

The British Psychological Society

GUIDELINES FOR PSYCHOLOGISTS WORKING WITH CLIENTS IN CONTEXTS IN WHICH ISSUES RELATED TO RECOVERED MEMORIES MAY ARISE

Preamble

The following guidelines are intended to apply to psychologists working in all professional contexts in which such issues may arise. It is clearly part of the professional duty of such psychologists to seek to maintain an awareness of this debate and to develop an empirical and professional perspective on false memory/recovered memories, and base their practice on sound psychological principles and evidence as a counter-balance to the polarised beliefs that abound in this emotive area.

As the result of extensive review by the Society and other bodies there can be no doubt for psychologists of the existence of child sexual abuse (CSA) as a serious social and individual problem commonly with long-lasting effects. In addition there can be little doubt that at least some recovered memories of CSA are recollections of historical events. However, there is genuine cause for concern that some interventions can lead clients to develop illusory memories or may foster false beliefs concerning CSA.

Members seeking discussion of terms and background material on these issues are referred to the Society's earlier document *Recovered Memories : Report of the BPS Working Party* (The British Psychological Society, 1995b).

Guidelines

- 1 The welfare and interests of clients are the primary concern of psychologists working with them. This concern includes the requirement to maintain respect for the client's autonomy and confidentiality the extent of which should ideally be clarified and agreed at the outset of the professional engagement.
- 2 It may be necessary for psychologists in caring, assessment and therapeutic roles to be open to the emergence of memories of trauma which were not previously available to the client's awareness.
- 3 It is important always to take the client who recovers memories seriously. The first response of the psychologist should be to accept that what the client tells them reflects their reality and respect their feelings. Nevertheless the psychologist should avoid drawing premature conclusions about the historical truth of a recovered memory.
- 4 Psychologists must be aware that the question of whether traumatic memory is processed, stored and recalled differently from normal memory is currently unresolved. Unusual, dramatic, powerful or vivid memories, and 'flashback' bodily sensations cannot be relied upon as evidence of the historical truth or falsity of the recovered memories.
- 5 Psychologists need to tolerate, and help their client tolerate, uncertainty and ambiguity regarding the client's early experience as eventually they may both have to accept that the historical truth cannot be known, and that helping the client to make reasonable sense of their lives is not the same as discovering objective facts.

- 6 Psychologists should be alert to a range of possibilities; for example that a recovered memory may be literally/historically true or false, or may be partly true, thematically true or metaphorically true, or may derive from fantasy or dream material. Discovering that some aspects of a 'memory' are displaced, metaphorical, or part of a construction or narrative derived from the therapeutic relationship should not lead psychologists to immediately discount the rest of that memory. Likewise, the discovery that some aspects of a memory are factually accurate does not imply that the whole content of the memory is factual. It is not really possible to establish whether a memory represents factual events without external corroboration.
- 7 Whilst it may be part of a psychologist's work to help clients to think about their early experiences they should avoid imposing their own conclusions about what took place in childhood.
- 8 Child sexual abuse should not be deducted on the basis of presenting symptoms such as eating disorder alone. There is a high probability of false positives in such deductions as there are other possible explanations for psychological problems. The construction of syndromes and the use of symptom check-lists in diagnosis in relation to past sexual abuse are currently unreliable.
- 9 Psychologists should avoid being drawn into a search for memories of abuse, as abused clients (and non-abused clients who are psychologically disturbed) are vulnerable and may be traumatised or overwhelmed by material that has not arisen spontaneously in the course of their psychological work. Psychologists should avoid engaging in activities and techniques which are intended to reveal indications of past sexual abuse of which the client has no memory. When psychologists use such techniques (e.g. hypnosis) for other purposes they must be aware that these techniques may make memory more confident but less reliable.
- 10 Psychologists must be alert to the dangers of suggestion. Potential sources of suggestion include subtle cues about the psychologist's attitudes and beliefs that may be inferred from the therapeutic context (e.g. particular books on the shelf) or client contact with 'survivor literature' and subcultures of abuse. Psychologists must be aware that there may be situations in which clients are motivated to recall memories of abuse for a variety of ends.
- 11 Psychologists working therapeutically must be aware of their inevitable engagement in the client's narrative. Whilst taking care about the implications of active investigation and suggestion, they should not seek to manage these risks simply by refusing to deal with past events and 'work in the present', since this actively denies the client's experience and is unlikely to meet their needs.
- 12 Psychologists working therapeutically should be aware of the likely impact of their work on their clients' families and wider social network and should not rule out renegotiating the contract with their clients to enable them to meet with relevant family members. However the boundaries of a client's autonomy and confidentiality should only be breached in rare circumstances, ideally as agreed at the outset of the professional engagement.

- 13 Psychologists should be clear about the circumstances in which they would feel ethically or legally obliged to breach confidentiality. They should carefully assess the risk of self-harm and the risk of abuse to minors. Psychologists working in the public services should be aware of their child protection guidelines and procedures and abide by them. Psychologists working independently should also be aware of their ethical responsibilities to protect others from significant harm.
- 14 If the role of the psychologist is to obtain evidence that is reliable in forensic terms, they need to restrict themselves to procedures that enhance reliability and avoid techniques which are known to reduce reliability, such as hypnosis or suggestion and leading questions. The same care should be taken whenever action (e.g. informing other agencies, legal action, family confrontation) outside the consulting room is being considered.
- 15 The psychologist has a responsibility to help the client to consider carefully any action to be taken outside the consulting room. The client may wish to take independent legal advice with a view to prosecution of or litigation against an alleged abuser. It is inappropriate to make the continuation of treatment/consultation contingent on such decisions/actions. Psychologists must be prepared to accept that it may not be the client's choice to deal with these matters therapeutically or through family confrontation or legal process.
- 16 Psychologists are reminded of their guidelines for good practice. These may be particularly important when working with clients who disclose memories of childhood abuse. The guidelines will include sections on keeping and preserving appropriate records and seeking appropriate consultation and supervision.

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