North Wales Clinical Psychology Programme

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Welcome to the third edition of the programme newsletter. This edition is slightly larger than the previous two as I have included a number of themed articles that I hope will be carried on in future editions. The first of these is entitled “In My Day”. These are articles that feature interviews with people who trained as clinical psychologists in the years before the DClinPsy Programme began in 1992. In this first article, Richard Corney talks about how he began his clinical training in the late 1970s as an independent candidate employed as a probationer clinical psychologist. (In subsequent editions of this newsletter other people will recount their experiences of training in University schemes that prepared candidates for the BPS Diploma in Clinical Psychology and for Masters degrees).

The second is an article entitled “Who are We”. This series of articles will examine the pressure that is being experienced right across the profession to define our unique added value. Primarily these will focus on outlining details of the CPD events that will be held around this theme. The current article describes the workshops presented by Roslyn Hope and Gillian Butler as well as listing a number of upcoming CPD workshops that have been planned over the next few months.

For some time the programme has been working to articulate a vision that would clearly describe the view of the kind of psychologist that we would like to see graduating from the programme. In an article entitled “Defining a vision” Carolien Lamers talks about the development of this vision and the progress that has been made thus far. There is also an article describing the transition from being a trainee to being a qualified clinical psychologist, along with bits and pieces of news and information from the programme team. As ever, I would be very grateful for any suggestions for articles for future editions of this newsletter. A sneak preview of forthcoming highlights is presented below. I hope to get the next edition out in mid Autumn.

Farewell to Suzanne

Last March Suzanne Barnes left the post of Clinical Secretary to become a Health and Safety Risk Assessor in the Occupational Health and Safety Unit (OHSU) at the University. Her leaving party featured a beautiful cake that was especially made for her by Dawn Thompson. Suzanne said that she was happier for an article on her leaving to include a photograph of the cake rather than a photo of her - no problem:

Forthcoming highlights....

One of the changes to the assessment of research competence in recent years has been the introduction of the Meta-Analytic Project (MAP). In the Autumn newsletter Elizabeth Burnside will discuss the background to this assignment and the article will include details of how some completed MAPs can be obtained.

In October 2007 the last candidate registered on the CPD (”top up”) degree is due to hand in her thesis. There will be an article describing the 14-year history of this degree in the Autumn newsletter. This will include a list of all the completed theses that were submitted over that period.

And of course in addition to the other articles, there will be another description of clinical training from the “In My Day” series. Watch this space....

Congratulations to Lynn from the Admin Team who became engaged over the New Year to her partner Mike Daniels. They plan to marry in August 2008.

The world after training

The transition from being a trainee to being qualified can be a difficult and challenging process. Robert Jones interviewed Fiona Randall roughly 6 months after she had qualified from the Programme and asked her about her experiences of changing roles.

Robert: Hi Fiona. You graduated from the Programme at the end of September 2006. Where do you work now?

Fiona: I work in Flintshire CAMHS and my main interest is in psychosis.

Robert: So what's it like to finally be qualified?

Fiona: It's great. And there are so many good bits that are unexpected. For me the main one is really feeling part of a team. When you are a trainee you are there for five or six months at most and you never really get a chance to fully fit in – there is always a feeling of passing through. It's really exciting: you are doing the things you have been training to do for so long and it feels different than when you were a trainee because you only had a few short months to spend with people before you were off to your next placement.

Robert: Did you feel the Programme prepared you for the transition to the role of qualified practitioner?

Fiona: I felt I was ready when I left the course. In many ways it has prepared me very well and in many ways you don't know it until you do it.

Robert: In what ways?

Fiona: I think it's just that on one day you are a trainee and the next day you are qualified and suddenly the expectation from other people is that you know now what to do when in fact it feels like you have just passed your driving test and although you feel you know the rules you haven't driven on your own before and you can feel a bit of a fraud. The biggest shock is that on a Friday you are a trainee and suddenly on a Monday you are qualified and you are at a meeting and all the people there are looking at you for answers.

On the positive side there is that freedom to do it your way rather than being restricted by the role of trainee. The other shock is that there is just so much work to do. You go from a protected caseload of about 6 people to many times that amount very quickly. I have about 16 on my caseload already but I have friends and colleagues who have caseloads of up to 30 people and they are just drowning in this. On the Programme everything has to be just perfect – you dot every 'i' and cross every 't'. Once qualified there just isn't enough time to be so careful and this is very frustrating - this sense that you simply don't have the time to check your work as carefully as you feel it should be checked.

Robert: Was that a surprise?

Fiona: The experience is very different from what I imagined. I asked how many clients should I take on and nobody could say – it was up to me. I always thought of myself as a good time manager but I initially really struggled with the concurrent demands that I was suddenly bombarded with. I knew it would happen but I didn't know how hard it would be to manage my time. As a trainee you get selected cases. Even though you do see complex cases you don't realise how complex many of the cases are until you have sole responsibility for them!

Robert: Is time management the main difficulty?

Fiona: It's more related to the potential volume of work and the competing deadlines. The course puts a lot of pressure on people but it also controls deadlines for you. Suddenly you can have three or four competing things on the same day. I've got to take responsibility and nobody is going to say to me 'This is a more important meeting than this' and sometimes you are not going to make the right decision because you sometimes don't know until you get there.

"The biggest shock is that on a Friday you are a trainee and suddenly on a Monday you are qualified and you are at a meeting and all the people there are looking at you for answers."

Robert: Were you expecting it to be so busy?

Fiona: Yes and No. I knew it would be busy but I didn't realise just how much you are bombarded and initially I quickly had to learn to resist the pressure to say yes to everything. There is a sense that everybody wants you to do what *they* want you to do and that it's the most important thing to them, but time management is tricky because you would theoretically never stop. So what I have tried to do is to make clear boundaries where I need to do research and background reading on cases because that can so easily get swallowed up.

Robert: Could the programme do more to help prepare trainees for this?

Fiona: I'm not sure. In some ways the course protects the trainees from the awareness of just how difficult it can be. Knowing that we could rely on the course as minders was very reassuring while I was on the course but I didn't realise how protected I was until I was out there. Having all referrals filtered through your supervision is a very protective factor and its absence is an ongoing learning process. For example, it would have been better if on placement we had been exposed to the more difficult clients – particularly the ones where there is little that is likely to change in 6 months. Otherwise you are not really getting a full picture of the entire caseload.

Robert: If you were talking to current trainees and helping them predict what it would be like once qualified, what is the most important piece of advice you would want to give them?

Fiona: A couple of things really. Don't go in and just say yes to everything. Boundaries are terribly important. Hang back, go with the flow, and be open to how things will evolve rather than go in with a firm idea of how it is all going to be. The worst thing is the feeling that you are just supposed to know when you feel you don't. Gradually you realise that actually you can't ever really know and you can begin to relax a bit. I think it takes quite a long time to get used to being qualified. Its not just over a few days – it probably takes closer to a year.

Defining a vision

Over the past few years the Programme Team have been working to articulate a vision that would clearly describe the view of the kind of qualified clinical psychologist that we wish to see graduating from the programme.

Carolien Lamers has played a central role in helping the team develop their thinking around the issue of vision and earlier in the year Robert caught up with her to ask her to summarise the progress so far.

Carolien joined the Programme Team just ahead of a number of new faces coming on board and noticed that while the existing Aims and Objectives clearly described what the Programme was doing at the time they didn't address any kind of trajectory for the future. With so many 'new' people working on the Programme, she felt that the time was right to develop a clearer, shared view of our vision.

Four years later we have come a long way in being able to state the overall basis of the task. The team has agreed that we wish to produce qualified clinical psychologists who:

- have people skills.
- are self aware.
- are competent therapists.
- are systemic thinkers.
- are passionate and enthusiastic.
- are creative and innovative.
- are scientific.
- are psychologically minded.
- are good communicators.
- are adaptable.
- have integrity.

As a team we feel that we are successful in producing people who are scientific and who are competent therapists. We still feel, however, that more work needs to be done in the areas of self-awareness, creativity and innovation, and in producing graduates who are passionate and enthusiastic.

The team had previously agreed that we needed to develop our work on systemic thinking. For this reason, self-awareness, systemic thinking and passion/enthusiasm, creative/innovative had been selected as areas for specific development within the vision. These aspects were therefore chosen as the central themes for the Gregynog conference over the past few years: The 2005 conference concentrated on the theme of Reflective Practice, the 2006 conference on Systemic Thinking and the 2007 conference will concentrate on the areas of Creativity and Innovation.These themes also received wider attention within the programme structure.

"Our initial discussions about the importance of reflective practice have significantly influenced how the curriculum is now structured."

In terms of self-awareness, the method of enhancing this within our trainees was by developing the reflective practice component of the Programme. The importance of reflective practice has highlighted through selection, reports of clinical activity, advanced clinical reports, reflective practice sessions within the teaching timetable, and within placement visits and appraisals. In addition, it has been emphasised that the existing personal development counselling incorporates aspects of increasing reflective practice.

Carolien Lamers discusses the development of a shared vision to guide the future of the Programme

In terms of systemic thinking, the team have decided that there should be more signposting of systemic thinking within teaching, within the report of clinical activity, and within the organisation of teaching.
Areas that are emerging for the future are related to the idea of a professional self-concept and an awareness of the importance of resilience in the people we train. In relation to professional self-concept, there is a need for us to help trainees explicitly develop a sense of identity. At present this takes place in the third year but is probably is too late for professional identity formation – trainees need to understand who they are much earlier.

"The development of a professional self-concept needs to be brought into sharp focus on the programme -we need to output clinical psychologists with a clear vision of who they are, a clear vision of their unique added value, and a high professional self concept."

Resilience is another concept that is becoming important in relation to the development of our vision. We need to help people react to the stresses of the workplace by becoming resilient, not in a passive sense of being able simply to put up with the difficulties of the working environment, but by using their drive, passion and creativity to make a positive difference to their own working conditions. This has implications for both selection and training. "We need to select trainees who are resilient but we don't just want to produce psychologists who will just take what is thrown at them for the rest of their careers and dream about their holidays and their weekends."
The development of a programme vision is very much viewed as a shared activity between all stakeholders and the programme team would welcome any contact to help towards the further development of these ideas.

News from the Admin Team

A warm welcome to Sharon Owen who has recently been appointed to the post of Academic Secretary

The programme team are delighted to welcome Sharon Owen who has been appointed to the post of Academic Secretary. This post became vacant following the resignation of Suzanne Barnes as Clinical Secretary earlier in the year. Dawn Thompson successfully applied for the Clinical Secretary post, leaving the post of Academic Secretary vacant.

Sharon was born and raised near Caernarfon. She obtained a BSc (Hons) degree in Biosciences and Health at Leeds University.

After graduating she returned to North Wales to work for a short time before moving to Australia to live and work. In 2005 Sharon returned to Bangor and became a member of staff in UWB working in Human Resources before taking up her post on the programme.

Having two people called Sharon on the team has led to a variety of ideas as to how to distinguish between them. These options have ranged from the unrepeatable to the absurd (and occasionally to both). Suggestions on a postcard please.....

Congratulations to Sharon Fraser who was recently awarded an Associate Teaching Fellowship in recognition of her‘exceptional contribution to the University’

The University instigated this award as a means of recognising the contribution of staff who provide exceptional administrative support to courses and programmes. In determining the award the committee considered submissions about Sharon from existing and past trainees, supervisors, NHS departmental heads, and external examiners.

Sharon began working on the programme in 1991 as the course secretary and set up all the administrative systems for the newly formed doctoral training scheme. She was promoted a year later to the post of course administrator.

Over the next few years Sharon’s continuing contribution to the development of the programme was recognised by her transfer to academic-related pay scales and further promotion to the post of programme co-ordinator in 2002.

Although she was delighted to have been awarded the Fellowship as a validation of the hard work and dedication that she has shown over the last 17 years, it was the many messages of support and praise that were contained in the submissions made to the committee that made the greatest impact on her.

The Fellowship was presented to Sharon by the Vice Chancellor at a dinner held in July.

“Having the award from the University is a recognition of all your hard work but its the nice things that people said about me that mean the most to me.”

Who are we?

In recent months there has been a pressure on clinical psychologists to define clearly what it is they have to offer to potential employers. In particular, we have been called upon to be able to articulate why we should be employed in favour of members of other professions who may be able to offer skills (e.g. therapy services) more cheaply. Although such 'crises' in clinical psychology are not new, there is now a stronger pressure to provide evidence for our position and for that evidence to be subjected to intense scrutiny from service commissioners.

As a response to such pressure, the CPD programme for the next couple of years will focus on the issues of our identity under the overall umbrella term "Who are we?" The programme was announced at the Open Meeting on May 25th 2007 where the forthcoming presentations (both confirmed and in the planning stages) were outlined (see table for details of forthcoming events).

The programme then began with the first of the presentations which was by Roslyn Hope from the National Institute of Mental Health in England. Her presentation was entitled "New Ways of Working for Applied Psychologists". A central tenet of the presentation was the workforce implications of the drive to improve access to psychological therapies and the need for affordability and transparency in how these services were delivered.

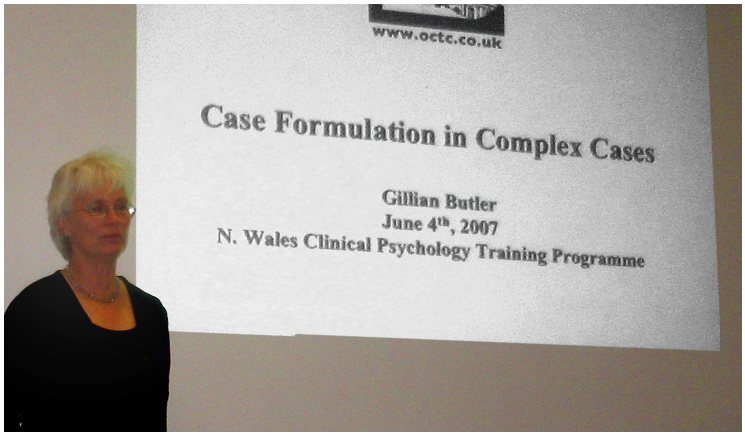
Roslyn Hope (NIMHE)

"Organisations need to understand and accept that psychologists are more than therapists and have leadership roles."

She reminded us that without a fairly radical shift in the way we work at present, there will be a huge gap between the supply of psychological services and the demand for such services, especially with the drive to widen such access outlined in the Layard report. This shift underlies the thinking behind New Ways of Working and clearly points to the need for a skill mix in service provision. It also placed a significant emphasis on the development of CBT skills. Roslyn saw psychologists as playing a central role in leading the development of psychological therapists and services. She suggested that in the past when psychologists have been open and flexible in the way that they work, the profession has prospered but that the opposite has been the case during times of " boundary protectionism."

Questions from the floor raised the issues of training and regulation as well as pointing to the danger that the breadth of work of clinical psychology would not be adequately reflected in a proposal for New Ways of Working for the entire profession that was based solely on the needs of the Adult Mental Health specialism.

In early June, Gillian Butler presented a very stimulating day-long workshop on case formulation in complex cases. Nested firmly in the CBT tradition, she showed the importance of formulating from the earliest possible opportunity.



Gillian Butler (Oxford Cognitive Therapy Centre)

Through a number of exercises she encouraged the audience to see formulation as a mutual shared exercise with the end point being that the person should feel understood and not 'rumbled'.

"A formulation could be wrong - it is filtered through a number of perspectives. The question is whether it is useful not whether it is right."

She emphasised formulation as a pragmatic tool that makes the best use of available information rather than an infallable method of assessment. Clinicians should be more interested in whether or not a formulation is useful than whether or not it is 'correct'.

Forthcoming CPD Events July-December 2007

July 12th: Psychology – Past, Present and Future: "Identity Crisis?" Rosemary Jenkins and Rhonwen Parry at The Talardy Hotel St Asaph 10.00- 4.00.

September 5th: "New Ways of Working: An Anti-Establishment Perspective." Tim Prescott 1.30-4.30.

October 11th: "The Mental Health Act." Peter Kinderman (To be Confirmed).

Other workshops on leadership, team working, new ways of working and the Mental Capacity Bill are in the early stages of preparation - more information in the Autumn newsletter.

“In My Day…”

This is the first in a series of articles that outline the different routes to clinical training that were available prior to the development of the DClinPsy Programme in 1992. In this first article, Richard Corney outlines his clinical training as an independent candidate working towards the BPS Diploma in Clinical Psychology.

Richard Corney has always displayed an independently minded attitude towards education. Having left school in the late 1960s he went to work for the civil service in a road research laboratory. While working there he obtained an undergraduate degree in psychology by attending evening classes at Birkbeck College (part of the University of London). Once qualified he continued working for the road research laboratory for a couple of years and then resigned and spent a year sailing around the Mediterranean. On his return he began working for the Spastics Society and from there began looking around for a job as a psychologist. A post for a Senior Clinical Psychologist was advertised in North Wales and, in his naivety, Richard applied for it! No one was more surprised than he was when he was called for interview and appointed as a probationer Clinical Psychologist with Clwyd Health Authority in what was then the Child Guidance Service in Bod Difyr in Old Colwyn. His employers agreed to put him through in-service training and he began a series of placements in North Wales. At that stage (1978) it was possible to qualify by just doing core supervised placements but Richard also decided to sit the BPS Diploma in Clinical Psychology.

The requirements of the BPS Diploma were tough by comparison to the University-based Masters courses that were beginning at the time. These comprised supervised placements, unseen exams, 10 case reports and a research dissertation. Candidates had to travel to the BPS offices in Leicester for two oral examinations – one on the portfolio of cases and one on the research dissertation.

“One always felt a bit hard done by because the degree courses that were coming on stream then where only two years long and gave people a master’s degree whereas we had to work for three years for just a diploma. A diploma didn’t sound particularly grand and it was damned hard work.”

Richard completed placements in the Child specialism (in Bod Difyr), in Adult Mental Health (at the North Wales Hospital in Denbigh), Mental Handicap (in Bryn y Neuadd Hospital) and a specialist placement in drug and alcohol addiction (in the Countess of Chester Hospital).

Once qualified Richard continued to work in the Child specialism as a Clinical Psychologist and later moved to work in Adult Mental Health and Older Adults.

In 1992 when the doctoral course in Bangor was established, it became possible for chartered Clinical Psychologists to be awarded the qualification on the basis of registering for a modified version of the degree. This entailed an extended essay (10,000 words), an extended RCA (10,000 words) and the LSRP. Richard decided to register for the degree in 1993 and obtained his doctorate in 1996. His thesis explored the concept of altruistic behaviour within the context of meaning and loss.

Richard feels that the training that is available now to trainees is far superior to what was available to him in the 1970s. As an experienced supervisor he has observed that trainees today get much more focus and much more insistence on breadth of theoretical background than when he was training. Almost every aspect of a trainee’s functioning is now under a spotlight and there is nowhere to hide.

“In my day it was perhaps possible to side step some of your weak areas whereas today I think trainees are completely exposed. There wasn’t the same close inspection as there is now.”

As the interview was drawing to a close, I asked Richard to reflect on the whole span of his career and wondered if there was anything we had not touched on that he might like to add. After a moment’s thought he remarked on the difference in working in North Wales before and after the development of the clinical training scheme. He felt that one of the great advantages to having a course in North Wales is how it has pulled practicing clinicians together and given them a common focus.

“Because we are spread across such a rural patch it has helped us to develop a sense of identity. It has been a tremendously valuable resource to those of us who were qualified before it began. It isn’t just the trainees that benefit.”

Research Publications

The Programme at Bangor is well known for the contribution it makes to international research excellence. Research output is amongst the highest of any Clinical Training Programme in the UK. There follows a selection of publications covering the last year (2006 - 2007). If anyone would like copies of any publication listed below, please contact the author(s) directly. Otherwise send Lynn an e-mail in the Programme Office (l.moran@bangor.ac.uk) and she should be able to pass on the request.

2006

Clare, L., Goater, T. & Woods, B. (2006) Illness representations in early-stage dementia: a preliminary investigation. International Journal of Geriatric Psychiatry, 21, 761-767.

Clare, L., Markova, I., Romero, B., Verhey, F., Wang, M., Woods, R., & Keady, J. (2006). Awareness and people with early-stage dementia. In: Miesen, B.M.L. & Jones, G.M.M. (eds) Care-giving in dementia: research and applications. Volume 4. (pp. 133-151). London: Routledge.

Craig, G. M., Carr, L. J., Cass, H., Hastings, R. P., Lawson, M., Reilly, S., Ryan, M., Townsend, J., & Spitz, L. (2006). Medical, surgical, and health outcomes of gastrostomy feeding. *Developmental Medicine and Child Neurology*, 48, 353-360.

Daley, D. (2006) Attention Deficit Hyperactivity Disorder: A Review of the Essential Facts. *Child Care, Health and Development*, 32, 2, 193-204.

Haddock, K., & Jones, R. S. P., (2006). Practitioner consensus in the use of Cognitive-Behaviour Therapy for individuals with a learning disability. *Journal of Intellectual Disability*, 10, 211-230.

Hancock, G. A., Woods, B., Challis, D. & Orrell, M. (2006) The Needs of Older People with Dementia in Residential Care. *International Journal of Geriatric Psychiatry*. 21, 43-49.

Hastings, R. P., Daley, D. & Beck, A. (2006) Maternal Distress and Expressed Emotion: Cross-Sectional and Longitudinal Relationships with Behavior Problems of Children with Intellectual Disabilities. *American Journal on Mental Retardation*. 111, 48-61.

Knapp, M., Thorgrimsen, L., Patel, A., Spector, A., Hallam, A., Woods, B. & Orrell, M. (2006) Cognitive Stimulation Therapy for People with Dementia: Cost Effectiveness Analysis. *British Journal of Psychiatry*, 188, 574-580.

Noone, S. J., Jones, R. S. P., & Hastings, R. P. (2006). Care staff attributions about challenging behaviour. *Research in Developmental Disabilities*, 27, 109-120.

Offord, R, Hardy, G., Lamers, C. Bergin, L. (2006) Teaching, teasing, flirting and fighting: A study of interactions between participants in a psychotherapeutic group for people with a dementia syndrome. *Dementia*, 5(2), 167-195.

Seddon, D., Robinson, C., Reeves, C., Tommis, Y., Woods, B. & Russell, I. (2006) In their own right: translating the policy of carer assessment into practice. British Journal of Social Work

Symes, M. D., Remington, B., Brown, T., & Hastings, R. P. (2006). Early Intensive Behavioral Intervention for children with autism: Therapists' perspectives on achieving intervention fidelity. *Research in Developmental Disabilities*, 27, 30-42.

Vaughan, F. L., Hughes, E. A., Jones, R. S. P., Woods, R. T. & Tipper, S.P. (2006). Spatial negative priming in early Alzheimer's Disease: Evidence for reduced cognitive inhibition. *Journal of the International Neuropsychological Society*, 12, 416-423.

Woods, B. & Lamers, C. (2006). Psychological problems of older people. In: Carr, A. & McNulty, M. (eds) The handbook of adult clinical psychology: an evidence-based practice approach. (pp. 941-977). London: Routledge.

Woods, B. (2006). Dementia. In: Johnson, M. (ed.) The Cambridge Handbook of Age and Ageing. (pp. 252-260). Cambridge: Cambridge University Press.

Woods, B. (2007). Problems in later life: Investigation. In: Lindsay, S. & Powell, G. (eds) The Handbook of Clinical Adult Psychology (3rd edition) (pp. 481-513). London: Routledge.

Woods, B. (2007). Problems in later life: Treatment. In: Lindsay, S. & Powell, G. (eds) The Handbook of Clinical Adult Psychology (3rd edition) (pp. 514-539). London: Routledge.

Woods, B., Thorgrimsen, L., Spector, A., Royan, L. & Orrell, M. (2006) Improved Quality of Life and Cognitive Stimulation Therapy in Dementia. *Aging & Mental Health*, 10 (3), 219-226.

Woods, R.T. & Clare, L. (2006). Cognition-based therapies and mild cognitive impairment. In: Tuokko, H. & Hultsch, D.F. (eds) Mild Cognitive Impairment: international perspectives. (pp. 245-264). New York: Taylor & Francis.

2007

Ablett, J., & Jones, R. S. P. (2007). Resilience and Well-Being in Palliative Care Staff: A Qualitative Study of Hospice Nurses' Experience of Work. *Psycho-Oncology*, 16, 1-8.

Clare, L., & Jones, R. S. P. (2007). Errorless learning in the rehabilitation of memory impairment: a critical review. *Neuropsychology Review* (In Press).

Dowey, A., Toogood, A., Hastings, R. P., & Nash, S. (2007). Can brief workshop interventions change care staff understanding of challenging behaviours? *Journal of Applied Research in Intellectual Disabilities*, 20, 52-57.

Grey, I. M., Hastings, R. P., & McClean, B. (2007). Editorial - Staff training and challenging behaviour. *Journal of Applied Research in Intellectual Disabilities*, 20, 1-5.

Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C., & Edwards, R.T. (2007). A Pragmatic Randomised Controlled Trial of a Parenting Intervention in Sure Start Services for Children at Risk of Developing Conduct Disorder. *British Medical Journal*: 10.1136/bmj.39126.620799.55

Hutchings, J.,Bywater, T., & Daley, D.(2007). Early prevention of Conduct Disorder: How and why did the North West Wales Sure Start Study work? *Journal of Children's Services*. (In press).

Huws, J., & Jones, R. S. P. (2007). Diagnosis, disclosure, and having autism: An interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual and Developmental Disability* (In Press).

Jones, K., Daley, D Hutchings, J., Bywater, T., & Eames, C. (2007) Efficacy of the Incredible years intervention for children with ADHD. *Child Care Health and Development*. (In press).
Leeds, L., & Hargreaves, I.R. (2007). The psychological consequences of childbirth. *Journal of Reproductive and Infant psychology* (In Press).

Orrell, M., Hancock, G., Hoe, J., Woods, B., Livingston, G., Challis, D. (2007). A cluster randomised trial to reduce the unmet needs of people with dementia living in residential care. *International Journal of Geriatric Psychiatry*, (In press).

Pit-ten Cate, I., Hastings, R. P., Johnson, H., & Titus, S. (2007). Grandparent support for mothers of children with and without physical disabilities. *Families in Society*, 88, 141-146.

Psychogiou, L., Daley, D., Thompson, M. & Sonuga-Barke, E.J.S (2007). Do maternal and child AD/HD symptoms act cumulatively to negatively influence parenting. *Development and Psychopathology*. (In press).

Tierney, E., Quinlan, D., & Hastings, R. P. (2007). Impact of a three-day training course on challenging behaviour on staff cognitive and emotional responses. *Journal of Applied Research in Intellectual Disabilities*, 20, 58-63.