



ShrinkRAP

Newsletter of the New Zealand College of Clinical Psychologists
THE SPECIALIST ORGANISATION FOR CLINICAL PSYCHOLOGISTS

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“Tiketike Ngahuru, hakahaka Raumati”

There are times to act with confidence and times to be more careful.

College News

NZCCP Awards

We are delighted to announce that the following presentations were made at the 2014 ACPA/NZCCP conference dinner at the Chateau on the Park, on 12 April.

The John Bushnell Award for leadership in Clinical Psychology was presented to Auckland Fellow Member, Malcolm Stewart.

The criteria for winning this award include evidence of a sustained and exceptional contribution to the clinical psychology profession. This should be evident over years to decades and the range of areas where a clinician may demonstrate such a contribution could include but is not limited to:

- Professional affairs (especially but not only College roles and functions)
- Clinical practice
- Teaching and professional mentorship
- Research

Life Membership was awarded to retiring Otago Fellow Member, Chris Skellett, to honour his long-standing commitment and contribution to the College

and to retain his wealth of accumulated knowledge and experience in the ongoing “existence” of the College by encouraging his continued involvement.

Fellow Memberships were awarded to Stefany Frost, Otago, Susan Galvin, Canterbury, Margaret McConnell, Canterbury

to honour their significant and pre-eminent contribution to the New Zealand College of Clinical Psychologists and the Psychology profession in general.

Congratulations to all the recipients.

Student Allowances update

In January we sent **a letter regarding the cuts to student allowances** to all the relevant MPs, universities, other agencies and stakeholders and a more detailed article, entitled **The Implications of the Changes to Student Allowance on the Study of Psychology in New Zealand** was sent to the media. This was co-produced with NZCCP national student representative, Josh Faulkner, and reported on research we had conducted. At about the same time we met with Green Party MP, Holly Walker, who had put a question to the house, addressed the Hon Steven Joyce, about the problem. We

also had meetings with Labour Party MP Grant Robertson who has assured us that it is his "personal proposal that [the Labour Party] reverse this policy". Maori Party MP, Tariana Turia, has also written that they "would like to incentivize education.....to start to bridge our people out of poverty..." and has made some very useful recommendations to ensure all students have an easy point of contact at Studylink and receive financial assistance while studying.

Since then TV3 have included a 2.5 minute item in the 6pm news on Sunday, focussed on the workforce skills shortage of clinical psychologists, which included interviews with Elliot and Josh conducted at the College office. We have also recently been approached by Radio NZ programme Nine to Noon, who plan to do a feature on the same issue.

HWNZ Internships update

A process for collecting proposals from the DHBs for the eight new Health Workforce NZ (HWNZ) internships was developed last year in consultation both with the DHB Professional Leaders and representatives from some of the University Programmes. The DHB Psychology Leadership Council reviewed these proposals and nominated eight possible internships to HWNZ with the strategy of aiming for a spread of DHBs, a spread of training programmes and a spread of service areas (e.g. CAFS, Elderly, inpatient, etc.). The majority of the eight new internships have now been allocated to a variety of DHBs.

Support and Mentoring for College Members

From time to time, psychologists have complaints made against them to the NZ Psychologists Board and, although these are usually resolved relatively quickly, and are rarely upheld, the process can at times be lengthy and very distressing.

This email is to bring your attention to a **[new page on the NZCCP website that has the following information about support and mentoring available for College members.](#)**

The Psychologists Board have **[a Guide for Psychologists Under Investigation by a Psychologists Board Professional Conduct Committee](#)**

In addition there are a number of other

useful support mechanisms available for College members who find themselves in this situation. The **[Medical Protection Society \(MPS\), which provides professional indemnity to members of the College,](#)** not only provide legal advice and support but also facilitates a free EAP style counselling service for members who may be having difficulties or issues in their personal or professional lives, that cannot be addressed during supervision sessions. MPS can be contacted on 0800 22 55 677.

(If you are not already a member of MPS you can download the **[MPS membership application form here.](#)**)

More importantly, the College has set up a panel of senior and experienced members who have made themselves available for confidential mentoring and support for people who are finding the process difficult. For more information about this panel and help **[please email Caroline via this link.](#)**

Other meetings

Deb, Marijke and Caroline attended a meeting with the NZ Law Society in late November to discuss support for lawyers and a letter has now been sent to them offering our knowledge and expertise in the area of stress management and self-awareness, encouraging the legal profession to consider putting in place an appropriate and ethical system of support for their members. We have also offered to submit an article for LawTalk.

We continue to attend regular meetings with ACC and Allied Health Aotearoa NZ (AHANZ). AHANZ was recently formed and Caroline has been elected as one of the five people on the newly formed AHANZ Executive.

NZCCP Website

If you haven't done so already please **[register as a user of the website at this link](#)** or you can click on the following link: **<http://www.nzccp.co.nz/profile/register;>** and while there if you want your private practice details published please add as many details as you wish to include in the "Professional Details" field.

Once you have been authorised as a College member you will have full access to the EBSCO journal database and, if appropriate, your private practice details will be published in the "find a clinical psychologist" resource

for the public. Incidentally, this easy to use tool is the most visited page on the website.

Update on the prescription rights (RxP) proposal

The consultation process is still a work in progress. It has hit a bit of a snag as psychologists are not named in the ACC treatment injury legislation. To address this, there would need to be an amendment to the Act to include registered psychologists under the Registered Health Professional category. Kris Fernando of ACC is looking into this. Feedback received from MPS, Royal Australia New Zealand College of Psychiatrists (RANZCP) and a representative from the College of GPs is now being incorporated into the consultation document.

Journal of the NZCCP update

As some of you may know, we are now only publishing two Journals per year, as each issue is beefier and so much work goes into it.

The upcoming four themes are:

Systems/types of therapy, published May 2014, deadline 28 April

Mothering/fathering/parenting, published November 2014, deadline 15 October 2014

Bodies, published May 2015, deadline 15 April

Care of Older People, published November 2015, deadline 15 October 2015

If you have (or know of someone else who has) an interest in any of the above themes and could write an article, or do a literature search, or if you could review a conference or workshop you've attended, or a book or article you've read, or if you are aware of some good online assessment measures or apps, please contact Caroline at office@nzccp.co.nz

If there is a book you want to read and are interested in reviewing it, Journal book review editor, Dr. Charlene Rapsey (charlrapsey@gmail.com), may be able to get you a free review copy.

Please don't forget that we are always keen to receive and publish letters to the editor, and encourage all students to submit articles, case studies, book reviews, commentaries on a set of abstracts, reviews of conferences or workshops and students whose submissions are published are paid \$100.

Finally, the NZCCP Editorial committee are planning to get the Journal NZCCP established as a Peer Reviewed Journal in the near future and now have a database of reviewers, which is the first step in becoming peer reviewed. Having said that, the invitation is still open so if you would be interested in being a reviewer in areas of interest to you please email Caroline at office@nzccp.co.nz

Grants and Scholarships

As usual, the calibre and range of applications has been extremely high. We congratulate the 2014 award winners, while at the same time commiserating with those who missed out, and we would like to say that, as always, it was a close call.

NZCCP is delighted to announce the following award recipients:

The Research/Study Award goes to Thelma (Tess) Patterson who will be examining a Cook Island based mentoring intervention service for men who have committed domestic violence to see what it entails and to consider its benefits and application to NZ.

The four NZCCP Travel Grants have been awarded by the subcommittee comprising Fiona and Kris to Jane Lennan, Kiri Luther, Kathy Orr, and Octavia Wilson.

The NZCCP President's Award was given to Karen Faisandier a clinical student at Massey University, Turitea Campus.

The four Susan Selway Scholarships went to Leigh Anderson, Sarah Drummond, Sharon Green and Jennifer Jordan.

The College heartily congratulates all award recipients.

NZCCP Membership News

At the National Executive meetings since the ShrinkRAP Summer 2013 edition was published, the following people have been approved and accepted as

Full Members of the College:

Nika Anderson, Christchurch
Jemima Bullock, Wellington
Sally Davis, Auckland
Anna Galletly, Christchurch
Gary Hewson, Wellington
Catherine Hickford, Christchurch
Karen Jones, Auckland
Paora Joseph, Waiheke Island

Charlene Lang, Christchurch
Matthew Leaver, Wellington
Emma Lonsdale, Waikato
Kiri Luther, Wellington
David Miller, Christchurch
Diana Paki, Palmerston North
Sara Poananga, Auckland
Paul Skirrow, Wellington
Marilize Slabber, Palmerston North

As a Full Member, each may now use the acronym MNZCCP.

The following people have been approved as **Associate Members** of the College:

Megan Banks, Wellington
Michelle Davey, Christchurch
Robyn Langlands, Wellington
Courtney Lowther, Christchurch
Chris Perkins, Dunedin
Maggie Sturgess, Lower Hutt
Jacqui Wall, Wellington

The National Executive wishes to congratulate these people on attaining their new membership status.

Congratulations! Some Cs and Ss to take with you on your journey as Clinical Psychologists

An address delivered by Prue Fanselow-Brown, FNZCCP, at the ceremony at the University of Canterbury (jointly hosted by the University and the Canterbury branch of the College) to welcome the new Dip Clin Psyc graduates into the profession.

Congratulations on your very significant achievement, which represents the attainment of a goal which has been in your sights for at least some years, and has involved a great deal of focus, hard work, and commitment. About 600 years ago, Cervantes listed some of the costs required to attain an eminent degree in learning. He said these were, "...time, watching, hunger, nakedness, dizziness in the head, weakness in the stomach and other inconveniences". Sound familiar?! Maybe you have experienced these costs along the way, too, but today is for celebration of the benefits of your striving.

You are entering what I see as a fabulous profession with its own set of requirements, protections, and scaffolds. Many of these may be closely aligned with the values we aspire to personally. How great to be working in a profession whose requirements and

protections mirror what we wish to develop for ourselves and our relationships!

Perhaps to simplify, we could cluster the Requirements under 3 Cs :

Compassion, Competence, and Courage

First, **Compassion**: Suffering is universal, and to "get that" opens the way for compassion, because where our clients go, we also go. It is a huge privilege to be trusted by another person who may expose to us their private fear, doubt, joy, and pain, or just ask for greater understanding of their functioning.

Second, **Competence**: Competence requires intellectual strength and effort, a reliance on theoretical templates for guidance, and a commitment to formulate and evaluate to enhance understanding and effectiveness

And third, **Courage**: This is the driver we need when we fear the challenge of the task or our own ability to meet the challenge. Many of the roles we find ourselves in require a great deal of courage: The complex or difficult referral, the group as client, public speaking or training, court reports, expert witness testimony, or maybe facing a problem area we know touches us personally.

The Protections and Scaffolds comprise 5 Ss: **Safety, Stimulation, Sense of Humour, Scope, and Support**

First, **Safety**: Medical professionals take the Hippocratic Oath at Graduation. Our equivalent is our Code of Ethics. I encourage you to read this occasionally for guidance and the maintenance of safety and professional standards.

Second, **Stimulation**: Opportunities for intellectual stimulation are provided in this profession in truckloads, development of understanding is ongoing, and there is no end to learning and keeping up to date with literature and new developments. It is important also to mention stimulation outside of the profession! To foster passions and interests outside of our work supports our well-being and builds the energy required to fuel our successful practice. As Ralph Waldo Emerson said, "Enthusiasm is the engine of success".

Third, **Sense of Humour**: My experience of Clinical Psychologists is one that includes a robust sense of humour, which I understand as both a stress release mechanism and a source of strength. A capacity to see the funny side at times can be very helpful and healthy.

Fourth, **Scope**: An important aspect of the profession is its scope. The training is such

that a Clinical Psychology graduate has the potential to move in many different directions and occupy a wide variety of roles. Some stay in clinical roles throughout their careers, whereas others move closer to education, management, consultancy, advisory, or policy roles. Anything is possible these days with new, specific and varied occupational roles opening up. The skills learned equip Clinical Psychologists to move into areas of interest that also cater to an individual's strengths and search for meaning.

Lastly, **Support:** The profession makes supervision a mandatory aspect of safe practice. Its function is to assist with the work's inevitable challenges, anxieties, and uncertainties and also to provide a regular forum to foster the skill of reflection. We, as supervisors, have not forgotten how it feels to be starting out and developing confidence and experience. Please don't hesitate to use us and use the practice of supervision and consultation with colleagues to facilitate your own development.

Finally, all the very best on your professional journey and welcome to the profession!

NZCCP Ethics Committee Column

Jane Freeman-Brown

Welcome to the inaugural Shrink Rap column written by the NZCCP Ethics Committee. The Ethics Committee has recently expanded and now has eight members: Marijke Batenburg [chair], Anita Bellamy, Prue Fanselow-Brown, Jane Freeman-Brown, Julia Rucklidge, Victor Soeterik, Malcolm Stewart & Paul Wedge. NZCCP members are welcome to contact the committee via the NZCCP office regarding ethical matters that they and their supervisor are concerned about and wish to have guidance on from the committee.

The purpose of this regular column in Shrink Rap is twofold: 1) to inform members of recent ethical matters experienced by NZCCP members and advice given and/or lessons learned. These communications will be done only with the particular member's consent and appropriately anonymised; and 2) to give overviews on any ethical topics of interest to members of the College. Members are invited to email in any suggestions of such topics that they wish to see in this column.

This inaugural column will briefly outline a useful framework for deliberation in ethical dilemmas offered by Beauchamp and

Childress (2013). Essentially, an ethical dilemma occurs when a clinician is unable to perform all of his/her prima facie duties and a tension between two or more ethical principles exists (e.g., maintaining confidentiality versus protecting society). Beauchamp and Childress discuss the need for 'wise moral agents' to have some practical way of considering the many particulars that occur in each individual ethical dilemma and offer the following six conditions for clinicians to consider:

1. *Good reasons can be offered to act on the overriding principle rather than on the infringed principle*

The psychologist is able to articulate the evidence and weightings they applied that factored in their decision to act in one way or another.

2. *The moral objective justifying the infringement has a realistic prospect of achievement*

When an actual duty has been decided by the clinician it must be reasonably presumed to be effective in achieving its aim. For example, if disclosing to a third party for the sake of safety has been decided then that third party must be in a position to lessen that particular harm.

3. *No morally preferable alternative actions are available*

Beauchamp and Childress (2013) state that this is the condition most commonly disregarded by health professionals. Before infringing an ethical principle in favour of another, a psychologist needs to consider if there is an alternative course of action that might also meet the moral objective. For example, if a psychologist is considering a breach of confidentiality, could the risk of harm be reduced by an intensification of therapy instead? This could allow for the possibility of both protecting society and maintaining client confidentiality. There will, of course, be times when there is no available alternative action, but psychologists should show that this has been considered.

4. *The lowest level of infringement, commensurate with achieving the primary goal of action, has been selected*

If one ethical principle must prevail above another, it is important that the actions taken are only what are relevant and necessary in order for the moral objective to be achieved. For example, in the event of a breach of confidentiality this would mean

that the details released to the third party are *only* those needed to lessen any potential harm. This preserves some of the confidentiality between a psychologist and a client (and subsequently some respect for the client's autonomy and dignity are also preserved) whilst still discharging the duty of responsibility to society.

5. *All negative effects of the infringement have been minimized*

When a moral norm is infringed, there are likely to be negative consequences for any affected parties. In the case of confidentiality being breached, clearly a client could be negatively affected in a variety of ways when personal and sensitive information is disclosed to a third party, regardless of the efforts made to release only what is absolutely relevant and necessary. It is important that these negative effects are minimized. For example, where possible, a client should be informed as to who is being disclosed to, what information will be given and what the likely consequences might be in order for the client to prepare themselves.

6. *All affected parties have been treated impartially*

Sound ethical deliberation requires all particularities of a case to be considered and balanced with an impartial attitude to avoid bias and an unjust reasoning process. It is important that a psychologist is able to engage in the ethical deliberation process in an impartial manner and consult with other colleagues to ensure that any negative emotions felt are regulated and do not interfere with their reasoning process. An additional condition to consider is including the client (where possible) in the discussions regarding the ethical dilemma. This demonstrates to the client that they will be involved in decisions that affect them and that they can be part of the problem solving process. Members are referred to Beauchamp and Childress (2013) for further discussion of this framework.

Reference:

Beauchamp, T. L., & Childress, J. F. (2013). *Principles of Biomedical Ethics, Seventh Edition*. New York: Oxford University Press.

Summary of the Psychology Workforce Group (PWG) meeting, 18 February

Other internship news

There is still work being done on the Department of Corrections scholarship programmes which are specifically for Māori and Pasifika students with the goal of providing some funding for two students from the clinical programmes.

Graeme Benny, the newly appointed Director of Health Workforce NZ (NZCCP), and Sue Walbran, the Manager, Strategic Education and Training Investment, joined the meeting at this point to talk with PWG about the new HWNZ internships.

Sue noted that the first year was always going to be difficult, that this set of contracts existed outside the normal range and obtaining the service specifications seemed to be by trial and error. The other issues were the intern selection process and the last minute communications which meant that the various DHBs had already recruited interns for 2014. PWG was assured that HWNZ would be revising the process for next year. Sue also noted there is currently an increased focus on allied health and post graduate clinical training and that the funding, which sits outside the medical contract at this point in time, was for new positions.

Further discussion about the internship allocation process addressed the fact that the training programmes are not all aligned and, as interns are starting at different times of the year, ideally the HWNZ internships should be advertised well before the end of the year after discussion with all the training programmes about the optimal timing. The annual funding for each internship could be spread across two six-month placements for two interns.

It was noted that, while there were approximately 180 interns last year over all the scopes, the HWNZ internships are for students in clinical and child and family programmes. It was also noted that internship programmes are the responsibility of universities and that the level of involvement of universities in internship discussion had been inadequate. There was also some discussion about the alternatives to the salary model for internship funding, including a scholarship model, however this model is not supported by most universities. It was noted that while there is a national disparity with the psychology internships, in most regions the MECA supports psychology students with salaried internships.

Action: HWNZ will be provided with a list of contact details for all the people who should be notified and consulted about the internships and a small advisory group will be set up for further engagement with HWNZ to inform them about the specifics of each of the scopes.

The newly appointed HWNZ Director, Graeme Benny, reported that HWNZ is a small team of committed individuals, whose role is to conduct rather than own the development and improvement of the health workforce in NZ and who are keen to work with all the stakeholders. He noted that workforce data is incomplete, sporadic, misleading, and inaccurate and that they need to think more about long term projections and needs and asked for the profession's thoughts about the role of psychologists in the broader health sector. He finished by saying that getting health care out of the hospitals and into the community was a priority and, although this is not currently funded, all the key people are talking about it and that it was important to remember that allied health professionals contribute significantly to this goal.

PWG objectives for 2014

There is definitely more work to be done with the HWNZ internships including increasing and expanding these, particularly as the time is right to increase the budget for training psychologists. It was suggested that there is maybe something PWG can do to help the students with internship issues.

Māori and Pasifika workforce development will be addressed on an ongoing basis, as will the changing role of psychologists in the stepped care model, getting more psychologists into PHOs, and the issue of the role of psychologists in the increasing move toward "generalising" the health workforce.

Marketing the profession to the community, including increasing the profile of the capacity of health psychologists. There is a great deal of miscomprehension in the community about the scopes of practice and in particular the details of the scopes. A goal would be to communicate what psychologists do, perhaps by using a media sound bite or free-to-the-public awareness workshops such as run by the Wellington branch of the NZCCP in the 2012 Mental Health Awareness week. This was very successful and could easily be rolled out annually every major centre.

The next meeting will be on 26 May, at 10.30am.

Summary of the Psychology Profession Advisory Forum (PPAF) meeting, 18 February

Representatives of the New Zealand Psychologists Board, the New Zealand College of Clinical Psychologists, the New Zealand Psychological Society, the DHB Professional Leaders, the university Heads of Department (HoDs), and training Programme Leaders (PL) attended this half-day meeting in Wellington.

Updates re each organisation's cultural competence activities: Monique Faleafa reminded everyone that (Harvard) Professor Joseph Betancourt will be coming to New Zealand in March 2014 as a keynote speaker at Le Va's second national conference ("Growing Pacific Solutions"). She circulated information about his visit, and about the conference (March 4 & 5, 2014) in Auckland. She noted that the Pacific Suicide Prevention Action Plan will be launched then as well. It was also noted that Kuni Shepherd is the Board's new Cultural Advisor, and will attend part of the Board meeting this week.

Update re the Board's complaints processes: As promised, there was an article in the Board's December newsletter further addressing the concerns raised, and also one summarising complaints concluded (as per an earlier agreement at PPAF). The Board has also updated its complaints material and Steve has held additional Family Court meetings in Nelson and Christchurch and then met with senior staff at the Ministry of Justice (Clare O'Connor and Hayley Dyhrberg) to review what was learned and what (if any) changes to its processes the court might want to consider. This meeting was quite positive and produced some very practical changes to processes and pathways.

HoDs and PLs reported that:

Internship issues are on people's minds. There is concern re their narrow ("Clinical") focus, and it is hoped that in the future HWNZ will look at broader options. HWNZ and DHBs need to understand that other psychologists (scopes) have much to offer in the health sector. It was noted that, although the DHB Advisors are keen to include these other practitioners (e.g., Health, Child and Family), they are somewhat limited by HWNZ's mandate. Concern was also

expressed about the apparent lack of flexibility about the timing of the internships.

There was a call for DHBs to pursue more consistency in position titles (i.e., Senior Psychologist, Consultant Psychologist, etc). This is currently part of the DHB's contract (MECA) negotiations. The DHB Professional Leaders have prepared a document in support of greater consistency.

DHB Professional Leader reported that:

The DHB Professional Leaders will be meeting next month, so will have more to report at the May PPAF meeting.

Eight HWNZ-funded internships are up and running. This was a result of more than a few struggles, but everyone is pleased with the achievement.

There have been some recent changes in personnel amongst the DHB Professional Leaders, including some combining of roles between DHBs. This raises some concerns, and will be monitored.

Psychologists Board reported that:

Board representatives will be meeting with MPS representatives on April 1. If the meeting proves beneficial for all involved, this could become an annual event. The Board will also consider meeting with Wilkinson Insurance.

The major consultation workshop that was to be held in February as part of the major review of the Board's Accreditation Standards and Procedures had to be cancelled due to lack of attendance. A new plan for consultation will be considered by the Board later this week. Survey results have been largely positive and supportive, but have also clearly identified some issues that need further exploration, discussion, and ultimate resolution.

The major review of the Board's registration-related policies and procedures is just getting started. The Working Party has begun identifying issues for review, and will be carrying out robust consultation as the project progresses.

The Board's Chief Executive continues to work with like-minded Regulatory Authorities (RAs) to progress a shared business unit, but it remains unclear what form that will eventually take. Further meetings are scheduled for later this week.

The guideline on record keeping has (after further consultation) had a section re cloud storage added. The revised version will go to the Board later this week for consideration. Guidelines regarding informed consent are still being drafted.

The draft *Core Competencies for the Counselling Psychologist Scope* have been revised based on the feedback received from the NZPsS Institute of Counselling Psychology. A final draft (incorporating the Institute's very helpful feedback) will be considered by the Board later this week and, if approved for publication, will then go out for final, broad consultation.

Steve Osborne will be attending the first meeting of the Working Group for the International Project on Competence in Psychology (IPCP) next week in the USA, and that he will publish an update on the Board's website soon after he returns.

Concerns have arisen recently regarding Interns paying directly for their own supervision. The Board have serious concerns about this, and most PPAF members agreed. It was noted that the Board's current Accreditation Standards don't cover this aspect of internships, and that the issue could be considered as part of the current review of those standards. In contrast, the draft standards promulgated by the APA do cover this issue. The Board will need to survey the sector to see how common this practice actually is at present. (It was noted that the practice was routinely used a few years ago by at least one programme.)

Concerns have been raised and recommendations made by a practitioner regarding the joint diagnosis of autistic spectrum disorders and intellectual disability using the recently published DSM-5. The practitioner wants the Board's Best Practice Guideline on test use amended, but the Board consider that the suggested change is too specific for such a general, high level document. It was suggested that a network of practitioners consider publishing best practice advice on this issue. They could also issue a cautionary statement to DHB advisors (and others) and provide some feedback to the MoE/MoH's current autism guidelines review. It was agreed that a joint group could be formed by the College and Society to progress this work.

Ann Connell and Monique Faleafa had been re-elected for a further one-year term (as

Chairperson and Deputy Chairperson respectively). Two Board members' current terms expire in July 2014, so a call for nominations can be expected from the Ministry in May.

The next PPAF meeting will be held on 26 May 2014.

ACC/NZCCP/NZPsS liaison meeting, 29 January

BAP vacancies

ACC will be advertising BAP vacancies and the Society and College indicated their willingness to assist in letting members know about these vacancies.

New Sensitive Claims Contract - who to contact

All member enquiries to be forwarded to issctender@acc.co.nz from now on.

As ACC is about to hold a number of meetings across New Zealand with new and existing suppliers and providers, and then begin the two-stage tender process, it is important that all communication with suppliers and providers is clear, transparent and fair. Therefore, all individual queries about the new service, the contracting model, the tender process, qualifications and prerequisites for the new service etc. need to be forwarded to the issctender@acc.co.nz address up to release of the Expression of Interest (EOI), after this any queries need to go via the e-Tender Tool (Trade Interchange) email message service. All enquiries including replies will be saved and audited by an external agency which is monitoring ACC's tendering process to ensure we uphold a fair and transparent process for all stakeholders.

Measures of symptoms

A question was asked in the meeting about ACC asking assessors to provide objective measures of symptoms that they be reviewed at a later stage if the client requires another assessment.

ACC has considered a number of outcome measurement tools over the past year including both objective and subjective measures. It has been decided to use subjective quality of life measures at this stage to gauge is "anyone getting better" from a client demographic point of view.

However, we are interested in considering objective measures in the future.

Date of next meeting is May 29, 2014

Observations of my favourite animal, and how it guides my clinical practice

Bernadette Berry

In this new feature column, clinicians are invited to share their love of animals, and how their endearing features can inform our clinical practice. In this issue Bernadette Berry shares some insights gained from her kitten.

Many years ago I got a new kitten - he had been taken from his mum a bit early and he instantly decided I would fill the void. We have a large two acre section filled with trees, so I was a bit reluctant to just let him outside. But as he was desperate to explore from the minute I got him home, I carried him out amongst the trees and popped him down. He started exploring immediately, playing in the fallen leaves and running here and there but always coming back to me and then off somewhere else. If I moved, he appeared to panic a bit and run back to me instantly so I quickly learnt to just stay put and let him play until he was familiar with the area.

That started me thinking, and I remembered seeing wild life television shows as a child where mothers of all animal species tended to use that approach with their babies: stay put yourself and let them explore. More thinking happened, leading to wondering about children with separation anxiety and I thought about the fact that, when I was little, the big kids used to walk down the road and pick us up on their way to school; we would leave Mum at home and return to her there, never thinking about whether she would be there when we got back - she always would be. So I started to experiment with some of my clients, by telling their mums about my thoughts and getting them to get someone else to pick their kids up and take them to school, rather than dropping them off and leaving their child behind. I also noted that this is the way a lot of the Kohunga Reo schools operate. It worked a dream for many children and I have forever after thanked Leroy Brown for what he taught me about how to enable offspring to develop independence without anxiety.



National Education Training Timetable

The NZ College of Clinical Psychologists aims to encourage and facilitate continuing education opportunities for members, by providing nationally coordinated events to a high standard. Our goal is to coordinate training opportunities between branches with the goal of facilitating training in all regions. Please consult the College website for further information and links (<http://www.nzccp.co.nz/events/>)

TRAINING TIMETABLE

NZCCP Events

| LOCATION | MONTH | PRESENTER/ CONTENT |
|--------------|---------|---|
| Wellington | 9 May | John Moffat/ Evaluation and Treatment of Internet Addiction |
| Christchurch | 13 June | Nick Kendall/Pain |

Other Events

| LOCATION | MONTH | PRESENTER/ CONTENT |
|----------|---------------|--|
| Auckland | 31 May/1 June | Tom Naser/Introducing Biofeedback |
| Auckland | 4&5 August | Emily Cooney & Mike Batcheler/ Introduction to Dialectical Behaviour Therapy |

CLASSIFIED

Introducing Biofeedback

THIS ONCE OFF WORKSHOP WILL BE IN AUCKLAND 31 MAY-1 JUNE

Biofeedback and the associated approach of Neurofeedback are increasingly becoming key treatments to help speed recovery for a range of difficult clinical cases including ADD, Brain injury, OCD, PTSD and major depression. This workshop will introduce key concepts, give clear treatment protocols and demonstrate how to integrate them in clinical settings.



VISIT WWW.PAINRELIEF.CO.NZ FOR FULL DETAILS

AUCKLAND WRITERS FESTIVAL, 14th-18th May, 2014

FREE event, no need to book: Sunday 18th May 11.30am-12.30pm, Upper NZI Theatre, Aotea Centre, 50 Mayoral Drive, Auckland

TROUBLE IN MIND

Neuropsychologist Jenni Ogden presents three fascinating case studies of disordered minds and disobedient bodies – including that of H.M., the world's most famous amnesiac – in an hour uncovering the mysteries of the human brain.

Make a day or weekend of it and book for other wonderful events too! Full programme at <http://writersfestival.co.nz/2014-festival/>

Visit Jenni's website at <http://www.jenniogden.com> and read her Psychology Today blog at <http://www.psychologytoday.com/blog/trouble-in-mind-0>

Leah is a Sydney based doctoral-level clinical psychologist with 18 years of clinical and teaching expertise in CBT and traumatology

2014 Trauma Education

presented by
Dr Leah Giarratano



LIMITED PLACES. REGISTER EARLY.

Two CPD activities for all mental health professionals: 14 CPD hours for each activity.

Clinical skills for treating posttraumatic stress disorder (Treating PTSD)

This two-day (9am-5pm) program presents a highly practical and interactive workshop (case-based) for treating traumatised clients; the content is applicable to both adult and adolescent populations. The techniques are cognitive behavioural, evidence-based, and will be immediately useful and effective for your clinical practice. The emphasis is upon imparting practical skills and up-to-date research in this area.

| | | |
|----------------------------------|---------------------------------|---------------------------------|
| 1-2 May, Gold Coast | 22-23 May, Melbourne CBD | 12-13 June, Perth CBD |
| 8-9 May, Canberra CBD | 29-30 May, Sydney CBD | 19-20 June, Adelaide CBD |
| 15-16 May, Townsville CBD | | 26-27 June, Auckland CBD |

**** NEW Clinical skills for treating COMPLEX trauma (Treating Complex Trauma) NEW****

This advanced two-day (9am-5pm) program focuses upon treatment for adult survivors of child abuse and neglect. Participants must have completed the 'Treating PTSD' program. The workshop completes Leah's four-day basic training for professionals working with traumatised clients; the content is applicable to both adult and adolescent populations. The program incorporates practical techniques from ACT, CBT, DBT, EFT, Metacognitive Therapy and Schema Therapy.

| | | |
|----------------------------------|---------------------------------------|-------------------------------------|
| 5-6 June, Cairns CBD | 31 July-1 August, Auckland CBD | 30-31 October, Newcastle CBD |
| 17-18 July, Melbourne CBD | 23-24 October, Perth CBD | 6-7 November, Brisbane CBD |
| 24-25 July, Sydney CBD | | 13-14 November, Adelaide CBD |

Program Fee for each activity is in Australian Dollars (AUD)

Travel to Australia \$500 AUD (when you fax this form to pay for an Australian workshop with a Visa or Master card)
Auckland Early Bird \$600 AUD (single) or \$550 AUD each if you register with a colleague with this form by fax/email by 30/4/14
Auckland Normal Fee \$650 AUD (single) or \$600 AUD each if you register with a colleague with this form by fax/email after 30/4/14

Program fee includes program materials, lunches, morning and afternoon teas on both workshop days

Direct your enquiries to Joshua George on (00612) 9823 3374 (phone/fax/voice) Email: mail@talinminbooks.com

For more details about these offerings and books by Leah Giarratano refer to www.talinminbooks.com

Registration/ Reservation Form or register securely online at www.talinminbooks.com

Please circle the workshop/s you wish to attend above and return a copy of this completed page

Name:

Address:

Phone:

Email (*essential*):

Mobile:

Special dietary requirements:

Method of payment (circle one)

Visa

MasterCard

Cheque in Australian Dollars

Please issue an EFT tax invoice

Name of cardholder: (if using a credit card)

Expiry Date:

Card Number:

Card Verification Number:

Signature of card holder: (if using a credit card)

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If payment is made with a credit card (or if you are reserving a place), simply complete the information above and fax this page to (00612) 9823 3374.

A receipt will be emailed to you upon processing. Note: Attendee withdrawals and transfers attract a processing fee of \$55 AUD.

No withdrawals are permitted in the seven days prior to the workshop; however positions are transferable to anyone you nominate.

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AUTUMN 2014