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# LETTER TO THE EDITOR

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9 February 1984

Dear Stephen,

In the haste to establish a Board of the Division of Professional Affairs to represent and reflect the professional interests of psychologists working in educational contexts following the recent APS restructure, the title "Educational and Developmental" was adopted. This title was a compromise between two rival proposals, tentatively titled "Board of Educational and Child Psychologists" and the simpler "Board of Educational Psychologists". The BEDP emerged as the synthesis of the two, and is now off and running. Perhaps some early reflection on the adequacy of our title is required, however.

APS tradition appears to favour the definition of groups of psychologists according to either their occupational contexts ("scientific", "professional", "forensic", "educational") or their methods of service delivery ("clinical", "community", "counselling"). Thus we accept that *educational* psychologists can practice *counselling* in a *clinical* context while also maintaining an interest in *neuropsychology*. Hence educational psychologists get upset when clinical psychologists appear to practice professional exclusivity by pushing separate claims for health rebates. We all use WISC-R's, don't we?

In order to resolve such blurred boundaries between DPA Boards and to present a coherent professional identity to the consumers of our services, I wish to make the suggestion that the name of our Board be altered from the BEDP to the "Board of Child and Adolescent Psychologists". It is my contention that such a change would achieve: (a) a stronger reflection and definition of the specific client group with whom we work, both directly and indirectly, in a variety of institutional and other contexts, using a variety of professional techniques; and (b) a sense of continuity between academic child and adolescent psychology and the various strands of professional training and practice. Specifically, we would possibly gain a shared recognition of the areas of mutual concern between clinical child psychologists and educational psychologists, as presently defined. Such a name change will reflect not *where* or *how* we work, but rather with *whom*.

Yours, etc.

Christopher Szadzy

N.B. The opinion expressed above is not necessarily a reflection of the views of the present BEDP Committee, on which the author holds the position of Secretary.

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# EDITORIAL NOTES

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Stephen Meredith

## BEDP MEMBERSHIP INFORMATION AND PUBLICATION CONTENT PREFERENCES

This report provides two categories of information about members:

- (1) a profile of current membership by State and occupation;
- (2) members' preferences for the content of the Board's proposed publication.

The purpose of obtaining this information was to provide some indications of the directions to be taken by the proposed BEDP publication.

Members' State of residence was obtained from the Board's mailing list. Occupation information and content preferences were obtained from a questionnaire mailed with a stamped and addressed envelope to all current members late in October 1983. By mid-January 1984, 71 of the 129 questionnaires, or 55%, had been returned.

### 1. PROFILE OF MEMBERSHIP DATA

#### (a) State.

The number and percentage of members residing in each state is given in Table 1.

State	Number	Percentage
Victoria	75	58.1
New South Wales	25	19.4
Tasmania	11	8.5
Queensland	6	4.7
Western Australia	6	4.7
South Australia	3	2.3
Northern Territory	3	2.3
Total	129	100.0

Table 1: State residence of BEDP members.

#### (b) Occupation

Information provided against the heading "Nature/Place of Employment" by the 71 members who returned their questionnaires enabled each respondent to be placed in one of six occupational categories, as shown in Table 2. (Where a respondent listed two or more types of employment, e.g. part-time lecturing, part-time private practice, each occupation was given equal fractional weighting.) Table 2 shows the number of respondents employed in each of the six occupational categories by State.