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Principal Aims

The Journal of Occupational Psychology, Employment and Disability is published by the Psychology Division of the Department for Work and Pensions. Its aims are to increase the understanding of, and to provide a forum for sharing good practice in applying Occupational Psychology to employment and disability. It contains articles written by Department for Work and Pensions Occupational Psychologists as well as external professionals working in the field of employment and disability. The Journal publishes a range of articles including case studies, research projects, contemporary discussions; and test and book reviews. It is published twice a year in Summer and Winter. Authors are requested to follow the Journal's guidelines for submitting articles, which can be found inside the back cover. Views expressed in this Journal are those of individual contributors and not necessarily those of the Department for Work and Pensions nor the editors.

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Editorial

Welcome to the Summer 2003 edition of the Journal of Occupational Psychology, Employment and Disability. Once again we have made noticeable changes, which we feel reflect the increased interest in the Journal by both readers and contributors. Though some changes are cosmetic, we have introduced a letters to the editors section, which we have entitled Standpoint and we are already encouraged by the response. We hope that it will encourage readers to develop ideas and debate current issues in a respectful and professional manner. We now have an ISSN number and this is helping to introduce the Journal to a wider audience.

We would like to bring particular attention to the letter from Mick Meehan and Elaine Chamberlain in which they propose the introduction of a new BPS section, the 'Section of the Psychology of Inclusion', and the editors are keen to facilitate discussion of this through further contributions. John Obee and Richard Snodgrass discuss issues relating to the diagnosis, or otherwise, of Dyslexia within the adult population. Again, further discourse in this contentious area can only help to add clarity to this and other debates concerning the assessment and diagnosis of Dyslexia.

There are three useful articles in this edition. Margaret Saunders considers the use of modern technology in providing reliable and valid employment assessment, with value for money, to customers living over a wide geographical area and suggests that the piloting and evaluation of tele-video-conferencing might prove useful. Fehmidah Munir and Kim Cornish introduce current research on the cognitive abilities of women with fragile X syndrome and the subsequent implications for employment, highlighting the dangers of using umbrella terms such as 'learning difficulties'. Allan Whiteside reviews the Brown Attention Deficit Disorder Scales and, to demonstrate its application to employment assessment, he includes two studies in a separate article.

In the test review section, Elaine Chamberlain reviews the Behavioural Assessment of the Dysexecutive Syndrome (BADS), a tool that enables the assessment and understanding of this syndrome with greater confidence due to its attention, in particular, to ecological validity. Richard Hooper reviews the Work Personality

Profile, a work behaviour rating tool designed to highlight problems customers might experience with their attitudes, values, habits and behaviours towards work whilst operating in a Work Preparation or employment setting.

Gurchan Dhillon reviews 'Dyspraxia: The Hidden Handicap' in the book review section. The book includes a useful section on Dyspraxia in adulthood, which contains a list of recognised strengths, and weaknesses that can be considered in relation to employment.

As always, we thank those who have contributed their articles to us and also thank the reviewers who have managed to return articles to tight deadlines. We hope you enjoy reading the articles as much as we have enjoyed editing them.

Standpoint

If you read an article in the Journal of Occupational Psychology, Employment and Disability that you would like to comment on; then summarise your argument in under 1500 words and send it to the editors. Please send by email to: opd@jobcentreplus.gov.uk (include your postal address). The editors need to receive it within two months of the publication of the original article. We hope this format will build on the role of the Journal of Occupational Psychology, Employment and Disability as a forum for discussion and debate.

Putting 'Work' into Good Practice: A Response to J. Obee's Article, 'Good Practice in the Assessment of Dyslexic Clients'

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ABSTRACT

Regarding adults with dyslexia, good practice should emphasise assessment within the conceptual framework of employment assessment. This emphasises the assessment of the job/person interaction to allow the individual to predict their needs (and hence success) both for and within employment. This approach is not clearly set out in Obee's (2003) article and the reader could be forgiven for thinking that the thrust of the article was on the diagnosis and remediation of dyslexia per se. The diagnosis of dyslexia must remain with the clinical and/or educational psychologist for interpretation in educational, rehabilitation and remediation terms; all being outside of occupational psychology. This author believes that the contribution of occupational psychology to the assessment of dyslexia is unique and should not be understated, as no other discipline within psychology offers interpretation within the context of employment.

EMPLOYMENT ASSESSMENT

Employment assessment (Meehan *et al.* 1998) is about the person/job interaction, it provides a framework for understanding this interaction and for the resolution of the resultant issues. In relation to dyslexia this framework is clearly discussed by Parker *et al.* (2002) but is not touched on in Obee's article.

Employment assessment starts from the premise that assessment cannot take place without a clear job goal (Thomas, 1995; Meehan *et al.*, 1998). This ensures that

assessment tools used are appropriate (valid) for the purpose. Without a clear job goal, or at least a viable area of work, then interpretation of results can only be speculative at best and may well be misleading, disadvantaging the individual, again Obee does not touch on this.

ADULT DYSLEXIA

Obee offers a definition of dyslexia, there being approximately 80 in circulation, but does not discuss the need or wisdom of such definitions. Current work on dyslexia suggests that for the adult there may be a continuum of disorders operating, including dyslexia, autistic spectrum disorders, dyspraxia and attention deficit hyperactivity disorder. For the adult, who has developed strategies for coping and dealing with their difficulties, the application of a straightforward definition may well be misleading. This also brings into question the wisdom of attempting to label an adult in terms of one disorder, e.g. dyslexia. The more pragmatic approach may well lie in addressing the presenting behavioural characteristics, which interfere with the individual's ability to optimally perform in the workplace. This approach negates the need for both definition and labelling and leads to addressing presenting difficulties in functional terms.

OCCUPATIONAL PSYCHOLOGY AND ADULT DYSLEXIA

Occupational psychology is concerned with workplace performance and interpersonal skills not with the root

causes of behaviour, personality or disability. Occupational psychologists provide work-focused solutions to help both individuals and employers address workplace issues. It is not for the occupational psychologist to look for the underlying root causes of behaviour; this is clearly a clinical issue. However, in the context of dyslexia it may be necessary to understand if the difficulties are of a semantic, phonological or cognitive nature in order to arrive at workplace solutions (see Parker *et al.*, 2002) as to how this is done. What is not acceptable, for the occupational psychologist, however, is assessing the underlying nature of the disability and omitting to interpret the findings in employment-related terms. This may well be unethical in terms of the British Psychological Society's own ethics (BPS, 1996; Snodgrass, 1999). As Obee's article is very generalist in its approach, this issue on ethics should have been discussed, otherwise it may misrepresent the role of occupational psychologists and lead the reader to believe that they conduct assessments of dyslexic adults outside of the employment context. Failure to discuss this issue also negates the unique contribution that occupational psychologists bring to this situation, namely, employment-focused interpretation (Parker *et al.*, 2002).

PSYCHOMETRIC TESTS AND ADULT DYSLEXIA

The vast majority of tests for the assessment of dyslexia were designed for children and young people, not adults. The use of such tests in assessing adults must be questioned. The Wide Range Achievement Tests (WRAT), aimed at adults, has USA norms and needs cautious interpretation (Parker, 2002). The Spodafore is not anglicised.

Obee mentions the importance of assessing writing skills within assessment but does not mention the need for the writing assessment to be in the context of the job the individual is either doing or aspires to. This is an important point: to use non-job referenced criteria in assessing reading and writing ability may seriously disadvantage individuals as the assessment could include job-irrelevant factors (Meehan *et al.*, 1998). This requires a job analysis to ensure that the right level of literacy skill is being assessed for the job in question (see Parker *et al.*, 2002). Parker *et al.* (2003) discuss the use of a computerised ability test to assess employment-related literacy in the adult dyslexic. A thorough job analysis is also necessary to identify the memory

demands of the job, again to ensure the individual is not disadvantaged. In fact, the correct interpretation of an individual with dyslexia in employment terms cannot be made without one (see Parker *et al.*, 2002).

REPORT WRITING

McLoughlin and Stringer (2001) (not referenced in Obee's article) give good guidelines for report writing compatible with the Parker *et al.* (2002) framework for writing a report. McLoughlin (1997, cited in Parker *et al.*, 2002), also emphasises the fact that reports need to be written in context and be understandable for the audience it is addressing, i.e. managers, trainers, supervisors and those who will be involved in helping the adult dyslexic to function optimally in the workplace (see also Snodgrass, 1988). Reports containing psycho-technical jargon, requiring expert interpretation, do not benefit anyone and cannot be considered good practice; again Obee fails to discuss these points.

ADEPT REPORT

The Adult Dyslexia for Employment, Practice and Training (ADEPT) report, (Reed and Kirk, 2000) commissioned by the Employment Service, looked at and made recommendations on good practice in dyslexia assessment for the Employment Service. This is a major piece of work on good practice yet it is not referenced in Obee's article.

CONCLUSION

Very few articles are published that discuss the assessment of adult dyslexia in terms of work and employment. McLoughlin (1997), McLoughlin and Stringer (2001) and Bartlett and Moody (2000) are at the forefront of work with dyslexic adults. Parker *et al.* (2002) is the only article to relate the assessment of dyslexic adults to the employment assessment process. Faas and D'Alonzio (1990), is also noted. Fitzgibbon and O'Connor (2002) look at employment issues but do not contribute to the assessment literature other than noting that chartered psychologists should be used (p. 140) and making some general statements on assessment (p. 4).

In an article that purports to offer good practice for the assessment of dyslexic adults (presumably for occupational psychologists), the failure to properly

acknowledge the contribution of these authors to the field is an oversight that detracts from its purported purpose. In its failure to build on the work of McLoughlin (1997), McLoughlin and Stringer (2001) and Parker *et al.* (2002), it must remain a general perspective on the subject, which is very limited as good practice guidance for the occupational psychologist dealing with work-related issues. In a journal that has psychology, employment and disability in its title this article may not have found its true home and may have been better appreciated in one that does not focus on employment issues.

This is a well-written article that looks at dyslexia assessment and is acknowledged by this author as such, who looks forward to the opportunity to develop this discussion with Obee and other practitioners, in an attempt to develop good practice in this field for occupational psychology practitioners.

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Putting 'Work' into Good Practice: A Rejoinder to Richard Snodgrass' Comments

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Snodgrass comments in this issue that 'the diagnosis of dyslexia must remain with the clinical and/or educational psychologist for interpretation in educational, rehabilitation and remediation terms; all being outside of occupational psychology'. This is indeed true, within the confines of the child. It is becoming increasingly recognised that the needs of adults with dyslexia are distinct from their younger counterparts and that traditional educational terms such as 'remediation' can be inappropriate for the adult population (McLoughlin, 2002). In addition, adults with dyslexia should not be regarded as 'children with a learning disability grown up' (Patton and Polloway, 1992). Hence, given these differences and the fact that the adult with dyslexia is, by definition, of working age, I would argue that diagnostic interpretation, in relation to the workplace, is within the remit of the occupational psychologist.

I agree with Snodgrass that the 'contribution to occupational psychology to the assessment of dyslexia is unique' and involves a unique interpretation. However, this cannot be done without first identifying the underlying cognitive deficits that comprise the condition itself. The original article that I wrote (Obee, 2002) sets out a framework for attempting to uncover these deficits.

Snodgrass contends that 'Obee offers a definition of dyslexia'. This is clearly untrue as it was my intention to circumvent the issue of definition by offering a description of dyslexia, i.e. 'An unexpected and variable difficulty in acquiring proficiency in reading, spelling and composing written information'. Snodgrass goes on to state that there are 'approximately 80 in circulation' (although he gives no reference for this claim) and questions 'the wisdom of attempting to label an adult, in terms of one disorder, e.g. dyslexia'. However, the label 'dyslexic' is often of benefit particularly for the self-confidence of the adult who has usually been told that they are illiterate or stupid for most of their academic life. In addition, the label is also a prerequisite for funding for specialist equipment. Furthermore, it would also be

unethical to refer an individual to a specialist provider such as 'Right to Write' rather than a basic skills adult literacy provider if they had a general learning difficulty and one cannot do this without first establishing whether or not they are dyslexic.

Snodgrass states that 'Current work on dyslexia suggests for the adult there may be a continuum of disorders operating, including dyslexia, autistic spectrum disorder, dyspraxia and attention hyperactivity disorder' (again he offers no reference for this claim). This is indeed true in relation to some of the underlying cognitive deficits (e.g. difficulty with auditory short-term memory, see Kaplan *et al.*, 1997). In fact, the term 'neurodevelopmental disorders' is the term currently applied (also referred to as 'atypical brain disorders' in Canada). However, the presenting behavioural manifestations between, for example, the individual with autistic spectrum disorder and dyspraxia will clearly be different and as such will require different types of intervention within the workplace.

Again, in relation to the issue of labelling, Snodgrass goes on to state that 'The more pragmatic approach may well lie in addressing the presenting behavioural characteristics, which interfere with the individual's ability to optimally perform in the workplace'. Later in the same article, Snodgrass concedes that 'it may be necessary to understand if the difficulties are of a semantic, phonological or cognitive nature in order to arrive at workplace solutions'. This is clearly contradictory.

It is also somewhat curious for someone who questions the 'wisdom of attempting to label an adult, in terms of one disorder' that Snodgrass makes several references to his own work entitled 'Use of the WAIS-III in Employment Assessment: Occupationally Focused Interpretation of Results for Adults with Dyslexia' (Parker *et al.*, 2002).

In terms of psychometric testing, Snodgrass rightly mentions that 'the vast majority of tests for the assessment of dyslexia were designed for children and young people, not adults. The use of such tests in assessing adults must be questioned'. This is a point I made in the original article. He then questions the validity of using adult-based tests such as the Spodafore and WRAT for not being anglicised. While this is indeed true and some level of extrapolation from the United States (a majority English-speaking nation) is required, Snodgrass unfortunately fails to offer acceptable adult-based alternatives.

Snodgrass writes: 'Obee mentions the importance of assessing writing skills within assessment but does not mention the need for the writing assessment to be in the context of the job the individual is either doing or aspires to.' The original article that I wrote was aimed at screening writing in order to determine whether the individual has elements of sequential processing difficulty, problems with working memory or letter reversals, etc. all associated with dyslexia (see McLoughlin, 2002). Specific references can then be made in relation to an actual job goal once the underlying characteristics of dyslexia have been identified. This is a rather obvious point, as at the start of the article I clearly state: 'the remit of the occupational psychologist within the Employment Service [now Jobcentre Plus] is to comment on the functional limitations of an individual's literacy in relation to work'.

In the same paragraph Snodgrass goes on to discuss the use of a 'thorough job analysis' in relation to dyslexia and states that: 'In fact, the correct interpretation of an individual with dyslexia in employment terms, cannot be made without one (see Parker *et al.*, 2002)'. In an ideal situation, a thorough job analysis would be conducted. However, considering the vast majority of our clients are job seekers and not job incumbents how can a thorough job analysis be conducted without an actual job to analyse? Obviously, the job goal and possibly a job description are taken into consideration but this can hardly be considered a 'thorough job analysis' which would typically involve identifying the knowledge, skills, abilities and traits in relation to a specific job. Again, Snodgrass appears to contradict himself on this issue, as earlier in the same article he refers to a 'clear job goal, or at least a viable area of work' as being sufficient for assessment purposes and not a 'thorough job analysis' as he later states.

Snodgrass mentions that 'reports need to be written in context and understandable for the audience it is addressing, i.e. managers, trainers, supervisors and those who will be involved in helping the adult dyslexic function optimally in the workplace'. Curiously, Snodgrass omits the main recipient of the assessment, the Disability Employment Adviser (DEA), and suggests that 'Obee fails to discuss the points'. In response to these comments, my original article clearly states 'conclusions and recommendations should provide a concise summary of an individual's strengths and weakness in relation to specific work goals'. Also, 'Feedback needs to be delivered in a format that is easily understandable and accessible'.

Again, in relation to report recommendations, Snodgrass contends that 'Reports containing psycho-technical jargon, requiring expert interpretation, do not benefit anyone and cannot be considered good practice, again Obee fails to discuss these points'. I fail to see how McLoughlin's suggestions of 'Skill Development', 'Compensation' and 'Accommodations' can be considered psycho-technical jargon.

In his conclusion, Snodgrass refers to other authors in the field of adult dyslexia and states that 'the failure to properly acknowledge the contribution of these authors to the field is an oversight that detracts from its purported purpose'. In response to this, it was not my intention to provide an extensive bibliography of authors in the field but rather to offer practical guidance for the initial assessment of the client with dyslexia. Snodgrass, in his conclusion, goes on to state that: 'Parker *et al.* (2002) is the only article to relate the assessment of dyslexic adults to the employment assessment process'. This is untrue and the reader is directed to David McLoughlin's excellent book, *The Adult Dyslexic* (2002), which has a whole chapter on identification and assessment and another on work. The reader is also made aware of the work of the Cabinet Office Head Quarters (GCHQ) and their Home Office-commissioned 'Dyslexic/Dyspraxic Toolkit' which offers practical and very comprehensive recommendations for the workplace.

The 'Adult Dyslexia for Employment, Practice and Training (ADEPT) Report' that Snodgrass mentioned as a 'major piece of work on good practice not referenced in Obee's article' states: 'An assessment should provide essential information to help inform workplace practice and the nature of further training and support. Tests and

strategies should therefore be *diagnostic* but should also be contextualised within a framework of occupational criteria and workplace needs' (Reed and Kirk, 1999).

While I agree with Parker *et al.*'s 2002 article and consider it to be good functional practice in relation to the assessment of the adult with dyslexia, it is fundamentally the same as the 'Skill Development', 'Compensation' and 'Accommodations' as set out by McLoughlin (2002).

The most contentious issue appears to be the role of diagnosis and what this actually means in functional terms. I would argue that a functional and work-focused assessment cannot be made without first identifying the underlying cognitive deficits and the impact that these are likely to have on the job seeker. Whether this constitutes a 'dyslexia assessment' is open to conjecture and I would welcome comments from other practitioners in the field of the adult dyslexic.

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Dear Editors,

A Proposed Section for the Psychology of Inclusion

In November 2002, a letter was published in *The Psychologist* concerning a proposed new section of the British Psychological Society (BPS). In this letter, we proposed that this section should cover the use of applied psychology to understand and tackle the causes of social, economic, educational and occupational exclusion. The proposed section was to use as its starting point the Division of Rehabilitation (Division 22) of the American Psychological Association (APA). In response to this letter a range of responses was received from psychologists who expressed an interest in the proposal and wanted more information. A brief discussion document was prepared covering a number of issues. These included the aims and scope of the new section and what it should be called. These issues are outlined briefly below.

What should the aims of the section be? It was proposed that the new section (with the running title 'Section of the Psychology of Inclusion') should have as one of its aims the use of applied psychology to overcome individual, social and environmental obstacles that people with disabilities face in accessing employment, educational, social, community and leisure opportunities. It was noted that psychologists working in these fields came from a range of specialisms, and that while many of the issues in the field were common across specialisms, there was no forum that enabled these specialists to come together and co-ordinate their work. A further aim of the section, therefore, was to enhance the practice of this branch of psychology in the UK by bringing together members of the BPS who have an interest in this field. This could include the development and maintenance of quality standards in practice; providing mutual support; disseminating knowledge and expertise; enhancing post-qualification training; co-ordinating research and informing national policy and planning, etc.

What should the scope of the new section be? We noted that Division 22 of the APA had as its remit people with disabilities. We pointed out that a case could be made for putting forward the view that the development of theory, practice and principles for enabling disabled people to overcome obstacles may also be applicable to other disadvantaged groups. However, this would involve making the remit of the section very broad, leading to a

possible loss of focus and coherence.

What should the new section be called? We felt that the term rehabilitation was too intertwined with the medical model of disability and did not adequately reflect the wider view we wished to adopt, which included focusing not only on the individual but also on social and environmental causes of exclusion.

To these and other issues readers and interested parties were invited to respond and express their views.

Feedback

BPS members, including those from social, educational, occupational and clinical areas, responded to the document providing useful and enthusiastic feedback.

Most respondents felt that a proposal for such a section was timely and a few suggested that the plan should be more ambitious and that the proposed section should in fact be a new division.

Aims and scope

Many respondents felt that the stated aims of the APA's Division of Rehabilitation were largely appropriate to a new section in the BPS. However, the remit of the Division of Rehabilitation was generally felt to be too narrow as it only covered work with disabled people. A large majority of respondents felt that the section should cover all disempowered or disadvantaged people. This was felt to be in line with current thinking on the issue of inclusion and with UK Government policy.

Some respondents also raised concerns about stating that the section would be for certain 'groups'. This was because such an approach risked emphasising and perpetuating the labels that can lead to exclusion. It was preferred, instead, that the section apply to all people who felt themselves to be excluded from participation in education, employment, leisure, community or relationship opportunities for whatever reasons.

One respondent felt that the section should be limited to issues of work and disability to retain focus.

Generally, respondents who commented on the draft proposal felt that it was largely sound. One respondent felt that it was insufficiently clear about who might be eligible for membership of the various categories, i.e. did one need to be a Chartered Psychologist or was full

membership open to all members of the BPS working in the field? One respondent felt that the section should be open to non-psychologists.

Naming the new section

The vast majority of respondents felt that the term 'rehabilitation' was inappropriate to the social models that many psychologists in the UK currently work to. One respondent felt that the term would lead to confusion with the Division of Clinical Psychology Special Interest Groups in Psychiatric and Geriatric Rehabilitation. Another respondent felt that the term rehabilitation should be retained as it was an unambiguous term and tied the proposed section with the American Division.

Overall, it was felt that 'inclusion' was the most acceptable term, though some respondents felt that other terms such as 'enablement' and 'diversity' would also be suitable. However, a couple of respondents were concerned about the potential political implications of using the term 'inclusion'.

The way forward

Overall, the response has been encouraging and supportive of the need for the development of a new section to address inclusion issues within the discipline of psychology. The type of section envisaged by the majority of respondents would have a broad-ranging remit. It would cover all areas of participation (education, employment, housing, relationships and leisure) and all disadvantaged people including not only those with disabilities but also those disadvantaged by reason of their gender, sexual orientation, race, religion or culture, socio-economic status or age.

Ideologically this is a sound ambition. However, from a practical point of view it presents a number of challenges. These are:

- as outlined in the discussion document, having so broad a referent risks the section losing its coherence. Could there be such a thing as a Postgraduate Diploma in Inclusion Psychology? Could there eventually be such a thing as a Chartered Inclusion Psychologist?
- such a section risks duplicating some of the work done in existing sections and special interest groups (including the Section of the Psychology of Women, the Section of Gay and Lesbian Psychology, and the Division of Clinical Psychology's Special Interest Groups in Race and Culture and Ageing).

- setting up such a broad section would be a massive practical undertaking in order to co-ordinate the various areas of interest and expertise.

Options

It is clear that the possibility of an integrated Section for the Psychology of Inclusion needs at least to be investigated seriously. However, this will take a lot of time and effort. Notwithstanding this, we feel that there are a number of options that need to be considered for taking the proposal forward. These are:

1. To propose a section covering inclusion issues relating to disability, with the intention of using this as a basic model and broadening it out to other areas as this becomes possible. This would present a manageable task while maintaining a coherent identity as the section grows. However, it might potentially be misleading in its early stages.
2. To propose a section with the overarching title of Inclusion, but to distribute the work between various subsections concerned with particular, previously identified areas. Each subsection would be the direct responsibility of a group of psychologists who specialise in this field. However, the entire section would come together to consider common issues. Ongoing work on the exploration of a single Psychology of Inclusion can also be carried out while this system exists. This would be a relatively quick way in which to cover all necessary ground. However, having separate subsections risks perpetuating the current situation in which people doing similar work have little chance to communicate with each other.
3. To propose from the start an all-encompassing Section of Inclusion Psychology covering all excluded people and all areas of exclusion. This would produce a coherent approach from the start, but would entail a sizeable research and consultation process before the section could actually be proposed. This would delay considerably the formation of this resource.

First thoughts

We feel that option 2 may be the best compromise between the ideal and the practical and are prepared to co-ordinate the process and stand as representatives for issues pertaining to disability and employment. Our next step would then be to approach the Chairs of other relevant sections and special interest groups requesting that they put forward representatives to cover other areas and submit information on their areas of expertise for a

mapping exercise. However, the viability of this proposed endeavour depends on the involvement of sufficient numbers of other colleagues to ensure representation from these other areas of expertise within the discipline of psychology.

Action needed

We are therefore asking respondents to consider the issues raised in this letter and, in particular, to consider the three options outlined above and tell us which of the three is your preferred option for taking this work forward.

We would be grateful for your feedback on this matter as soon as possible.

It might also be useful for any interested members to meet for a discussion after the feedback has been received. Unfortunately, we have no budget to cover travelling expenses but all who could make a central London location (to be confirmed) would be more than welcome. Please let us know if you would be interested.

Elaine Chamberlain
Rehab UK
Dr Mick Meehan
Jobcentre Plus

The Editor,

Your Editorial in Vol. 5 No. 1, Winter 2002, refers to the article by Wells, Parker and Snodgrass in that edition as 'using the WAIS III for vocational assessments', whereas the title of the article clearly states the occupational focus of the interpretations in employment assessment.

Readers of the Editorial can be forgiven for thinking that this article is about a very narrow usage of WAIS III, whereas it is one of the few published articles that directly relates usage of WAIS III to providing occupational and workplace solutions for individuals.

Employment assessment as originally positioned by Meehan *et al.* (1998) addresses the job/person interaction, which allows individuals to predict employment success, based on the best available information at the time. The innovative use of WAIS III to enable this process is missed by the Editorial.

This is about a clinical instrument being used by occupational psychologists to provide work-focused solutions. It also illustrates good practice, in the use of non-traditional tests used by occupational psychologists, in the employment assessment process.

The employment assessment process is about the job/person interaction. Practitioners need to understand job requirements, to clarify the implications of health or disability in the workplace. This goes well beyond vocational assessment. Snodgrass *et al.* (1999) clearly state the difference between vocational assessment and the more holistic concept of assessment espoused in the employment assessment process.

Richard Snodgrass
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(Letter edited for length)

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Disability and Work: The Case for Women with Fragile X Syndrome

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ABSTRACT

Women affected by a genetic disorder, fragile X syndrome, have a resultant learning disability of some kind. Such women are at risk of unemployment without targeted assessment, guidance and counselling due to the physical and psychological characteristics of the syndrome, which often go unnoticed by educational and occupational professionals alike. The aim of this short discussion paper is to begin to draw attention to the syndrome, focusing on current research on cognitive abilities of fragile X women and the implications for employment.

KEYWORDS

Fragile X Syndrome, Cognitive, Employment.

BACKGROUND

Fragile X syndrome is the most common cause of developmental learning disabilities that is known to be directly *inherited* (Riddle *et al.*, 1998). It affects approximately 1:4000 males and 1:6000 females (Brown, 1996), compared with 1:1000 for Down's syndrome (Wright and Bray, 2000), but may actually be more prevalent than Down's syndrome due to under-screening (Weber, 2000). Those affected by fragile X syndrome present with mild to moderate learning disabilities, with a specific cognitive and behavioural profile. Due to their genetic make-up, women with the full syndrome usually appear to be physically normal and are less severely affected by the syndrome compared with their male counterparts who are more likely to have some or all of the full range of developmental and learning difficulties associated with the syndrome (Munir *et al.*, 2000). Some of the facial characteristics in both sexes include a long face, large ears and a prominent jaw and forehead

(Cronister *et al.*, 1991). Among males, a high arched palate, hypotonia (floppy muscle tone), vision and hearing problems are also common. More notably, fragile X women display behavioural characteristics in social anxiety and shyness, and in fragile X men, hyperactive behaviour and problems with attention are prominent (Freund *et al.*, 1993). Although the psychological profile of the syndrome is well documented in the medical literature, many Occupational Psychologists and those working in the employment sector, are unaware of the syndrome and the implications for successful employment for those affected with the syndrome. As fragile X women are more likely to be available for work than fragile X men, this paper focuses on the cognitive abilities of fragile X women and the implications for employment from a cognitive perspective.

COGNITIVE ASSESSMENT OF FRAGILE X WOMEN

A wide range of cognitive tests of ability have been used by psychologists with fragile X women to delineate a pattern of their cognitive strengths and weaknesses, e.g. the WAIS-R (Wechsler, 1986), Gestalt Closure Task (Kaufman and Kaufman, 1983), Wisconsin Card Sorting Test (Heaton *et al.*, 1993) and the Test of Everyday Attention (Robertson *et al.*, 1994). Such tests assess verbal skills, arithmetic, visual-spatial ability, short-term memory, working memory and executive functioning; and allow researchers and practitioners alike to chart the skills and abilities of fragile X women for further education, vocational training, career counselling and employment.

The majority of fragile X women fall in the below average to average IQ range (Wright-Talamante *et al.*, 1996). Some of their cognitive skills appear to be

affected by the syndrome, with problems in arithmetic (Cianchetti *et al.*, 1991) and in visual planning and problem-solving, e.g. the Wisconsin Card Sorting Test and the Tower of Hanoi test (Mazzocco *et al.*, 1993). There are also specific problems in spatial skills such as mental rotation, short-term spatial memory, i.e. visually discriminating and manipulating objects and figures (Mazzocco *et al.*, 1993), and in visual-construction, i.e. constructing or drawing abstract or meaningful patterns or designs (Cornish *et al.*, 1998).

In contrast, fragile X women display cognitive strengths in verbal skills (Kemper *et al.*, 1986), particularly in short-term verbal memory (Mazzocco *et al.*, 1993), and have higher verbal IQ scores over performance scores as assessed by WAIS-R (Miezejeski *et al.*, 1986). These women are also better at structured verbal planning such as handling information presented either orally or textually, that is structured or broken down into small parts, e.g. following step-by-step instructions (Mazzocco *et al.*, 1993). In addition to verbal skills, speed and dexterity on tasks such as the Annett Pegboard, do not appear to be affected in fragile X women (Cornish *et al.*, 1998).

Through reviewing the cognitive profile in fragile X women, the present authors suggest these women demonstrate a clear pattern of strengths in tasks that require verbal-related skills, and difficulties with tasks that require visual and spatial-related skills. By mapping the cognitive profile of fragile X women, theoretical models of cognitive style can be applied to explore possible successful employment outcomes for fragile X women. One such model is Riding's (1994) holist-analytical and verbal-imagery paradigm. This model suggests that fragile X women are analytical rather than holist, as they prefer taking the structured approach to learning, and information that is set out in a clearly organised way. They may also be verbalisers rather than imagers, preferring text to diagrammatic information. Riding proposes that cognitive styles influence the focus and type of an individual's activity such as the type of employment or career pursued.

EMPLOYMENT AND FRAGILE X WOMEN

By documenting the cognitive profile of fragile X women, employment advisers and psychologists are able to make a detailed assessment of training and employment opportunities. With strengths in verbal ability and difficulties in spatial skills, fragile X women

are better suited to occupations that maximise their verbal and analytical skills, and optimise the use of their verbal short-term memory. Jobs such as typing, data entry and basic reception work, demand good verbal skills without being too intellectually challenging. Information from the UK Fragile X Society certainly suggests that these women take up employment in occupations that make the most of their verbal skills. For example, some of these women are employed as telephonists or shop assistants. Other fragile X women are employed in jobs which are highly structured or in which they can impose structure and order such as filing, typing and general office duties.

In contrast, jobs that depend on spatial skills, such as assembly work, may not be appropriate for fragile X women. This type of job is often considered suitable by employment advisers for individuals with learning disabilities. Other unsuitable jobs for fragile X women are those that are unstructured, i.e. have no clear instructions or require visual planning such as mail sorting, or jobs that require arithmetic skills – although using a calculator or a computerised cash till would minimise some of the problems fragile X women may have. Any training provided should focus on the needs of the job and should be tailored to the individual and the particular job, as well as tackling areas of concern in cognitive ability and emotional factors. It may also be beneficial to develop strategies that take into account the relative strengths fragile X women have in verbal skills. When finding suitable employment for fragile X women, employment advisers and psychologists must also consider their level of anxiety and shyness as this may impede successful employment in some fragile X women working with customers, staff or the general public. The establishment of appropriate counselling services and training may help alleviate problems of social anxiety, low self-esteem and subsequent low confidence that many of these women experience.

CONCLUSION AND FUTURE DIRECTIONS

One of the difficulties in finding suitable employment for fragile X women is in recognising the syndrome in the first place, as there are no prominent physical characteristics in these women. However, many of them have a genetic diagnosis as the syndrome runs in families and, to a certain extent, some of these women are supported by health and social services, and educational establishments who may refer them to employment services.

The problem lies with those fragile X women who have not been diagnosed. There is a danger that such women may be grouped under the general umbrella of 'learning disabilities' and placed in employment where they may experience difficulties. However, employment advisers and psychologists will be able to detect the more subtle cognitive and behaviour characteristics of this syndrome, by making a thorough employment assessment using a wide range of cognitive assessments. In situations where fragile X syndrome is suspected, a referral can be made to their GP for a diagnosis. Those with other syndromes such as Williams syndrome and Attention Deficit Hyperactivity Disorder (ADHD), also have well-documented profiles of cognitive strengths and difficulties, and in the same way, occupational psychologists can make a thorough assessment and place such clients in a job or work environment that is best suited to them.

With current Government initiatives to promote an inclusive and diverse workforce, it is important that employment advisers and psychologists work closely with employers to raise awareness and to help them employ such people. Organisations play a key role in deciding employment outcomes for disabled people by establishing policies for recruitment, assessment, selection, training, promoting, adjusting work demands and work environment, and retaining disabled individuals in the workforce. Encouraging organisations to increase their knowledge and awareness of disabilities, particularly fragile X syndrome, can be achieved not just through assessing the cognitive skills and abilities of such individuals, but also by developing organisational policies aimed at workplace support, disability management strategies and interventions. With the present government emphasis on organisations to recruit and manage a diverse workforce, those with a confirmed diagnosis of fragile X syndrome have a better chance, as their cognitive and behaviour profiles are well documented. The contribution they make in an organisation can be substantial if placed in suitable employment and supported in the right way.

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Alternatives to Face-to-face Assessments: Some Implications from a Highlands Perspective

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ABSTRACT

The rationale for exploring alternatives to face-to-face interviews and assessments is considered in this article. The benefits and disadvantages of some of these alternative methods of assessment are discussed. A selection of recent research that has explored cognitive assessments using telemedicine techniques by clinical psychology is discussed. The article concludes by exploring the potential for using this kind of technology for employment assessments.

KEYWORDS

Employment Assessment, Postal Assessments, Email, Internet, Psychometric Assessment, Video-Conferencing, Teleconsultations, Telemedicine.

INTRODUCTION

Services that are required to deliver across large geographical (often remote) areas invariably cost disproportionate amounts of organisational resource and clients often receive a less efficient service. Staff spend more time travelling to administrative centres and satellite offices and clients are sometimes also required to travel long distances. For example, the Highlands of Scotland is larger than Wales with a population of about 208,600. About 70,000 (33.6%) of this population live in the main settlement, Inverness. Much of the remaining population live in isolated settlements, some with sufficient deprivation that they remain within the criteria for European Status One funding. Ten Jobcentres serve this district. In addition to the Highlands and Western Isles (H&WI) the local Jobcentre Plus Occupational Psychologist (OP) also covers the Grampian, Moray, Orkney and Shetland (GMOS) District. While Grampian is arguably more heavily populated with greater job opportunities, there are, nevertheless, areas of isolation and deprivation. Thus new ways of working that reduce

travel and other costs while maintaining an effective service are of particular interest.

Generally, OP employment assessments are arranged in one of three Jobcentres: Inverness, Elgin or Aberdeen. Both the client and the OP can spend a substantial amount of time in travel. Not all clients are suited to travelling distances, however, and hence need to be seen at a local Jobcentre. The assessment process itself can also become somewhat prolonged at times. There is a need to consider the number of clients to be seen alongside the costs involved and to find the balance between value for money and customer service. Although interest in remote testing arose from the need to balance these aspects, remote assessments may also be of interest to colleagues in urban areas who find traffic chaos to be a time-consuming element of their day.

ASSESSMENT BY TELEPHONE AND POSTAL SERVICES

Fennah (2000) discussed in his paper the potential for assessing some individuals using telephone and postal services. Fennah proposed a list of criteria which, he claimed, would help to identify clients appropriate to remote assessment. The criteria for clients are that they:

- should be able to communicate effectively;
- demonstrate self-awareness;
- can use the telephone;
- are deemed appropriate by a Disability Employment Adviser (DEA).

About one-quarter of feedback interviews were already being conducted by telephone in H&WI and GMOS Districts and it was decided to review whether remote assessment could be extended. Using Fennah's measure, a small sample group ($n = 8$) was given an initial interview by telephone. Following on from this a telephone discussion was held with the DEA to discuss

impressions formed from the telephone interview. This small trial met with mixed results. For some clients ($n = 4$) useful information was obtained and decisions could be made about appropriate test material, which could then be taken to the face-to-face meeting. However, there were concerns that some major issues could be missed. For example, one client appeared from the referral form to meet with Fennah's criteria and an articulate and informative initial telephone interview was held. But, in subsequent discussions with the DEA, there appeared to be secondary issues not generally associated with the disability but with implications for progressing work goals. These issues related to inappropriate dress, and behaviours that were not readily observable by telephone. Another client had personal hygiene issues that were not identified by telephone. Some of the difficulties identified in the above could be addressed through appropriate DEA training and telephone interviews are useful in that further information can be obtained so that appropriate assessment tools can be taken to a face-to-face meeting.

Another concern was how remote testing might address the needs of the clients. A group of clients were identified who, it was hypothesised, may prefer remote testing to face-to-face interview. This group of clients had experienced anxiety and stress type symptoms and it was believed that they might prefer to be interviewed by telephone rather than travel to unfamiliar Jobcentres. This small sample group ($n = 6$) were asked if they would have preferred a telephone interview to a face-to-face meeting in unfamiliar surroundings. All said that they preferred face-to-face contact in unfamiliar surroundings to a telephone/postal assessment. It would have been desirable to have a matched sample that were first given a telephone assessment then asked about preferences to ascertain their opinions. Unfortunately, numbers of suitable clients precluded the latter trial and due to this and the small sample size no firm conclusions can be drawn.

Other aspects in respect of telephone and postal assessment are a concern including whether the OP is communicating with the client or a substitute; the loss of the inability to gather information about an individual's actions during test participation; loss of non-verbal information; and the client's ability to follow test instructions. There are ethical issues about when to discontinue tests and professional issues concerned with adherence to test administration procedures and the use

of accommodations during test taking. On a practical note there can be unexpected difficulties. For example, the postal method (via the DEA who was the test administrator) was used to assess a client's occupational interests and the question book and answer sheets were lost in the post.

EMAIL AND INTERNET USE IN ASSESSMENT AND SELECTION

Many recruitment consultants and human resource departments now use email and the Internet for the psychometric assessment of potential candidates. However, there are a number of issues involved in using this method. Fox (2000) and Bartram (1997), as well as other researchers, have reviewed these issues. It would seem that there could be issues regarding test-taker confidentiality and respondent honesty in ensuring the person taking the test is actually who they claim to be. For the OP client group there may also be issues around the ease with which accommodations can be implemented. Recent advances appear to be addressing some of these issues and there are some interesting developments with test publishers that hold out a number of possibilities in respect of remote assessment. However, given the nature of the client group with which OPs are involved, there could again be the possibility that, without observation, valuable information in respect of strengths and weaknesses could be lost.

TELE-VIDEO-CONFERENCING

The need to balance customer service with finite resources has been addressed by Highlands Clinical Psychology Services who are operating a telemedicine service using standard commercial video-conferencing units. It is claimed that using this technology for direct patient consultation by clinical psychology is the first of its kind in Europe (Freir *et al.*, 1999). Several studies cited by Freir *et al.* evaluated customer satisfaction of telemedicine consultations and these studies suggest that about two-thirds of participants were satisfied with clinical consultations using telemedicine. The studies were carried out in various locations around the world and the satisfaction levels are reasonably consistent across the spectrum of physical and mental health.

A recent evaluative project by Kirkwood *et al.* (in preparation) posed the question, 'How far do cognitive assessments carried out using telemedicine produce the

same results as when carried out face-to-face?' Although Kirkwood *et al.* cited a number of studies that provided valuable evidence about the efficacy of neuropsychological assessment using telemedicine, these studies have been limited in several ways. Most papers have been descriptive and focused on cost evaluation, patient satisfaction and reliability of assessments. There have been no randomised trials comparing psychological treatment using telemedicine with face-to-face treatment. The aim of the Kirkwood *et al.* study was to overcome the limitations of previous studies and examine whether the earlier findings could be generalised by using video-conferencing for the cognitive assessment of 27 individuals with a history of alcohol abuse.

A battery of well-known standardised assessments, most of which had parallel forms, was administered to the participants. Participants completed face-to-face assessments and teleconsultation assessments on the same day. The order of medium presentation was counterbalanced. The equipment used consisted of two British Telecom VC7000 video-conferencing monitors (using ISDN 2 links with a transmission speed of 128 kb/s) and a Panasonic WE-160 document imager.

The majority of participants expressed a high general satisfaction with the teleconsultation. Nonetheless, there were some criticisms of the sound quality and delays in communication. In terms of data analysis of test performance many of the outcome measures produced similar results for both media. However, there were some inconsistencies with poorer teleconsultation performance for some tests, e.g. story recall, and superior performance using teleconsultations for other tests, e.g. motor speed of information processing. Kirkwood *et al.* suggest that one explanation for these inconsistencies may be the time delay in transmission and this might be resolved by increasing the bandwidth. Follow-up conversations with Peck indicate that using ISDN 6 links has indeed improved transmission delay and quality of transmission. It is anticipated that further benefits will be gained when broadband transmissions – which loosely might be described as having higher specifications similar to a multi-line link – are available.

Kirkwood *et al.* conclude that it is feasible to provide neuropsychological assessments that do not require the professional and the patient to be in the same location. It is argued that, with technological advances, combining computer-based neuropsychological testing with two-

way audio-visual links could permit greater accuracy in timed tests yet maintain the clinical benefits of being able to observe and talk to the client.

Another project in the Highlands is also at the forefront of using technology to bring their services to clients in remote locations. The University of the Highlands and Islands Project (UHIP) is involved in outreach teaching and examinations in many isolated locations. The number of students in each location is small and it is, therefore, not cost effective to provide face-to-face tutors. The UHIP have addressed this problem by introducing a network of video-conferencing links between about 20 locations. This enables face-to-face contact between students and tutors in one-to-one situations and complex classroom situations. There are plans in progress to eventually enable every PC on the UHIP network to act as a video-conferencing unit. Information from UHIP would also appear to confirm that ISDN 6 links make a marked difference to quality of transmission.

CONCLUSIONS

There are some significant differences between employment assessments and other types of assessment. For example, employment assessments need to discover whether work aims are realistic and achievable and what accommodations and strategies could assist an individual overcome barriers to work. In order to gain and sustain work the OP needs to consider job-getting and job-keeping skills. While use of the telephone and postal services can assist with assessing some clients there are still a large number of clients for whom this system is not appropriate. While email or Internet testing could widen the number of clients who could be assessed remotely there are still issues about loss of information such as social interaction with another, body language, how an individual participates in a test situation and when to implement test accommodations.

It would seem that tele-video-conferencing may be a way in which many of these concerns could be addressed as the assessor can observe the interviewee during the assessment process. Depending on observations, further areas for discussion may become apparent and, if appropriate, test accommodations could be introduced. As technology advances some of the earlier difficulties such as time delays and picture clarity are being resolved. It may be that in the future a combination of computer-based assessments and video-conferencing could help

provide a service that is both cost-effective and maintains good customer service. While there appears to be many advantages to providing OP services in this way, however, the needs of clients who are uncomfortable or unfamiliar with modern technology would still have to be considered. Perhaps the way forward would be to consider pilot studies using this kind of technology as a way of investigating more precisely which and how many clients would benefit from this style of assessment. Such technology might not only bring benefits to OPs and their clients but also to the wider organisation. Remote learning and development through the use of video-conferencing could reduce costs associated with travel while also addressing the concerns of employees with overnight childcare requirements.

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Attention Deficit Disorder and the Brown Attention-Deficit Disorder Scales (Brown ADD Scales): An Overview and Case Studies in Employment Assessment

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ABSTRACT

The author has had experience of administering the Brown Attention Deficit Disorder (ADD) scales to young individuals during the employment assessment programme on numerous occasions. Two case studies are presented: (1) that of a previously diagnosed young man; and (2) that of a young lady who had experienced severe attentional problems in the workplace. The main emphasis is on the efficacy of the test in helping to make suitable and realistic recommendations for employment or training. The diagnostic element of this test lies firmly in the clinical psychology domain; however, test outcomes can often lead to appropriate referral to a qualified practitioner.

KEYWORDS

Attention Deficit Disorder (ADD), Attention Deficit Disorder-Hyperactivity (ADD-H), Brown Scales, Ritalin, Sub-clusters.

SYNOPSIS OF THE BROWN ADD SCALES

The scales comprise a 40-item questionnaire grouped into five clusters of conceptually related symptoms of the condition. They are a self-report measure that addresses a range of symptoms designated as inattention criteria for Attention-Deficit/Hyperactivity Disorder. The distinction between ADD and ADD-H is of clinical importance but as a general rule of thumb the hyperactivity aspect is included to incorporate those individuals whose attention suffers as a result of overactivity. The test addresses aspects of memory, motivation, activation, affect and attention. The overall scores give a probability factor in terms of the existence of the condition.

CASE STUDY 1

David had been referred by his Disability Employment Adviser to identify suitable and realistic occupational goals and to clarify any support or guidance needs in the workplace. He was diagnosed as having ADD-H at 7 years of age and had been prescribed Ritalin by his GP on intermittent occasions. David's hyperactivity was apparent during the interview and he reported that his attention span was somewhat limited. David had been assessed by a clinical psychologist who, he reported, placed him in the high average range in terms of general cognitive ability. David was unsure of his work preferences but reported that manual occupations involving transport would probably be of most interest.

David's account of the clinical psychologist's assessment was that it was conducted through self-report and, as such, could not be verified. In order to address this issue Raven's Standard Progressive Matrices was administered and he did perform in the high average range as compared to others in his age group. The Brown ADD Scales were then administered to identify any relative strengths or weaknesses contained within the sub-clusters. As expected the results confirmed the existence of the condition. His original diagnosis was completed 12 years before the present time and any evaluation would have been based on different test procedures. More specifically, David showed high levels of activation, lowered concentration but few problems with memory and motivation.

An analysis of the sub-clusters and individual item responses allowed for certain work-related recommendations to be made. In particular, the results suggested that David would benefit from a work setting that was not too rigid, not too rule bound and not focused on too much detail. A degree of individual support in the

workplace was recommended in the form of a job coach or mentor. Other proposals included making sure that David listened to all the instructions before acting and is praised accordingly. The results of the ADD scale also allowed for further recommendations, which included:

- An individual mentor who could give clear and precise instructions on a one-step-at-a-time basis.
- Help with prioritising his workload.
- Coaching to finish the task and not being criticised harshly for not doing so initially.
- Work tasks being set on an individual basis with minimal distraction.
- Clear definitions of the working day, that is, hours of work, schedules and work patterns.
- Help in organising daily activities.
- The introduction of a star chart system to build confidence.
- Job tasks addressed daily and structured weekly to establish a clear working pattern.
- Making staff fully aware of the nature of his condition.

All the above provisions were made to help David establish a clear working pattern for the future and were tailored to his needs with the help of the Brown ADD Scales.

CASE STUDY 2

Vicky was referred by her Disability Employment Adviser to assess general work capabilities and address problems in relation to communication and memory difficulties. With regards to employment Vicky had worked temporarily as a garment checker but experienced problems with her output and relationships with her co-workers. Her employers perceived her as lazy, lacking in motivation, badly organised and mentally slow. Vicky was easily distracted and had difficulty answering the simplest of questions during the initial interview. While at school and college Vicky successfully completed 9 GCSEs at grades B-D, a GNVQ in Art and Design, an A level in Graphics and a BTEC Diploma in Art and Design

Given the overall situation there seemed to be a significant discrepancy between her academic ability and her level of performance in practical and social terms. Vicky presented as having communication and attention problems typical of a Specific Learning Difficulty and

symptoms not dissimilar to ADD. During the initial interview Vicky's responses were vague, laboured and on some occasions totally unrelated to the question posed. However, she was extremely articulate and able to express her opinions and notions clearly, albeit sometimes irrelevant to what she was asked. In order to address the difficulties, a further assessment was arranged.

The initial interview had taken place at a small, very busy office with numerous distractions going on all around. The second interview setting was situated in a quiet back street office with the room well away from ongoing administrative activities. The effects of this on Vicky's behaviour were immediately noticeable; in fact she was more outgoing and able to focus her attention much better. A full WAIS-III diagnostic assessment was not possible due to the customer's time constraints, however Raven's Standard Progressive Matrices was administered to assess general ability. Vicky's performance was in the well above average range for her age group, furthermore she completed the exercise in 20 minutes, this is approximately half the time compared to people in general.

In order to help investigate any attention, memory and communication problems the Brown ADD Scales were administered. Vicky's overall responses suggested that ADD was highly probable with attention and concentration difficulties of a severe nature. An analysis of the sub-clusters and individual response items revealed deficits in a number of significant work-related areas. In particular, social communication was of no importance and over focusing on extremely minor detail predominated. These two factors alone begin to explain just why Vicky had so much difficulty in a production-related environment where group working is important. Vicky's effort and general motivation were lowered and response and reaction appeared lacklustre. This element would also explain her employer's perceptions regarding her overall skills and abilities. The sub-items within the scale also pinpointed other areas of weakness such as: she needs to be constantly reminded to start and finish tasks; lacks organisational skills and constantly feels under criticism but fails to understand why.

Given all the relevant information it would seem that Vicky is a bright young woman whose difficulties may have gone largely unnoticed or ignored until she entered into a structured work environment where strict deadlines and social interaction are important. While a differential diagnosis is the remit of a suitably qualified professional,

a series of suitable work-related recommendations were made on the basis of her day-to-day problems. These included:

- A referral to seek medical guidance for clear diagnosis and any clinical advice or intervention.
- Avoiding occupations that are predominantly production related.
- The provision of a job coach or mentor on training, work preparation courses or in employment.
- Close supervision and review meetings with supervisors.
- Frequent and immediate feedback with the help of written or graphic instructions.
- Checklists and timetables to enhance and stabilise performance.
- Consistency from other members of staff when advising or training.
- Non-critical support within the workplace, such as praise for performing well.
- The opportunity to pinpoint and prioritise a problem and practise a task until competent.

SUMMARY AND CONCLUSION

An attempt has been made to provide the reader with some guidance and information regarding the use of the Brown ADD Scales in an employment assessment setting. The case studies have been used to outline what benefits it can have in determining specific working environments and practices that are best avoided, and those that would improve the performance of a customer with ADD in the workplace. While it is recognised that only a small minority of employment assessment referrals will fall into this category it should be noted that many of these individuals may have simply gone undiagnosed. Furthermore, it is a relatively short time since the acceptance of ADD as a genuine condition and, as such, many of these individuals are only now beginning to reach the age where employment and training issues arise.

Each individual case of ADD is different and the use of the Brown Scales can be an important tool for Work Psychologists addressing individual issues regarding performance in the workplace. In occupational terms its applications are twofold: first, it can provide an initial screening for a possible clinical referral and, secondly, it can be used to enhance positive aspects of behaviour in a wide range of employment and training settings. It

should be noted that the Brown Scales are a self-report measure and as such reliability and validity issues emerge. Furthermore, more traditional tests of memory and intelligence should also be considered when completing a full assessment.

In conclusion, the Brown Scales may prove to be an extremely versatile addition to employment assessments when encountering this particular learning disability.

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The Brown Attention Deficit Disorder Scales

by **Thomas E. Brown**

(published by *The Psychological Corporation, 1996*)

Reviewed by Allan Whiteside

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FORMAT

The test comprises a manual, two ready scoring forms for adults and adolescents, two diagnostic checklists and a treatment monitoring worksheet. For occupational purposes the manual and scoresheets can be purchased separately.

Cost

The initial administration materials can be purchased individually and for the purposes of use in employment assessments the manual plus adult-scoring forms should suffice. The initial set up cost for this is £107.35 including VAT. Additional packs of record forms can be ordered at a cost of £33.88 including VAT for 25 sheets. Apart from the initial starting pack, the actual running cost is minimal, as each customer requires one form only.

Timings

Since the scales are essentially a self-reports measure, timing will vary accordingly, however the author reports that 15–30 minutes should be adequate administration time, although much depends on how many responses the examiner chooses to query and how elaborate the answer might be. The scales may take 30–60 minutes if a collateral respondent is incorporated (that is, a parent, guardian, social worker etc.). The author recommends, wherever possible, a dual response process in order to minimise exaggeration and facilitate the interview in terms of separate perspectives and experiences. The scoring procedure is simple and overall, including sub-dimensions, takes less than 10 minutes to complete.

TEST RATIONALE AND USAGE

The test is predominantly aimed at young adults and adolescents who are experiencing difficulties with student coursework in spite of their level of ability. While the scales are seemingly clinical or diagnostic in nature an examination of the sub-scales yield some

important qualities for work psychologists in terms of employment-related recommendations. The scales address a range of symptoms designated as inattention criteria for Attention-Deficit/Hyperactivity Disorder in the Diagnostic and Statistical Manual of Mental Disorder IV.

TEST DESCRIPTION AND CONTENT

The scales consist of a 40-item self-report questionnaire and are grouped into five clusters of conceptually related symptoms of the condition. The individual strengths and weaknesses within these sub-items do have important connotations for making realistic training or rehabilitation proposals. The five clusters are as follows:

1. Organising and activating to work: The nine items in this cluster aim to identify excessive difficulties in organisational aspects of work-related tasks such as coursework or prioritising and beginning work. This section also deals with self-activation for daily routines such as getting out of bed, starting one's day, and scheduling in general.
2. Sustaining attention and concentration: This section queries chronic problems with sustained attention to practical chores. Issues such as excessive daydreaming, distractibility when listening or reading and losing track of the situation are contained within this section.
3. Sustaining energy and effort: These nine items assess difficulties in retaining constant energy and effort in work-related settings. In general terms problems such as daytime drowsiness, inadequate task completion, information processing and inconsistency are all addressed.
4. Managing affective interference: This section assesses difficulties with mood and sensitivity to criticism, that is, chronic irritability, frustration, chronic discouragement, depression and apparent lack of motivation.

5. Utilising 'working memory' and accessing recall: These six items inquire into forgetfulness in daily routines and excessive difficulty in recalling learned material that is of daily importance.

Once the responses have been recorded the total score can be interpreted into three categories:

- ADD possible but not likely.
- ADD probable but not certain.
- ADD highly probable.

The scales also incorporate a treatment monitoring worksheet and diagnostic form to aid in the multifaceted assessment of ADD; however, these elements are clinical rather than occupational in nature and need not be purchased.

How does the instrument contribute to the employment assessment?

There may be occasions where ADD has previously been diagnosed by a medical professional; however, the individual aspects of the condition may not have been addressed. The administration of the scales can help determine particularly weak areas or any underlying strengths. When planning a work schedule tailored exactly to the client's needs these individual aspects can be invaluable aids in employment settings.

In addition to the above the scales can be used as a screening device for those customers who may benefit from clinical intervention and formal diagnosis and treatment of the condition. This is an important factor as many young individuals arrive at assessment without any clear diagnosis, with some employment and health professionals bemused and unable to pinpoint the nature of the difficulties.

Background to the test development

The author cites a number of studies into the nature and condition itself. The scales were developed following an initial pilot study, which provided evidence that the test does discriminate between ADD individuals and their non-clinical counterparts. The test was analysed in two separate stages. The first-phase and second-phase adult research samples were analysed and found not to differ significantly on mean scores and standard deviations for the Brown Scale for Adults. Data from the two clinical and two non-clinical groups were pooled to comprise the combined group of clinical adults ($n = 142$) and the

combined group of non-clinical adults ($n = 143$).

Further analysis reveals that the reported symptoms measured by the scales do not differ significantly according to sex, age, socio-economic status, IQ, or presence or absence of hyperactivity. Furthermore, the author reports ten case studies where the scale provides agreement with clinical interviews in terms of diagnosis. This would seem to provide an indication as to the efficacy of the scales as a screening device for the condition.

Test-retest reliability

During phase one the reliability of the Brown ADD scale was assessed using the conventional test-retest procedure. Furthermore, the adolescent scale was readministered to the non-clinical comparison group ($n = 75$) two weeks after initial administration. The results yielded a correlation of 0.87, which is accepted as a satisfactory level of reliability for the test.

Validity

The internal consistency coefficients were confirmed as 0.95 and 0.96 for both scales and as such are extremely favourable statistics. The second measure of internal consistency yields intercorrelations between all clusters within the scale. To add to this, five independent experts offered support for considering the scales' five related clusters.

In terms of concurrent validity the data indicates that persons with ADD who self-report clinical levels of ADD impairment on the scale tend to show some cognitive impairments on sub-tests of the WAIS that correspond to items accepted as symptomatic.

Discriminant validity

One vital question arises: Can the scale discriminate validly between those who have ADD and those that do not? In order to address this issue the author administered the scales to individuals already diagnosed as having the condition and the results seem to strongly support the contention that the instrument is a valid tool in identifying the condition.

Restrictions on usage

The manual reports that a wide range of professionals with graduate training in psychological assessment can administer the scales in order to:

1. Screen and identify persons who may benefit from a future comprehensive diagnosis.
2. Provide an important element that can be utilised in clinical settings.
3. Monitor the effectiveness of ongoing treatment of the condition.

Screening may also include a comparison of sub-test scores from the WAIS and therefore usage would be limited to psychologists or medical professionals within the Employment Service.

NB. With regard to clinical diagnosis the author points out that this would require the services of a mental health professional with relevant graduate-level training in differential diagnosis using DSMIV.

Accommodations

The usual mode of administration is oral; however, it can take a written form on an individual basis if necessary. The author points out that most adults prefer to be evaluated in individual sessions but, given the opportunity, many are quite happy to include a parent, close friend, co-worker or spouse.

Should the screening prove positive it is suggested that the results should be followed by a brief description of the condition. It should also be pointed out that no one test can definitively or conclusively diagnose ADD and that a further session with an appropriately qualified professional may be the next step.

SUMMARY

It is well recognised that there is often a degree of co-morbidity within the range of specific learning difficulties. The five clusters contained in the Brown ADD Scales partially mirror this concept; furthermore, the author notes that ADD is a dimensional, rather than categorical condition. Given these considerations, it is clear that the scales could prove to be a valuable tool in the employment assessment process. Depending on individual outcomes the client's scores on each of the clusters provides a starting point for identifying suitable and realistic recommendations in a training or work-based environment.

An analysis of the clusters contained within the scales can provide important clues as to how specifically the individual is affected in the workplace. These concerns

might include, for example: What coping strategies can be utilised in an 'on the job' situation? What employment accommodations would be appropriate? In particular, the scales may be used to strengthen abilities and isolate weaknesses in employment settings and explore previously untapped skills that can ultimately improve job prospects.

CONCLUSION

The only main reservations that are apparent are certain questions within the scales. The adult scales were developed for use predominantly for students in further education and not within the workplace. However, the author does state that the questioning can be modified slightly to suit the client. In fact, a more detailed questioning procedure between client and collateral can quite often serve to enhance the assessment process. In conclusion, the Brown ADD Scales would seem to be a very useful and enlightening tool for designing schedules of work as well as providing a valid and reliable screening device for the condition.

Behavioural Assessment of the Dysexecutive Syndrome (BADS)

by Barbara A Wilson, Nick Alderman, Paul W Burgess, Hazel Emslie, Jonathan J Evans

(published by Thames Valley Test Company, 1996 version)

Reviewed by Elaine Chamberlain

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PURPOSE

This is a battery of tests designed to assess the effects of dysexecutive syndrome, a cluster of impairments generally associated with damage to the frontal lobes of the brain. These impairments include difficulties with high-level tasks such as planning, organising, initiating, monitoring and adapting behaviour. The tests have also been used in research with people with schizophrenia to assess the same characteristics.

The tests were developed in response to concerns over the low ecological validity of neuropsychological measures. Ecological validity refers to the extent to which the results of controlled tests generalise onto performance in naturalistic settings. One of the arguments against these measures is that, while neuropsychological tests assess single, isolated abilities, real-life tasks involve a complex, messy array of skills. The authors of the BADS assert that their tests assess executive functioning in more complex, real life situations than do established measures and thereby improve their ability to predict day-to-day difficulties.

FORMAT

The BADS is a battery of six tests and two questionnaires. The tests require participants to plan, initiate, monitor and adjust behaviour in response to the explicit and implicit demands of a series of tasks. A profile score, ranging from 0–4, is calculated for each test and an overall profile score is produced as a sum of individual test scores. Profile scores can be converted to standard scores with a mean of 100 and a standard deviation of 15, enabling comparisons to be made with WAIS and WMS scores. This makes it possible to identify discrepancies between expected and achieved BADS scores and to classify performance in a similar qualitative manner, from impaired to very superior. The

authors recommend that all six tests are administered but state that the final score can be prorated based on five. The questionnaire scores are not standardised and do not contribute to the final score.

1. Rule Shift Cards (RS) – This test purports to identify perseverative tendencies and its obverse, mental flexibility (perseveration refers to a difficulty in adjusting behaviour to meet the demands of a changing situation). It requires participants to respond to stimuli (red or black playing cards) according to one of two rules that are presented consecutively. Performance is scored according to how successfully the respondent shifts from applying the first to the second rule. A penalty is imposed for lack of speed.
2. Action Programme (AP) – This test was designed to assess ability to devise and implement a solution to a practical problem (getting a cork out of a narrow plastic tube) while not contravening a set of rules. The score is based on the number of steps completed without assistance. Penalties are imposed for rule breaks.
3. Key Search (KS) – It is claimed that this test assesses ability to plan a strategy to solve a problem (finding a key lost in a field). The score is based on a number of criteria, including whether the rater believes the strategy to be systematic, efficient and likely to be effective. A penalty is imposed for lack of speed.
4. Temporal Judgement (TJ) – It is not made clear what this test has been designed to assess. It appears to involve judgement and abstract thinking based on common knowledge, as the respondent is required to estimate times for everyday events, such as the life span of a dog. The score is based on the accuracy of the estimate.
5. Zoo Map (ZM) – This is a test to assess ability independently to formulate and implement a plan (high demand condition) and to follow a pre-

formulated plan (low demand condition). It involves plotting or following a route through a map that does not contravene a set of rules. The score is based on the successful implementation of the plan. Penalties are imposed for rule breaks and lack of speed.

6. Modified Six Elements (6E) – This test was designed to assess the ability to time-manage. It involves dividing the available time between a number of simple tasks (picture naming, arithmetic and dictation) while not contravening a set of rules. The score is based on the number of tasks attempted. Penalties are imposed for rule breaks and for sharing time unequally between tasks.
7. Dysexecutive Questionnaire (DEX) – This is a 20-item questionnaire describing behaviour associated with dysexecutive syndrome. Ratings of the frequency with which the particular behaviour occurs are made on a Likert-type scale (from ‘never’ to ‘often’). There is one version for the respondent to use and a second version for a family member, colleague or carer to rate the respondent.

Generally, the format of the tests has been thoughtfully designed. For example, certain tests (such as 6E) have particularly complex instructions that can be difficult to grasp by participants with memory or receptive language difficulties. Some appropriate safeguards have been put into place (such as providing summarised test instructions on printed cards or requiring the respondent to paraphrase the instructions to the tester to confirm understanding).

There are, however, some exceptions to this. For example, ZM requires the respondent to change pen each time he or she has ‘visited’ a location on the map. This introduces an extraneous demand for attentional switching that is likely to be particularly difficult for those with executive difficulties. Furthermore, some of the administrative instructions lack precision. For example, in 6E, participants are not told to divide their time equally between the tasks, and yet they are penalised for not doing so. TJ also contains questions that may make it culturally biased (this is acknowledged by the authors who suggest that it be an optional test). There are also no practice questions by which to confirm understanding. These deficiencies cannot be remedied by the tester without compromising the validity of this standardised test.

Some tests are also awkward to administer. For example, administration of RS requires the tester to turn cards

quickly with one hand, write responses with the other and have the question sheet, manual and stopwatch in view. However, smooth delivery can be achieved with a degree of practice.

Most tests are straightforward to score, with the exception of KS, which takes some thought and practice.

COST OF MATERIALS

- £275 for the BADS complete pack (containing stimulus cards, manual, stimulus books, materials for action programme test, 25 each of self- and other-rated questionnaires and 25 scoring sheets)
- £15 for BADS scoring sheets (pack of 25)
- £15 for DEX questionnaires (pack of 2 x 25)

Therefore, initial outlay is £11 per respondent, dropping to £1.20 per respondent after the first 25 (or, if the DEX is not administered, the price drops to £0.60 per respondent).

All prices are excluding VAT.

Extra equipment is required, such as a tape recorder, a range of coloured pens or pencils, an eraser, water and access to a photocopier.

TIMINGS

All tests are untimed, bar 6E. Most take 5–10 minutes to administer and the time taken to administer the entire battery is approximately 30–45 minutes without the questionnaire. Time for scoring is approximately 15 minutes.

RELEVANT OCCUPATIONS

This test is designed for use with individuals with brain injury and therefore is not aimed at a particular occupational group. However, effective executive functioning is important in any job in which the incumbent is not closely and continually supervised and that requires self-monitoring (for accuracy, for example). It is particularly important in work that entails planning and organisation, such as managerial or supervisory roles.

TECHNICAL INFORMATION

Norms

The control group consisted of 216 non-brain-injured participants with a range of abilities and ages (from 16 to

over 64). It contained an equal number of men and women. Socio-economic status also seems to have been considered but details of this are not provided in the manual.

The criterion group consisted of 92 participants with a variety of neurological disorders (most with closed head injury, others with brain injury resulting from encephalitis or stroke and some with dementia). Only 78 completed all 6 tests (reasons for this are not given). They were not age-matched with the control group (being generally older), but were matched in terms of ability level. The number of individuals who completed the tests is therefore small and heterogeneous, potentially affecting the reliability of the results.

Reliability

To assess inter-rater reliability, two raters scored the performance of a small sample from the control group. Impressive correlations were found between ratings (0.88–1.00), some of the lower correlations being for timings.

To assess test-retest reliability, a small sample from the control group was re-tested 6–12 months after the first session. A substantial practice effect was found (correlations between scores ranging between –0.08 and 0.71 and only three correlations were significant (AP, KS, TJ). The authors attribute the poorest correlations to the effects of outliers in the small sample. They also argue that test-retest reliability is an inappropriate measure for tests of executive functioning which aim to assess ability to solve novel problems. If the respondent takes the test twice, this essential element of novelty is removed and so a practice effect would be expected. This is a valid argument that raises important questions about how to test stability in any test of problem-solving. In apparent support of this assertion, the test-retest reliability was comparable to the performance of the same sample on three established tests of executive functioning (Cognitive Estimates Test, Modified Card Sorting Test and Verbal Fluency Test).

Reliability for the brain-injured participants was not reported in the manual and, given that memory difficulties might attenuate the practice effect, this would have been a useful addition.

It is worth noting that the methods used to assess reliability were surprising. For example, test-retest reliability was confirmed by quoting the percentage of

absolute agreement between the two sets of scores; the more usual practice being to examine the degree of correlation between the two sets. There also appears to have been an element of ‘data-mining’, with the consequent risks of Type I errors. This is neither corrected for nor acknowledged and undermines confidence in the reliability results reported.

Validity

Face validity: The BADS tests involve apparently real-life problems and these generally have a more ‘practical’ feel than comparable tests. In my experience, individuals generally engage well with the tasks.

Construct validity: The authors found that the brain-injured group achieved significantly lower scores on the test than did the control group. This remained when the effect of the age difference between the two samples was controlled for. A further small-scale study confirmed this, finding significant group differences on AP, ZM and 6E (Norris and Tate, 2000). Furthermore, regression analysis in this study produced a hit rate of 74% in correctly identifying group membership from test scores (although 6E was the only test that contributed significantly to this). This percentage was comparable to that achieved by a group of established tests of executive functioning. This suggests that the construct validity of these tests is as good as that of established tests.

However, it is not made clear in either study which (if any) in the criterion group had frontal lobe damage or acknowledged executive functioning difficulties. These results therefore only suggest that the tests are adequately sensitive to brain injury, rather than executive difficulties. It should also be noted that there is a sizeable, positive skew in the population of test results and a low ceiling for some tests. This will compromise the tests’ ability to detect mild executive difficulties.

Responses on the DEX were factor analysed to produce three factors; cognitive (involving statements relating to perseveration, distractibility, memory and decision-making), behavioural (involving statements relating to impulsivity and insight) and emotional.

No explicit information on the factor structure of the other tests in the battery is given. However, it is reported that AP, KS and TJ achieved moderate, significant correlations to the behavioural factor and 6E, RS and ZM also achieved similar correlations with the cognitive factor.

Concurrent validity: This was not assessed in the standardisation study. However, the Norris and Tate (2000) study found that all but one of the BADS tests (TJ) correlated significantly with the results of at least one established test of executive functioning. Most precise was 6E, which correlated moderately, but significantly with only the tests purporting to measure the same abilities. AP correlated with all the established tests and RS correlated significantly with all but the most relevant (the Wisconsin Card Sorting Test).

For the standardisation study, the authors took scores on the DEX as their index of real-life functioning. Correlating test scores against other's ratings on the DEX showed a moderate but significant negative correlation ($r = -0.62$ overall profile scores). So, the more severe the significant other rated the respondent's difficulties, the worse the respondent performed on the tests. The relationship between self-ratings and test scores, on the other hand, was not significant. The authors attribute this to the lack of insight, which is a common characteristic of dysexecutive syndrome. In fact, they urge testers to use the discrepancy between self and other's ratings as a guide to the degree of insight possessed by the respondent.

The BADS overall profile scores, along with the scores from two established tests of executive functioning (Wisconsin Card Sorting Test and Cognitive Estimates Test) and two tests of general ability (WAIS and NART) were also regressed against scores on the DEX. Only BADS scores were found to account for a significant amount of the variance. This is taken by the authors to suggest that the BADS tests have superior ecological validity to the established tests. However, there is a major methodological problem in attempting to validate one new measure (i.e. the BADS tests) by comparing it with another (i.e. the DEX). To be cautious then, these results suggest that the DEX and the BADS are largely measuring the same properties.

Fortunately, support for the ecological validity of the BADS comes from the Norris and Tate study. They found significant positive correlations between scores achieved on the BADS and those achieved on an established behavioural rating scale (the Role Functioning Scale: McPheeters, 1984) for a brain-injured group. AP, ZM and 6E together were able to predict 16.2% of the variance in ratings. This was superior to the

established tests, which were unable to predict a significant amount of variance.

Restrictions in usage

The test is accessible to Chartered Psychologists or those 'eligible for Chartered Psychologist status'. Other users, such as occupational therapists, need to attend a Thames Valley Test Company-accredited BADS training workshop to qualify.

EVALUATION

Potential contribution of the instrument to employment assessment of disabled people

Failures of executive functioning are arguably among the most damaging cognitive consequences of brain injury and among the most difficult to ameliorate via remedial training. A test of executive functioning with high ecological validity would therefore be useful for predicting the likely level of independence and higher-level functioning of individuals with brain injury (and possibly schizophrenia, although a discussion of this application is outside the scope of the current article). It could therefore guide rehabilitation programmes, vocational counselling and job and workplace redesign. As such, it could be relevant to psychologists and occupational therapists working in these areas. That it lacks precision and has not been validated against a group of people with known executive difficulties makes it less useful for diagnostic purposes.

SUMMARY AND RECOMMENDATIONS

As claimed by the authors, these tests do appear to present demands that are more naturalistic than those of traditional measures while retaining a format that enables standardised scoring. The tests have also achieved a respectable degree of construct and concurrent validity. The most impressive finding is that, while still modest, the BADS tests have a higher ecological validity than established tests. This is most relevant when assessment questions relate to predictions of outcome for treatment planning or vocational guidance, for example.

However, there are issues that need to be borne in mind if using this battery. First, the tests do not overcome the difficulty inherent in all standardised tests; that of requiring tests to be administered in the 'ideal' environment of the test room, with no distractions and a

high degree of imposed structure. This removes the very factors that often lead to failures in naturalistic situations.

Secondly, and more importantly, no work has yet been done to identify the actual abilities underlying performance on each test. It is therefore difficult to interpret test scores and accurately identify the sorts of real-life tasks that might prove difficult for the respondent.

Given these short-comings, one way in which to usefully incorporate this battery into an assessment programme is to triangulate BADS test results with other measures of executive difficulties. These would be more precise measures of specific executive skills (such as attention and flexible thinking) and naturalistic measures (such as planning and completing a project within a set time limit). It is also viable to use the BADS in a more informal way and administer only the most psychometrically promising tests to provide a quick snapshot of important executive skills such as planning, behavioural control and self-monitoring. 6E, AP and ZM would be the candidates for this approach.

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Work Personality Profile

By **Brian Bolton and Richard Roessler**

(published by Arkansas Research and Training Centre in Vocational Rehabilitation, 1986)

Reviewed by **Richard Hooper**

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WORK PERSONALITY PROFILE

The Work Personality Profile (WPP) is a 58 item, behaviourally orientated work assessment instrument scored on 11 primary scales (see the appendix) and 5 high order factor scales. The 5 factor scales are identified as Task Orientation, Social Skills, Work Motivation, Work Conformance and Personal Presentation.

This review of the Work Personality Profile uses the framework for evaluating Psychological Assessment Materials (PAM) developed by Birkin and Meehan (1999). The value of this framework is that it particularly addresses the application of assessment instruments in the employability assessment of people with disabilities.

FORMAT

This is an observational rating instrument designed for use in situational work centres (work preparation centres in the USA). The instrument could be used in any setting where clients, singly or in groups, are preparing for work. The profile uses a paper-and-pencil rating format.

DESIGN OF THE TEST

Raters are asked to describe a client's observed work performance by using five options as follows:

- A definite strength, an employability asset.
- Adequate performance, not a particular strength.
- Performance inconsistent, potentially an employability problem.
- A problem area, will definitely limit the person's chance for employment.
- No opportunity to observe the behaviour.

There are 58 behavioural descriptions, subsets of which produce scores for 11 rationally constructed work

performance scales and 5 factor analytically derived scales, listed in the appendix. The descriptive statistics for the 5 scales show that the score distributions are negatively skewed indicating more efficient diagnostic discrimination at the lower end (deficit) of the scales. The WPPs that were used for reliability and validation purposes were completed by trained rehabilitation professionals after the client had been observed for at least one week in a simulated work setting.

The scoring of the test is straightforward. The aggregation of scores against 16 scales is somewhat laborious and the profile sheet has not been designed with the ease of this process in mind.

COST OF MATERIALS

The following materials are available from the National Clearinghouse of Rehabilitation Training Materials (NCRTM), 1132 W. Hall of Fame, Oklahoma State University, Stillwater OK 74078-4080 USA. Phone: (405) 744-2000, Fax: (405) 744-2001. The NCRTM's online catalogue web address is <http://www.nchrtn.okstate.edu/>

Title:

193.049F - Work Personality Profile: Complete Series

Summary:

The WPP and WPP-SR (self-reporting version) are work behaviour rating instruments used for situational assessment in work centres, comprehensive facilities, and employment settings.

Contents:

WPP manual, WPP-SR manual, 50 WPP forms, 50 WPP-SR forms, & 3.5 disk (MS DOS program for scoring)

Publisher:

Arkansas R & T Center (1991)

Price:

\$79.70

Title:

193.049B - Work Personality Profile: Reporting Forms

Summary:

The Work Personality Profile (WPP) is a work behaviour rating instrument for use in situational assessment in work centres, comprehensive facilities, and employment settings. The WPP results are reported on a scoring profile form that includes 11 primary work behaviour categories and 5 second-order factor scales. Both raw scores and percentile scores are reported.

Contents:

50 reporting forms

Publisher:

Arkansas R & T Center (1986)

Price:

\$20.00

TIMINGS

Facilities:

Observations need to take place in a work, quasi-work or assessment situation. Ideally the observation should take place over a period of a couple of weeks or long enough for the client to have settled down sufficiently to be showing themselves as they would in the work place. The observation would also have to cover sufficient time to give the client opportunities to demonstrate the range of behaviours described in the profile.

The timings below are for administering the profile itself.

Preparation:

A few minutes.

Administration:

Items can be rated in 5–10 minutes

Scoring:

This can take 30 minutes plus.

Analysis:

Included in scoring.

Feedback:

Can be part of a feedback interview.

Purpose/what it purports to measure

It assesses capabilities that satisfy fundamental work role requirements such as attitudes, values, habits and behaviours. It has been designed for assignment of clients to remedial programmes and measuring of targeted behaviours at regular intervals.

What occupations is it relevant for?

Ostensibly this instrument is relevant to a wide range of

occupations. Tyerman and Young (2000) cite people with head injuries returning to 20 differing occupations. Bolton and Roessler (1986b) indicate that the design of the instrument is such as to be applicable to the whole range of jobs. The WPP draws on a comprehensive sample of job maintenance behaviours. The manual indicates that 'the instrument was not intended to assess specific job skill acquisition, but rather measure general work personality attributes that are essential to successful adjustment in all vocational areas'.

TECHNICAL INFORMATION

Norms:

Normative data is reported for 243 persons with a disability attending vocational rehabilitation facilities in the USA.

Reliability:

Is based on internal consistency; the estimates for the 11 rational scales ranging from 0.71 to 0.92 with a median value of 0.84. For the 5 factor scales the reliabilities range from 0.83 to 0.91 with a median of 0.89. A reliability of 0.7 is regarded as about the minimum for the use of tests in individual decision making (Kline, 2000). The inter-rater reliability, which seems key in such an instrument was low, yet the re-rater reliability was good.

Validity:

The manual documents correlations, with 8 of the 11 rationally derived scales, with the General Aptitude Test Battery (GATB), United States Employment Service Interest Inventory (USES - II) and Cattell's 16 PF dimensions. Correlations with the GATB indicate substantial relationships with cognitive aptitudes General, Verbal and Numerical (of 24 correlations 18 were $p < 0.001$, 4 were $p < 0.01$ and 2 $p < 0.05$ – 2 tailed); lower correlations with perceptual aptitudes Spatial, Perceptual and Clerical; and minimal correlations with psychomotor aptitudes Motor, Finger and Manual. The correlations for General, Verbal, Numerical and Clerical were higher for females than males although the exact figures are not quoted. Several of the occupational interest scales correlated to observer-rated dimensions. There was little correlation between the scales and the 16PF personality dimensions other than B (regarded by some as an unreliable measure of intelligence).

Content validity:

Alpha reliabilities in the range 0.85 - 0.95. Average inter-

scale correlation was 0.78 suggesting a large general factor underlying the WPP ratings for the validity sample.

Criterion-related validity:

Predictive validity against two criteria – type of service outcome and ratings by vocational instructors – is demonstrated in the manual. The conclusion is drawn that 4 of the 8 WPP scales selected for validity analysis were statistically significant predictors of general vocational competence. The four items being Acceptance of the work role ($p < 0.02$, 2 tailed), Work tolerance ($p < 0.05$, 2 tailed), Degree of comfort or anxiety with supervisor ($p < 0.02$, 2 tailed), and Appropriateness of personal relations with supervisor ($p < 0.02$, 2 tailed). Higher general and specific vocational competency ratings were achieved by clients who had previously described themselves as more secure.

RESTRICTIONS ON USAGE

The utility of such an instrument relies on the accuracy of the behavioural ratings that underpin the profile. The level of skill and experience of the observer as well as the amount of time spent in observation would all, presumably, have an effect on the outcome. Three of the rationally derived scales were left out of the validity analysis, as there had been insufficient opportunity to observe the behaviours relating to Teamwork (S9), Ability to socialise with keyworkers (S10) and Social communication skills (S11).

In many rehabilitation and work preparation settings there would normally be individual assessment of clients and occasionally in a group setting. Thus an instrument such as this is preferably used in a quasi-work, or work placement setting. Such an instrument would lend itself for use by Work Preparation providers. Its use in such settings would require acquaintance of the instrument by those who are using it.

How does the instrument contribute to employment assessment?

On the basis of the results presented in the manual and the findings as reported by Tyerman and Young (1999) this instrument would seem a useful adjunct to Work Preparation especially where attitudes, values, habits and behaviours of the client are a particular concern.

Are there any issues concerning the use of the instrument following the DDA and Equal

Opportunities legislation?

There would not appear to be.

Accommodations

As this is an observational tool accommodations become much less of an issue than for most other assessment tests and exercises.

Comment on the instrument's relevance and potential use in the employment assessment of people with disabilities

Tyerman and Young (1999), of the Aylesbury Vale Traumatic Brain Injury Vocational Rehabilitation Project, have found that people with head injuries were rated consistently less positively than the norm group on all five factors of the WPP. This profile proved successful in discriminating between those participants with head injuries who were able to return to paid employment and those who required alternative occupational provision.

The instrument itself was normed using a group of people who had a range of disabilities. The support materials claim that it has predictive validity for those successfully completing rehabilitative programmes.

OVERVIEW AND EVALUATION

It would appear that there is evidence for this instrument predicting success at a key stage of returning to work. Among the factors derived from the items is one large one that consists of 21 of the 58 items representing 6 of the 11 rationally derived scales. These items describe, essentially, work performance including both cognitive skills and good work habits. High scorers in this factor would be initiating, performing independently, asking questions only when needed and having a capacity for self-direction. The other four factors are more narrowly defined and behaviourally orientated. These four factors cover interaction with co-workers, holding appropriate motivational attitudes, displaying conformance to rules and responsiveness to supervisors.

The range of statements is such that it would take a number of days to have the opportunity to observe how someone would behave in most instances described. Thus this instrument would seem more suited to rehabilitation environments where raters have a chance to observe work behaviour over at least a week. Its reliability depends on trained and experienced raters. It would appear to be useful for some clients to self-rate.

This could identify and clarify issues for remedial work where lack of insight or low self-esteem and confidence may underlie discrepancies between self and other ratings. The foregoing would be useful in identifying problematic behaviours to be addressed.

At the time of writing a search of the literature did not turn up any references of this instrument being used in UK settings other than those quoted here.

Tyerman and Young (1999) observes that the completion of a rating scale such as this is a skilled task and the value of it will depend on the experience of the rater. Staff at the Aylesbury Vale Traumatic Brain Injury Vocational Rehabilitation Project also have periods in excess of a week in which to observe clients and upon which to base their assessment.

Tyerman and Young (1999) says that a client's own assessment is particularly useful since lack of insight and limited self awareness of difficulties with cognition personality and behaviour is common after Traumatic Brain Injury. Discrepancies between staff and self ratings can be compared and explored further to address what may underpin, for example, a client's less favourable estimate of their vocational potential.

RECOMMENDATIONS FOR ITS USE AND CONSTRAINTS TO BE HIGHLIGHTED

The WPP could be useful in predicting who would make the best use of Work Preparation especially for those who would be attending lengthy programmes. It could be used as a screening tool for identifying issues to be addressed through a Personal Effectiveness Programme (PEP) prior to embarking on work preparation proper. It appears to have validity in predicting future work performance and hence sustainability in a particular job.

The instrument would appear to work best in settings with experienced evaluators who would also have ample opportunity to observe clients in a variety of situations. Inter-rater reliability of this instrument is acknowledged as low. Work performance rating items could be open to a wide range of interpretations unless 'anchored' against some criteria. The manual recommends averaging the score of 2, 3 or 4 raters. This could address the problems mentioned yet could prove expensive.

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APPENDIX

List of 11 Rationally Derived Scales (S) and 5 Factor Analytic Scales (F) of the Worker Personality Profile

- S1 Acceptance of the work role (10 items)
- S2 Ability to profit from instruction or correction (6 items)
- S3 Work persistence (4 items)
- S4 Work tolerance (5 items)
- S5 Amount of supervision required (6 items)
- S6 Extent trainee seeks assistance from supervisor (3 items)
- S7 Degree of comfort or anxiety with supervisor (4 items)
- S8 Appropriateness of personal relations with supervisor (3 items)
- S9 Teamwork (6 items)
- S10 Ability to socialise with co-workers (5 items)
- S11 Social communication skills (6 items)

- F1 Task orientation (21 items)
- F2 Social skills (12 items)
- F3 Work motivation (8 items)
- F4 Work conformance (9 items)
- F5 Personal presentation (8 items)

Dyspraxia: The Hidden Handicap

by Dr Amanda Kirby

Souvenir Press (Educational and Academic) Ltd, London, 1999 ISBN 0285635123 £12.99

Reviewed by Gurcharn Dhillon

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The aim of the book, writes Dr Kirby, 'is to give understanding and help to parents, teachers and anyone else who comes into contact with someone who has co-ordination problems that could be dyspraxia'. The book provides information about causes, symptoms, diagnostic procedures and other possible conditions.

Dr Amanda Kirby is a practising GP, the Director of the Healthcall Discovery Centre, has a son with dyspraxia, and has also provided training for occupational psychologists on dyspraxia.

Dyspraxia, which can also be called 'The Clumsy Child Syndrome', apparently affects up to one in twelve people in the population, both children and adults and affects three times as many males as females. Dr Kirby calls it 'The Hidden Handicap' because in her view people with dyspraxia look the same as others but have some significant problems, which affect many aspects of their lives.

The book is written in an easily accessible style, where information is contained in well-structured chapters with lists of hints and tips, which can be used by parents, teachers, therapists and professionals working with this group of individuals. The book contains sixteen chapters where the first ten of these are written with parents and teachers in mind. These chapters identify a child's difficulties from pre-school to primary school, through to the secondary stage and on to adulthood.

The latter part of the book will be of greater use to occupational psychologists. Chapter 13 deals specifically with adulthood and gaining independence. Dr Kirby considers two main factors – poor organisational skills and planning – as presenting adults with the greatest problems. In this chapter she provides a list of the strengths and weaknesses, which provide a useful guide when considering work options, and the features of a working environment, which would help an

individual to maximise their potential. For example, good computer skills may have been developed as a strategy of bypassing handwriting so could be exploited to best effect at work; however, an area of weakness is distractibility. Individuals with dyspraxia have difficulties with filtering out extraneous sounds; so working in a busy open plan office will be difficult for them. Dr Kirby outlines a basic structure for planning job-seeking activities and makes reference to Jobcentre Plus Disability Employment Advisers as a source of help.

The final chapters of the book go into more depth about how dyspraxia is diagnosed and what the alternative diagnoses might be. Dr Kirby also considers the whole spectrum of disorders affecting development. She includes some details about other specific learning difficulties, which could overlap with dyspraxia, such as dyslexia, attention deficit disorder and autism.

Dr Kirby also addresses the issue of labelling and diagnosis. She considers using function as a descriptor of an individual's difficulties as more logical because it relates to that individual's practical needs. Throughout the book Dr Kirby offers simple but very effective suggestions for overcoming these functional difficulties. If followed, these would not only address these factors but also tackle the psychological factors, such as lack of self-esteem, isolation, lack of self-confidence and depression, which this group of individuals may also experience.

At the end of the book Dr Kirby has provided a useful glossary of technical words and a directory of resources. Its 218 pages are written in a user-friendly style and provide a good overview of how dyspraxia manifests itself and some practical solutions to help.

Guidance for layout of Journal articles

The following points are guidelines for the submission of articles for publication in the Journal of Occupational Psychology, Employment and Disability. If further clarification is required please contact the editors.

For ease of publication the layout of articles should be as follows:

1. Format: Word documents (i.e. .doc), Times New Roman Font, point size 12 for text and Arial 14 for headings, single line spacing with full justification.

Title of article / case study / review

Name of author and contact address- please put any personal identifying information on a separate sheet of paper to the main article

Abstract – around 250 words

Keywords used – e.g. the disability, the main test used, the main intervention used, etc; these keywords can then be used for search purposes when others want information on specific topics

Introduction/background to the article, or the rationale - this should focus on relevant biographical details, work goals, referral reasons and general relevant interview information; it does not need to be long and cover every aspect of the background information. Only the most important and relevant details should be included in a clear succinct manner

The method used and/or the process if any interventions carried out - this section should include relevant general interview information, tests used and details of specific procedures used.

Results – outcomes of tests, interventions, etc.

Discussion - this section needs to include conclusions, outcomes and recommendations. The principal aim of the journal is to convey information that will be useful to others in order to promote good practice. It is therefore of most importance to include an explanation of 'why' you chose the particular intervention and 'why' the outcomes, recommendations and conclusions were arrived at

The way forward and any learning points - this section needs to include best practices and advice to pass on to others. This should include an exploration of what could have been done differently and any other alternative explanations or approaches that could have been used.

2. The intention of the journal is to concentrate on the more practical and pragmatic application of psychology to working with people with disabilities in an employment context, rather than a purely academic publication. However, there are still protocols that need to be considered in order to provide a professional standard of articles which incorporate both empiricism and theory which underlie psychological practice:-

Language should be clear, concise and succinct

Spelling, punctuation and grammar should be checked

References should be detailed where citations are used or material is referred to. The format should follow the standard used in this edition.

Appendices should be used where appropriate. For example, where there is a lot of information which is

necessary but which detracts from a clear and concise article.

3. All articles should respect the anonymity of individuals and organisations concerned and any identifying information should be changed.

4. There is no rigid minimum or maximum limit on the length of any submissions. The quality of a submission is more important than the length, but if you are thinking of writing a long article (i.e. more than 2000 words) then please speak to one of the editors first to discuss your ideas.

5. All articles should be submitted in the first instance to Laura Silvester or Karen Gommersall, in electronic format. (email: OPD@jobcentreplus.gov.uk)

6. A suggested reference which may help when thinking about what to write and how to write an article is the book 'The Psychologists Companion: Edition 3, A Guide to Scientific Writing for Students and Researchers' by Robert Sternberg.

7. The editors reserve the right to edit all copy published and some editing may take place in the final stages of the production process.

8. Anyone wishing to write a book or test review should contact Laura Silvester or Karen Gommersall to obtain further information and guidance. (email: OPD@jobcentreplus.gov.uk)

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