USE OF THESES

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ERRATUM

p. 17, para. 3 line 13 should read-

Trials to criterion was non-cumulative; as already described it took into account all trials to reach a criterion of perfect performance on two successive trials.

THE SELECTIVE REMINDING TECHNIQUE: DEVELOPMENTAL IMPLICATIONS FOR CHILDREN'S MEMORY ASSESSMENT

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Submitted in partial fulfilment of the requirements of the degree of Masters of Clinical Psychology, Department of Psychology, Australian National University, 1988.
Declaration

I declare that this thesis reports my original work, that no part of it has been previously accepted or presented for the award of any degree or diploma by any university, and to the best of my knowledge no material previously published or written by another person is included, except where due acknowledgement is given.

[Signature]

Virginia A. Hunt
This thesis describes original research carried out by the author in the Department of Psychology of the Australian National University during 1987.

Virginia Hart
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ABSTRACT

A commonly-used procedure for the clinical assessment of memory functioning is Buschke's (1973) Selective Reminding Technique (SRT). Although clinicians have employed the SRT with patients of all ages, they have largely ignored a particular problem in interpreting child data. This difficulty stems from the fact that qualitative changes in knowledge occur during the course of children's cognitive development and that such changes affect memory performance. Thus, a given pattern of apparent deficits may reflect a certain "normal" stage of development, rather than clinical impairment.

This study examined the effects of developmental change in the knowledge base on selected SRT variables. Subjects from four age groups, representing different stages of development with respect to predominant modes of organizing information, were required to learn three lists, which varied in degree of congruence with these modes. List-type was found to have a significant effect at each age level, but the type of effect varied across age. This result has implications for the establishment of qualitative, as well as the usual quantitative child norms, as a prerequisite to the further clinical employment of the SRT with children.