pace of app development and other emerging technologies suggests that related research is likely to be conducted within largely unregulated territory. Thus, in the absence of guidelines which can keep abreast of technological developments, researchers must continue to be critical of their chosen methods when employing or assessing the utility of such tools, both to protect the wellbeing of participants and to drive progress within the field.

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**References**


Discussion paper

Not enough guys to go around: How the sex ratio affects our behaviour

Thomas Richardson

The population sex ratio (the number of males for every female) can have far-reaching effects on our conscious and unconscious behaviour. When one sex is scarce, they can use their rarity to better achieve their mating goals, while the other sex must compete more fiercely to obtain them. There are correlations between sex ratio and many variables, including violence, crime, depression, promiscuity, fashion and career aspirations. Recently methods have been developed to move beyond correlational studies, allowing for greater causal inference by changing participant’s perceptions of the sex ratio in the lab. Here I review the varied and surprising findings.

The adult sex ratio (ASR) of a population, defined as the number of males of reproductive age per 100 females of reproductive age, has been shown to affect behaviour related to mating in a wide variety of animal species, including humans. ASR effects on behaviour are of interest to several disciplines such as psychology, biology, economics, and sociology, and a recent multidisciplinary themed issue of the Philosophical Transactions of the Royal Society B: Biology was devoted to the topic (Schacht et al., 2017). The primary hypothesis of this research is that when one sex is scarce, they can use their rarity to better achieve their mating goals, and the other sex must compete more fiercely to obtain them. Behavioural responses to imbalances in the ASR can be conscious or unconscious.

Evolutionary theory states that in the majority of species males benefit more from short-term sexual relationships than females do. In mammals such as humans, a male that has multiple sexual partners in a short period of time can sire multiple offspring, whereas a female must carry each child to term before she can conceive again, and even then may have to expend much more effort parenting than a male. While human males provide much more parental care than many mammals, we nonetheless follow the same pattern. As a result, many men (particularly dominant, physically attractive ones) thrive more in a culture of short term mating. On the other hand, women’s evolutionary fitness benefits more from a culture of stable pair bonds and marriage where men help raise children. This of course does not consider other modern factors such as welfare for single mothers, but these were not present in the environment in which humans evolved so our cognition is unlikely to be adapted to them. Nonetheless we might expect the mating behaviour of a population to follow the whims of the rarer sex.

Consequences of imbalanced adult sex ratios

Research into the societal consequences of a biased ASR shows exactly these patterns. In male-biased populations, females have greater power to elicit commitment from men if they want it. In these populations marriage rates increase (Guttentag & Secord, 1983) and women on average secure partners with higher status (Pollet & Nettle, 2008). As well as competing to be the most attractive to women, men in male-biased ASRs may also seek to ‘eliminate the competition’, and in some populations a male-biased ASR is associated with increased violent crime (Barber, 2003). These effects interact with culture;
in East Asian societies where being married is a strong determinant of self-worth, older males who fail to marry suffer higher rates of depression and even suicide (Kuroki, 2014).

Conversely, in countries with female-biased populations where males are in demand, women are more promiscuous on average (Schmitt, 2005) and even dress differently to better display sexual receptiveness (Barber, 1999). Barber (1999) found that the most fashionable dress length (according to Vogue magazine) became shorter in times when the number of males in the population decreased over the last century and lengthened when males become more abundant. He also showed in other datasets that dresses with narrower waists also became more fashionable in times of male scarcity. This suggests that women were wearing ‘sexier’ dresses in times when competition for male partners was higher.

Sex ratio can also affect public health; because of high male incarceration rates, African American communities in the US are often female biased, which increases female promiscuity. African American neighbourhoods typically have increased rates of HIV, primarily due to reduced access to high quality sexual healthcare and education, and increased promiscuity driven by a female biased sex ratio may exacerbate these problems (Pouget, 2017). Thus, sex ratio imbalances can have surprising and diverse effects on behaviour in a manner predicted by evolutionary theory, potentially leading to important epidemiological and social implications.

**Methodological issues with sex ratio studies**

There are limitations to these studies however. Most of them are correlational, making them unable to infer causation. Research that uses countries or regions within countries as data points also suffers from ‘Galton’s problem’: the sex ratios of neighbouring countries are not independent of each other, but are correlated due to immigration, war, trade and mutual development. Most conventional statistical tests assume that each data point is independent of the others, and this assumption is often violated in these studies. Pollet, Stoevenbelt and Kuppens (2017) also point out that depending on how you collapse the data (e.g. by region, by state, or by country) different results are obtained. Examining the correlation between ASR and teenage pregnancy, they found a negative correlation when comparing countries, a negative correlation using US states, but a positive one using US counties. It can be confusing to reconcile these conflicting results. Furthermore, Pollet and colleagues (2017) also argue that when working with large datasets, researchers may attempt to correlate ASR with hundreds of variables until they get a significant result, and then come up with theory later. They demonstrate this by correlating US state sex ratios with a large number of variables and reporting a number of implausible relationships. For example, US states with male biased sex ratios having higher CO2 emissions. This finding is unlikely to reflect a real causal phenomenon and may be a false positive, but when researchers find these effects they may not report them as such. Even when researchers attempt to report all results, publication bias can result in only the positive findings reaching the literature. Cultural differences in how national statistics are calculated can also be problematic; what is studied might not be measured the same way in each country, and more authoritarian governments may manipulate data. Lastly, as many of these studies use large and publicly available datasets such as census data, they are vulnerable to cherry picking, and researchers may investigate a hypothesis in multiple datasets and publish time periods/countries that show the effects they are looking for.

**Experimental methods for studying sex ratio effects**

One way scientists overcome issues with a particular study design is to address a question using multiple, diverse methods. Even if each individual method is flawed, when many
methods converge with similar results, we can be more confident an effect exists. With this in mind, researchers have developed methods to investigate ASR and behaviour in laboratory conditions experimentally. This is possible because while sex ratios cannot be directly manipulated in the lab, perceptions of them can. An individual rarely knows the exact ASR of the population they are in and must estimate it based on environmental information. Because they cannot know it exactly, behavioural responses must be triggered by changes in the perception of ASR rather than actual sex ratio changes. This need not be conscious. As such, we can study ASR effects on behaviour experimentally by manipulating participant’s perceptions, allowing for greater causal inference and opening up new avenues for research.

The validity of this approach has been demonstrated several times in recent years. A typical manipulation involves showing participants fictitious news articles about how one sex is becoming more numerous in their campus/area (e.g. Arnocky et al., 2016). Another method is to show participants slideshows of pictures of ‘local singles’, and vary the sex ratio of the slideshow. For example, to prime male participants with an unfavourable sex ratio, you might show them a slideshow of 25 randomly ordered male faces and 5 female faces (e.g. Durante et al., 2012).

These methods have produced results broadly consistent with the correlational work at country/regional level. When manipulated under lab conditions to believe that their sex is abundant, participants increase financial risk taking (Ackerman et al., 2016), become more competitive for mates, experience more sexual jealousy and increase their desire to ‘mate guard’, for example by checking up on their partner more, and buying them gifts (Arnocky et al., 2014). This last finding is interesting as it suggests that even those already in a relationship change their behaviour when they think members of the opposite sex are scarce, presumably as they realise that others may attempt to steal their partner, or that their partner may leave them for better options. Arnocky et al. (2016) replicated this result experimentally and found cross-culturally that men decrease sociosexuality (preference for short term sexual relationships over long term relationships) and desire to commit infidelity when there is an abundance of females, strengthening our confidence in this finding. Durante et al. (2012) took a combined approach, using both correlations at the state level and an experiment to show that when men are scarce, women value their future career more, and family and children less. If women are less likely to secure a partner, they may work on their career to increase their financial independence. They followed these studies with two more experiments to confirm that the behaviour is driven by considering the availability of potential partners. Highly attractive women are not as threatened by a lack of male partners as less attractive women, and consistent with this, Durante et al. found that attractive women do not change their behaviour with the sex ratio as much as less attractive women. By investigating the same question using both approaches, we can be more confident that the effects reported reflect real phenomena.

**Future directions and conclusions**

The development of laboratory methods for investigating ASR effects opens many new avenues for research, and allows us to tackle new and important questions. For example, what are the perceptual and cognitive processes that underlie these effects? How do we perceive local sex ratios, and how often do we update our cognitive representations of them? Which sex ratios matter most for behaviour? While writing this I sit in an office with a particular sex ratio, in a university with a likely different sex ratio, in a city with a different ratio still. Do all of these affect my behaviour? What if they conflict?

As well as the cognitive basis for sex ratio, the biological basis for sex ratio effects remains relatively unexplored. In one of the few studies, Miller, Maner and McNulty
(2012) found that male and female Ultimate Frisbee players’ testosterone levels increased when the crowd contained more members of the opposite sex. Given how much of our mating behaviour is affected by hormones, it would not be surprising to find that hormones play a key role in sex ratio effects on behaviour.

It is also unclear who contributes to our perception of the sex ratio and who does not. Evolutionary theory primarily explains sex ratio effects as driven by motivations to mate, so we might suspect our sex ratio perceptions to be primarily influenced by those who we would consider potential mates. Indeed, one recent study found that we exclude individuals much older than ourselves in our estimations of the local sex ratio, which makes sense as we are less likely to seek them as mates (Neuhoff, 2017). Do individuals who have strong preferences for their own race exclude other races from their perception of the sex ratio? How do sex ratio effects interact with sexual orientation? For homosexual individuals, the sex ratio should have no effect on their mating behaviour, as competitors and potential mates are the same sex, making relative numbers of the opposite sex arguably irrelevant. To our knowledge, this has not been studied. How are bisexual’s behaviours influenced by sex ratio, if at all? Finally, given that psychology is currently experiencing a ‘replication crisis’, it is vital that we take the time to replicate core findings in the field, especially those whose interesting, ‘sexy’ findings might tempt us to give a pass to. In conclusion, studies of the effects of the adult sex ratio on behaviour are many and varied, and present exciting possibilities for researchers from numerous disciplines.

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References
Preventing anxiety disorders: Improving effectiveness of, and access to, programmes
Peter Lawrence

The focus of this paper is the prevention of anxiety disorders in at risk children and how programmes might be made more effective and accessible to these children and their families. Child anxiety disorders are common, cause significant distress and predict the onset of other psychiatric disorders as well as educational under-attainment. Although effective treatments exist, barriers mean they are accessed by few and, for over 40 per cent of those who do access them, are ineffective. Anxiety disorders can be prevented, particularly when children at risk are targeted, but prevention science is less well developed than treatment science, and barriers to prevention programmes have received almost no scientific attention. We are conducting a prospective natural history study of adolescents who, in infancy, were at risk of anxiety disorders, and a qualitative study to identify barriers to anxiety disorder prevention programmes and how to make them accessible to those at greatest risk.

Anxiety disorders are common in children, adolescents and adults, with a median age of onset of 11 years and lifetime prevalence of 28.8 per cent, making them one of the most common mental disorders throughout our lifespan (Kessler et al., 2005). They are associated with significant negative impacts in multiple domains of life, including later psychiatric illness (depression, psychosis, substance abuse); school drop-out, educational under-attainment, victimisation by peers, and impaired life satisfaction (Bittner et al., 2007; Woodward & Fergusson, 2001).

Cognitive Behaviour Therapy (CBT) is the most robustly examined treatment for anxiety disorders in children and young people. CBT can be conducted on a one-to-one basis, or in a group; either with the affected child, or with their parents, or a combination of these formats. CBT aims to help children, young people and their parents to develop skills to overcome the anxiety, in particular, the factors that maintain the anxiety disorder(s). This is usually carried out over several sessions which test novel ways of thinking about things that may cause anxious feelings, as well as trying new behaviours to see whether or not they help to overcome the anxiety.

A recent Cochrane review of CBT for anxiety disorders found that CBT is ineffective for a substantial population of children and young people (James et al., 2015). Regarding treatment effectiveness, the Cochrane review found that CBT was more effective than wait list control (OR: 7.85, 95% CI = 5.31, 11.6); however, on average, 41 per cent of children remained anxious after treatment (James et al., 2015).

A further concern regarding treatment of anxiety disorders is that there are significant barriers to access to treatment (Reardon et al., 2017). Between 30 per cent and 40 per cent of children with anxiety disorders in the USA and UK have gained access to treatment, and as few as 2.2 per cent to an evidence based intervention (Reardon et al., 2018; Richardson, 2010). The reasons for these low access rates are only beginning to be clarified, but include stigma, poor parental identification and structural barriers in services (Reardon et al., 2017, 2018).
Prevention of the development of ill health is a common feature of medical practice. In the UK, for example, a 6-in-one vaccine is given to children at age 8, 12 and 16 weeks of age to prevent the development of diphtheria, hepatitis B, Hib, polo, tetanus and whooping cough. Prevention is also a possible solution to the limited effectiveness of, and barriers to, treatment of anxiety disorders. First, it might be easier to intervene to modify risk factors before problems crystallize, than to treat disorders that have become entrenched (Donovan & Spence, 2000), meaning prevention might be more potent than treatment. Second, many of the sequelae of anxiety disorders in childhood, such as impaired school performance and peer victimisation, occur once the disorder is established. Preventing the anxiety disorder might mitigate these negative child experiences. Third, it might be that some barriers to treatment, such as stigma, do not arise before the development of anxiety disorders. Without some of the barriers to treatment of anxiety disorders, prevention programmes might be more accessible than treatment programmes. Notably, prevention science is less developed than treatment science and barriers to attending/engaging with anxiety disorder prevention programmes have, to our knowledge, received very little research attention in the literature.

Prevention of anxiety disorders

There is emerging evidence that targeted prevention programmes for children and young people identified as at risk of anxiety disorders are effective (Lawrence et al., 2017). Given that prevention science is less well developed than treatment science, the mechanisms of effective targeted prevention are unclear. Putative mediators include altering the behaviours of parents that promote child anxiety, such as modelling anxious behaviours or verbally communicating that something is ‘too dangerous to go near’; modifying children’s anxious thoughts such as ‘It’s too scary for me to cope’, and reducing parents’ own anxiety. Furthermore, this targeted prevention could be more cost-effective than large-scale, universal prevention programmes, indiscriminately delivered to all children and young people (Stallard et al., 2014).

Two of the most robust risk factors for anxiety disorders in children and adolescents are parent anxiety disorder (Micco et al., 2009) and child behavioural inhibition (BI), the temperamental characteristics of fear and withdrawal in novel situations (Degnan & Fox, 2007). Parent anxiety disorders have been associated with a significantly increased risk of anxiety disorders in offspring relative to offspring of parents without psychiatric disorders (OR: 3.91, 95% CI = 2.51 – 6.1) and to offspring of parents with depression (OR: 1.84, 95% CI = 1.26 – 2.67) (Micco et al., 2009). BI has been prospectively associated with the broad class of anxiety disorders (Degnan & Fox, 2007) and social anxiety disorder in particular (OR: 7.59, 95% CI = 3.03 – 19.0) (Clauss & Blackford, 2012).

There is accumulating evidence for the effectiveness of prevention programmes for children and young people at risk in light of parent anxiety disorders. In a recent meta-analysis, we found that, where children were identified as being at risk of developing an anxiety disorder in light of at least one of their parents having an anxiety disorder, targeted prevention programmes, compared to a wait list control group, led to a 91 per cent reduction in risk of anxiety disorder onset at the end of the programmes, and a 69 per cent reduction in risk of anxiety disorder onset one year after the programmes (Lawrence et al., 2017). A potentially crucial feature of the effective programmes used in these trials (‘Coping and Promoting Strength’, CAPS) was that parent anxiety disorder was addressed in the programme both in terms of being a trial inclusion criterion and a focus of the prevention programme itself (Ginsburg, 2009).

Where children and young people have been identified as at risk of anxiety disorders on the basis of BI, we know of no programme
which has included only children or young people before they develop an anxiety disorder; that is, no programme for children at risk in light of high BI has been purely preventive. However, a mixed secondary/tertiary prevention programme (‘Cool Little Kids’) has been investigated for pre-school children identified on the basis of BI, of whom 90 per cent had an anxiety disorder at baseline (Rapee, 2013). Rapee found that, 11 years after the programme (at approximately 15 years of age) females (but not males) who received the programme showed lower rates of internalising disorders than those who did not receive the programme (Rapee, 2013). These studies have shown the promise of prevention programmes that identify children and young people at risk of anxiety disorders in light of parent anxiety disorder or in light of BI, and then address these modifiable risks within the programme components.

Future examinations of prevention of anxiety disorders might target those at risk in light of both parental anxiety disorders and child BI. An early intervention programme for 3 to 4-year-old children who had both these risk factors, but had already developed anxiety disorders, suggested it is possible to reduce anxiety severity and observed inhibited temperament (Kennedy et al., 2009). To the authors’ knowledge, however, no prevention programmes currently exist for children which account for these risk factors. This is important because these two risk factors might interact to increase risk. For example, Ashford and colleagues examined the development of internalizing problems in children at 11 years, whom they had identified by 4 years with either none, one, or at least two risk factors (Ashford et al., 2008). Rates of internalising problems at 11 years were 6.4 per cent in those with no risk factors at 4 years, 15.5 per cent where there had been one risk factor, but 48 per cent in those with at least two risk factors. In the anxiety disorders in particular, Murray and colleagues found that mothers who had Social Anxiety Disorder showed more anxious parenting behaviours in a social situation than mothers without Social Anxiety Disorder, and that this predicted their 4 month old infants’ behaviour with strangers, particularly among those with high BI (Murray et al., 2008). We are now following up these same infants in their teenage years as part of a prospective natural history study of the intergenerational transmission of anxiety disorders, the ‘Reading Longitudinal Study’, to explore whether the early identified risk factors predict adjustment, including development of anxiety disorders, over fifteen years later.

**Barriers to prevention**

Barriers to engagement with and attendance at anxiety prevention programmes have also received very little research attention. We do not know how many families who would be eligible for prevention programmes do not take part. We know of only a single study that has examined barriers to attending anxiety prevention (Cartwright-Hatton et al., under review). The study was conducted in the UK to assess the feasibility of a preventative programme targeting the intergenerational transmission of anxiety. The programme was a one day workshop for parents with anxiety disorders (a clinical sample, recruited from free-at-the-point-of-access adult mental health services). The authors found that, despite parents’ initial enthusiasm for the workshop, 60 per cent of parents randomly assigned to attend the workshop were able to attend. Reasons reported for this included lack of childcare, inability to take time off work, travel difficulties, and anxiety about attending a group based session.

In light of these results, examination of barriers and facilitators to prevention programmes is required to ensure prevention programmes are accessible and engaging for families. An initial step we are taking to address this gap is to conduct qualitative interviews with adolescent participants in the Reading Longitudinal Study who have developed anxiety disorders and, in infancy, had at least one risk factor (BI and/or maternal anxiety disorder) for developing an anxiety
disorder. We will use the results to contribute to a prevention programme for offspring at risk of developing anxiety disorders in light of BI and/or parent anxiety disorders.

In our qualitative study, we will address four issues which are to date unaddressed in the literature. First, whether adolescents who have developed an anxiety disorder and their parents would have wanted a prevention programme. For example, it might be that prevention is viewed as ethically premature—what if being identified as ‘at risk’ was itself a source of anxiety? What if a prevention programme was ineffective? Second, where participants tell us they would have wanted a prevention programme, when would they have wanted it? For example, before the emergence of even mild anxiety problems, once mild problems were emerging, or only once anxiety problems began to interfere in their lives? Third, for whom would they want the prevention programme to be made available? Some child anxiety treatment programmes are for children, some for only their parents, some for both children and their parents. What would they want for a prevention programme? Finally, what would make it accessible? For example, would a web-based programme be preferable, or a combination of face-to-face sessions with a web-based programme? Would it help if information were provided at nurseries/primary schools/GP surgeries?

**Conclusion**

Anxiety disorders are common in childhood, but can be treated. Two key concerns are the limited effectiveness of treatment, and that there are significant barriers to access to treatment. Prevention of anxiety disorders is possible, especially when targeting children at particular risk of developing anxiety disorders. The importance of exposure to multiple risk factors suggests that targeting children with more than a single risk factor for developing anxiety disorders might be more effective, but this has yet to be examined in a prevention programme. Barriers to access to anxiety disorder prevention programmes have received very little research attention. Future studies should now examine what those with and at risk of anxiety disorders would like a targeted prevention programme to offer.

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References


Reflection

‘Doctor who?’ – Personal reflections on constructing the role of Clinical Health Psychologists in a multidisciplinary team

Carolyn Maeve Butler

This reflective piece explores the role development of a newly qualified Clinical Psychologist in a Clinical Health Psychology setting. The position of the British Psychological Society is outlined initially as a benchmark of how the profession has developed over time. Clinical Health Psychology is expanding and gaining traction as a specialised field. Experiential examples across clinical and research settings are described to illustrate how difficult it can be to establish a sense of a clearly defined and valued role among non-psychology colleagues. These roles are embedded in the socio-cultural milieu of teams and organisations. Therefore a social constructivist approach is taken and proposes that role development is a dynamic emergence within the relational and linguistic context of the team. This piece argues that it is not the content of our input but the quality of compassion in our understanding of, and communication with others that actualises the role of the Clinical Health Psychologist in a multidisciplinary team.

‘I'M A DOCTOR – but not a medical doctor’.

As a newly qualified Clinical Psychologist working in a Clinical Health setting, I’ve wondered to myself why I feel the urge to preface my personal introductions with a clarification that is never requested. I’ve experienced curious interactions which have led me to question how I view myself and how I am viewed as a Clinical Health Psychologist in a Multi-Disciplinary Team (MDT) in physical health. In my second week in post, one MDT colleague turned to me and asked, ‘What exactly do you do with people?’ I responded sheepishly and blithered something about psychological approaches to treatment engagement... and adjustment to diagnosis... and quality of life... and left the interaction with a niggling sense of doubt and frustration. This reflective piece is seeded from this ground of personal confusion and will explore communication in the identity of Clinical Health Psychologists. This discourse will emerge within the epistemological assumption that roles are co-constructed through language (Charmaz, 2006). Social constructionism seeks to explain how social structures and processes lead to the emergence of phenomena in interactive contexts (Starks & Trinidad, 2007), one such example being an MDT setting.

A theoretical and statistical snapshot of Clinical Health Psychology (CHP) in the UK has been produced by the British Psychological Society (BPS) in a briefing paper describing the clinical tasks of Clinical Health Psychologists in the NHS (The British Psychological Society, 2008). This document outlines the relationship with other health professionals providing psychological services, advocating that ‘an experienced Clinical Health Psychologist can be expected to have the appropriate skills to lead psychological care in health care organisations’ (BPS, 2008, p.8), alongside team work, consultancy, teaching and training. The Division of Clinical Psychology has also produced a survey of Clinical Psychology posts in physical health 2014–2015 (Busuttil & Southall, 2015). The document describes the state of play regarding service commissioning, highlighting a growing workforce, which had increased by 31.8 per cent in
ten years, to over 561 whole time equivalent clinicians compared to 2005. This piece further asserts that with more services identifying themselves as ‘Clinical Health Psychology’ services, there is also a stronger sense of identity emerging for this specialist area of Clinical Psychology. Clinical Psychologists are positioned as strong and distinct leaders by these publications, forerunners in the provision of psychologically informed medical healthcare. The qualitative minutia of daily relations with non-psychology professionals however, paint a far more nuanced picture.

The dissemination of psychological research to medical colleagues is one area of activity that presents challenge for Clinical Health Psychologists, one where we sit at the periphery, rather than centre stage. With the support of the BPS Psychology Postgraduate Affairs Group, I attended the 15th European Meeting of HIV and Hepatitis held in Rome from 7–9 June, 2017. I presented a poster on my doctoral thesis, a grounded theory of adherence within a drug treatment trial for Hepatitis C with a population of people who inject drugs (Butler et al., 2017). The sub-theme of the conference was ‘treatment strategies and anti-viral drug resistance’. While I assumed that the topic of anti-viral drug resistance could, and should be informed by a psycho-social understanding of drug taking behaviour, this was not the case in this forum. Unfortunately, I found myself to be an outlier among my peers. A variety of disciplines were represented from epidemiology and public health, genetics, microbiology, and medical science (gastroenterology, hepatology, immunology), however, my poster was one of two out of 110 posters which focused primarily on the role of human behaviour in the success or failure of anti-retroviral treatment. As the BPS suggests, perhaps Clinical Health Psychologists need to be assertive, learn to speak more loudly and boldly to ensure our specialised knowledge of human behaviour in health is appreciated. This motivation spurred me to shakily take the microphone during an audience Q & A and ask for the speaker’s comments on behavioural approaches to the problem of drug resistance. Despite my curiosity and optimism, it was simply too radical a suggestion for the other 99 people in the room, including the speaker, who briskly side-stepped with a ‘well that’s obvious, let’s move on’ remark. He inferred that treatment should be made as easy as possible for patients to sustain engagement – and indeed this is what pharmacological approaches are striving to do. I passed the microphone on and shrunk in my seat, at the back of the room, feeling deflated and misunderstood.

Reflecting on this experience, it occurred to me that wider contextual factors may influence how others’ receive and respond to the input of Clinical Health Psychologists, rather than the actual content itself (Wilson, 2015). Perhaps it isn’t what we say, but how we present psychological theory that defines the value of our contributions. Social constructivist ontology assumes that the roles we occupy, and learn to inhabit normally are the product of how we use words to make meaning in social contexts (Charmaz, 2006). As practitioners of psychological science, our whole practice arises from a different frame of meaning making to that of our colleagues. How often have I found myself in an MDT meeting for diabetes or HIV, not having a clue what’s going on – not because I haven’t been trying to follow the conversation, or even simply because I’m unfamiliar with the specific medical terms being floated around, but because the manner of discourse in general is so different. This difference can become a source of distance, disconnection and identity confusion. The disparity is exacerbated when stress precipitates clinicians to get stuck in a particular way of using language and jargon. Psychologists can take the initiative and responsibility by modelling a more attuned and flexible communication style. But what does it mean to ‘communicate better’? It may sound trite, but how about starting with a genuine and heartfelt question: ‘how are you?’ The key is connecting with our compassionate inten-
tion and motivation, which will be reflected in the tone, pitch and pace of how we address our colleagues. The core qualities of compassion are sensitivity to suffering and courage to address it (Cole-King & Gilbert, 2011). Discipline-specific terminology is of course essential, but can also function to protect from difficult emotions which could expose personal vulnerability. The consultants, nurses, dieticians, pharmacists, physiotherapists among others will also experience the fear, sadness, and anger as clients, as we do yet may be hidden by a shield of their particular vernacular. Our work can seem alien to each other, but we must not alienate ourselves by operating under the illusion that we are separate as our vocabularies would suggest. A cultural shift is required both at micro- and macro-levels to normalise and promote a dialogue about the holistic needs of staff as care providers. A team culture of openness and sensitivity promotes pro-social engagement, thereby enhancing interpersonal support and job satisfaction, defined as ‘feeling genuinely cared for, valued and supported by the organization through meeting needs for approval, esteem, and community at work’ (Eisenberger et al., 1986; Knight et al., 2012). This can only service to aid co-operation, but also enhance our sense of belonging to the teams we work in and an awareness by which we can truly define the role of Clinical Health Psychologists.

The importance of Clinical Health Psychologists in improving the interface between physical and mental health aspects of managing chronic conditions is being reflected in service provision. The expansion of the workforce however, only partially illustrates the development of role of Clinical Health Psychologists in MDT settings. The lived experience of clinicians is embedded and shaped by the socio-cultural milieu of the teams and organisation we work with. The interpersonal and interactive language context plays an important role in constructing identities. ‘Team working’ and ‘effective leadership’ are organisational ideals, but in pragmatic day-to-day terms these terms can become tokenistic unless they are brought to life each day, in each interaction. Whether it’s on at the weekly team meeting down the hall on a Thursday morning, or on a diverse European stage, our common humanity and shared vulnerability is the baseline of our attempts to establish workable relationships and to find a place in MDT settings. Identity formation is a systemic evolution which reflects the norms, beliefs and values of our colleagues, as well as our own discipline. Compassionate care is highlighted as a salient motivation for Clinical Health Psychologists and offers a common ground with other medical care providers. Establishing a warm rapport with colleagues who otherwise seem distant from us requires persistent bravery and vulnerability (Brown, 2006). Offering a compassionate and mentalising stance within a multidisciplinary colleagues takes patience and effort, but can act as a binding and scaffolding agent in the dynamic co-construction of our roles. This awareness will help to manifest our purpose in a meaningful, tangible way, supporting the connections through which we can grow in clarity, trust, and confidence in our role as Clinical Health Psychologists.

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Research in brief

Social network sites, social comparison, and adolescent identity development: A small-scale quantitative study
Edward John Noon

Whilst social network sites provide users with unprecedented opportunities for social comparison, we know very little about the extent to which social network site social comparisons are associated with adolescent identity development. Drawing upon neo-Eriksonian theories of identity development, this paper reports on the findings of a small-scale study which sought to investigate the relationship between social network sites, social comparison, and adolescent identity development. Sixty-eight adolescents (Mean age = 14.9; 55.9% Male) were surveyed in Spring 2018. It was found that social comparison of ability and social comparison of opinion were both positively correlated with in-depth exploration, but not reconsideration of commitment.

The development of a coherent and synthesised sense of identity is the key psychosocial task of adolescence (Erikson, 1950; Crocetti et al., 2008). The adolescent mind is ‘between the morality learned by the child, and the ethics to be developed by the adult’, and as many childhood identifications are no longer of use, young people are required to re-establish new boundaries for themselves (Erikson, 1950, p.263). Yet, as adolescents are often unsure as to which roles they wish to play in the adult world, they are likely to experiment with a range of differing vocations, ideologies, and relationships, in their quest to find an identity that truly ‘fits’.

To understand the process through which identity is developed, this investigation draws upon the neo-Eriksonian three-factor model proposed by Crocetti et al. (2008). The three-factor model assumes that young people enter adolescence with some ideological and interpersonal commitments, most of which are internalised from parents or figures of authority. During adolescence, individuals are then able to decide whether they wish to maintain or revise their commitments through two exploratory dimensions: in-depth exploration and reconsideration of commitment. Whilst both dimensions seek to evaluate one’s commitments, in-depth exploration serves to validate them through exploring them in greater depth, whereas reconsideration of commitment serves to reassess identity commitments through comparing them with more appealing alternatives. Should an individual hold their prior choices to be inadequate following reconsideration, they are revised.

Social network sites and adolescent identity development
A study commissioned by the BBC found that 96 per cent of 13 to 18 year-olds in the United Kingdom have accounts on social network sites (Coughlan, 2016), and over the past decade, young people have increasingly been using such technologies as platforms for identity exploration (Patchin & Hinduja, 2017). It is, perhaps, unsurprising that many adolescents have turned towards social network sites to explore the boundaries of their identities: they are social spaces which espouse freedom, attract a diverse range of participants, enable communication between parties, and help bring together those with shared interests. Since social network sites provide opportunities for, and at times demand, their users to express themselves online (Shapiro &
Margolin, 2014), they also afford individuals abundant opportunities for social comparison (Cramer et al., 2016).

Social comparisons involve comparing one’s own abilities and opinions to those of others, and can be used to learn from others, and evaluate one’s standing (Festinger, 1954). They are, therefore, a major mechanism of self-knowledge, and can have a profound impact upon our judgements, experiences, and behaviour (Corcoran et al., 2011). Whilst there is reason to believe that social network site social comparisons may support young people in maintaining and/or revising their current identity commitments, there is, to date, no published research regarding the extent to which social network site social comparisons are associated with adolescent identity development.

With this in mind, this study seeks to explore:

RQ1: Who are adolescents comparing themselves to on social network sites?
RQ2: To what extent are social network site social comparisons associated with adolescent identity development?

Method

Materials
Data was collected via a paper survey; the survey contained demographic questions regarding age and sex, and four Likert scale measures. Reverse coded items were removed from all scales in this study in an attempt to prevent participants from becoming fatigued and losing interest in the research.

Social Media Use Integration Scale
To measure participants’ social integration of, and emotional connection to, social network sites, I employed the Social Media Use Integration Scale (SMUIS; Jenkins-Guarnieri, Wright & Johnson, 2013). The SMUIS consists of 10 six-point Likert scale questions (1 = strongly disagree, 6 = strongly agree) regarding how strongly individuals agree with each statement; an example item was ‘I feel disconnected from friends when I have not logged into social network sites’. One reverse coded item was removed from this scale. The scale had good reliability $\alpha = .865$.

Adapted Homophily Scale
To collect data regarding who young people are ‘friends’ with on social network sites, I utilised a modified version of the Homophily Scale (McCroskey et al., 2006). The Homophily Scale consists of 25 seven-point Likert scale questions (1 = strongly disagree, 7 = strongly agree) regarding background and attitude homophily. Since participants were unlikely to know the background of many of their online ‘friends’ – such as their socio-economic status and childhood experiences, these questions were removed from the measure. Seven reversed attitude based items were also removed. The phrase ‘My online “friends”...’ was added to each of the remaining eight items to ensure that it was clear that the measure was related to homophily within participants’ online communities, e.g. ‘My online “friends” have thoughts and ideas that are similar to mine’. The scale had good reliability $\alpha = .844$.

Adapted Iowa-Netherlands Comparison Orientation Measure
Social network site social comparison behaviour was assessed by employing the adapted Iowa-Netherlands Comparison Orientation Measure utilised by Yang, Holden and Carter (2018). This measure consists of nine five-point Likert scale questions regarding how well each statement applies to participants (1 = not at all, 5 = very well). The one reverse coded item was removed; of the remaining eight questions, four concerned social comparison of ability ($\alpha = .888$) whilst four assessed social comparison of opinion ($\alpha = .759$). An example item on the social comparison of ability scale was ‘When using social network sites, I compare how I do things with how others do things’; an example item on the social comparison of opinion scale was ‘When using social network sites, I try to find out what others think about something that I want to learn more about’.
Social network sites, social comparison, and adolescent identity development

Utrecht-Management of Identity Commitments Scale
To assess participants’ identity dimensions – commitment, in-depth exploration, and reconsideration of commitment – I utilised the Utrecht-Management of Identity Commitments Scale (U-MICS; Crocetti et al., 2008). U-MICS consists of 13 five-point Likert scale questions (1 = completely true, 5 = completely untrue) – five concerning commitment (α = .860), five assessing in-depth exploration (α = .856), and three measuring reconsideration of commitment (α = .737). To measure global identity, I used the scale for one ideological and one relational domain; since measures for two identity domains were utilised – education and friendship, there was a total of 26 items. Example items included ‘My best friend gives me self-confidence’ for commitment, ‘I try to find out a lot about my best friend’ for in-depth exploration, and ‘I often think it would be better to try to find a different best friend’ for reconsideration of commitment.

Participants
Participants attended a large Catholic secondary school and sixth form college in the East Midlands. One mixed ability form group was randomly selected from years 9, 10, and 12 to participate in the study. Sixty-eight students (M age = 14.9; SD = 1.15) completed the survey in Spring 2018; 38 were male (55.9 per cent) and 30 were female (44.1 per cent).

Procedures
Classes were visited during the school’s morning form period. Upon arrival, the researcher delivered a brief introductory talk regarding the aims of the study and the data collection tool, before inviting students to participate. Consent was obtained in loco parentis from the Head Teacher, who had granted me permission to conduct the research at the setting. In addition, it was deemed necessary to attain informed consent from the prospective participants.

Table 1: Table of correlations for main variables

<table>
<thead>
<tr>
<th></th>
<th>Integration</th>
<th>Homophily</th>
<th>SC Ability</th>
<th>SC Opinion</th>
<th>Commit-ment</th>
<th>In-Depth Explor-ation</th>
<th>Reconsider-ation</th>
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<tbody>
<tr>
<td>Integration</td>
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<td></td>
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<td>Homophily</td>
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<td>-</td>
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<td>SC Ability</td>
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<td>.230</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SC Opinion</td>
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<td>.197</td>
<td>.768***</td>
<td>-</td>
<td></td>
<td></td>
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<tr>
<td>Commit-ment</td>
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<td>.106</td>
<td>.202</td>
<td>.146</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Depth Explor-ation</td>
<td>.292*</td>
<td>.033</td>
<td>.424***</td>
<td>.390**</td>
<td>.440***</td>
<td>-</td>
<td></td>
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<tr>
<td>Reconsider-ation</td>
<td>.097</td>
<td>.102</td>
<td>.079</td>
<td>-.010</td>
<td>-.348**</td>
<td>-.014</td>
<td>-</td>
</tr>
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Note: *p < .05, **p < .01, ***p < .001, two-tailed.
themselves. Therefore, students who volunteered to participate were required to read, sign, and return an information sheet and consent form. Upon their return, participants were given the survey to complete. At the end of the form period, surveys were collected, and the data was transferred to SPSS. Data was analysed using a correlation analysis (Table 1).

Results
Since the data was not normally distributed, Spearmen’s rank was used to identify correlations between variables. Those who scored higher in social integration of, and emotional connection to, social network sites, also scored higher in in-depth exploration ($r_s = .292, p = .016$), social comparison of ability ($r_s = .485, p < .001$), and social comparison of opinion ($r_s = .433, p < .001$). There was a significant positive correlation between in-depth exploration and both social comparison of ability ($r_s = .424, p < .001$) and social comparison of opinion ($r_s = .390, p = .001$). There was, however, no significant relationship between either form of social network site social comparison and reconsideration of commitment.

Discussion
Perhaps the most significant finding of this study was that in-depth exploration was positively correlated with both social comparison of ability and social comparison of opinion. Given that in-depth exploration involves the active search for additional information regarding one’s current commitments, its correlation to social comparison behaviours which seek to learn from others and evaluate one’s standing is unsurprising; the causal relationship does, however, remain unclear. In offline contexts, individuals often compare themselves to similar others in an attempt to increase confidence in their judgements and validate their beliefs (Goethals & Darley, 1977; Fazio, 1979). These findings suggest that adolescents may also be doing this on social network sites.

Whilst comparing oneself with similar others has clear developmental utility, comparisons with dissimilar others can also provide individuals with valuable self-knowledge. Research suggests that such comparisons can be particularly important in cases of uncertainty, doubt, and confusion, and when individuals seek novelty and difference (Michinov & Michinov, 2001). Despite this, there was no significant relationship between reconsideration of commitment and either form of social network site social comparison. On the basis of this evidence, there is reason to believe that adolescents may not be using social network site social comparisons to reconsider key aspects of their identities.

Conclusion
The aim of this small-scale study was to examine the relationship between social comparisons on social network sites and adolescent identity development. The findings suggest that social network site social comparisons may be supporting adolescents to explore their current identity commitments in greater depth, but not for reconsidering them. Future research is required to investigate the extent to which adolescents engage with social network site content that challenges their identity commitments. A limitation of the current study is the sample size, as a larger sample would allow for more sophisticated analytic techniques. The results of this research are therefore tentative, and further enquiry is required. Nevertheless, this exploratory investigation is the first to have considered the relationship between social network site social comparisons and adolescent identity development, and can act as a precedent for future scholarship in this area.

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Research in brief

The effect of baobab fruit on cognitive function, cerebral blood flow and blood glucose levels
Sarah Docherty

The baobab tree is native to Africa and locally has a wide range of culinary and medicinal uses. The fruit of the tree is rich in nutrients, particularly vitamin C and polyphenols. This article summarises a preliminary study in which it was demonstrated 10g baobab fruit powder could improve a range of cognitive performance outcomes (in particular error responses and accuracy), increase cerebral blood flow and increase blood glucose levels in a healthy young sample.

BAOBAB (Adansonia digitata L.) is a species of tree indigenous to Africa often referred to as ‘The Tree of Life’ (Chadare et al., 2008). The fruit of the baobab tree contains high levels of vitamins, polyphenols and dietary antioxidants. Polyphenols are organic compounds found in plants, which research suggests are health promoting and protective against certain diseases (Coe & Ryan, 2012). Vitamin C is important in human nutrition and has been related to lower blood pressure, enhanced immunity and lowered risk of coronary disease (De Caluwé et al., 2010). Baobab fruit contains one of the highest natural sources of vitamin C, reported to be 10 times that of an orange (Chadare et al., 2008).

The dietary compounds in baobab fruit may be effective in the prevention of oxidative stress and related diseases (Besco et al., 2007). Oxidative stress is the damage caused to cells by highly reactive molecules called free radicals and has been determined as an underlying cause of a range of negative health outcomes including cognitive decline (Riley, 1994). The body’s own antioxidant defence system can neutralise free radicals to reduce the biological damage, with vitamin C being one of the principle antioxidants to do this (Lobo et al., 2010). However, the body can only produce a limited amount of these micronutrients independently; to reduce oxidative stress further antioxidants must be supplied additionally from the diet (Vertuani et al., 2004). As oxidative stress is associated with cognitive decline, consumption of dietary antioxidants (such as those in baobab fruit) might reduce oxidative stress and as a result, cognitive decline.

As well as affecting oxidative stress, administration of polyphenols and antioxidants can affect blood flow around the brain (cerebral blood flow, CBF) (Kennedy et al., 2010). Administration of various polyphenols, vitamins and minerals can dilate the blood vessels around the brain, which allows more blood to access the active brain areas (Kennedy et al., 2010). Although no research to date has investigated the effects of consumption of baobab fruit on CBF, research has looked into the effects of nutritional components contained in baobab. In particular, administration of polyphenols and vitamin C have independently been found to increase CBF (Kennedy et al., 2010; Kennedy et al., 2016). Results have been mixed regarding whether increases in CBF results in improvements in cognitive performance.

Another physiological parameter that has been found to influence cognitive performance is blood glucose (BG) levels.
Furthermore, baobab fruit has been found to have a large effect on BG levels (Coe et al., 2013). Therefore based on the potential effect of baobab fruit on CBF and its effect on BG, this could indicate baobab may also have an effect on cognition.

Preliminary research by Bycroft and Coe (2017) found that consuming a smoothie containing 15g of baobab fruit powder led to significantly improved reaction time on an executive function task but also increased number of errors on the same task. There were trends in other tasks in favour of the baobab smoothie in comparison to a placebo. Based on this and the previous literature discussed, the current study aimed to investigate the effect of acute consumption of baobab fruit on cognitive performance, CBF and BG levels, with three main hypotheses:
1. Baobab fruit will result in improvements in cognitive performance compared to placebo.
2. Baobab fruit will result in increases in CBF compared to placebo.
3. Baobab fruit will affect blood glucose levels differently to placebo.

**Method**

**Design**
A randomised, double blind, placebo-controlled, counterbalanced, repeated measures design was employed. The independent variable was treatment with two intervention arms: 10g baobab fruit powder or placebo. Dependent variables were cognitive performance, CBF and BG levels.

**Participants**
24 healthy participants, 17 female and 7 male (mean age = 22.91, SD = 3.37). Fourteen of these participants gave consent to the CBF and BG aspect of the study. All participants reported themselves to be in good health. This included; not smoking, having a BMI between the range of 18.5-29.5 kg/m² and not having any pre-existing medical conditions.

**Materials**
Treatments were administered as 245ml drinks. Both active and placebo drinks were sugar and flavour matched, so the only difference was the addition of 10g baobab fruit powder in the active drink.

All cognitive tasks were delivered using the Computerised Mental Performance Assessment System (COMPASS, Northumbria University, Newcastle, United Kingdom). This consisted of Bond Lader mood scales as a subjective measure of mood. Serial 3 and 7 numerical subtractions which consists of 2 minutes of continuous subtraction of 3/7 from a starting three digit number, as a measure of working memory. Rapid Visual Information Processing (RVIP) which consists of monitoring a continuous set of numbers and responding to any strings of three odd or three even numbers in row, as a measure of sustained attention. Peg and Ball Task (PAB) (moving coloured balls from a starting configuration to a goal configuration in the least moves possible, this was measuring executive functioning).

CBF was measured using Near Infrared Spectroscopy (NIRS). This is a non-invasive brain imaging technique based on the optical absorption of blood. The NIRS system used can quantify the amount of oxygenated, deoxygenated and total haemoglobin in the prefrontal cortex. This can be used to infer local neural activation (Jackson & Kennedy, 2013). BG levels were measured via capillary finger pricks.

**Procedure**
Participants attended the lab for three visits. Visit 1: Participants signed consent; demographics were collected and training given on all cognitive tasks (approx. 1 hour) Visit 2: Participants arrived after fasting for two hours. They completed all cognitive tasks before consuming their treatment drink (neither participant nor researcher knew which drink was administered). Participants then had a 45-minute absorption period in which they remained in the lab. After this, they repeated the cognitive tasks again but
the tasks were repeated three times (except mood scales and PAB). (1 hour 45 minutes). Visit 3: The exact same procedure as visit 2 but participants received the opposite drink. (1 hour 45 minutes). Those taking part in the CBF and BG aspect followed the same procedure but whilst wearing the NIRS equipment. BG finger prick samples were taken at baseline (before cognitive tasks), after the 45 minute absorption period and upon completion of the final cognitive tasks.

Results
All results were analysed using the linear mixed effects model (MIXED) procedure in SPSS.

Cognitive data
There was a treatment by repetition effect for serial three subtraction errors \( (F(2,111.42) = 4.30, p = 0.016) \). During repetition three the number of errors was lower after consuming baobab (mean = 1.76), compared to when having consumed placebo (mean = 2.87). There was also an effect of treatment on RVIP accuracy \( (F(1, 95.25) = 4.21, p = 0.043) \). Accuracy was significantly higher after consuming baobab (58.96 per cent accuracy) compared to placebo (54.45 per cent accuracy).

NIRS Data
There was a significant treatment by period effect on oxygenated haemoglobin \( (F(2, 395.55) = 3.80, p = 0.023) \). Pairwise comparisons revealed this was during post-dose tasks \( (F(1, 426.44) = 6.36, p = 0.012) \), with less oxygenated haemoglobin after placebo (mean change from baseline = -1.03) compared to baobab (mean change from baseline = -0.13). Oxygenated haemoglobin for both treatments during each post-dose task are shown in Figure 1.

There was a significant treatment by period interaction effect on total haemoglobin \( (F(1, 402.30) = 3.18, p = 0.043) \). Pairwise comparisons showed the difference was during post-dose tasks \( (F(1, 371.71) = 3.73, p = 0.05) \), with less total haemoglobin after placebo (mean change from baseline = -1.83) compared to after baobab consumption (mean change from baseline = -0.92). Total haemoglobin for treatments during each post-dose task are shown in Figure 2.

Blood glucose data
There was as an effect of treatment on blood glucose levels \( (F(1, 20.08) = 7.38, p = 0.013) \), blood glucose levels were higher after consumption of baobab (mean = 4.73) compared to placebo (mean = 4.37). Figure
The effect of baobab fruit on cognitive function, cerebral blood flow and blood glucose levels

Discussion
The current study aimed to investigate the effects of acute administration of 10g of baobab fruit powder on cognitive performance, cerebral blood flow and blood glucose levels in healthy young adults. Results showed consumption of baobab fruit powder led to fewer errors during the third repetition of serial three subtractions, improved overall accuracy during the RVIP task and improvement in accuracy during the third repetition of the RVIP. Baobab fruit consumption led to higher levels of glucose levels in healthy young adults. 3 shows blood glucose levels across time points for baobab and placebo.

Figure 2. Mean (±SEM) changes in concentrations of total haemoglobin during post-dose tasks after consumption of baobab and placebo.

Figure 3: Mean (±SEM) of blood glucose levels at baseline, after absorption and upon completion of post-dose tasks after consumption of baobab and placebo.
oxygenated and total haemoglobin during post-dose tasks compared to placebo. Finally, baobab consumption led to overall higher blood glucose levels compared to placebo. There was a significant difference between blood glucose levels after post-dose task completion, with higher levels after consuming baobab compared to placebo.

The current research built upon the preliminary work of Bycroft and Coe (2017) who found improvements in reaction time during the Stockings of Cambridge Task after consumption of 15g baobab in a smoothie drink. However, as well as improvements in reaction time, Bycroft and Coe (2017) also found significantly higher number of error moves, which indicates the improvement in reaction time were coming at a detriment to overall performance on the task. In contrast, in the current study, consumption of baobab led to improved accuracy with no error increase in the RVIP task, therefore performance improved overall.

This is the first study to demonstrate consumption of baobab can lead to increases in oxygenated and total haemoglobin during cognitively demanding tasks. This effect was hypothesised as previous work has shown that acute administration of multivitamins containing high levels of vitamin C can lead to increased oxygenated haemoglobin during cognitive tasks (Kennedy et al., 2016). When considered in light of previous research, it appears baobab fruit may have vasodilatory properties due to both vitamin and polyphenol content and this is what leads to the observed increases in CBF.

Baobab fruit consumption also had a significant effect on BG levels, with overall higher levels after consumption of baobab. As the baobab fruit drink and placebo were matched for sugar content the difference in blood glucose could be attributed to the effect baobab fruit has on glycaemic response (Coe et al., 2013). Results suggest there was greater availability of glucose over the task period, so performance could be sustained as there was more fuel available. This may also indicate BG levels are a mechanism of effect between consumption of baobab and improvements in cognitive performance.

A key limitation of this research was the lack of measurement of habitual polyphenol intake. This may be an important factor to consider as the consumption of dietary polyphenols contribute towards the maintenance of gut health, by stimulating the growth of beneficial bacteria (Cardona et al., 2013). The gut microbiota plays a key role in the availability of micronutrients in the body after the intake of food containing high levels of polyphenols (Cardona et al., 2013). Therefore, participants who consume more polyphenols daily, may have better absorption of baobab in the gut meaning it had higher availability compared to participants who consumed fewer polyphenols.

Future research should measure and quantify participant’s daily polyphenol intake. This could either be controlled for in analysis or comparisons between high and low polyphenol diets could be explored.

**Conclusion**
Overall, the findings indicate that in this sample of young healthy adults, 10g of baobab fruit powder can improve accuracy on the RVIP sustained attention task and reduce errors on a serial 3 subtraction task, increase CBF and increase BG levels.

**Acknowledgements**
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References
Research in brief

Symptoms of neuropsychiatric disorders in people living with ALS and their family members

Caroline McHutchison

Changes in behaviour are common in Motor Neurone Disease (MND) with up to 15 per cent meeting criteria for frontotemporal dementia (FTD). Higher rates of neuropsychiatric disorders have been found in both MND patients and their family members suggesting a possible overlap between MND, FTD and neuropsychiatric disorders. In this preliminary analysis, we found generally low rates of neuropsychiatric disorders in MND patients and their family members, consistent with healthy controls (HC) and their family members. Future research aims to examine associations between neuropsychiatric symptoms and cognitive and behavioural changes.

MOTOR Neurone Disease (MND) is a rare degenerative disease affecting the upper and/or lower motor neurons in the brain and spinal cord. This results in physical symptoms including muscle wasting and weakness, fasciculations, slurred speech and swallowing difficulties (Brooks, 1994). Additionally, up to 50 per cent of people with MND experience changes in cognition and/or behaviour during the course of the disease, with 15 per cent meeting criteria for frontotemporal dementia (FTD; Strong et al., 2009). These clinical findings, along with genetic and pathological findings, support the overlap of MND and FTD (Burrell et al., 2016).

Changes in cognition are most often seen in language, verbal fluency and executive functioning domains with memory and visuospatial skills generally remaining intact (Abrahams et al., 2014; Goldstein & Abrahams, 2013). Common behaviour changes include increased apathy, executive dysfunction, stereotyped behaviours and difficulties with social cognition (Goldstein & Abrahams, 2013). However, it is currently unclear why some patients experience these changes whilst others do not.

In the early stages of the disease, the presence of behaviour changes can lead to an incorrect diagnosis of a neuropsychiatric disorder due to the similarities in behavioural patterns (Block et al., 2016). However, recent research is emerging which suggests that MND and FTD may also overlap with neuropsychiatric disorders. An increased risk of some neuropsychiatric disorders (e.g. depression, neurotic disorders and addiction) both prior to and in the year following a diagnosis of amyotrophic lateral sclerosis (ALS; Longinetti et al., 2017), the most common form of MND, has been found. Furthermore, studies using self-reported data from a family history questionnaire shows an increased risk of psychosis and suicidal behaviour in ALS family members, with up to 20 per cent of ALS patients reporting three or more first- or second-degree family members with a neuropsychiatric disorder (O’Brien et al., 2017). Additionally, a study using hospital data shows that children of MND patients have a higher than expected risk of neuropsychiatric disorders (Longinetti et al., 2017).

Although promising, previous research examining rates of neuropsychiatric disorders in MND and FTD patients and their family members use data-linkage or self-reported family history questionnaires. These methods may not capture more minor cases or those
Symptoms of neuropsychiatric disorders in people living with ALS and their family members

with subclinical levels of neuropsychiatric disorders. Furthermore, little is known about the relationship between neuropsychiatric disorders and the presence of cognitive and behavioural changes in MND, which may provide further evidence of an overlap between these diseases. These findings could also have important clinical implications. If the use of detailed family history can predict the likelihood of cognitive and behavioural changes in MND, this may impact on when decisions about end-of-life care are made with patients and how information is conveyed.

This paper relates to preliminary data collected for a larger study which aims to examine the frequency of clinical and subclinical neuropsychiatric symptoms, cognitive impairment and behaviour change in people living with MND and their family members compared to the general population. We predict that:

1. MND patients and their family members will have higher rates of subclinical neuropsychiatric disorders compared to the general population and
2. The presence of neuropsychiatric symptoms in MND patients and family members will relate to cognitive and behavioural changes in MND patients.

Here we examine preliminary findings addressing the frequency of clinical and subclinical neuropsychiatric symptoms in MND patients and family members compared to the general population.

**Methods**

In Scotland, 60 people living with MND (MND-probands) were recruited through the population-based Scottish National MND Register. This register allows people living with MND across Scotland to be approached by a gate-keeper to participate in research (Hern et al., 1992). MND-probands invited

<table>
<thead>
<tr>
<th>Measure</th>
<th>Maximum score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifetime symptoms</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>Present y/n</td>
</tr>
<tr>
<td>Composite International Diagnostic Interview – Short form (CIDI-SF; (R.C. Kessler, Andrews, Mroczek, Ustun, &amp; Wittchen, 2006)</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Present y/n</td>
</tr>
<tr>
<td>CIDI-SF (R.C. Kessler et al., 2006)</td>
<td></td>
</tr>
<tr>
<td><strong>Current symptoms</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>27</td>
</tr>
<tr>
<td>Patient Health Questionnaire – 9 (PHQ-9; (Spitzer, Kroenke, &amp; Williams, 1999)</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>21</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder – 7 (GAD-7; (Spitzer, Kroenke, Williams, &amp; Lowe, 2006)</td>
<td></td>
</tr>
<tr>
<td>ADHD</td>
<td>24</td>
</tr>
<tr>
<td>Adult ADHD Self-Report Scale (ASRS-V1.1; (WHO, 2003)</td>
<td></td>
</tr>
<tr>
<td>OCD</td>
<td>72</td>
</tr>
<tr>
<td>Obsessive Compulsive Inventory – Revised (OCI-R; (Foa et al., 2002)</td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>50</td>
</tr>
<tr>
<td>The Autism Quotient (AQ; (Baron-Cohen, Wheelwright, Skinner, Martin, &amp; Clubley, 2001)</td>
<td></td>
</tr>
<tr>
<td>Impulsivity</td>
<td>120</td>
</tr>
<tr>
<td>Barratt Impulsiveness Scale (BIS; (Patton, Stanford, &amp; Barratt, 1995)</td>
<td></td>
</tr>
<tr>
<td>Apathy</td>
<td>12</td>
</tr>
<tr>
<td>Dimensional Apathy Scale (DAS; (Radakovic &amp; Abrahams, 2014)</td>
<td></td>
</tr>
<tr>
<td>Psychosis</td>
<td>45</td>
</tr>
<tr>
<td>Community Assessment of Psychic Experiences (CAPE-15; (Capra, Kavanagh, Hides, &amp; Scott, 2013)</td>
<td></td>
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</table>
their first and second-degree relatives to also participate in the study with the aim to get at least one family member per control.

In addition, healthy controls (HC-probands) and their family members were recruited through the University of Edinburgh Volunteer Panel. A series of questionnaires were administered which measured symptoms of neuropsychiatric disorders to MND- and HC-probands. These questionnaires assessed the presence of both clinical and subclinical symptoms both at the time of assessment and across the lifetime for several neuropsychiatric disorders (Table 1). The family members of MND- and HC-probands were invited to complete the same battery of questionnaires online or via mail-out.

For MND- and HC-probands, cognition was assessed using the Edinburgh Cognitive ALS Screen (ECAS; Abrahams et al., 2014). Where possible, information on changes in behaviour was collected from an informant. This information was collected in a semi-structured interview using the ECAS behavioural interview and the Frontal Behaviour Inventory (FBI; Kertesz, Davidson, & Fox, 1997).

**Results**

In this preliminary analysis, the battery of neuropsychiatric questionnaires was completed by 27 MND-probands and 16 MND family members, along with 47 HC-probands and 13 HC family members. Cognitive and behavioural information was available for 24 (88.89 per cent) and 18 (66.67 per cent) of MND-probands and 44 (93.62 per cent) and 25 (53.19 per cent) of HC-probands respectively.

At the time of assessment, symptoms of current neuropsychiatric disorders were low across all groups (Table 2). Symptoms of current anxiety, OCD and ADHD were low in MND-versus HC-probands however, these preliminary results suggest a trend towards slightly higher prevalence in MND versus HC family members (Table 3).

Scores on the ECAS were lower in MND-probands (Mean = 114, SD = 7.13) compared to HC-probands (Mean = 123.39, SD = 6.02). In MND-probands, the most common behavioural change was apathy (N = 12) followed by loss of sympathy or empathy (N = 5).

**Discussion**

We found that the frequency of neuropsychiatric disorders was generally low across all groups, particularly MND-probands. Current symptoms of anxiety, ADHD and OCD show a trend towards higher levels in MND versus HC family members. However, as this is a preliminary analysis and participant numbers are low, with fewer than half of the expected number of MND-probands, results should be interpreted with caution.

Longinetti and colleagues (2017) show that ALS patients have higher rates of depres-

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### Table 2: Mean (M) and standard deviation (SD) scores of current neuropsychiatric disorders by participant group

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Anxiety</th>
<th>ADHD</th>
<th>OCD</th>
<th>Autism</th>
<th>Impulsivity</th>
<th>Apathy</th>
<th>Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>MND-probands</td>
<td>6.26</td>
<td>5.04</td>
<td>2.00</td>
<td>2.59</td>
<td>0.78</td>
<td>1.34</td>
<td>5.78</td>
<td>4.89</td>
</tr>
<tr>
<td>MND family members</td>
<td>2.43</td>
<td>3.12</td>
<td>1.55</td>
<td>2.57</td>
<td>1.81</td>
<td>1.47</td>
<td>8.75</td>
<td>7.90</td>
</tr>
<tr>
<td>HC-probands</td>
<td>5.19</td>
<td>4.96</td>
<td>2.94</td>
<td>3.34</td>
<td>1.32</td>
<td>1.40</td>
<td>8.13</td>
<td>6.01</td>
</tr>
<tr>
<td>HC family members</td>
<td>3.31</td>
<td>3.95</td>
<td>1.31</td>
<td>2.21</td>
<td>1.54</td>
<td>1.71</td>
<td>5.77</td>
<td>4.07</td>
</tr>
</tbody>
</table>
sion and neurotic disorders, both prior to and following diagnosis, compared to controls. We did not observe this in our preliminary sample, however the rates of depression ALS patients reported are lower than what we observed (4.85 per cent and 1.89 per cent prior to and following diagnosis respectively). These lower rates may be a result of the data collection method as it will not capture cases of undiagnosed depression.

Our results may be due to the representativeness of our samples. It is possible that we have an unusual group of HCs with a bias towards those with a strong positive personal and family history of neuropsychiatric disorders. These individuals may be more likely to volunteer for a study of neuropsychiatric disorders. We observed high rates of symptoms meeting an episode of depression across the lifetime in our group of HCs (72.30 per cent). An epidemiological study of depression by (Kessler & Bromet, 2013) showed that up to 65 per cent of respondents indicated experiencing several days of feeling sad or depressed or a loss of interest in high-income countries. However only 21 per cent of these met criteria for a lifetime episode meeting clinical criteria for an episode of major depressive disorder (Kessler & Bromet, 2013). We may be capturing those with episodes not meeting clinical levels.

We may also have a sample of relatively healthy MND-probands, which is supported by the ECAS scores. Although lower than the HC ECAS scores, the average is still higher than the cut-off for impairment. These possible biases in our samples would contribute to our findings here. It is also possible that we do not have enough first-degree relatives in our MND family group. Longinetti and colleagues (2017) showed that although ALS family members were at increased risk of neurodegenerative diseases, only children showed a significant increased risk for neuropsychiatric disorders. Future analysis of the final sample may reveal more similar results to previous research.

Future research will examine the clinical and subclinical symptoms of neuropsychiatric disorders the final sample. In addition, we will examine how symptoms of neuropsychiatric disorders in MND-probands and their family members relate to the presence of cognitive and behavioural changes seen in MND patients. Evidence of higher levels of clinical and subclinical neuropsychiatric disorders in those with cognitive and behavioural changes would add to the growing evidence of a genetic overlap between MND, FTD and neuropsychiatric disorders.

**Acknowledgements**

This work was conducted as part of a PhD funded by the Centre of Cognitive Ageing and Cognitive Epidemiology at the University of Edinburgh. It was carried out under the supervision of Professor Sharon Abrahams and Professor Andrew McIntosh and in collaboration with Professor Orla Hardiman, Marie Ryan, Emmet Costello and Mark Heverin from Trinity College Dublin, Ireland. I would like to thank the MND register, hosted by the Euan MacDonald

### Table 3: Frequency of symptoms consistent with lifetime clinical episodes of depression and anxiety by participant group

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th></th>
<th>Anxiety</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>MND-probands</td>
<td>11</td>
<td>40.47</td>
<td>4</td>
<td>14.80</td>
</tr>
<tr>
<td>MND family members</td>
<td>10</td>
<td>62.50</td>
<td>9</td>
<td>56.20</td>
</tr>
<tr>
<td>HC-probands</td>
<td>34</td>
<td>72.30</td>
<td>22</td>
<td>46.80</td>
</tr>
<tr>
<td>HC family members</td>
<td>6</td>
<td>46.20</td>
<td>4</td>
<td>30.80</td>
</tr>
</tbody>
</table>
Centre for MND Research and funded by MND Scotland, for assisting with the recruitment of people living with MND.

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Hints and tips

Arranging a study visit as part of your postgraduate studies: Establishing international collaborations

Rachel Nesbit

In May 2018, I was fortunate to receive funding to support a 4-week study visit to the Amsterdam Interdisciplinary Centre for Emotions at the University of Amsterdam. In this article, reflecting upon my own experiences, I provide some (hopefully) useful hints and tips for organising your own study visit, from finding and contacting a host, applying for funding and making the most of your time away from your home institution.

As a final year PhD student, who had only ever been based in one academic department, the prospect of spending time at a different institution was something that particularly appealed to me. Unfortunately, my first attempt at organising a study visit was unsuccessful (the host university would only support visits for a minimum of 6 months and teaching commitments meant that I could not take time out during term time). A year later, I contacted the director of the Amsterdam Interdisciplinary Centre for Emotions and was successful in organising, obtaining funding and carrying out a study visit. Reflecting upon my own experiences, below I provide some hints and tips on things to consider when organising a study visit as part of your postgraduate experience.

The first steps: Finding and contacting a host

1. Do your research – It may be that you already have a particular researcher or lab in mind who you wish to contact, or that your supervisor has contacts at an external university. Alternatively, it may be that you want to carry out a study visit but do not initially know where you want to visit or who you want to work with. As a first step, it may be beneficial to look at the work you cite throughout your thesis or look for specific research groups whose research/methods overlap with your interests. Fortunately, the majority of research groups have their own website, making it easier to identify potential research groups and hosts.

2. Set expectations – Know what you want to achieve. It may be that you want to run a study at the host institution or learn a new method, or even that there is an ongoing project that you want to be involved in. Perhaps you want to use the visit as an opportunity to learn more broadly about the research being conducted in a different lab. Either way, knowing what you want to take away from your proposed visit is important and should be communicated when approaching a potential host.

3. Know your timeline – When considering your visit, it is important to consider the timeline (note: many funding applications ask for this as a requirement). Ensure you consider when might be a good time for you to visit (will you be collecting data at the time; do you have teaching commitments which mean you are restricted in the time you can be away?). Your host may also have particular times of the year that do not work well for
them, for example conference seasons. Do not underestimate how long you may need. From my experience the first week was spent negotiating public transport, google maps and adjusting to the culture.

4. **Getting in contact** – If you are unfamiliar with the work of the lab/prospective supervisor, ensure you are up to date before contacting them. When establishing initial contact get straight to the point. Explain your research and why the particular group is of interest to you – is there a particular paper or project that interests you? Be honest – tell them what you want to gain from your visit and ask whether they are open to the idea of your visit.

5. **Setbacks** – Not all attempts at contacting a potential host are successful, but this is unlikely to be a reflection on you. There are many reasons why the person you have contacted is unable to host you (minimum stay, conferences, sabbaticals etc.). If you are still open to the idea of carrying out a study visit, revisit step one and try again.

**Second steps: Applying for funding**

Often the biggest hurdle for organising a study visit as part of your postgraduate studies in the ability to secure funding. Below I provide some hints and tips on where to begin and what to consider when applying.

1. **Make an expenses plan** – Before applying for funding, ensure you have a rough plan of expenses in place. This will allow you to know exactly how much money you will need and what funds might be worth applying to. It may be useful to create an Excel document to map out your proposed costings, so that you can refer back to this both when applying for funding and when booking and claiming back expenses.

2. **Save costs** – Accommodation is often the most costly part of your visit. There may be university accommodation that you can stay in for the duration of your visit. For me, the accommodation in the Netherlands was extremely costly and many hotels and hostels had a maximum number of nights you could stay for. It is always good to consider whether you have any friends/family in the location. I managed to save the costs of accommodation from staying outside of the city with a family of a friend. Although I then had to commute in, this was much cheaper than paying accommodation costs. Looking for budget accommodation, a friend of mine on their study visit used Airbnb and stayed with a host (note: ensure your university policy allows this). If you are using public transport, research whether there might be student passes, or weekly tickets that cut costs. Staying in university halls of residents may also be a cheap and convenient way to save costs.

3. **Hidden costs** – It is also worth noting that many host institutions require you to pay a guest fee (to cover office space, coffee, printing etc.), for my visit this was 500 euros, ensure you put this in any funding applications and enquire about this with the host early-on in the organisation process. Other things to consider that may not be obvious include the costs for airport transfers, luggage (if travelling with budget airlines), visa fees (if travelling outside the EU) and travel insurance. Run your costings past your supervisor, it may be that there are other expenses that you have not accounted for!

4. **Be realistic** – It is important that you are realistic and specific about the cost of your research visit. Do not underestimate how much money you will need. Whilst you may think this looks good on funding applications, you do not want to be out of pocket. As mentioned above, whilst it is beneficial to try to save costs, you do not want to end up spending more as a result, for example, whilst booking a budget flight may be cheaper, when accounting for the costs of getting to these airports, and additional luggage and overnight stays (if flights are at inconvenient times),
it may work out as more expensive. With accommodation, whilst hostels may offer cheap accommodation, you may end up spending more money on extras such as Wi-Fi if this is not included. The cheapest options may not always work out cheaper, or more convenient for your needs.

5. **Know what funding is available** – There are several funds available to support study visits for psychology postgraduate students. Your supervisor may be able to provide guidance on funds available and there may be money aside both within your department or university that are there to support these types of opportunities. Apply for one of the PsyPAG Study Visit bursaries, it may also be worth looking into BPS bursary schemes who also support these types of opportunities.

6. **Be flexible** – you may not have been awarded as much money as you calculated you needed for your research visit. If this is the case, consider moving dates or reducing the duration of your visit. I initially planned to visit for six weeks but decided to reduce the duration so that my funding covered the costs for this length of time.

**Third steps: Making the most of your time away**

1. **Ask for meetings** – have a look beforehand at researcher’s profiles from the university you are visiting. It may be that whilst you are working with a particular individual, you also share an interest in others work. Ask for meetings – this does not have to be formal but could simply be an email to say that you are interested in their work and would like to go for coffee. I did this on several occasions on my visit and it was a great way to network and learn about others work.

2. **Embrace your new environment** – when you are on your study visit, take advantage of the opportunities available to you. It is likely that there will be research seminars and lab meetings during your stay. Attending these is a good way to network with others and learn more about the research being conducted in the host institution. I also recommend presenting your work at the research group you are visiting. For me, this was a great way to start my visit, and receive feedback on my work from experts in my field. You may be surprised at how helpful people are – several of the lab members asked to meet as they had ideas and helpful suggestions for my work or simply wanted to hear more about my research interests.

**Final remarks**

The opportunity to carry out a study visit has been a highlight of my postgraduate experience. The visit has allowed me to broaden my research interests, research network and importantly establish collaborators for future work. I would highly encourage other postgraduate students to consider a study visit as part of their postgraduate studies.

**Acknowledgments**

I would like to thank PsyPAG for a study visit bursary to support this study visit, as well as to the family of Prof. Elaine Funnell for my research prize. Finally, I would like to thank Prof. Agneta Fischer and Dr Sindy Sumter for welcoming me to the University of Amsterdam and for allowing me to collaborate on the project.

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Hints and tips

Advice for managing multiple funders, their expectations and agendas

Amy Pritchard

While securing funding for a PhD is a fantastic achievement, the complexities of receiving support from multiple funders is often overlooked. Three strategies for managing these complexities are discussed. The first strategy is to hold regular, joint meetings with the expectation that everyone will contribute to the agenda. The second is to educate all parties about what the research process involves. Finally, I suggest the need for transparency as to progress developments. Being able to successfully manage the multiple funders of your PhD project, will not only develop your negotiation and communication skills but will also ensure your project realistically meets the needs of all funders.

Securing funding for a PhD can be a huge achievement, providing a financial safety blanket during the following three years of academic research. While the pros of PhD funding far outweigh the cons, there were some implications of funding I was naïve to prior to starting my PhD. Funding can have a direct impact upon expectations and agendas and from my personal experience requires, management, negotiation, and at times, mediation. Therefore, establishing the role of a funder should be one of the first things on a new PhD student’s ‘to do list’ as days, months and years down the line, it will be vital when making important decisions.

Along with a stakeholders provision of that elusive pot of money comes, quite deservedly, the desire, and arguably right, to have some say over the direction and aims of the research. Furthermore, there is an expectation that the research outcomes can be utilised by the stakeholder in a meaningful and effective way. Unfortunately, this means that individuals who do not have an academic background or are unaware of the research or PhD process, could have a dominant influence on the project. These influences can result in unrealistic expectations. My naïveté lay in my belief that all project stakeholders would understand and value the need for scientific research, particularly within my domain of study, which concerns the evaluation of mental health interventions. However, this has not always been the case. Such misalignment of expectations sometimes required that I go back to square one, establishing my stakeholder’s understanding of the research and its outcomes. Although I have needed to manage different funder expectations, which has resulted in setbacks, delays and disagreements, I have found three beneficial strategies that have made this more achievable. I hope that by sharing my insights, this will help others who are also financially supported by multiple funders to overcome the specific challenges we face.

The first strategy is to hold regular, joint meetings with the expectation that everyone will contribute to the agenda. The second is to educate all parties about the research process, including information about time scales and what constitutes a realistic achievement given a specific time period. The final strategy is transparency; if there are any difficulties, barriers or milestones achieved, this needs to be shared with all funders. This will have the benefit of making stakeholders feel included as important agents within the research process. I have gained insight into these strategies through my personal expe-
riences of working with multiple funders. Subsequently, as I describe these experiences and my proposed strategies the name of the organisation, services and key individuals I work with will be anonymised. Throughout this article I will simply refer to ‘the service’ to indicate the service involved in my research.

1. Joint meetings with everyone contributing to the agenda
Early within the research process ensure that you set up joint meetings which involve the research team and all funders. In the first meeting ask all parties to provide their agenda and expectations for the research so you can easily identify similarities and discrepancies. By highlighting the multiple perspectives at play, it alerts different stakeholders to the need for compromise and negotiation. I found the meetings very difficult at the beginning of my PhD as I did not want to frustrate any of the funders. My supervisor managed the first encounter, as it was considered that this would be less threatening to the relationships within the research team. However, once my confidence and knowledge grew, I felt more capable of voicing my opinions as to the direction in which the project should progress. Crucially, this confidence only came after isolating gaps in the literature and identifying how these related to the funder’s expectations. Grounding decisions in existing theory and research meant that I could confidently justify my decision-making process and in turn maintain a positive relationship with all funders.

2. Education, education, education
As mentioned, I naïvely made assumptions about how funders would view, understand and communicate the research I was conducting. I believed individuals who worked for the organisation part-funding the project would be aware of upcoming research; this was not always the case. I thought that all practitioners would jump at the chance for the service to be evaluated, but again this was not the case. Luckily, most of my experiences so far have been met with curiosity and a desire to learn more. Sadly, one experience, which sticks in my memory, was less favourable. When I met up with a key individual at the service to discuss the project I encountered some resistance when I mentioned the word ‘evaluation’. The individual asked me why I felt it was appropriate to evaluate their practice. However, when I sat down and educated them, providing more information on my PhD project they soon warmed up to the idea. I described the evaluation approach being used, realist evaluation, as well as the purpose and aim of the project. Subsequently, the reception changed and the individual became more open.

Education was also the solution when a funder questioned why I had not started collecting data after only a month into my PhD. I explained the need for a literature review, identification of research design, obtaining ethical approval and collating all the research materials, before data collection could even be considered. Consequently, the funders began to develop more realistic ideas regarding the research timeframe. As someone who has held numerous research roles previously, I assumed others would understand the requirements of research and the expectations of a PhD, but this is not always the case. However, from my experience, funders and stakeholders are willing to learn more about the research process. Upon reflection, I wish I could have held these conversations at an earlier stage of my PhD so that everyone was on the same page regarding the project trajectory.

3. Transparency about progress
Involving stakeholders in updates and developments is vital to ensure all parties feel included within the project. If you hit a barrier, keeping people updated will help them to adjust their expectations, giving them an opportunity to offer help or even suggest possible solutions where appropriate. Additionally, if you get good news, share this so that funders can see your progress.
While Gantt charts can be frustrating and are forever changing according to research setbacks and the need to adapt, they can be a useful tool for aiding the transparency of the research process. In brief, a Gantt chart offers a visual representation of the steps that are required for the completion of a research project. It is an easy way to schedule and determine the length of time needed to complete tasks, presented in an accessible manner. To further facilitate transparency, I also arrange a monthly meeting to discuss progress. However, if a face-to-face meeting is not possible, I ensure a monthly email is sent to all stakeholders, outlining the aims of last month and a progress update. This not only puts stakeholders’ minds at rest but also holds you accountable for completing the work. Again, this is a strategy I have found particularly helpful, as I typically work better under pressure and with clear deadlines, which are somewhat lacking within the self-motivated PhD environment.

**Conclusion**
I acknowledge that the successful management of funders may require a change to their attitudes and motivations; something which is largely out of a PhD student’s hands. However, by implementing the aforementioned strategies at the start of the PhD process, I believe some of the difficulties myself and others have experienced can be avoided and in turn, anxieties reduced. One overarching theme I have identified is that people are receptive to honest, upfront conversation. Engaging in such conversations has strengthened my relationship with funders and after educating my funders about the length of the research process, they have willingly compromised on unrealistic expectations. Securing funding for my PhD has enabled me to do a job I love. While it is important to be aware of the complexities multiple funders can bring to your project, they will also undoubtedly help you to develop invaluable management, negotiation and communication skills.

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Conference review

PsyPAG annual conference – July 2018
Ashleigh Johnstone

The PsyPAG annual conference is organised by and for psychology postgraduates and provides an excellent opportunity for all psychology postgraduates to present research to their peers. In July 2018, I travelled to the University of Huddersfield to attend my first PsyPAG conference. I was looking forward to meeting like-minded individuals at a similar stage in their career. By the end of the three days I had new research ideas, a renewed sense of motivation, and I’d come away with some excellent friends and potential future colleagues.

Day One – Wednesday

After the welcome talks from Holly Walton (PsyPAG Chair), Professor Nigel King (University of Huddersfield), and the first keynote from Professor Viv Burr (University of Huddersfield) who provided a detailed introduction to social constructionism, it was time for the first symposium. Upon registering for this conference, I was looking forward to the wide variety of research scheduled for discussion, that said, this made it extremely difficult to work through the programme and select which talks to attend!

I started the day with the Sport and Exercise Psychology symposium which began with an excellent talk about sporting reminiscence in men living with dementia by Cara Sass (Leeds Beckett University). Featuring some touching quotes from members of the groups and facilitators, this came across as rewarding and interesting research. During her question time, Cara provided helpful advice about conducting this kind of research and the benefits of being active in the group you are observing. Cara’s talk was followed up by Charlotte Scott (Loughborough University) disseminating the findings from her systematic review investigating the role of teammate influences on the eating behaviours of athletes. Hearing Charlotte discuss the systematic review processes was undoubtedly useful for many delegates who were either preparing to write one themselves, or already in the process. The symposium was nicely rounded off by Richard Simpson’s (Leeds Beckett University) talk in which he reflected on his postgraduate journey so far, and the unexpected things he has learnt throughout his Masters. With the comical use of Lord of the Rings analogies, he made the point that we should treat postgraduate study as an adventure – we may face some problems and ‘enemies’ (not always people) throughout the process, but that we will also make new friends and learn new skills.

After a lovely lunch and more networking, it was time for the first cognition symposium of the conference. Derek Burns (Sheffield Hallam University) began by giving an interesting talk about the potential pitfalls of using the Metacognitive Awareness Inventory in a sample of university students which was well received by the engaged audience. With a tough act to follow, I was up next to discuss my recent study investigating how we cognitively respond to making an error. This was the first time I have presented this study, so I greatly appreciated the friendly faces and encouraging nods I received throughout. After some insightful questions, I left the session with a feeling of accomplishment and ideas for adding new ‘false error’ conditions to future versions of my study.

The first afternoon concluded with the ‘Individual Papers’ session which is often my favourite part of any conference. Here we find a treasure trove of talks that do not quite fit neatly into other sessions. With talks about hair pulling (Courtney Taylor Browne,
University of Glasgow), student sleep habits (Jennifer Johnson, University of Lincoln), empathy for social robots (Katie Riddoch, Bangor University), fatigue risk in train drivers (Michael Scott Evans, Cardiff University), and the use of VR in surgical training (Matthew Pears, University of Huddersfield), it was difficult to pick one that stood out. These speakers were engaging, thoroughly passionate about their projects and showcased the wide range of psychological research taking place across the UK. After a long day conferencing, it was great to attend the wine reception later in the evening and take part in an incredibly challenging pub quiz!

Day Two – Thursday
Day two stands out as a highlight for me. The morning’s keynote came from PsyPAG alumni Dr Claire Wilson (University of West Scotland), who split her talk into three key sections – inclusive behaviour in education, sexting behaviour in adults, and life after the PhD. This was an excellent start to the morning, with everyone finding at least one part of the talk suited to their interests. It built up a nice ‘we can do this PhD thing!’ feeling amongst the delegates for the rest of the day. The awards presentations also took place on Thursday, with Bethan Elliott (Cardiff Metropolitan University) discussing her Undergraduate Award winning research discussing the potential uses of Instagram in the recovery of Major Depressive Disorder. This was a thoroughly engaging and interesting talk that had everyone captivated and I am sure we will be hearing a lot more from Bethan in the future. Next up we had Rising Researcher award winner Tamsyn Hawken (University of Bath), who was not able to attend the conference in person so instead graciously provided a recording. Tamsyn discussed what it takes to become a resilient researcher and the importance of having a life outside academia, which clearly resonated with everyone in the room.

Another highlight of the conference came in the form of Dr Ryc Aquino and Catherine Talbot’s ‘Research Impact’ workshop. With a packed room full of eager delegates, they ran an interactive workshop with the aim of encouraging dialogue around the meaning of research impact and the various ways in which we can demonstrate the impact of our research. Full of practical tips around the dissemination of research and how to deal with press requests, I left this workshop knowing how to discuss my research and maximise its impact.

On Thursday evening the conference dinner took place at John Smith’s Stadium. This was a lovely opportunity to network and get to know new friends better without the pressure of the conference environment. An excellent dinner and wine resulted in questionable moves on the dancefloor and some hilarious photobooth pictures, yet this felt like an important bonding experience for us all.

Day Three – Friday
On the final day of the conference, I attended the ‘Cognition – Language’ session which started with Mairead Healy (Bangor University) and Baihan Lu (University College London) giving a joint talk on the neural correlates of meaning evoked by onomatopoeias. With some excellent visuals and accessible explanations, I enjoyed this talk despite my limited knowledge of language processing. This was another great example of the diversity in research being showcased through the conference and demonstrated how postgraduate collaborative research can be successful.

Nikki Dean Marshall (Sheffield Hallam University) concluded the session with the brilliantly titled ‘Toes in pies: Using interlingual homographs to explore the challenges of bilingualism’. Again, despite language not being my field, I was able to grasp this interesting research, which is testament to Nikki and her clear explanations of complex topics. After their talks I had the chance to talk to all three speakers and gained some interesting insights into their methodologies such as online data collection and discussed
some potential future collaborations to aid recruitment of difficult to collect participant samples.

The final session I attended, ‘Rapidly Changing Societies’, ended up being an unexpected favourite and something that was on my mind for several days after the conference. Darel Cookson (Staffordshire University) opened by encouraging everyone to think about conspiracy theories and reasoning behind why some people are more susceptible than others in their beliefs. This was a fascinating talk, that was careful not to be judgmental of those believing in conspiracy theories – a definite highlight of the conference. Next, Dr Franziska Wade-phul (University of Derby) gave the final talk of the session on the hot topic of identity in EU citizens after the 2016 referendum. This was a powerful talk backed up with touching quotes and by the end of her lengthy Q and A session, delegates felt privileged to have been able to hear Fran speak about this important and highly topical research.

The conference came to a close with Holly Walton (PsyPAG Chair) announcing that PsyPAG 2019 will be held at Sheffield Hallam University. After an informative few days, it was time to head home with fresh ideas, perspectives, and friends. Thank you to Becky Scott (University of Huddersfield) and all the other conference organisers and delegates who made it one to remember!

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Save the date!

The 34th Annual PsyPAG Conference is scheduled to take place at Sheffield Hallam University, 23–26 July, 2019. For updates, follow @PsyPAG2019 on Twitter
Conference review

The 5th Polyglot Conference, 2017
Shereen Sharaan

The Polyglot Conference is a two-day event that has taken place every year since 2013 and the first international gathering of language learning researchers, enthusiasts and multilinguals. Each year, the conference is hosted in a different country, with the 2017 conference held in Reykjavík, Iceland (registration costs ranging from 100–140 euros for the two-day event). From my choice of talks attended on languages and multilingualism, a dominant theme was concepts and techniques influencing language learning. This was my first attendance at the Polyglot Conference where I was invited to be a speaker on the newly emerging research theme of ‘bilingualism and autism’. The following article is a review of the event and it will include highlight talks, new themes and stand-out experiences at the Polyglot Conference 2017.

Highlight talks
Daniel Tammet and our Adventure into Iceland

Once the organisers announced the speakers and their respective presentation abstracts online, I proceeded to run a brief search on each speaker. One of the first names on the agenda was Daniel Tammet, an author with autism who I was completely unfamiliar with. I entered his name into Google, and without realising, I had spent at least an hour and a half watching videos and reading articles about Tammet’s fascinating journey in language learning. The most memorable video I came across was a 2005 documentary featuring Tammet called ‘The Boy with the incredible Brain’. Tammet, who at the time was already fluent in 10 languages, was given the challenge of learning Icelandic in just a few days. In a span of seven days, he was fluently communicating with the host of an Icelandic TV show.

During his talk at the Polyglot 2017, he gave insight into his language learning ways which were very interesting to hear. A pivotal message was the important role that emotions play in language learning. According to Tammet, the richer the emotion associated with the language learning process, the greater the likelihood of recalling that language. He also explained how he associated different words with different numbers which he processed in different colours and textures, making it easier for him to remember them. Tammet’s learning experience might not necessarily apply to most people, but I strongly believe many would find his tips and ways potentially helpful to learning a new language (for instance, looking for patterns when attempting to learn a new language).

Tetsu Yung: Raising Multilingual Children

Yung, a multilingual Taiwanese-Japanese author and father of three young children, gave a highly entertaining and informative talk on raising a multilingual family, using video recordings of his children captured over time. There were two important questions that emerged from his talk. First, how do you choose what languages to teach your kids? Yung clearly stated he was not a fan of trading off depth for width. He might be teaching his children to speak five languages, but he states he has a reason for each language he introduces to them. He encourages parents to first develop a strong reasoning to their language choices as that will spark the motivation to continue the process of language learning with one’s children. In Yung’s context, his family speaks Mandarin, his wife and her family speak Japanese, his au pair speaks Spanish, and the official languages of the country they live in are English and French. That is why those
five languages have been introduced to his children, due to their relevance in their lives and daily contexts.

The second question is how do you do it? What is the best strategy for teaching children multiple languages? For Yung, it is applying a concept called OPOL (one parent/person one language). For instance, Yung speaks five languages himself, but does not switch languages when speaking with his children. He does this to maintain the OPOL rule (he only speaks Mandarin with his children). In parallel, his wife only speaks Japanese with their children, and their au pair only speaks Spanish with the children. Interestingly, while the children can hear their parents speak to each other in Japanese, they still do not address Yung in Japanese as they have developed a habit of speaking only in Mandarin with him. Yung says creating an environment where kids absorb languages naturally through interactions with different caregivers (au pair, grandparents, parents, etc.) languages, and contexts (home, school, etc.) is a strategy that works well for his family. He also encourages parents to start very early, mentioning that he was already speaking in Mandarin to his children before they were born.

New themes
There were two talks at this conference on bilingualism and autism, a newly emerging theme in the scientific community. I presented one of the two talks, named ‘Bilingualism and Autism: What do we know? What do we need to know?’ The talk started off by highlighting that the development of specific cognitive skills (i.e. mental flexibility, inhibitory control, etc.) can be influenced by several factors, one of which is speaking a second language. The talk then moved on to discuss the state of the literature on this topic. While there is a large body of evidence supporting specific cognitive advantages for bilingual individuals (Agnes Melinda & Jacques, 2009; Bak et al., 2016; Carlson & Meltzoff, 2008; Costa et al., 2009), the literature is also surrounded by conflicting evidence (Paap et al., 2015; Paap & Greenberg, 2013). It is accurate to say, however, that research investigating the effects of bilingualism has been focused on typically developing groups. There is little evidence, to date, about the impact of bilingualism on specific cognitive skills of children with autism spectrum disorders (ASD). The few studies that have investigated the impact of bilingualism on the language development of children with ASD showed no disadvantage for bilingual groups, suggesting children with ASD can function successfully as bilinguals in language domains (Hambly & Fombonne, 2012; Ohashi et al., 2012; Petersen et al., 2012; Valicenti-McDermott et al., 2013). Furthermore, the few studies that have explored the impact of bilingualism on specific cognitive skills of children with ASD (such as executive function processes like mental flexibility and interference control) demonstrated no delays in these skills for bilingual participants (Iarocci et al., 2017) and even showed a bilingual advantage for mental flexibility in ASD participants (Gonzalez-Barrero & Nadig, 2017).

Future findings at this interface will contribute to evidence-based best practices for bilingual children with autism, educating parents, practitioners, and policymakers on how to best serve bilingual children with autism. Towards the end of the talk, I discussed the current project I am undertaking as part of my PhD programme at The University of Edinburgh investigating the impact of bilingualism of executive function (EF) skills of children with ASD. At the time of the conference, I was preparing to conduct a pilot study in the United Kingdom (Edinburgh) which will inform the main study in the United Arab Emirates investigating English-Arabic bilingual children. I am currently based in the United Arab Emirates collecting data for the main study until December 2018. My project aims to administer a battery of measures requiring behavioral responses to directly assess EF performance via computer games. The project also administers ratings-based meas-
tures to record parent and teacher perspectives of the child’s EF performance in daily real-life situations. Furthermore, the project will also explore the relationship between EF performance and ASD symptoms, in addition to exploring predictors of EF performance in bilingual children with ASD. Finally, while group differences will be analysed, the project also employs single case analyses to capture and highlight individual differences in EF performance within ASD groups.

**Stand out experiences**
Firstly, a crash course in the local language of the conference host country (Icelandic) was offered pre-conference. Secondly, there was an English-free zone sign which clearly stated ‘please speak any other language after this point’ – a statement which encouraged attendees to step out of their comfort zone and attempt to communicate in different languages. Thirdly, the conference launched with a memorable talk from Vigdís Finnbogadóttir, former president of Iceland and the world’s first ever elected female head of state. Finally, all the talks were recorded and made available to the public, free of cost, via YouTube.

**Summary**
The Polyglot Conference offers a rich mix of academic and non-academic presentations, involving diverse members of international community who come together to share their experiences and findings in the field of languages and multilingualism. The inclusive and diverse nature of the conference (bringing together academics and non-academics) was incredibly refreshing and much needed! A dominant theme was concepts and techniques influencing language learning, for example, associating language with emotions, colours, and numbers to make recall easier, to using a one-person-one-language strategy to teach children new languages. Finally, findings from newly emerging research themes such as ‘bilingualism and autism’ indicate that the cry for research at this interface is deafening, and that the need to build evidence-based practices for bilingual children with ASD is pressing in the light of international mobility and migration.

**Further information**
Polyglot Conference Website: http://polyglotconference.com
Polyglot Conference Facebook Page: https://www.facebook.com/PolyglotConference/
Polyglot Conference Twitter Account: https://twitter.com/polyglot_confer

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References


Book review

A Transdiagnostic Approach to CBT Using Method of Levels Therapy
by Warren Mansell, Timothy A. Carey & Sara J. Tai
Reviewed by Yarong Xie

‘A Transdiagnostic Approach to CBT using Method of Levels Therapy’ aims to give clinical psychologists and therapists a handy guide to conducting Method of Levels Therapy. As I am not from a clinical psychology background, I will not comment on the technical contributions of the book in this review. However, I do find the book fun to read as the authors use accessible language and real-life cases to introduce the theory and illustrate the therapy. The revolutionary ideas of Perceptual Control Theory and application of MOL will refresh your mind and broaden your perspectives in psychology.

THE WORK of Dr Mansell, Dr Carey, and Dr Tai, entitled A Transdiagnostic Approach to CBT using Method of Levels Therapy, is an accessible and concise guide for the Method of Levels (MOL) therapy. At first, the book seems to target therapists and clinical psychologists, I think, however, that it deserves a much wider audience. Coming from a social psychology background, I find the book inspiring as the principles of Perceptual Control Theory (PCT) can be as much applicable as in understanding what happens when there is conflict between individuals. This book lends me a refreshing perspective in reconsidering my own research.

The book is structured in two parts. The first presents a condensed and thorough introduction of PCT. Instead of seeing behaviours as the end-products in a conventional stimulus-response causal chain (i.e. I encounter a risk, therefore I run), PCT asserts that we use behaviours to control what we perceive (i.e. I run for a certain distance in a certain direction, therefore I am away from the risk). This is because in real life, we constantly adjust our behaviours to bring our lives back to ‘just right’ states. Informed by PCT, the second part of the book illustrates MOL in detail. MOL has been developed to guide people to regain control and thereby resolve problems by developing new insights, perspectives and ways of operating. These clear-cut introductions of theory and practice ease the reader into the world of PCT and MOL. Each component of the theory and therapy (e.g. perception, action, control, conflict, distress and awareness) are well defined and explained in separate chapters. This approach is helpful in allowing the reader to pause and digest each component before moving on. I find this particularly useful and less daunting when it comes to learning novel and revolutionary concepts such as PCT.

Despite being presented in two sections, the theory and therapy are smartly interwined throughout the book. In the first section, the authors reiterate that the PCT concepts are worthwhile to learn and will make better sense when demonstrating MOL later on in the book. The authors then refer back to PCT while characterising MOL in the second section. These together ground readers in the rationale and application of MOL. In addition to showing what MOL is, the authors also demarcate what it is not. For
example, a MOL therapist is not expected to ‘[...] persuade clients of any particular solution or viewpoint of the therapist’ (p.73). These ‘dos’ and ‘don’ts’ further clarify the role of the therapist. The readers’ comprehension is consolidated and confidence of practicing MOL reinforced as they progress through the book.

Meanwhile the authors do not fantasise about PCT and MOL, they are honest and open about the awkward scenarios that therapists might encounter in practice. They willingly share with the reader their first-hand experiences of how to react in these situations. For example, by simply stating that ‘we seem to have got a bit off topic, we were talking about [...] will get things back on track’ (p.82). These real-life examples and solutions, taken from the authors’ years of experience, make the reader feel that they are not alone and ‘we are normal people’ after all.

Aside from the theoretical content, I am also fascinated by the authors’ unique writing styles. As English is not my mother tongue, the use of colloquial language such as ‘control freaks’ and ‘boss other people around’ – makes these ideas easy to relate to and understand. The authors are also adept at using metaphors to describe and demonstrate concepts. For example, they visualise and equate how therapists should address clients’ problems with exploring a new house, i.e. viewing one room at a time. Another vivid metaphor is to analogue a midnight ‘gothic cathedral’ to the totality of our awareness, emphasising that we are only conscious of a tiny fraction of our awareness at a given moment. This imagery brings the components of PCT and MOL to life, to the extent that I have started to observe and reconsider human behaviours from a completely fresh angle.

The authors’ enthusiasm and faith in PCT and MOL are clear from the outset. The book itself is a practical example of how PCT and MOL are applied in real life. Since the theory and therapy are relatively new in the field, the authors offer therapists alternative ways for trialling MOL. In particular, a neat chapter with ample illustrations is written to elucidate how PCT and MOL could upgrade CBT. These give therapists freedom in experimenting MOL with the existing therapy that one is more familiar and confident with. By doing so, the authors effectively justify what it means to empower the clients, guide them to realise the root of their problems and regain control.

Finally, the concepts and guidance presented in the book are not restricted to clinical psychologists or health professionals. Advice such as ‘[...] read extensively on the topic [...] attend professional development activities and training workshops [...] reflect on their practice [...] utilise supervision’ (p.107) are equally valuable and relevant to all. Whether the readers are therapists, trainees or students who long to learn more, this palm-sized book is a must read. Because the theory and the therapy are still developing, extended resources where readers can follow the constantly updating research are included at the end of the book. Helpful appendices are also provided with validated scales, instructions for use and FAQs. All that is left for the reader is to take it and go. Not only will this book enrich your knowledge and skills, it may also inspire you to pursue a career in psychology whether academic or in practice.

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Interview

Registered Reports and PhDs – What? Why? How? An interview with Chris Chambers

Emma Henderson

In the Registered Reports publishing model, peer review and in-principle acceptance (provisional acceptance for publication provided the authors follow their registered protocol) are based on the research question and methodological rigour, and happen before the study is run and results are obtained. In addition to the benefits to science as a whole, Registered Reports provide many positives for the researcher. I interviewed Chris Chambers, professor of cognitive neuroscience at Cardiff University, Chair of the Registered Reports Committee supported by the Center for Open Science, and one of the founders of Registered Reports. I spoke to Chris about why we need Registered Reports and specifically how they can work for PhD students.

Emma: Could you briefly describe what Registered Reports are, and why they are important for psychology?

Chris: The standard model of publishing is that you design your research, conduct it, analyse your results and interpret your results. Then you write a paper, send it to a journal as a package and then it is reviewed as a package. Editors and reviewers look at the importance of the question, the rigour of the method, but they also look at the results. They judge the significance of the research based upon the outcomes, and they make a decision as to whether you should get published or not. But this model comes with a price, which is that results end up influencing ‘publishability’. Whether you get positive results often ends up determining whether or not you get published, and when you put researchers under pressure to get positive results, they will give you positive results. They will do it by changing their predictions, by p-hacking, by engaging in questionable practices and so on.

So Registered Reports try to break this outcome-based system by making results a dead currency. To do that you have to split the review process into two phases: one in which you only review rationale, question, theory, method, before the results are known, before you do the research and then that goes out to review. And one in which after the results are in you check whether the authors did what they said they would, whether their conclusions are based on the evidence that they have obtained. That is the Registered Reports model. So, the Registered Reports model involves the stage 1 review process where the protocol is assessed before results are known, and based on peer review of that protocol the journal guarantees to publish the final article regardless of outcome.

Emma: That sounds amazing for psychology and for science generally. For PhD students are there any personal benefits in writing a Registered Report?

Chris: One of the key benefits for students is that they gain an understanding of what’s required to do minimally-biased deductive research, by which I mean research in which the reliability of the outcome is as protected as possible from our own fallibility as human researchers. We see what we want to see in data, and I think when you go through this Registered Reports process as a researcher, whether you’re a PhD student or a professor, you learn an awful lot about the danger of bias. So there’s a pedagogical element to it, you really learn how to do science properly if you’re doing hypothesis testing. I think from
the very basic point of view of a PhD student you will learn the right things at the right time. Practically, one of the advances is that if you get started with this early on in your PhD you will end up producing outcomes sooner. The reason for that is when you break the review process up into two stages you are much less likely to get rejected at the first stage because the reviews that come in at that point can help you fix the research before it’s too late. Then when you come back at the second stage a large quantity of that review has already been undertaken, so you’re not re-litigating those aspects that have already been assessed. By the time you finish your data acquisition and analysis you’re much closer to the end destination of publication than you would otherwise be if you went down the traditional route where now you have to package it, sell it to a journal, get rejected, and so on. I think there is a fundamental scientific benefit, and there is also a career benefit. That career benefit isn’t just about doing things in a shorter amount of time, but also about having more to show on your CV. If you get to the end of your PhD and you’ve primarily done Registered Reports, then you’ll have more outputs because they will be undertaken within the timeframe of the PhD. Even those Registered Reports that are not completed at stage 2 by the time you’ve finished your PhD will be provisionally accepted, so on your CV there will be something that has already undergone peer review and is almost complete. That sounds very careerist, actually the main benefit is the scientific benefit; the benefit of understanding what is required to design an experiment properly, to know proper statistical preparation. Statistics isn’t just about analysing data so that you get significant results, it’s about knowing how to plan a study properly so that you have adequate power, that you have a proper analysis plan that can falsify a prediction based on theory, and using a well operationalised variable that’s relevant for that theory. These are all issues that are best addressed when you don’t know results, because results blind us to other things.

**Emma: So if I want to write a Registered Report where should I start?**

Chris: The place to begin is: What’s your question? Every PhD student really should begin by trying to define their question. What question, or small set of questions are you really trying to address? Break it down into something that is definable. If you’re doing hypothesis-driven research then think about your theory, and then from there generate predictions based on theory. The best Registered Reports are the ones that say there is a particular theory or big question in this area, there is a controversy or an uncertainty in which this, this, or this could be true, and regardless of the outcome it’s important to know the answer. The way to begin is really to think about the question and of course the method. And not to rush it too much, take your time to design that first study carefully.

**Emma: Speaking of time, do you have any specific advice for PhD students on how to fit Registered Reports into the short timescales of a PhD?**

Chris: Get started early, like you did. The first Registered Report could be a replication because you learn so much from a replication. You learn a lot of the basic statistical methods that you need to know. You learn to ask why it’s worth answering a particular question. Even those Registered Reports that are not completed at stage 2 by the time you’ve finished your PhD will be provisionally accepted, so on your CV there will be something that has already undergone peer review and is almost complete. That sounds very careerist, actually the main benefit is the scientific benefit; the benefit of understanding what is required to design an experiment properly, to know proper statistical preparation. Statistics isn’t just about analysing data so that you get significant results, it’s about knowing how to plan a study properly so that you have adequate power, that you have a proper analysis plan that can falsify a prediction based on theory, and using a well operationalised variable that’s relevant for that theory. These are all issues that are best addressed when you don’t know results, because results blind us to other things.

**Emma: And when you say early?**

Chris: Within the first two years. If you think about a PhD taking three years I would say that doing a Registered Report in the third year can be challenging, just because of the amount of planning that’s required. I have students doing Registered Reports in the first two years no problem. Ideally in the first year because you can generate a protocol and submit it to a journal. There will be a downtime of maybe eight to twelve weeks while it’s being reviewed but you can do other things in the meantime – you can work on another one, you can work on an exploratory study which is not registered, you can start thinking more about theory. There are
lots of things you can be doing; multitasking, essentially.

**Emma:** Do you have any advice on persuading a supervisor to try Registered Reports if they’re not keen?

Chris: You’ve got to put the question to them in the first place. You will learn a lot about what kind of scientist they are from the answer they give you. I think that’s instructive for you to know as a student. If they respond very negatively to the idea it might be because they have a lab which has a particular brand; they have a certain theory or a result which they always have to produce. A lot of ECR’s are stuck in this brand-generating machine of a lab where they have a huge file-drawer of results which are inconsistent with the lab’s brand, and the lab only publishes results that are consistent with their brand. These little empires exist all over science. If you have huge file-drawers as a PI, then the Registered Reports model is a threat because it prevents you from selecting what to publish based on results, so it takes away the file-drawer effect. They may well react positively, and a lot of people do. But some will react negatively and it’s important to know what do in that situation. It may be the case that you can convince them by talking about the benefits for your career from doing this: That a Registered Report is good training for you, it’s a publication regardless of outcome in a good journal. It’s a way of generating and signalling to the community that you care about transparency and reproducibility, and ultimately they’re well cited. It’s a way of producing a unit of knowledge that is probably more reliable than your average paper. Which is frankly what we’re here for, right! Maybe that won’t be enough, and you can talk to them about ways that it’s changing the incentive structures in science. If you’re in a lab that has a very strong brand and runs up against opponents who try to kill that brand, a Registered Report can disarm those opponents by preventing rivals from blocking publications from that lab based upon the results. It disarms everyone; results are a currency and Registered Reports neutralises them.

**Emma:** Would you recommend having that conversation before you start your PhD?

Chris: Yes, it certainly couldn’t hurt, particularly if you have multiple options in front of you. In those situations you’re interviewing them as much as they’re interviewing you. One thing that a Registered Report does, if you’re able to pursue it as a student or indeed at any level, it de-stresses your life because you know that you are no longer a slave to your results. You no longer have to pray for the significant effect, you no longer have to sit on the edge of your seat, you no longer have to be tempted to p-hack, or change your hypothesis to fit your results, because now the results are simply the results and you can do good science.

**Emma:** You mentioned that Registered Reports are well cited, how do they compare to a standard paper?

Chris: On average, across all citation indexes, they are cited at or above the average impact factors of the journals in which they’re published. Somewhere between basically equivalent to the impact factor to 200 per cent of the impact factor. Registered Reports are more likely to produce negative results, because when you eliminate bias from a system that’s full of bias towards positive results, you will inevitably generate more negative results. Even though they will generate more negative results, but more believable results, they are cited just as much. And that’s encouraging because it means that despite all the corrupt incentives in science, we are still scientists, and we still care about results that we can believe more than results that we question.

**Emma:** What is the future of Registered Reports?

Chris: I would like them offered at every empirical journal that publishes hypothesis-driven research. I don’t think it should be mandatory, I don’t think it should be the only way to publish research because there
are legitimate reasons for doing exploratory science, mining datasets for patterns and signals without any particular hypothesis and question. There are many good reasons for poking around with experiments and just trying things out and piloting things. That’s all great, we shouldn’t be turning that off. But what we should be doing is creating an alternative choice that people can follow if they want to. On top of it being an option at all journals, I would also like to see it being offered by funding agencies as a track that authors and grantees can follow. You apply for Registered Report grants, which are accepted by journals and funders at the same time. So on the same day you get your funding awarded, you get your paper accepted.

**Emma: Where should I go to if I want to do a Registered Report?**

Chris: If you go to the website https://cos.io/rr – that’s the central knowledge hub for Registered Reports – it contains a full description of what they are and why they’re important. It includes a complete, curated list of all journals that currently offer them, which as of today is 97 journals [141 at the time of printing! – EH]. It includes links to the database for published Registered Reports, materials for authors, reviewers, and editors, and lots of FAQ’s. You can also ask me questions by contacting me on email or Twitter: @chrisdc77.

You can find further information about Registered Reports here https://cos.io/rr/. You can contact Chris directly with questions, or email me at the address below.

**Correspondence**

**Emma Henderson**
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PsyPAG Award Winners: Where are they now?
Claire Melia

The PsyPAG Awards are an opportunity for PsyPAG to celebrate and draw attention to some of the most exceptional work and/or teaching completed by our members. Not only is it an acknowledgement of an individual’s outstanding work and achievements, but these Awards can also be hugely beneficial and help individuals stand-out in the employment market. We have caught up with some of our previous Award winners to find out how their career has progressed and how winning their Award has played a role in this.

Craig Harper
Which Award did you win and why?
I won the ‘Rising Researcher Award’ in 2015 at the conference in Glasgow for my research on attitudes and responses to sexual crime. The work applied, validated, and established psychological theories to this area, which until the time was largely descriptive. By taking a more in-depth look at these attitudes, it’s now possible to theorise about how to best address social attitudes towards this group in a bid to improve reintegration prospects and reduce sexual reoffending.

How has the Award impacted your career?
Winning the award put me in a great position when applying for my first academic post. In the current climate where impact and reputation seem to be at the top of recruiters’ lists when evaluating research prospects, having such a prize on my CV helped me to get my foot in the door of some departments where I perhaps wouldn’t have otherwise been able to access for interviews.

What are you currently doing/working on now?
I’m currently in the Department of Psychology at Nottingham Trent University. I still do research on attitudes towards sexual offenders, but now also take a preventative view, working to understand how to best get support to those with potentially problematic sexual interests such as paedophilia. I’ve also recently been working on political research into topics such as fake news, micro-aggressions, and the psychology underpinning the Brexit vote.

What advice do you have for current PsyPAG members?
Make the most of your postgrad experience! Attend the conferences and workshops, present your work, and meet other students. I met some of my best friends in the job through PsyPAG, and by making the most of this time you can really make these early years of your career so much easier to navigate!

Dr Craig Harper won the PsyPAG Rising Researcher Award in 2015 and now works at Nottingham Trent University as a Senior Lecturer.
Email: craig.harper@ntu.ac.uk
Twitter: @CraigHarper19

Jenna Gillett
Which Award did you win and why?
I won the ‘Outstanding Undergraduate Research Award’ for my dissertation research in the moderating factors of pain. I conducted a psychological experiment with 76 participants using the cold pressor test to measure pain threshold and tolerance and see how this was impacted upon by pain anticipation. I also tested to see if this effect was moderated by the personality traits neuroticism and extraversion. This was an ambitious study to carry out as an undergraduate student and it was definitely chal-
Challenging! I absolutely loved the process of designing, researching and writing up this piece of work – go hard or go home, right?

**How has the Award impacted your career?**
I was featured in an issue of *The Psychologist* and also presented my research at the Midlands Health Psychology Network Conference where I was also awarded ‘Best Oral Presentation’. These awards have helped me gain confidence in my abilities as a researcher and inspired me to pursue postgraduate education; something I had never even dreamed of being good enough for previously! Winning the PsyPAG Award helped elevate my professional status and enabled me to network at conferences; I was able to make connections with other professionals in health psychology which have proven invaluable for research collaborations and supporting me throughout my career so far.

**What are you currently doing/working on now?**
Currently I am close to finishing my stage 1 training/MSc in Health Psychology during which I completed a 6-month placement at a spinal cord injury rehabilitation centre. Whilst there, I investigated the psychological impact of MRSA-isolation on patients with spinal cord injury and how this impacts their rehabilitation. I have also had experience this year teaching on the undergraduate psychology course at my university which I thoroughly enjoyed. I intend to complete a professional doctorate in health psychology next year once I have finished my stage 1 training.

**What advice do you have for current PsyPAG members?**
Believe in yourself and persevere! I’ve had many set-backs throughout my studies and career so far; and whilst difficult to navigate at the time, they have undoubtedly made me stronger and a much better researcher. I truly believe that everything happens for a reason and these challenges help us grow and improve as individuals and professional psychologists. Keep going, you’ve got this!

Jenna Gillett won the first PsyPAG Undergraduate Award in 2017 and is now studying MSc Health Psychology at the University of Buckingham.
Email: jenna.gillett@buckingham.ac.uk
Twitter: @JennaLGillett

**Athina Tripli**

**Why did you win your particular Award?**
I won the Award because of the originality of my research and its policy impact. Specifically, my study is the first study in the UK to examine occupational burnout amongst youth offending officers in the British context. The policy impact of my research is evident by the fact that I presented the results of my study to the senior management team of the Youth Offending Service and as a result, they have now implemented changes to tackle the problem of burnout amongst youth offending officers.

**How has the Award impacted your career?**
The fact that the Award was promoted on social media by high profile accounts including PsyPAG, University of Derby and the BPS, has led to increased interest in my research, and requests to disseminate the findings further.

**What are you currently doing/working on now?**
I recently graduated from the University of Gloucestershire with an MSc in Forensic Psychology and am planning to do a placement in a forensic setting.

**What advice do you have for current PsyPAG members?**
Believe in yourself and you can achieve anything!

Athina Tripli won the PsyPAG Masters Award in 2018.
Email: athinatripli@hotmail.co.uk
Twitter: @AT_h1na
Michael Scott Evans

Which Award did you win and why?
I was the recipient of the prestigious ‘BPS DART-P/PsyPAG Teaching Award’ (2018) for excellence in teaching psychology. This award was in recognition of the outstanding leadership and contribution as director of the Nuffield Research Placement programme at the School of Psychology, Cardiff University. The Nuffield Research Placement programme at the School of Psychology aims to engage with the local community by inspiring and supporting sixth form and college students aged 16 to 17 from low social economic communities, by providing hands-on experience of a professional research environment. It is widely acknowledged that students from low-socioeconomic status households and communities develop academic skills less readily than their counterparts from higher socioeconomic status groups. The success of this programme was achieved by overseeing all matters relating to the development, teaching and management of the Nuffield Research Placement programme, to ensure that no students from low social economic communities are disadvantaged upon applying to higher education. Under my leadership, I was able to secure internal and external funds to achieve sustainability of the programme as well as increasing student intake by 189 per cent when compared to numbers prior to my leadership. I have also led the programme at the School of Psychology to achieve the highest national ranking, for the total number of student intake in Wales for two consecutive years.

How has the Award impacted your career?
The Award has further fuelled my passion and drive in preparing young adults from low social economic communities to enter into higher education. Since receiving this award, I have significantly developed the Nuffield Research Placement programme at the School of Psychology to establish the programme as a first-year undergraduate (Level 4) 10 credit module. In addition, I have also been in early discussions with Mike Nicholson, director of Undergraduate Admissions & Outreach at the University of Bath and Dr Simon Gallacher, Head of Student Programmes at the Nuffield Foundation to potentially establish a sustainable nationwide outreach programme for young adults from low social economic communities to better prepare them for higher education. This award has inspired me to further reflect and develop my leadership skills and as a result, I have now successfully completed the Diploma of Professional Development in Leadership (Distinction), as well as the PRINCE2 Certification in Project Management.

What are you currently doing/working on now?
At present, I am currently balancing multiple objectives now that my doctoral thesis is complete, such as:
1. mentally preparing myself for my viva voce exam;
2. working on numerous manuscripts for publication;
3. completing my Senior Fellow of the Higher Education Academy (SFHEA) application;
4. preparing teaching materials as visiting lecturer, Dublin Institute of Technology;
5. building my independent research interests within the rail industry as well as wellbeing and mental health in sixth formers and college students;
6. passionately working towards promoting psychology and driving policies, implementing legislation as well as monitoring action plans, which help to further engage in discussions that truly support decisions in Wales, for the people of Wales as a newly elected BPS Welsh Branch committee member.

What advice do you have for current PsyPAG members?
Take the time to identify fundamental gaps in your knowledge or skills that you wish to further develop or refine. In addition, always seek out remarkable and passionate unofficial mentors that are able to realistically
guide you to a level where you are able to comprehend and visualise the steps required to be able to achieve your short-term and long-term goals.

**Michael Scott Evans** was the recipient of the prestigious BPS DART-P/PsyPAG Teaching Award 2018 and is currently director of Nuffield Research Placement at the School of Psychology, Cardiff University; Head of Fatigue Research at Arriva Trains Wales (ATW); Visiting Lecturer, Dublin Institute of Technology, Republic of Ireland.

Email: EvansMS3@cardiff.ac.uk
Twitter: @Michael_S_Evans
LinkedIn: https://www.linkedin.com/in/michael-scott-evans

Applications for the 2019 PsyPAG Awards are now being accepted until 5pm on Friday 29 March 2019. See the advert on p.60, or online at psypag.co.uk/awards/ for more information about the Awards and how to apply.
PsyPAG 2019 Awards
Call for applications

PsyPAG Rising Researcher Award
PsyPAG Rising Researcher Award recognises outstanding early PhD/Doctorate research. The aim of the Award is to recognise excellent on-going PhD/Doctorate work prior to final submission. The winner will receive £100 and will be invited to present their research at our Awards ceremony at the PsyPAG Annual Conference. Expenses will be covered to a maximum of £150 (registration, travel and accommodation).

DART-P/PsyPAG Teaching Award
The BPS Division for Academics, Researchers and Teachers in Psychology have kindly sponsored an Award, in association with PsyPAG, which recognises excellence in teaching psychology. The winner will receive £150, a 1-year subscription to the DART-P, and a teaching-related textbook, which will be presented at our PsyPAG Annual Conference. The Award winner will be expected to contribute to the DART-P publication; the Psychology Teaching Review.

PsyPAG Masters Award
PsyPAG Masters Award recognises outstanding research in a Masters (MSc, MA, MRes, and MPhil) level research project. The aim of the Award is to provide recognition of the excellent research that is conducted at Masters level. The winner will receive £100 and will be invited to present their findings at our Awards ceremony at the PsyPAG Annual Conference. Expenses will be covered to a maximum of £150 (registration, travel and accommodation).

PsyPAG Undergraduate Award
PsyPAG Undergraduate Award recognises outstanding research in an undergraduate level research dissertation. The aim of this Award is to provide recognition of the excellent research that is conducted during the undergraduate level. The winner will have the opportunity to present their research at our Awards ceremony or present a poster at the PsyPAG Annual Conference. Expenses will be covered to a maximum of £200 (registration, travel and accommodation). The winner will also have the opportunity to publish their findings in the PsyPAG Quarterly (subject to peer review).

Deadline for applications – 5pm GMT on Friday 29 March 2019 – If you have any questions please email awards@psypag.co.uk.

More information and application forms can be found on our website: http://www.psypag.co.uk/awards/
February 2019 call for applications to the PsyPAG Workshop Fund

The Psychology Postgraduate Affairs Group (PsyPAG) are now accepting applications to host workshops for postgraduates.


Applying for workshop funding is valuable experience:
- It shows employers that you are able to use your initiative, budget, negotiate and plan
- It fills a gap in your own training needs and benefits others at the same time
- It builds your confidence in organising and chairing events
- It gives you the opportunity to network and meet people you may be able to work with in the future

We encourage applicants to ask for joint funding from another source (e.g. your university, a division/section of the BPS or an employer). This is because we want our budget to support as many events as possible.

If interested, or would like more information, please contact the Vice Chair at vicechair@psypag.co.uk

Guidance notes and application forms are downloadable at: http://www.psypag.co.uk/workshops

Deadline for applications is on 28 February 2019, at 5pm.
**Workshops should be run after 1st June 2019**
Dates for your Diary

Conferences

9–11 January 2019
Division of Occupational Psychology annual conference, Chester

10 January 2019
Division of Education and Child Psychology annual conference, Bath

23 January 2019
Division of Clinical Psychology annual conference, Manchester

24 January 2019
Division of Neuropsychology annual conference, London

Workshops

3 January 2019
Strengths-based mindfulness practice, London

15 January 2019
Assessment and CBT interventions for difficulties experienced with Autism Spectrum Disorders, London

18 January 2019
Optimising strength and resilience workshop for IAPT, London

21 January 2019
Working with suicidal and post-suicidal clients, London

15 February 2019
Introduction to advanced psychotherapy skills: Intensive short term dynamic psychotherapy (ISTDP), London

The BPS website has a full list of BPS events: www.bps.org.uk/events
# PsyPAG Committee 2018/2019

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| Division of Occupational Psychology | Louise Bowen  
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| Social Psychology Section | Darel Cookson  
darel.cookson@research.staffs.ac.uk | 2020 |
| Transpersonal Psychology Section | | |
| Special Group in Coaching Psychology | Natalie Lancer  
natalie.lancer@gmail.com | 2019 |
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<th>Due for re-election</th>
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<td>Community Psychology Section</td>
<td>Michelle Jamieson <a href="mailto:m.jamieson.2@research.gla.ac.uk">m.jamieson.2@research.gla.ac.uk</a></td>
<td>2020</td>
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<td>North East of England Branch</td>
<td>Jennifer Deane <a href="mailto:J.Deane2@newcastle.ac.uk">J.Deane2@newcastle.ac.uk</a></td>
<td>2020</td>
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<tr>
<td>East of England Branch</td>
<td>Jennifer Coe <a href="mailto:Jennifer.Coe@uos.ac.uk">Jennifer.Coe@uos.ac.uk</a></td>
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<tr>
<td>East Midlands Branch</td>
<td>Charlotte Scott <a href="mailto:C.Scott3@lboro.ac.uk">C.Scott3@lboro.ac.uk</a></td>
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<tr>
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<td>Scottish Branch</td>
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<tr>
<td>Welsh Branch</td>
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<tr>
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<tr>
<td>West Midlands Branch</td>
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<tr>
<td>London and Home Counties Branch</td>
<td>Rose Turner <a href="mailto:R.turner@kingston.ac.uk">R.turner@kingston.ac.uk</a></td>
<td>2019</td>
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<td>Ethics</td>
<td>Simon Ashe <a href="mailto:S.Ashe@shu.ac.uk">S.Ashe@shu.ac.uk</a></td>
<td>2019</td>
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<td>Holly Walton <a href="mailto:holly.walton.14@ucl.ac.uk">holly.walton.14@ucl.ac.uk</a></td>
<td>2019</td>
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<td>Standing Conference Committee</td>
<td>Olly Robertson <a href="mailto:O.M.Robertson@keele.ac.uk">O.M.Robertson@keele.ac.uk</a></td>
<td>2019</td>
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<td>2020</td>
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Members: Mirabel Pelton, Ann-Kathrin Johnen, Charlotte Scott, Alex Lloyd, Nikki Dean Marshall

Workshop Sub-committee
Chair: Catherine Talbot
Members: Claire Melia, Rachel Nesbit, Josephine Urquhart

Awards Sub-committee
Chair: Claire Melia
Members: Candice Whitaker

Communications Sub-committee
Chair: Olly Robertson
Members: Mirabel Pelton, Amy Pritchard, Joanne Eaves

Alumni Sub-committee
Chair: Rose Turner

CPD workshops

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<td>Various</td>
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<td>Working successfully in private practice workshop – 2019 dates available: <a href="http://www.bps.org.uk/psychologists/professional-development/find-cpd">www.bps.org.uk/psychologists/professional-development/find-cpd</a></td>
<td>Various</td>
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About PsyPAG

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.

PsyPAG's aims are to provide support for postgraduate students in the UK, to act as a vehicle for communication between postgraduates, and represent postgraduates within the British Psychological Society. It also fulfills 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 publication, 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 Division within the British Psychological Society, with their role being to represent postgraduate interests and problems within that Division or the British Psychological Society generally. We also liaise with the Student Group of the British Psychological 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 list open to all psychology postgraduate students. To join, visit www.psypag.co.uk and scroll down on the main page to find the link, or go to tinyurl.com/PsyPAGjiscmail. This list is a fantastic resource for support and advice regarding your research, statistical advice or postgraduate issues.

Social networking

You can also follow PsyPAG on Twitter (twitter.com/PsyPAG) and add us on Facebook (tinyurl.com/PsyPAGfacebook). This information is also provided at www.psypag.co.uk.
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