

SCHOOL OF PSYCHOLOGY NEWSLETTER: CONVERSATIONS IN PSYCHOLOGY



Comments from the Editor

The tenth issue of the newsletter commemorates the first issue of 2021 and marks one year living with the COVID-19 crisis - where has the year gone?

At end of what was a very difficult year for us, we are delighted to share with you an outstanding achievement where Arden University has been recognised for winning the **Education Business of the Year Award**. In this feature, Vice Chancellor & CEO Carl Lygo highlights the Judges' positive comments and personally gives thanks to both colleagues and students for their continuous dedication, effort, and passion contributing to the success and growth of our evolving university.

Within this issue, we welcome with open arms some new starters to the School and celebrate the promotions and fantastic achievements accomplished by the members of the team. This is closely followed by a diverse selection of student article submissions including some pieces that have been inspired by the pandemic. In our staff profile feature, we learn more about associate lecturer Alastair Pipkin in our **getting to know the Psychology Team**. This issue's **career spotlight** focuses on the role of a Special and Educational Needs (SEN) Teacher and presents the skills, experience, and qualifications needed to progress into this career in the future.

Before finally closing on **dates for your diary** providing details of live events happening soon to schedule into your calendar. Including Arden's 'National Careers week' event, a series of live webinars presented by academics to discuss potential career routes to pursue in each specialism upon completion of your degree.



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If you would like to contribute to the next issue, please contact the editorial team, Emily Blakemore (ebgakemore@arden.ac.uk). We welcome any feedback and content suggestions also.

Emily Blakemore, Editor.

Page 2: School of Psychology News



Page 3: Education Business of the Year Winner

Page 4: Am I Abnormal or Am I Misunderstood? By Saira Tanna



Page 6: The Silent Threat of the Lockdown By Bettina Finna

Page 9: Neurotech, Our Future Brain By Shauna Tyrell



Page 12: The subtle but strong resilience that characterizes human beings By Carlos Sequeira

Page 14: Getting to know the Psychology team: Alastair Pipkin



Page 15: Everyone should know psychology: Would life be any different if we learned psychology from primary school? By Susan Witte

Page 17: Career Spotlight – Special Educational Needs teacher (SEN)



Page 18: Why We Need Behavioural Change Programmes for Domestic Abuse Perpetrators By Claire Verney

Page 21 : Dates for Your Diary

SCHOOL OF PSYCHOLOGY NEWS

WELCOMES

A warm welcome to new staff joining the School and a big congratulations to existing staff transitioning into new roles:

- Linda Rockson
- Liam Leonard
- Mark Bushell
- Amy Jones
- Dr Kimberley Marsh (Deputy Head of School)
- Cavell (Permanent Graphic Design PTL)
- Nicola Bentham (Contractor to PAYE)



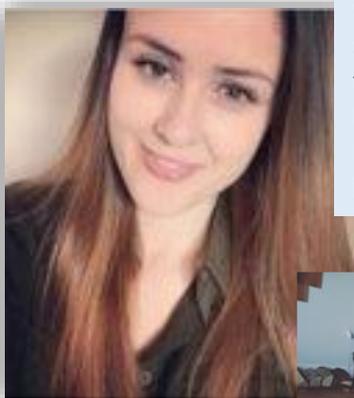
Liam Leonard



Mark Bushell (pictured above) successfully defended his PhD viva with minor corrections - Well done Dr Mark!

CONGRATS

Congratulations to **Sophie** for being awarded Chartered membership of the BPS and full membership of the Division of Occupational Psychology and also being featured in Women's Own magazine.



Congratulations to **Leanne** for being one of four applicants shortlisted for the 'Excellent contribution to the sciences in Wales' award!

A big congratulations to **Holly Stokes** for her starting her PhD programme this February. Holly's working title is 'Addressing barriers to the Implementation of Play-based Learning in UK Primary Schools.'

Also a big congratulations to associate lecturer **Matthew Copeman** for his PhD offer into researching the use of video games as a first stage early intervention into social anxiety.



Congratulations to **James Bartlett** for his Higher Education Academy (HEA) accomplishment.

Matthew Hall has written a paper on 'up skirting' That is due to be published by Violence Against Women this month!

Naomi Pierce will be presenting at the KCL (virtual) Qualitative Health Research Network conference and the abstract of her research will be published in BMJ Open.



Education Business of the Year Winner

Carl Lygo, Vice Chancellor & CEO

EducationInvestor
Awards 2020 

WINNER

Education business
of the year

2020 closed out with a massive positive accolade for everyone associated with Arden University. The Education Investor Global Magazine voted Arden University as the **Education Business of the Year**. It was particularly impressive because the panel of judges was comprised out of peer group and industry experts. This is what the Judges said:

“

We were hugely impressed by the performance of Arden University which, although small, has grown and evolved significantly over the past couple of years and despite the Covid-19 pandemic...

The reasons it stood out are: its incredible growth in student numbers, its rebranding achievement, its student and staff diversity, its performance during Covid, and the international expansion plan and performance in Berlin so far.

Despite the ‘sustainability’ challenge to all businesses during 2020, Arden managed an uninterrupted experience for its clients, alongside an impressive maintenance of its 50% year-on-year growth to date. Moving rapidly to a programme of webinars to replace its outreach work, Arden demonstrated agility in a crisis. Addressing and not limiting access to specific geo-political themes and students from specific groups, including BAME students, those from lower income brackets, mature students and those requiring additional support and motivation, Arden has invited a diverse population of students to its highly accessible programmes. The successful drives for international and national expansion and the creation of new partnerships makes Arden University the clear winner of this category. ”

Shortlisted providers included many organisations around the world much larger than Arden University. It was particularly pleasing that the work of the University as a whole was recognised. During the year, student numbers increased by 56% which is a truly amazing growth story. You may have seen our adverts on TV advertising “your degree, your way”. There are lots of improvements and enhancements that are coming down the track to make our University's support for students even better. Last year was last year, and now we have to start again making improvements and doing things better than last year. I was pleased to gain Board approval for investment in our library and the recruitment of so many new faculty members and the creation of new Schools for 2021. It is an exciting time to be at Arden University and I am convinced this award will be the first of many. In 2021, I particularly would like us to achieve carbon neutrality. I don't think we can wait any longer. Thank you all for the extra effort everyone puts in. I know lockdown is an extra challenge but I am looking forward to the day when we can all celebrate together the 2020 award.

Am I Abnormal or Am I Misunderstood?

Saira Tanna, BSc (Hons) Psychology Student



At social gatherings, there is always that one child that hides behind their parent. We assume that the child is shy, but is it something more than shyness? Shyness can be a sign of anxieties. Yet, when we see an adult behave anxiously, we tend to judge them differently and view them as 'abnormal.' There may have been times in your life that you have been called abnormal because you did not have any control over your emotions. For instance, you may have been worried before a job interview or when you were going to move into university dorms. Your heart may have begun to pound. Maybe you started to sweat more or maybe you could not say the words you wished to say. These are all examples of physical reactions in our bodies to an event that is perceived as stressful or dangerous.

For most people, it is quite normal to feel stressed or nervous in some social situations, such as giving a presentation. Some of us may describe our feelings as butterflies in our stomach. Aside from social situations, stress can also be triggered due to our jobs, household commitments or even after the death of a loved one (Slavich, 2016). Stress is how our brain evaluates the

situation we are in. Our bodies respond by releasing stress hormones. The stress hormone increases our heartrate, quickens our breath to prepare our body to react to dangerous situations. This reaction is often described as an extreme stress reaction to fear (Myers & Ulrich-Lai, 2017).

When faced with a perceived stress threat, the sympathetic nervous system releases hormones in response to the event. This results in the physiological changes, such as dilating eyes and faster heartbeat which prepares us to either fight or flight as a response (Canon, as cited in Brown & Fee, 2002). If fight or flight are not possible, our third option is to freeze. For example, rape victims have often described that they became immobile or could not remember the traumatic event clearly. Our bodies can alter reality, slowing down time so there is no fear or pain (Kozłowska et al., 2015).

The fight, flight and freeze reaction begins in the part of the brain called the amygdala. The amygdala is responsible for assessing a threat. However, if stress and fear reactions are triggered too often, it can result in an over-active threat system which cause health issues, such as, social anxiety disorder (SAD). If you suffer from SAD you know that the anxieties are connected to your fears of embarrassment, feeling self-conscious or judged by others. As our anxieties rise, our brain

begins to create physical changes in the body, by sweating, trembling or feeling faint (Leigh et al., 2018).

People suffering from SAD tend to avoid or leave social gatherings early because they do not feel comfortable. Some may have been asked a question by their employer, but their mind went blank, so they froze (Leigh et al., 2018). To many people, this may seem like trivial situations. Having suffered from SAD for many years, I know my brain is always on high alert. I appear confident in front of others because I do not want to be embarrassed. During social events, my coping mechanism is to search out my nieces, nephews or daughter. By doing so, I am avoiding any conversations with adults, so I do not feel self-conscious. I sound confident on the phone or email, because I do not need to face anyone. Maybe I just try to avoid people at social gatherings because I do not know how to accept a compliment. Or maybe I use my camera to take photos, so I look busy. It sounds strange right? That is just me. You would think that people in my life had noticed these behaviours, but they are oblivious.

We have talked about how stress can trigger anxieties. What if stress and anxieties do not decrease? Did you know that panic attacks are linked to stress and anxieties? The average human may suffer from one or two panic attacks throughout their life. Like many others who suffer from panic attacks, I would describe them as a sense of losing control, being unable to breathe, having a heart attack or even the feeling of dying. Over the years, scientists have discovered that one of the major factors that leads to panic attacks stems from high stress levels (Perna & Caldirola, 2017). Individuals who have reoccurring panic attacks, or live in fear of another attack, suffer from panic disorder. I was diagnosed with panic disorder in my teen years. Very often, my brain lives in fear of another attack. Typically, the condition affects women more than men. Theorists believe this could be due to brain chemistry and hormone changes throughout a woman's life. Research in this field suggests that panic disorders are greatly affected by several factors. For example, a traumatic life event, i.e. abuse, moving home or school and/or genetics (Perna & Caldirola, 2017).

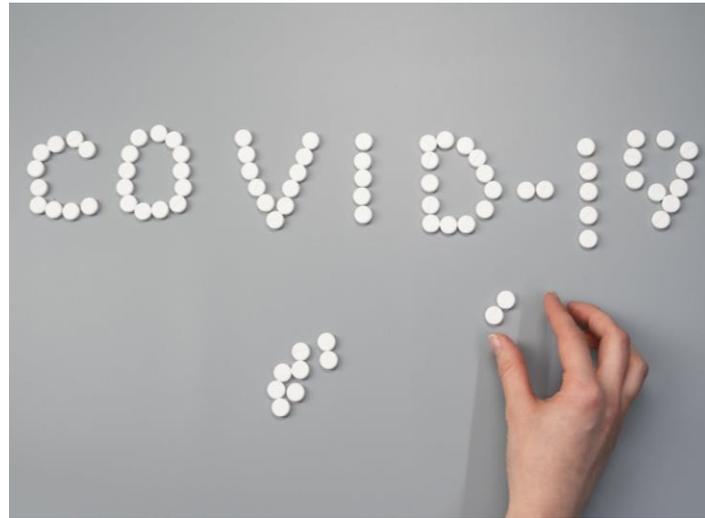
There is no quick solution to dealing with panic attacks and anxieties. However, an effective treatment is cognitive behavioural therapy (CBT). The aim of CBT is to change negative thoughts into more positive ways of thinking (Loerinc et al., 2015). If you have not discussed your feelings with anyone, the first step is your GP. You can do it!

you are the change

The Silent Threat of the Lockdown

Bettina Finna, BSc (Hons) Psychology

The extraordinary measurements taken as a reaction to the COVID-19 pandemic do not need an introduction by now. Such as the peak pressure on the healthcare system and the global economic shock it leaves behind. The precautions are clear. *We stay home. We keep our distance. We protect others. We stay safe.* But one question remains... **Are we really safe?** Behind the heavy curtain of physical and economic impacts of this pandemic lies the remarkable and yet often disregarded mental burden that we all carry; one way or another.



The discovery that both loneliness and deprivation from social interactions pose the risk of developing symptoms of depression (Matthews et al., 2016) might not be that surprising to us. After all, we are living the blooming generation of depressive disorders. The number of the suicide related deaths in the year 2018 in the UK exceeded 6000, peaking a more than 10 % increase compared to the previous year in 2017 (Office for National Statistics, 2018). According to Ng, How and Ng (2017), depression can be associated with up to 60 % of the suicide deaths. And since the introduction of the nationwide lockdowns with the arrival of the pandemic, the UK population yielded a significantly increased measure of anxiety and decrease in mental well-being (Kwong et al., 2020).

While increase in anxiety since the first lockdown was found to be positively related to age (Shevlin et al., 2020), similar changes in depression have been measured in children as well. According to a UK longitudinal study, there was a notable increase in the depression scores of children between age of 8-12 in comparison to prior and during lockdown months (Bignardi et al., 2020). It is of course, not only the lack of social interaction and the sudden break of daily play-date routines that takes a toll on children's psychological well-being. With more families experiencing negative financial and physiological impact at home than others, the concept of *family time* also took a drastic change from what it used to be casual weekend trips to the grandparents, Friday night cinema or grill parties to occasional video calls and stay-home streaming nights and well, social media. Months after months after months...

The currently ongoing third national lockdown in the UK has a presumed but yet uncertain end to it, which begs the important question of *"Is the educational system ready to develop and increase mental support, such as counselling in primary and secondary schools for the post-lockdown phase?"*

But we are talking about a global pandemic here. Therefore, by no means are these problems specific to the UK, or Europe. In cultures with more interdependent society and vulnerable economy, such as India, a continuous lockdown leaves a devastating mark on the average mental health, including depression, stress, and anxiety. A national survey including four questionnaires of the adult psychological well-being in India reported significant positive relationship between anxiety and depression and the COVID-19 lockdown (Grover et al., 2020). Additionally, more than 70 % of the sample (which includes 1208 participants including both healthcare and non-healthcare workers) resulted in low mental health scores. Undoubtedly, there is a lot to argue regarding the validity of such self-report based national surveys, such as sample representativeness. So, what is with the other end of the scale? Those who are even less approachable and due to extreme poverty are lacking “basic” conditions not only to participate in such online based national surveys but have minimal or non-existent healthcare support? With the duration of the lockdown, their chances to come out of the low economic position are now demolished, and those who are suffering from existing mental illnesses are not only in great disadvantage to overcome the increasing unemployment, but also are an especially vulnerable population to be affected by the consequential poverty (Polyakov, 2020).

The saying “every coin has two sides” has never been more accurate. But in the end, it is the very same coin we are talking about. While we are in a lockdown that seems to never end, the healthcare workers and doctors are constantly on the edge to keep up the capacity of preventing deaths of the infected patients whilst facing the ethical concern of self-protection, more intense workload and dealing with the additional mental burden as a consequence. And what comes with this battle is above-threshold manifestations of clinical depression, anxiety and post-traumatic stress disorder among doctors, nurses and other hospital workers. At least according to a large survey conducted by Wanigasooriya and colleagues carried out in 2020, which was denoted as the first post-peak period of the pandemic in the UK.

Also, a not surprising but meaningful revelation of this study is that there is a statistically significant negative relationship between being supplied with protective equipment, being provided with available wellbeing services and exhibiting symptoms of low mental health. Therefore, these are clearly important, but not the only factors that need to be adopted into psychological health-management strategies.

A great problem that complicates the matter of not only helping, but also recognizing psychological concerns is the fear of stigmatization. According to Galbraith et al. (2020), partly due to this concern doctors are not only less likely to reach out for professional psychological support, but once they do seek support, it is more likely to be their family and friends instead of professional



consultants. With social distancing and lockdown restrictions, it is easy to see how it might be more difficult to create a warm atmosphere of our friends and relatives. Therefore, it needs to become the responsibility of the workplaces to provide far more opportunity for the employees to communicate their concerns and to teach coping strategies that foster stress management skills (Galbraith et al., 2020). Especially during times of tension, such as the present COVID-19 pandemic.

Fortunately, the issue of psychological well-being during the pandemic did not go completely unrecognized. Last year, the UK government shared 5 million pounds among more than 30 UK charity organizations and projects, to provide more help for those who suffer from mental illnesses or experience psychological challenges during the COVID-19 outbreak (GOV.UK, 2021). There is a lot more that can be and needs to be done to help both healthcare and non-healthcare workers, children and those who are facing existing mental challenges to see the way through this global concern. But despite the long way of adapting positive changes to provide support not only at workplaces but for those who do not or cannot reach out, the first step has been made. And that is the recognition of the silent but just as serious effects of the social and economic imprisonment we are facing.

We understand that this continues to be a challenging time so please do not hesitate to reach out for any support with wellbeing from the following services offered by Arden:

- **Togetherall** - This service offers a safe place for peers to share similar feelings, access free confidential support and resources if you're struggling:
www.togetherall.com/joinnow/ardenuniversity
- **Unitu** – This platform provides a place to share concerns and source answers from fellow students and staff.

Both services are available via the iLearn A-Z.



Register today for FREE

**Mental health support.
24/7. Confidential.
Online Community.**

For more details, please refer to our T&Cs during registration.

Neurotech, Our Future Brain

Shauna Tyrell, MSc Psychology

"I am a brain, Watson. The rest of me is a mere appendix."

The brain. Your brain. It is you. You are it. It is everything. It is everything you know. It is everything you are. It is everything you will be. It can give. It can refuse to give. It can take away. It functions. It dysfunctions. It malfunctions. Life as you know it, existence, even as you perceive it, is all a manufacturing process of the extraordinary, unsuspecting, 3 pounds of jelly like matter in your skull. It is truly astonishing and perplexing. Could it possibly be any more prevailing without waiting for evolutionary biological processes? Can we learn more about how the brain works with the help of a neural digital interface? Combining the electronic with the human to develop connections with the brain?

The technological era is well and truly upon us. Creating a formation between human and machine is moving from surreal to real (Straiton, 2020). This is not an altogether surprising aspect of our existence at the moment, as we are all aware of the implications in healthcare, such as pacemakers and cochlear implants etc. (Bazaka & Jacob, 2012). Neural digital interface or brain machine interface (BMI) research is considered as one of the most exciting interdisciplinary areas of science and technology (Pisarchik, Maksimenko & Hramov, 2019).

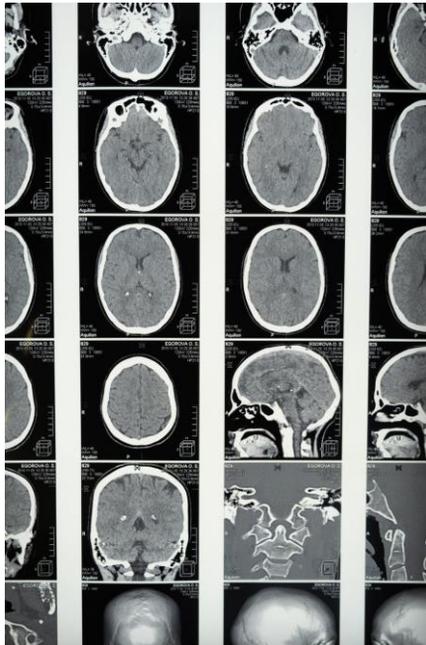


It can help us with a wide range of clinical disorders such as dysfunctional sensory and motor functions (Kulshreshth, Anand, Lakanpal. 2019). BMI gives us an interface in which we can connect to a machine, which is capable of reading inputs from our brain. It creates a direct connection between the brain and an external device allowing for bidirectional movement of information. This in turn creates possibilities of restoring functions that have been lost and can also enhance and augment human potential, and due to the vast number of electrodes, there are great prospects for collecting vast amounts of data (Straiton, 2020). This data can then be used to influence the state of neurons and help treat brainly disorders (Kulshreshth et al., 2019).

This interface or Neurotechnology can be either invasive or non-invasive. Invasive methods of BMI would consist of cortically implanted microelectrodes, while non-invasive methods consist of electrodes placed on the scalp, such as an EEG (Milan & Carmena, 2010). The Invasive methods, however can cause glial scars to form, which can interfere with the transmissions of impulses to the machine, thus they are not popular with clinical disorders (Pisarchik, 2019). Although, while non-invasive BMI incur the least amount of damage to brain tissue, they do not influence the transmission of signals and have a low information transfer rate (Kulshreshth et al., 2019). Also, in the case of localised neural activity, the non-invasive techniques are unable to recognise distinguishable features of neurophysiological diseases in real time. Invasive BMI exhibits much better performance than the non-invasive, yet invasive BMI demands more channels to obtain more

complex information about spiking activity of the neurons across distributed cortical regions (Musk, 2019, 18:28). Thus, there is a need for a more invasive technology that lessens damage to the brain, while also recognising the neural activity of neurophysiological diseases that are applicable to clinical trials.

The next generation in this neurotechnology is Elon Musk and Neuralink. Neuralink is an invasive BMI and according to Musk (2019) this BMI revolutionises this field of neurotechnology by an order of magnitude over anything before, as it reduces the risk of causing damage to the brain by using tiny threads of electrodes (Musk, 2019). Also, Neuralink has an increased channel count unlike other BMI's and this allows for more information processing, so it has a greater bandwidth for information transfer. When neurotransmitters are released by an action potential, it sends an electric field that spreads from the neuron. When these transmissions are sent, Neuralink will use the electrodes to identify the impulses or Action Potentials when they are happening (Musk, 2019, 18:28). The impulses are recorded and sent to the external device which will utilise the impulse accordingly, helping with the treatment of neurological dysfunctions. The brain has approximately 100 billion neurons. Neuralink's aim is to attach sensors to each of these neurons, in order to recognise the binary state of a given neuron. Not only will Neuralink be able to recognise neuron states, it will also be able to fire the neurons to change to a different state in order to influence the transmissions of signals (Price, 2017).



For example, to predict epileptic seizures, the neural activity must be recorded from predefined local areas of the brain. The BMI signals then employ the brain impulse to interrupt or even prevent epileptic seizures. The accurate seizure prediction algorithm based on the multi-channel Neuralink technology supports the prevention of on-going seizures (Pisarchik et al., 2019).

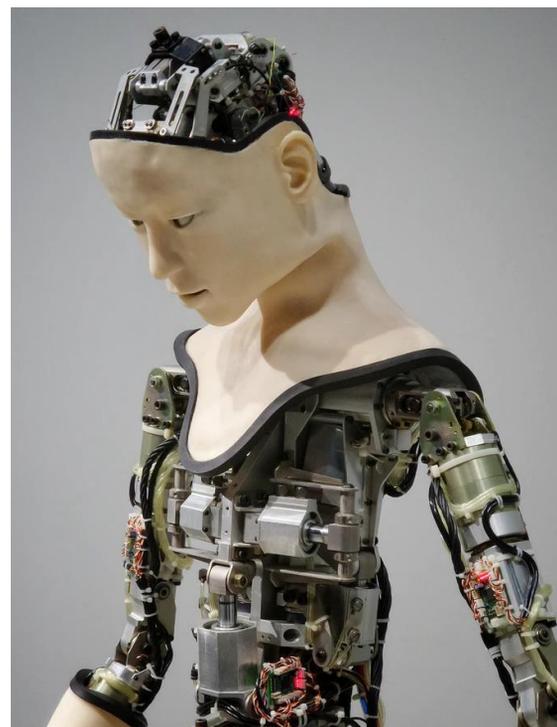
Neurotechnology might be the only solution to help paralysed people or individuals suffering from memory loss illnesses such as Alzheimer's Disease. (Miskeivz, 2019). A potential clinical application of this BMI might be the restoration of neural connections, lost due to degenerative disease. Studies are currently underway covering this aspect of BMI (Pisarchik et al., 2019). Invasive interface can help individuals with disabilities to control external devices and communicate with other people, so it is remarkably significant for neurorehabilitation. Motor function could even be restored when combined with rapidly improving spinal stimulation techniques (Wagner et al., 2018).

Consequently, if or when Neuralink succeeds in its endeavour, it will produce devices that could serve the critical unmet needs of patients. There are three main components to Neuralink that make this possible, ultra-fine polymer probes, a neurosurgical robot, and custom high-density electronics. The design of these custom electronics allows streaming for full broadband electrophysiology data from all the inserted electrodes, as after insertion, the electrodes become symbiotic with the brain (Musk, 2019, 18:28). Due to the materials used in the miniature composition, biocompatibility is enhanced, as the materials used are not harmful to the brain (Pisarchik, et al, 2019). With this system, Neuralink has demonstrated an average of $87.1 \pm 12.6\%$ (mean \pm S.D) insertion success rate over 19 surgeries.

This highlights that robotic insertion of thin polymer electrodes is an efficient and scalable method for recording from large numbers of neurons in anatomically distinct brain regions (Musk, 2019). The aim is for long-term implantation. Neuralink is attempting to create a symbiosis of the neurons in our brain to a machine. This symbiosis fits in with the two objectives of Neuralink, 1) to understand more about and treat brain disorders and 2) to enhance our brain, so we can merge with Artificial Intelligence (A.I) to become a more capable being, decreasing the negative impacts of A.I in the future (Miskiewicz, 2019; Musk, 2018, 24:56). The development of A.I is not regulated and Fast and Horvitz (2017) suggests that this proposes an existential threat to humanity. A.I can and has displaced human jobs, A.I is without ethical reasoning and the level of control between human and A.I is simply unpredictable. Musk (2018) argues, that until it happens, there is no way of knowing if A.I is going to be good or bad for humans, but the only thing that is certain, is that we will not control it.

This field of neurotechnology is taking centre stage and has the potential of being our next great achievement or mistake. When discussing brain implantation, it is impossible to avoid mentioning the ethical and philosophical questions about the nature of ourselves as humans. Individuals that get BMI electrodes implanted have experienced personality changes. When a brain is connected to these electrodes, people think faster and more directly, influencing behaviour and feelings (Miskeivz, 2019). Simmerman (2018) states BMI becomes so integrated into individuals, that it becomes part of them, almost like a limb. Other research has found BMI behavioural changes in schizophrenia and substance addiction research and in some studies the effects of deep brain stimulation can cause involuntary self-harming behaviour and loss of control (Gilbert et al., 2017; Carelli et al., 2107). Hence raising questions about our being. Are we on a path to diminishing our humanness? Is the future of human evolution inorganic?

Ultimately, the Neuralink system serves as a state-of-the-art research platform and a first prototype towards a fully implantable human BMI (Musk, 2019, 18:28). Time will tell whether Neuralink achieves a variety of novel therapeutic possibilities and the complex connections between brain and machine that it proposes (Price, 2017).



The subtle but strong resilience that characterizes human beings

Carlos Sequeira, MSc Psychology Student

Since ancient times, human beings communicate, encode messages, design complex systems of symbols that represent an endless array of contexts and situations. We are guided by the symbiotic relationship with others, in which we grow, and we make it grow. Above all, we are defined as eminently social beings. We are characterized by proximity and communion with each other. We help and are helped genuinely guided by reciprocity, whether physical, psychological, or even spiritual. The actual social context has shown us the urgent need to recognize the representative significance of the connection to the other, given that we connect with each other in a physical, psychic, and even spiritual way.

The overall scenario lead by the COVID-19 pandemic proves to be particularly challenging, characterized by urgent and necessary social isolation, by a greater and collective stand that serves the interests of all of us and for all of us. The

generated by this need to serve a greater and altruistic stand for the collective was followed by a panoply of social conditions and psychologies that eventually developed to manifest somatically. For many of us, we were asked to isolate any social contact with our grandparents, and others, such as health professionals, were asked to maintain contact on the front lines in the fight against this invisible enemy. This pandemic outbreak can be stressful, caused by strong emotions in adults and children due to the social distance, ultimately posing feelings of isolation and anxiety. This symptomatic manifestation can occur within the following scenarios: changes in sleep or eating patterns, difficulty sleeping or concentrating, fear and worry about your health and the health of your loved ones, your financial situation or job, or loss of support services that you rely on.

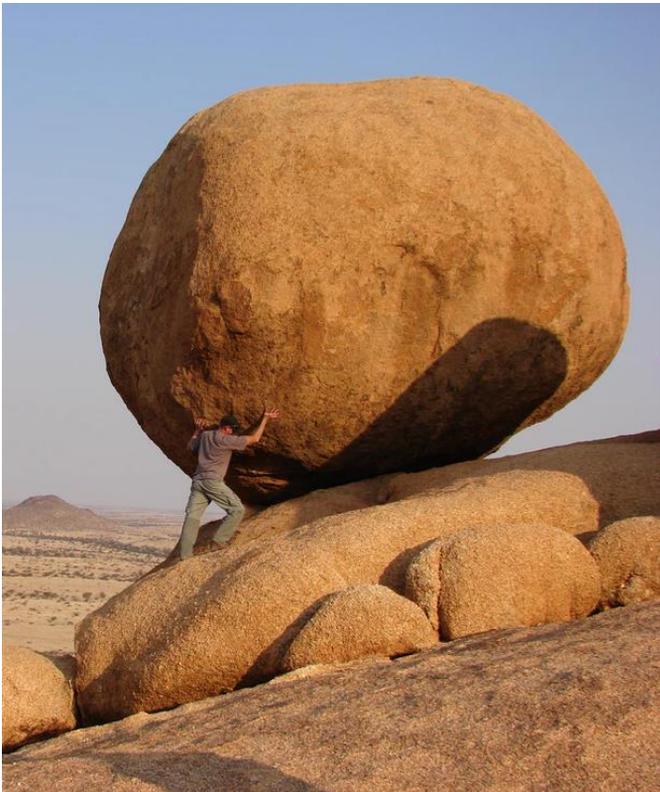
Although many of us react differently to stressful situations, how one responds to stress during this pandemic can depend on their background, social support from friends and family, financial situation, health, emotional background, and many other factors (Duan & Zhu, 2020). The psychological reactions to the COVID-19 pandemic may vary from a panic behaviour or collective hysteria (Barbisch et al., 2015), to pervasive feelings of hopelessness and desperation which are associated with negative outcomes including suicidal behaviour (Thakur & Jain, 2020).

How will we react in humans derived from the by-product of social relations? How will we remember this time of deprivation of social contact? A key response resides in laying on protective factors such as resilience. The ability to support or retrieve psychological well-being during or after addressing stressful disabling conditions is a feature embedded in our DNA. The way we, as



humans, address pandemic scenarios may well be featured in how we take advantage of our coping abilities (Wang et al., 2020). However, there are many different ways to measure an individual ability to react to social, economic, and political threats, including public health emergencies. Another key aspect of protective factors is social support. A higher and significant perception of social support is linked to a reduced likelihood of psychological distress and psychiatric conditions (Lee & You, 2020). Those are just to mention some of the most relevant psychological reactions in the wide-ranging population linked to the COVID-19 pandemic.

In very severe lifestyle changing and re-adaptation activities, mainly due to the COVID-19 pandemic, some preventive strategies could give support at a community-based level, enabling the necessary tools to overcome some of the mentioned consequences of this social deprivation. Some of those preventive strategies materialize on applying effective communication and providing adequate psychological services. Special reinforcement on effective communication is one of the most important actions, as stigma and discrimination are evidenced as major challenges that contribute to the strengthening of the feelings of uncertainty in a period of social crisis (Lee & You, 2020). This effective communication needs to be raised from the scientific community aiming to attenuate the impact of anxiety, frustration, and all the negative emotions which represent important blockades to the truthful administration of social crisis and psychological costs related to the pandemic. Furthermore, telephones helplines, Internet access, active social networks, dedicated blogs, and forums should be implemented in order to reduce social isolation and loneliness as well as allow specific populations (e.g. infected subjects in hospitals or quarantine settings) to successfully accessing communication with their loved ones (Thakur & Jain, 2020).



The COVID-19 pandemic scenario has shown us the need to be connected, even if the context of this connection is characterized by social isolation. The social burn of this deprivation is yet to be fully assessed, but many scientific approaches have already unveiled that the psychosocial consequences are underestimated. For the time being, our biggest hope is deeply rooted in our amazing capability to survive and adapt. This is a singular characteristic that is rooted in our very special evolution. This was the year of Science, definitely.

GETTING TO KNOW THE PSYCHOLOGY TEAM: ALASTAIR PIPKIN



Can you summarise who you are and your role at AU?

I'm Alastair Pipkin, I'm an Associate Lecturer at Arden contributing to lecturing, dissertation supervision and module development. I work part-time at Arden and work clinically with transgender and gender non-conforming people in the NHS.

Can you tell the readers about your main research interests?

I'm a Clinical Psychologist which means I'm trained across the lifespan and in a broad range of research methodologies, so pinning me down to particular interests is not easy! From my background working with people experiencing psychosis, then with young people and families and now working with LGBTQ+ people, I have developed interests in the impact of

stigma, the role of attachment in mental health and therapy, and relational processes in mental health, such as how people experience therapy. I am currently researching various aspects of minority stress, intersectional identity processes such as sexuality in transgender people, and the efficacy of compassion-focused therapy to support people to address the impact of stigma and discrimination.



If you had to choose just one, what is your favourite academic experience?

Difficult to pick just one! Although it was a lot of work, I think my thesis for my doctorate was a highlight. I found translating interests from my own life experiences and clinical practice into viable questions and seeing it through as a project from start to finish really rewarding. It felt like a large jigsaw to put together

over the years which was quite fun when it wasn't stressful. My favourite part was using qualitative methods to be able to listen to and report peoples' experiences, translating their lived experience into viable research findings to inform future practice, that was really nice.

What is your favourite thing about being part of AU?

Engaging with colleagues and students is my favourite part, and Arden in particular houses a very passionate and knowledgeable team with really diverse skillsets and interests which makes for a really rewarding environment. It feels like a very exciting team to be a part of!



Everyone should know psychology**Would life be any different if we learned psychology from primary school?**

Susan Witte, MSc Psychology



As adults, we have all had those moments when we bump into a piece of information that we wish we would have had all along. From the gender pay gap to those extra shoelace holes on your trainers, we have all had those pivotal times in our lives when we thought; everything makes sense now. Personally, nothing was as striking as when I realised the importance of understanding psychology.

The realisation came to me during a training day when I worked at a Primary School. It was about attachment theory and was led by scientist and activist Suzanne Zeedyk. I would never have thought that a talk about sabre-tooth tigers and teddy bears would make everything in my life suddenly make sense. Attachment had played such an important role in my life; it moulded my personality and behaviour. As a single mother of a toddler, I left the training determined to learn more about it so that I could better raise my son. What began with attachment theory books, soon moved to a keen interest in neuroscience and a determination to become a psychologist. I have now earned an MSc and am convinced psychology has made my life way easier. I dare say it could make yours too.

Firstly, I began to notice what triggers anxiety in me and where these feelings come from. This made it possible for me to interrupt those patterns before they developed and become more productive. My life as a parent became a lot easier to navigate as well. As an example, I was advised over and over again to sleep train my son, which normally involves cry-it-out methods – letting a baby cry themselves to sleep for a few days until they learn to sleep without you (Rosier & Cassels, 2020). I was not comfortable with that but was afraid my son would end up getting hurt by falling off my bed during the night. As he would fall asleep while breastfeeding, he slept on my bed with me. I solved the problem by doing what I'd been told to be a radical solution: I dismantled my bed and put the mattress on the floor so even if my son rolled out of bed then he wouldn't hurt himself. I did that with confidence and against all advice, because I had learned from scientific evidence, that the negative impact of letting a child cry outweighed the inconvenience of sleeping on the floor for a while (Mooney, 2010; Sunderland, 2016).

Research has demonstrated that many parents struggle with sleep deprivation and stress because, in an attempt to do the done thing, they end up either trying to share a tiny bed with their child or follow cry-it-out methods (Swain et al., 2017). However, not comforting a crying baby has been shown to increase rather than decrease overall crying (Schoore, 2003). I am far from being a perfect parent, but it is hard to describe how relaxed I felt once my decisions were based on science. I no longer felt lost or doubted myself constantly. *What if parents knew all this from the start? What if everyone knew psychology from the start?*

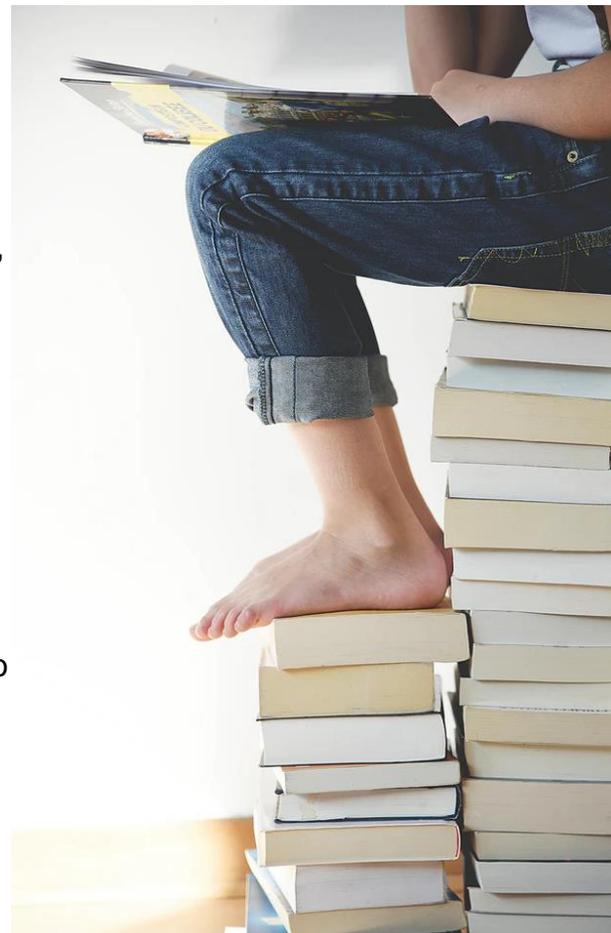
Learning about psychology from primary school is not a new idea. Louis Cozolino, author of *The Social Neuroscience of Education* and *Attachment-Based Teaching* defends that teachers ought to have a good understanding of the fundamentals of neuroscience, psychology and especially attachment theory, to better support their pupils.

His method involves encouraging students to share their feelings and learn to identify what causes them. He also claims that improved academic performance can come from creating a tribal classroom: an environment where pupils act like a tribe, a community with common objectives. It respects how human brains learn better while at ease, but at the same time motivated, and creates an environment that makes this happen. Far from manipulating students into learning better, Cozolino defends that teachers should be transparent, share with students why they do what they do, and accept the learners' take on it, adapting the class to their needs. This way, students benefit from the psychology knowledge teachers apply in class, and learn about it in the process.

As an educator myself, I decided to adapt my lessons to make them more psychologically friendly. When teaching adolescents and young adults, I filled my lessons with new competitive games they could do in groups, since their brains are wired for socialisation, risk-taking and novelty (Sapolsky, 2017). When teaching older adults, I promoted discussions and experience sharing through speaking and writing tasks – expressing oneself and discussing past experiences tends to have a calming effect (Cozolino, 2013).

Perhaps most importantly, when teaching students with neurodevelopmental disorders, I made sure lessons were neatly structured and their stages visually clear somewhere in the classroom, so they could follow the same lessons as their neurotypical peers (Nadeau et al., 2020). For all my groups, I took my time developing bonding exercises so that students would feel they were part of a “tribe”, becoming more motivated and feeling safe (Cozolino, 2013). As a result, I improved my students' outcomes in tests and receive very positive feedback.

What would the world look like if everyone learned, from school, how brains work? Would we understand each other better? Understand ourselves better? Would we do better in school? Would we be able to navigate life more easily, from parenthood to careers? Though this would require radical changes in our education system, that might pay off in the long run.



CAREER SPOTLIGHT : SPECIAL EDUCATIONAL NEEDS TEACHER (SEN)

What is the role of a SEN teacher?

In the role of a SEN teacher, you will work with a variety of children and young people who need additional support in a educational environment to reach their full potential. This includes individuals with learning or physical disabilities, speech/language difficulties, sensory impairments (i.e. hearing or visual), other neurotypical conditions such as, autism and you may also work with gifted and talented individuals. You will often be required to liaise with specialist professionals such as speech and language therapists, educational psychologists, etc.



As a SEN teacher, you will teach pupils on an individual basis or in small groups, inside or outside the classroom and it is crucial to identify their specific needs. By identifying pupils' special needs, the role of the SEN teacher is to develop teaching methods and tailor stimulating interventions to support and meet those needs whilst creating a safe atmosphere for learning.

What is the relevance of my Psychology degree?

The knowledge and competencies that you will begin to develop from your degree overlap and align with the specialist skills and responsibilities required for the role of a SEN teacher such as:

- Understanding children and young people's development
- Good communication and interpersonal skills
- Assessing pupils' specific needs and designing interventions to meet them
- Ability to build positive relationships with pupils and their families
- Behavioural management skills

How do I become a SEN teacher?

Following the completion of a Psychology degree, you will need to achieve a qualified teacher status (QTS) by completing teacher training leading to a postgraduate qualification typically the Postgraduate Certificate in Education (PGCE).

Some teacher training courses have specialised SEN teaching or enhanced SEN training programmes. In general, teachers will need several years of classroom experience before training for SEN teaching, however, some schools accept newly qualified teachers who will also need to undertake additional training to teach students with special educational needs.

For pupils with sensory impairments (i.e. hearing or visual), further specialist qualifications would be needed in addition to the QTS. See Gov guidance below for a list of approved courses/providers:

[Mandatory qualifications: specialist teachers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/mandatory-qualifications-specialist-teachers)

Why We Need Behavioural Change Programmes for Domestic Abuse Perpetrators

Claire Verney, BSc (Hons) Psychology Student

As the director of a domestic abuse organisation I was recently asked to give an interview regarding domestic abuse perpetrators and was struck by how little was known about the behavioural change programmes available for perpetrators. Domestic abuse practice in the UK primarily focuses on the protection and support of women and children, with domestic abuse perpetrator programmes (known as DAPPs) working quietly in the background.

Domestic abuse differs to other crimes an estimated 2.3 million adults experienced domestic abuse in the last year (1.6 million women, 757,000 men) (ONS, 2020) but it rarely consists of one incident, it is often an ongoing repeated crime with the average victim living with abuse for 3 years (Lilley-Walker et al., 2018). Women suffer disproportionately from repeated and high-risk violence (Walby & Towers, 2019) with 2 women killed every week by a current or former partner (ONS, 2020).

Recent research suggests that while only a small minority of female victims have more than 1 abusive partner (Thompson et al., 2006) at least a quarter of high-risk perpetrators are repeat offenders with some having up to 6 different victims (Robinson et al., 2014). As with other crimes it makes sense to turn our attention to the perpetrators, who often commit multiple crimes against multiple victims. These statistics drive the logic behind gendered perpetrator interventions.



What is a domestic abuse perpetrator programme?

A review of 54 European DAPPs found that programmes are based on various treatment types including CBT, psychodynamic and pro-feminist approaches (Lilley-Walker et al., 2018), with UK programmes heavily influenced by the Duluth model (Kelly & Westmarland, 2015). Accredited UK programmes are part of holistic co-ordinated community response with accreditation standards including requirements for a gender informed approach and an integrated support service for ex/current partners (Respect, 2015).

Most referrals come from family courts, social services, and self-referrals. Largely delivered in groups with approximately 26 weekly sessions they include topics such as power and control, sexual respect, effects on children and techniques for de-escalation. These are not therapy groups, but challenging sessions aimed at changing entrenched behaviour based on negative views of women. They are demanding with robust challenging of perpetrators past and present behaviour by facilitators and each other. At the same time, their ex/partners are informed of their progress and offered support.

Perpetrators cannot attend instrumentally (e.g., to gain child contact) so DAPPs will only accept those that take responsibility for at least some behaviour and be willing to work on them. Behaviour that, in the mind of the perpetrator, did not happen cannot be changed so a significant barrier for perpetrators is minimisation and denial of their abuse. Programmes have recorded high drop out rates (up to 44%) with some turning to disruption techniques, 1:1 and motivational work to improve retention (Hester et al., 2017).

How effective are perpetrator programmes?

The establishment of community programmes in the 1990s was met with resistance from victim's services (Lilley-Walker et al., 2018) concerned with competition over funding and a general distrust of working with men (Kelly & Westmarland, 2015). However, perhaps the biggest obstacle for programmes is doubt over whether they actually work and successfully change perpetrators.

In 2015, Project Mirabel (Kelly & Westmarland, 2015) was published with the results of a 5-year longitudinal experiment investigating the effectiveness of DAPPs. The data collected came from: interviews with staff, programme data from 11 DAPPs, longitudinal surveys and interviews with perpetrators, partners, and children. Crucially, measures of success were not focused on just physical violence. The outcome measures were increase in respectful communications, reduction in physical and sexual violence, increased freedoms for partners, increase in safe, positive, and shared parenting, change in perpetrators understanding of the impact of their behaviour and improved childhoods.



Results for the impact of the programmes on physical and sexual violence were impressive with positive changes in all 7 markers for physical and sexual abuse reported by women 12 months later. Those injured from violence fell from 61% to just 2% and 2 forms of abuse, use of a weapon (30%) and pressure to unwanted sexual activity (29%) stopped completely, potentially lethal behaviours (strangle, drown, smother) dropped from 50% to 2% and other physical violence (punch, kick, burn, beaten) dropped to 2% from 54%.

The effects of abuse on children were also reduced with those seeing/overhearing violence dropping from 80% to 8%. Harassment and other abusive acts continued for over a quarter of women, but this did reduce for most with over 51% indicating they felt very safe after 12 months compared to 8% at the start. However, the areas that women were most eager to see change: financial control, sexual jealousy, and positive parenting did not change as much as hoped for, with only marginal positive indicators (Kelly & Westmarland, 2015).

Why are there so few programmes?

Interviews with DAPP providers, showed a growing threat to programme integrity with the need to gain funding and challenges to the feminist approach, straining against key requirements for safe provision such as programme length, expulsion of continued abusers and effective case management. The trend for funding evidence-based interventions poses particular problems especially when that evidence is based on completion rates.

Further evaluations of DAPPs (Hester et al., 2019), continue to show programmes as an effective tool for domestic abuse reduction within the community. However, retention rates remain problematic and providers have shown an inability to meet the needs of perpetrators who do not fit the typical mould with few programmes providing interventions for female and same-sex perpetrators (Phillips et al., 2013). Patchy service also means some must travel long distances or join lengthy waiting lists to start. It is also vital that while there can be some optimism, expectations must be managed, particularly if the courts are relying on programmes to enable safe child contact. Ethical concerns regarding disruption techniques employed by some newer interventions should also be carefully considered and innovation is required to increase provision and allow groupwork to continue through the pandemic. Research into the effectiveness of DAPP's, alongside information about how victims are supported, is vital to their survival. The recently published call to action (Drive Project, 2020) signed by domestic abuse charities lobbying for a UK perpetrator strategy would suggest they have gained more popular support. However, while results from successful studies show that they can provide a positive move towards change, only 1% of perpetrators currently receive an intervention (Respect, 2013).

Until perpetrators are held to account for their abuse the onus will remain on the victims to change their lives, often at great cost to themselves and their children. Last year over 11,000 women were supported by refuges with nearly 5,000 turned away due to lack of space (Womens Aid, 2020). This is leaving women with the choice of either returning to their abuser or becoming one of almost 24,000 people made homeless every year due to domestic abuse (ONS, 2019). To address this inequality we must hold perpetrators to account for their abusive behaviour. Surely it is time that we stop asking ***'why doesn't she leave' and start asking, 'why doesn't he stop'.***



National Careers Week (1st March to Friday 5th)

Arden University has a broad range of courses designed to help students improve themselves and their career prospects. So, join us for National Careers Week where academics will breakdown the paths your career can take for each of our subjects. A series of events designed to show you how a degree at Arden can improve your career prospects:

➤ **Criminology: Where can a degree in Criminology take you? - March 1st 13:00 – 13:30**

Register for the event here: https://studyonline.arden.ac.uk/live/webinars/where-can-criminology-take-you-2021-03-01?utm_source=Psychology

➤ **Law: Where can a degree in Law take you? - March 2nd 14:00 – 14:30**

Register for the event here: https://studyonline.arden.ac.uk/live/webinars/where-can-law-take-you-2021-03-02?utm_source=Psychology

➤ **Social sciences: Where can a degree in Social Sciences take you? - March 3rd 13:00 – 13:30**

Register for the event here: https://studyonline.arden.ac.uk/live/webinars/where-can-social-sciences-take-you-2021-03-03?utm_source=Psychology

➤ **Psychology: Where can a degree in Psychology take you? - March 3rd 14:00 – 14:30**

Register for the event here: https://studyonline.arden.ac.uk/live/webinars/where-can-psychology-take-you-2021-03-03?utm_source=Psychology

DATES FOR YOUR DIARY

Free BPS online webinars:

- [Talking about Class in Psychology. The Seen and the Unseen](#) - 25 February 2021 16:30 – 18:30 BST
- [Talks and Thoughts](#) - 27 February 2021 13:00 – 16:00 BST
- [Is clinical psychology for me?](#) 05 March 2021 12:00 pm - 14:30 BST

Keep checking [this webpage](#) for all upcoming webinars as more get added!

Contributing to the next edition of the newsletter

We would like to thank all contributors to this issue of the School of Psychology newsletter. If you would like to contribute to a following issue, please contact Emily Blakemore at eblakemore@arden.ac.uk for more information. Please also contact us if you would like a reference list for any of the articles in this issue. I look forward to hearing from you!

Next issue: April 2020